

NATIONAL HEALTH SERVICE, ENGLAND

The High Security Psychiatric Services (Arrangements for Safety and Security at Ashworth, Broadmoor and Rampton Hospitals) Directions 2011

The Secretary of State gives the following Directions in exercise of the powers conferred by sections 8(1), 272(7) and (8) and 273(1) and (4) of the National Health Service Act 2006(a).

Application, citation and commencement

1.—(1) These Directions apply to—

- (a) the Mersey Care National Health Service Trust(b);
- (b) the West London Mental Health National Health Service Trust(c); and
- (c) the Nottinghamshire Healthcare National Health Service Trust(d).

(2) These Directions may be cited as the High Security Psychiatric Services (Arrangements for Safety and Security at Ashworth, Broadmoor and Rampton Hospitals) Directions 2011.

(3) The Directions shall come into force on 1st August 2011.

Interpretation

2. In these Directions—

“abscond” means where a patient unlawfully gains liberty outside of the perimeter of the hospital by breaking away from the custody and supervision of staff;

“authorised member of staff” means a person appointed under section 134(7) of the 1983 Act;

“the 1983 Act” means the Mental Health Act 1983(e);

“the Additional Functions Regulations 2011” means the Care Quality Commission (Additional Functions) Regulations 2011;

“chief executive” means, in relation to a hospital, the chief executive of the Trust which is responsible for that hospital or that person’s deputy;

“clinical team” means the multi-disciplinary team responsible for a patient’s treatment, including the responsible clinician;

“contractor” means a person, other than a member of staff or a member of the emergency services, who provides services to a hospital;

“grounds access” means unescorted access to areas of a hospital other than the ward area;

“hospital” means Ashworth Hospital, Broadmoor Hospital or Rampton Hospital, and includes all the premises forming part of the hospital;

“illicit substance” means—

- (a) any drug which is a controlled drug for the purposes of the Misuse of Drugs Act 1971(f);
- or

(a) 2006 c. 41; by virtue of section 271 of the Act, the functions of the Secretary of State under those sections as exercised in making these Directions are exercisable only in relation to England.

(b) The Mersey Care National Health Service Trust was established by the Mersey Care National Health Service Trust (Establishment) Order 2001 (S.I. 2001/1888).

(c) The West London Mental Health National Health Service Trust was established by the West London Mental Health National Health Service Trust (Establishment) Order 2000 (S.I. 2000/2562).

(d) The Nottinghamshire Healthcare National Health Service Trust was established by the Nottinghamshire Healthcare National Health Service Trust (Establishment) Order 2000 (S.I. 2000/2908).

(e) 1983 c. 20.

(f) 1971 c. 38. Schedule 2, as amended, lists controlled drugs for the purposes of the Act.

(b) alcohol;

“key-holder” means, in relation to a hospital, a person who is authorised by the Trust to hold keys to the secure area of the hospital;

“leave of absence” means leave granted under section 17 of the 1983 Act^(a);

“medical director” means, in relation to a hospital, the medical director of the hospital appointed by the Trust which is responsible for that hospital or a deputy medical director;

“member of staff” means, in relation to a hospital—

(a) any person employed by the Trust responsible for the hospital in connection with the provision of high security psychiatric services at the hospital, or any other person who provides services under contract and is treated as being an employee by the Trust; and

(b) the chairman and any non-executive director of the Trust;

“patient” means a patient liable to be detained at a hospital under—

(a) the 1983 Act;

(b) an order of the Crown Court under section 5 of the Criminal Procedure (Insanity) Act 1964^(b); or

(c) an order of the Court of Appeal under section 6 or 14 of the Criminal Appeal Act 1968^(c);

“postal packet” has the same meaning as in the Postal Services Act 2000^(d);

“the 2008 Regulations” means the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008^(e);

“responsible clinician” has the meaning given in sections 34 and 55 of the 1983 Act^(f);

“risk assessment” means a risk assessment carried out under direction 33;

“rub-down search” means a search of a person, and the contents of that person’s pockets, but does not include a search that involves the removal of any item of clothing other than an outer layer of clothing;

“secure area” means the part of the hospital that is inside the secure perimeter;

“security department” means the members of staff of a hospital responsible for advising on, monitoring and, where relevant, implementing security policy at that hospital;

“security director” means, in relation to a hospital, the member of staff with responsibility for the security department at the hospital;

“security information” means any information about the safety and security of the hospital;

“senior member of the Royal Family” means those carrying the style His or Her Majesty (HM) or His or Her Royal Highness (HRH);

“Trust” means the Mersey Care National Health Service Trust, the West London Mental Health National Health Service Trust or the Nottinghamshire Healthcare National Health Service Trust;

“visiting child” means any person visiting a hospital who is under the age of 18;

“visitor” means any person, other than a member of staff, visiting a hospital who is 18 or over;

(a) Section 17 has been amended by section 3 of the Mental Health (Patients in the Community) Act 1995 (c. 52) and section 9 of the Mental Health Act 2007 (c. 12).

(b) 1964 c. 84. Section 5 was substituted by section 24(1) of the Domestic Violence, Crime and Victims Act 2004 (c. 28).

(c) 1968 c. 19. Section 6 was substituted by section 4(1) of the Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 (c. 25) and further amended by section 24(3) of the Domestic Violence, Crime and Victims Act 2004 and Schedule 8 to the Criminal Justice and Immigration Act 2008 (c. 4). Section 14 was substituted by section 4(2) of the Criminal Procedure (Insanity and Unfitness to Plead) Act 1991; section 24(3) of the Domestic Violence, Crime and Victims Act 2004 and sections 47 and 149 and Schedules 8 and 28 to, the Criminal Justice and Immigration Act 2008.

(d) 2000 c. 26. See definition in section 125.

(e) S.I. 2008/1184, as amended by S.I. 2008/2560 and S.I.2009/462.

(f) Relevant amendments were made to sections 34 and 55 by sections 9(10) and 11(7) of the Mental Health Act 2007.

“ward area” means the day rooms, patients’ bedrooms, corridors, toilets, bathrooms, ward kitchens and any other rooms or garden area in the residential parts of the hospital to which patients have access as a matter of course.

Promotion of safety and security

3.—(1) For the purpose of promoting safety and security in the hospital for which it is responsible, each Trust must exercise its functions in connection with the provision of high security psychiatric services in accordance with these Directions.

(2) In exercising those functions, each Trust must have regard to any guidance issued by the Secretary of State on arrangements for safety and security at the hospital.

(3) If a Trust—

- (a) intends to perform its functions other than in accordance with guidance issued by the Secretary of State under paragraph (2) of this direction; or
- (b) performs its functions other than in accordance with such guidance,

it must notify the Strategic Health Authority responsible for the area in which the Trust is located without delay and give reasons for the decision or act.

Duty to co-operate

4. Each Trust must co-operate with the other Trusts for the purpose of making arrangements in respect of safety and security in the hospital for which it is responsible.

Requirements for conducting a rub-down search of a patient

5.—(1) Each Trust must ensure in respect of the hospital for which it is responsible that any rub-down search of a patient in the hospital is carried out in accordance with this direction.

(2) Subject to paragraph (15), a rub-down search may only be carried out—

- (a) with the patient’s consent; or
- (b) where authorised by the responsible clinician or the medical director in accordance with the provisions of this direction.

(3) If a patient does not consent to a rub-down search, the matter must be referred to the patient’s responsible clinician.

(4) Where there has been a referral under paragraph (3), the responsible clinician must consider whether the proposed search would be detrimental to the patient’s wellbeing.

(5) The responsible clinician may authorise a rub-down search if the clinician considers that the proposed search would not be detrimental to the patient’s wellbeing.

(6) If the responsible clinician considers that the proposed search would be detrimental to the patient’s wellbeing, that clinician must consult a member of the security department.

(7) Following consultation with a member of the security department, the responsible clinician may authorise, or refuse to authorise, a rub-down search.

(8) In making a decision under paragraph (7) the responsible clinician must take into account—

- (a) the interests of the patient;
- (b) the opinion of the member of the security department consulted under paragraph (6);
- (c) the safety of staff, patients, visitors and visiting children; and
- (d) the security of the hospital.

(9) If the responsible clinician refuses to authorise a search under paragraph (7), the member of the security department consulted under paragraph (6) may refer the matter to the medical director.

(10) Where a matter is referred under paragraph (9), the medical director may authorise, or refuse to authorise, the search.

- (11) In making a decision under paragraph (10), the medical director must take into account—
- (a) the opinion of the responsible clinician;
 - (b) the opinion of the member of the security department consulted under paragraph (6);
 - (c) the interests of the patient;
 - (d) the safety of staff, patients, visitors and visiting children to the hospital; and
 - (e) the security of the hospital.
- (12) Any patient who has refused to consent to a rub-down search must be—
- (a) kept under observation;
 - (b) isolated from other patients; and
 - (c) kept informed of what is happening and why in terms appropriate to their understanding,
- until such time as a search has been authorised, or refused, under paragraph (5), (7) or (10).
- (13) In all cases a rub-down search must be carried out with due regard for the patient’s dignity and privacy.
- (14) Unless there are exceptional circumstances, a rub-down search must be carried out by members of staff who are of the same sex as the patient.
- (15) This direction does not apply to the search of a patient if a member of staff has reason to believe that the patient possesses an item which causes an immediate risk to the patient’s own safety or the safety of any other person.

Searches of patients that involve the removal of clothing other than outer clothing

- 6.—**(1) Each Trust must ensure in respect of the hospital for which it is responsible that any search of a patient in the hospital, other than a rub down search under direction 5 of these Directions, is carried out in accordance with this direction.
- (2) A search that involves the removal of clothing may only be carried out—
- (a) on the patient’s admission to the hospital;
 - (b) if, before that patient goes on leave of absence, the Trust requires a search to be carried out;
 - (c) where there is reason to believe that the patient may be in possession of—
 - (i) illicit substances, or
 - (ii) a weapon; or
 - (d) if the patient is considered by a member of staff to pose a risk—
 - (i) of harm to themselves,
 - (ii) to the safety of any person, or
 - (iii) to the security of the hospital.
- (3) Subject to paragraph (19), a search involving the removal of clothing may only be carried out—
- (a) with the patient’s consent; or
 - (b) where authorised by the responsible clinician or the medical director in accordance with this direction.
- (4) If a patient does not consent to a search involving the removal of clothing, the matter must be referred to the patient’s responsible clinician.
- (5) Where there is a referral under paragraph (4), the responsible clinician must consider whether the proposed search would be detrimental to the patient’s wellbeing.
- (6) The responsible clinician may authorise the search if the clinician considers that the proposed search would not be detrimental to the patient’s wellbeing.

(7) If the responsible clinician considers that the proposed search would be detrimental to the patient's wellbeing, that clinician must consult a member of the security department.

(8) Following consultation with a member of the security department, the responsible clinician may authorise, or refuse to authorise, the search.

(9) In making a decision under paragraph (8), the responsible clinician must take into account—

- (a) the opinion of the member of the security department consulted under paragraph (7);
- (b) the interests of the patient;
- (c) the safety of staff, patients, visitors and visiting children; and
- (d) the security of the hospital.

(10) If the responsible clinician refuses to authorise a search under paragraph (8), the member of the security department consulted under paragraph (7) may refer the matter to the medical director.

(11) Where a matter is referred under paragraph (10), the medical director may authorise, or refuse to authorise, the search.

(12) In making a decision under paragraph (11), the medical director must take into account—

- (a) the opinion of the responsible clinician;
- (b) the opinion of the member of the security department consulted under paragraph (7);
- (c) the interests of the patient;
- (d) the safety of staff, patients, visitors and visiting children to the hospital; and
- (e) the security of the hospital.

(13) Any patient who has refused to consent to a search involving the removal of clothing must be—

- (a) kept under observation;
- (b) isolated from other patients; and
- (c) kept informed of what is happening and why in terms appropriate to their understanding,

until such time as a search has been authorised, or refused, under paragraph (6), (8) or (11).

(14) A search under this direction must take place on the patient's ward or in the hospital's admission facility which is a facility designed for carrying out administrative and security checks associated with the admission of patients.

(15) A search under this direction must be carried out by two members of staff, at least one of whom must be a registered nurse.

(16) A search under this direction may only be undertaken by members of staff who are the same sex as the patient.

(17) In all cases a search under this direction must be carried out with due regard for the patient's dignity and privacy.

(18) Nothing in this direction should be taken as allowing an intimate body search of a patient.

(19) This direction does not apply to the search of a patient if a member of staff has reason to believe that the patient possesses an item which causes an immediate risk to the patient's own safety or the safety of any other person.

(20) In this direction "intimate body search" means a search which consists of the physical examination of a person's body orifices other than the mouth.

Searches of patients, rooms and lockers

7.—(1) Each Trust must in respect of the hospital for which it is responsible make arrangements for the routine searching of patients, their rooms and lockers in the hospital, in accordance with this direction.

(2) Each patient's room, its contents and any locker used by that patient must be searched at least once each calendar month at any day or time on a random basis.

(3) Subject to paragraph (4), each patient's locker located on a ward must be searched on one further occasion each month at any day or time on a random basis.

(4) Paragraph (3) does not apply where there is more than one search of that locker under paragraph (2) in any calendar month.

(5) On each occasion that a search is undertaken under paragraph (2) or (3), a rub-down search of the patient must be carried out if the requirements for carrying out such a search set out in direction 5 are met.

(6) Any patient who receives a visitor who is not a key-holder must be subject to a rub-down search immediately before, and immediately after, that visit.

(7) Any patient who goes on leave of absence must be subject to a rub-down search both on leaving, and on re-entering, the secure area.

(8) On each occasion that a search is undertaken under paragraph (6) or (7), a rub-down search of the patient must be carried out if the requirements for carrying out such a search set out in direction 5 are met.

(9) A search under paragraph (7) must not be undertaken by a member of staff who is responsible for that patient during the leave of absence.

(10) The requirement for a rub-down search under paragraph (5) does not apply where the medical director and the security director have agreed that—

- (a) a rub-down search would present a significant risk to the member of staff undertaking the search; and
- (b) the requirements for the patient's management are such that any risk that the patient is concealing an object have been minimised.

Searches when patients move around in the secure area

8.—(1) Each Trust must in respect of the hospital for which it is responsible make arrangements for searching patients who move between different parts of the hospital in accordance with this direction.

(2) Subject to paragraph (4) a member of staff shall carry out a rub-down search of—

- (a) where there is only one patient moving, that patient;
- (b) where there is a group of no more than 10 patients moving together, at least one patient selected on a random basis; or
- (c) where there is a group of more than 10 patients moving together, at least 10% of those patients, selected on a random basis.

(3) On each occasion that a search is undertaken under paragraph (2), a rub-down search of the patient must be carried out if the requirements for carrying out such a search set out in direction 5 are met.

(4) A patient shall not be searched under paragraph (2)(a) if both the medical director and the security director have agreed that—

- (a) a rub-down search of that patient would present a significant risk to the member of staff undertaking the search; and
- (b) the requirements for the patient's management are such that any risk that the patient is concealing an object have been minimised.

Searches of ward areas and other areas

9. Each Trust must in respect of the hospital for which it is responsible make arrangements to ensure that—

- (a) all ward areas, other than patients' rooms, of the hospital are searched not less than once a week; and

- (b) all therapy, workshop, recreation and leisure facility areas, and any other areas (other than wards) of that hospital which a patient may visit within the secure area, are searched not less than once every three months.

Security of tools, equipment and materials

10.—(1) Each Trust must issue written instructions to members of staff at the hospital for which it is responsible on the control of tools, equipment and materials in the secure area of the hospital.

(2) Each Trust must make arrangements to ensure that where, prior to the end of an activity or session, a patient leaves an area in which a tool or other equipment is or has been in use, that patient is subject to a rub-down search before leaving that area if the requirements for carrying out such a search set out in direction 5 are met.

Searches of members of staff

11.—(1) Each Trust must in respect of the hospital for which it is responsible, make arrangements to ensure that—

- (a) at least 10% of occasions when members of staff enter the secure area and 5% of occasions when members of staff leave the secure area, will result in a rub-down search of members of staff who are chosen randomly;
- (b) members of staff pass through a staffed metal detection portal immediately prior to entry into the secure area;
- (c) all bags, packages or similar possessions of members of staff are x-rayed and (where appropriate) physically inspected prior to entry into the secure area;
- (d) any member of staff escorting a patient on leave of absence is subject to a rub-down search on entry to or departure from the secure area; and
- (e) where a member of staff is escorting a patient on leave of absence, any bags, packages or similar possessions of that member of staff are x-rayed and, where appropriate, physically inspected on entry to or departure from the secure area.

(2) The Trust must x-ray and, where appropriate, physically inspect any bags, packages or similar possessions of a member of staff who is subject to a rub-down search under paragraph (1)(a) on leaving the secure area.

(3) A rub-down search under paragraphs (1)(a) and (d) must be carried out—

- (a) by a person of the same sex as the member of staff, unless there are exceptional circumstances; and
- (b) with due regard for the dignity of the member of staff.

(4) Each Trust must determine whether a visitor who is a key-holder should be treated as a member of staff for the purposes of this direction.

Arrangements in respect of visitors and visiting children

12.—(1) Each Trust must in respect of the hospital for which it is responsible make arrangements in respect of any visitor or visiting children in accordance with this direction.

(2) All patient visits must be arranged with the Trust in advance.

(3) Tobacco or tobacco products must not be brought into the secure area unless they are being supplied to the Trust.

(4) The Trust must provide facilities within the secure area for the purpose of enabling visitors to acquire, in accordance with such rules as the Trust may determine from time to time, food for consumption by themselves, by any visiting child accompanying them or by a patient whom they are visiting.

(5) Visitors and visiting children must not bring food into the secure area unless—

- (a) that food is being supplied to the hospital under contract with the Trust; or

- (b) following consultation with the patient’s clinical team and the medical director, the responsible clinician gives permission for the visitor to bring food into the secure area and for the patient to consume that food during the visit as part of the patient’s care treatment plan.
- (6) Subject to paragraphs (9), (10) and (11), a visitor or a visiting child must—
- (a) be subject to a rub-down search; and
 - (b) have their possessions inspected,
- before they are permitted to enter the secure area.
- (7) Subject to paragraphs (9), (10) and (11), a visitor must be refused entry to the secure area unless the visitor—
- (a) consents to a rub-down search and an inspection of their possessions; or
 - (b) in the case where the visitor is accompanied by a visiting child for whom the visitor is responsible, consents to a rub-down search of that child and an inspection of that child’s possessions.
- (8) Subject to paragraphs (9), and (11), any visiting child shall not be permitted to enter the secure area unless—
- (a) the visitor responsible for that child consents to a rub-down search of that child and an inspection of the child’s possessions; or
 - (b) if the child is of sufficient understanding to make an informed decision about any search or inspection, that child consents to a rub-down search and an inspection of their possessions.
- (9) A visiting child must be permitted access to the secure area if a contact order has been made under section 8 of the Children Act 1989^(a) in respect of that child and a patient in that hospital.
- (10) Where a visitor is a member of the First-tier Tribunal (Mental Health)^(b) and needs to enter the secure area in connection with performing their judicial function, they shall not be subject to a rub-down search on entering or leaving the secure area on that occasion unless—
- (a) they will be carrying out an examination of a patient in accordance with Rule 34 of the Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008^(c) whilst in the secure area;
 - (b) they activate the metal detection portal on passing through it and the reason for the activation cannot be established by other means; or
 - (c) the chief executive considers that there is an exceptional reason why they should be subject to a rub-down search.
- (11) Where a visitor, or a visiting child, is not permitted access to the secure area, the chief executive of the hospital shall, if so requested, review that decision and may permit entry subject to such conditions as the chief executive may require.
- (12) Where there is a contact order in place in respect of a visiting child and the child and any accompanying visitor is permitted to enter the secure area without being searched or their possessions being inspected, entry to the secure area may be subject to such conditions as the director of security may require.
- (13) Paragraphs (6) to (12) do not apply to—
- (a) a senior member of the Royal Family; or
 - (b) a member of the emergency services who is attending to an emergency.
- (14) This direction does not apply to any visitor who is a key holder and who is treated as a member of staff for the purposes of direction 11.

(a) c. 41.

(b) The First-tier Tribunal (Mental Health) replaces the Mental Health Review Tribunals for regions of England which were continued in existence by section 65 of the Mental Health Act 1983. *See* article 3(1) of, and Schedule 1 to, the Transfer of Tribunal Functions Order 2008 (S.I. 2008/2833).

(c) S.I. 2008/2699.

(15) In this direction “tobacco products” means a product consisting wholly or partly of tobacco and intended to be smoked, sniffed, sucked or chewed.

Searches of visitors and inspection of possessions

13.—(1) Each Trust must ensure that in respect of the hospital for which it is responsible, any search of any visitor, or visiting child, and the inspection of any possessions of that person, is carried out in accordance with this direction.

(2) Any rub-down search must be carried out—

- (a) with the consent of the person being searched or, subject to paragraph (5), in the case of a visiting child, the consent of the responsible adult in respect of that child;
- (b) with due regard for the dignity of the person being searched and
- (c) by a person of the same sex as the person being searched, unless there are exceptional circumstances and the person to be searched, or the responsible adult in respect of any visiting child, consents to the search on that basis.

(3) All visitors must pass through a metal detection portal on entry to the secure area.

(4) All bags, packages and other possessions to be taken into the secure area—

- (a) must, where possible, be inspected by x-ray equipment;
- (b) may, following x-ray, be physically inspected; and
- (c) must be physically inspected if inspection by x-ray is not possible.

(5) Where a visiting child is of sufficient understanding to make an informed decision about any search, that child must consent to the search, before it takes place.

(6) Paragraphs (3) and (4) do not apply to—

- (a) a senior member of the Royal Family; or
- (b) a member of the emergency services who is attending to an emergency.

Supply of food by staff to patients

14.—(1) Subject to paragraph (2), each Trust must ensure that in respect of the hospital for which it is responsible, any member of staff does not bring food into the secure area for consumption by a patient.

(2) The chief executive of the hospital may authorise members of catering staff or staff, including porters, employed in the supplies department of the hospital to bring food for a patient into the secure area of the hospital where it is not practicable for a contractor to do so.

Checks of vehicles

15.—(1) Each Trust must in respect of the hospital for which it is responsible, issue written instructions to all members of staff on the management and escorting of vehicles in the secure area.

(2) Subject to paragraph (3), each Trust must make arrangements to ensure that before any vehicle enters or leaves the secure area it is checked by a member of staff for the presence of any unauthorised persons or items.

(3) Paragraph (2) does not apply to any vehicle belonging to the emergency services that is attending to an emergency.

Contractors’ vehicles in the secure area

16.—(1) Each Trust must make arrangements in respect of the hospital for which it is responsible for the control of vehicles in the secure area of the hospital in accordance with this direction.

(2) Subject to paragraph (5), each Trust must ensure that any vehicle owned or controlled by a contractor shall not be located in the secure area unless the contractor is present in the secure area and—

- (a) the contractor is loading or unloading tools or supplies; or
- (b) the vehicle needs to be located within the secure area to give the contractor access to tools or supplies.

(3) Where the vehicle is—

- (a) moving, or
- (b) left unlocked,

a member of staff must be present in the immediate vicinity of the vehicle at all times.

(4) Where the vehicle is locked and immobilised, a member of staff must have possession of any keys to the vehicle held within the secure area.

(5) Paragraph (2) does not apply where—

- (a) the security director has given permission for the vehicle to be located in the secure area;
- (b) the contractor has left the secure area; and
- (c) the vehicle is locked and immobilised.

Testing for illicit substances

17.—(1) Each Trust must, in respect of the hospital for which it is responsible, make arrangements for testing patients for the use of illicit substances in accordance with this direction.

(2) Provided that the patient consents, samples must be collected from—

- (a) each patient on admission to the hospital;
- (b) any patient suspected of using illicit substances; and
- (c) at least 5% of the total number of patients at the hospital each month, selected randomly.

(3) Any patient required to provide a sample shall be afforded such privacy as is compatible with the need to prevent or detect adulteration or falsification of the sample.

(4) In no circumstances shall a patient be required to provide a sample of urine in the sight of a person of the opposite sex.

(5) In this direction “sample” means—

- (a) a sample of urine;
- (b) a breath test for alcohol;
- (c) a swab taken from a patient’s mouth; or
- (d) a sample of hair, other than pubic hair.

Control of prescribed drugs

18.—(1) Each Trust must, in respect of the hospital for which it is responsible, issue written instructions to members of staff on the control of prescribed drugs.

(2) Instructions issued under paragraph (1) shall include instructions on—

- (a) the transportation of prescribed drugs between the hospital pharmacy and a ward;
- (b) the security of medication storage units and the location of those units;
- (c) arrangements for distributing prescribed drugs to patients; and
- (d) arrangements for ensuring that patients take prescribed drugs at the point at which they are dispensed, or at such other times as may be authorised by the clinical team.

Written records of certain searches and tests

19. Each Trust must, in respect of the hospital for which it is responsible, make arrangements to ensure that a written record is kept of—

- (a) any search of persons or possessions undertaken under these Directions;
- (b) any refusal to consent to a search;
- (c) any refusal of entry under direction 12 of these Directions (arrangements in respect of visitors and visiting children);
- (d) any test undertaken in accordance with arrangements made under direction 17 (testing for illicit substances), and the outcome of that test; and
- (e) any refusal by a patient to give a sample in accordance with arrangements made under direction 17.

Security information

20.—(1) Each Trust must ensure that, in respect of the hospital for which it is responsible, information concerning the safety and security of the hospital is gathered and maintained in accordance with this direction.

(2) The security director for the hospital must establish and maintain electronic security records having regard to any guidance issued, on this issue, by the Secretary of State.

(3) For the purposes of this direction “security records” means records concerning possible threats to safety or security and includes information on—

- (a) plans for escape;
- (b) potential disturbances at the hospital;
- (c) attempts to bring unauthorised items into the hospital; and
- (d) any other matters which could threaten the well-being of a patient, visitor, visiting children or a member of staff.

(4) The security director must ensure that—

- (a) security reports are given to members of the patients’ clinical teams and the board of directors of the Trust on a regular basis;
- (b) instructions are given to the security department on the collection, collation, evaluation and assessment of the reliability of security information;
- (c) instructions are given to members of staff on what, and how, security information should be reported to the security department; and
- (d) instructions are given to members of staff on sharing security information and on data protection.

Patients’ possessions

21.—(1) Each Trust must make arrangements, in respect of the hospital for which it is responsible to ensure that—

- (a) the number, type and volume of a patient’s possessions, and access to those possessions, is consistent with the requirements of safety and security in the hospital;
- (b) the number, type and volume of possessions that are located in a patient’s room is limited to that consistent with the requirements of safety and security;
- (c) the possessions of a patient are identified in an inventory to be compiled and kept up to date jointly by the patient and a member of staff; and
- (d) that inventory is signed and dated on each occasion when it is compiled or updated by—
 - (i) the patient and the member of staff; or

(ii) if the patient does not agree to sign by the member of staff and another member of staff.

(2) Where a patient requests access to any possessions—

- (a) which are stored on the ward, access must be provided within 24 hours of the request;
- (b) which are stored elsewhere, access must be provided within 48 hours, not including weekends or public holidays.

(3) A Trust may refuse a patient's request for access under paragraph (2) if access to those possessions is not consistent with the safety and security requirements of these Directions or the Trust's general policy in respect of the arrangements referred to in paragraph (1)(a).

(4) In this direction "public holiday" means any day that is specified or proclaimed as a bank holiday in England and Wales pursuant to section 1 of the Banking and Financial Dealings Act 1971(a).

Items delivered or brought to hospital premises for patients

22.—(1) Each Trust must make arrangements in respect of the hospital for which it is responsible, to ensure that any item which is delivered or brought to the hospital for delivery to a patient is examined in accordance with the provisions of this direction.

(2) The item must be—

- (a) x-rayed, and
- (b) opened and inspected,

by a member of staff.

(3) Any item brought to the hospital for a patient may be withheld on the grounds that the item—

- (a) is one which the patient has asked to be withheld;
- (b) is likely to cause distress to the person to whom it is addressed or to any other person;
- (c) may cause a danger to any person;
- (d) may prejudice the safety of any person; or
- (e) may prejudice security in the hospital.

(4) Where an item is withheld—

- (a) that decision must be recorded;
- (b) the patient must be given notice of the decision and told why the item has been withheld; and
- (c) the patient must be given notice that the decision may be reviewed by the Care Quality Commission if a written application for review is made within six months from the date on which the notice is given.

(5) The Trust shall comply with any direction given by the Care Quality Commission under regulation 2(2) of the Additional Functions Regulations 2011.

(6) This direction does not apply to incoming postal packets addressed to a patient.

Patients' access to computer equipment and games consoles

23.—(1) Each Trust must make arrangements in respect of the hospital for which it is responsible, for the control of patients' access to computer equipment and games consoles in accordance with the provisions of this direction.

(2) Each Trust must prepare, maintain and make available to patients a statement setting out its policy in respect of—

- (a) access to, and usage of, computer equipment and games consoles;

(a) 1971 c. 80.

- (b) any conditions of use or access; and
 - (c) the circumstances in which access may be withdrawn.
- (3) A patient may only have access to computer equipment or a games console that is owned and controlled by the Trust, or hired to the Trust, and on such terms as the Trust considers appropriate.
- (4) Each Trust must make arrangements for the monitoring and supervision of patient access to, and use of, computer equipment and any games console.

Location of patients' shops

24.—(1) Subject to paragraph (2), each Trust must ensure that a patients' shop is not located in a ward area of a hospital for which it is responsible.

(2) Subject to the prior approval of the security director, a mobile patients' shop may visit a ward area from time to time.

Role of patients in managing or working in patients' shops and other specified employment

25.—(1) Each Trust must ensure that in respect of the hospital for which it is responsible a patient is not allowed to—

- (a) manage a patients' shop; or
- (b) work in a patients' shop or in other specified employment unless—
 - (i) the Grounds Access Committee has given permission under direction 38 or the medical director has given permission under direction 39; and
 - (ii) a member of staff monitors and supervises any such work at all times.

(2) In paragraph (1) "other specified employment" means employment where the nature or location of the work, or the proposed level of supervision, generates a significant level of risk.

Patients' incoming post

26.—(1) Each Trust must make arrangements in respect of the hospital for which it is responsible for incoming postal packets addressed to a patient to be x-rayed.

- (2) Subject to—
- (a) sections 134 (correspondence of patients) and 134A (review of decisions to withhold correspondence) of the 1983 Act; and
 - (b) regulations 29 and 30 of the 2008 Regulations (inspection and opening of postal packets: review of decisions to withhold),

each Trust must make arrangements for incoming postal packets addressed to a patient at a hospital for which it is responsible to be opened and inspected by an authorised member of staff in accordance with this direction.

(3) Paragraphs (1) and (2) shall not apply where a postal packet has been sent by or on behalf of any person or body identified in section 134(3) of the 1983 Act.

(4) Where paragraph (3) applies the postal packet may only be opened and inspected by an authorised member of staff in so far as it is necessary to confirm its origin.

(5) A postal packet opened and inspected in accordance with paragraph (4) must be delivered to the patient without further inspection if the packet has been sent by a person or body listed in section 134(3) of the 1983 Act.

Internal post

27.—(1) Each Trust must make arrangements in respect of the hospital for which it is responsible for the inspection of internal postal packets in accordance with this direction.

- (2) An authorised member of staff may open and inspect any item of internal post.

- (3) The Trust may withhold delivery of internal post, or an item included in such post if—
 - (a) the recipient has asked for internal post from another patient to be withheld;
 - (b) it is likely in the opinion of the Trust to cause distress to any person (not being a member of staff);
 - (c) it is likely in the opinion of the Trust to cause danger to any person; or
 - (d) it is necessary to do so in the interests of the safety of the patient or for the protection of any other person.
- (4) If any post, or an item included in such post, is withheld under paragraph (3) the Trust must ensure that—
 - (a) a record is made of the decision; and
 - (b) both the sender and the recipient are informed—
 - (i) that the post or item has been withheld;
 - (ii) the reason why; and
 - (iii) that they have a right to a review of that decision by the Care Quality Commission if a written application is made within six months of receiving the information set out in this sub-paragraph.
- (5) For the purposes of this paragraph “internal post” means post—
 - (a) between patients within the same hospital; or
 - (b) from a patient to a member of staff of the hospital where the patient is detained.
- (6) The Trust shall comply with any direction given by the Care Quality Commission under regulation 3(2) of the Additional Functions Regulations 2011.

Patients’ outgoing post

28.—(1) Subject to—

- (a) section 134 and 134A(1) to (3) of the 1983 Act; and
- (b) regulations 29 and 30 of the 2008 Regulations,

each Trust must make arrangements for the inspection of patients’ outgoing postal packets at a hospital for which it is responsible in accordance with this direction.

(2) Any outgoing postal packet from a patient, other than a letter or card, shall be packaged and sealed by the patient on their ward and in the presence of an authorised member of staff.

(3) Subject to paragraph (4) an authorised member of staff may open and inspect any outgoing letter or card.

(4) Where a letter or card is addressed to any person or body identified in section 134(3) of the 1983 Act, the letter or card may only be opened where it is necessary to confirm its destination and must not be further inspected if the intended recipient is a person or body identified in that section.

Incoming post addressed to members of staff

29.—(1) Each Trust must make arrangements in respect of the hospital for which it is responsible for the examination of postal packets addressed to a member of staff in accordance with this direction.

(2) A postal packet addressed to a member of staff must be x-rayed before delivery of it to that person within the secure area.

(3) An authorised member of staff may open and inspect a postal packet under paragraph (1) with the consent of the member of staff to whom it is addressed.

(4) A postal packet shall not be delivered to a member of staff within the secure area if, following a request, that person refuses to allow it to be opened and inspected.

Mobile telephones

30.—(1) Each Trust must make arrangements in respect of the hospital for which it is responsible for the control of mobile telephones in the hospital in accordance with this direction.

- (2) Patients must not have possession of, or access to, a mobile telephone in the secure area.
- (3) Subject to paragraph (5), visitors and visiting children must not have possession of, or access to, a mobile telephone in the secure area.
- (4) Members of staff must not have possession of a mobile telephone in the secure area unless—
 - (a) that telephone is owned, or hired, by the Trust; and
 - (b) the security director has authorised possession on the ground that there are exceptional circumstances.
- (5) Members of the emergency services may carry mobile telephones where—
 - (a) they are responding to an emergency; or
 - (b) the security director has so authorised.

Patients' outgoing telephone calls

31.—(1) Each Trust must make arrangements in respect of the hospital for which it is responsible for the control of patients' outgoing telephone calls in accordance with the provisions of this direction.

- (2) If the Trust allows a patient to telephone the Samaritans it must provide a telephone dedicated solely for that purpose.
- (3) A patient may not make a telephone call to another patient in the same hospital.
- (4) Subject to paragraph (2), a patient may only make a telephone call—
 - (a) to a telephone number pre-programmed by a member of staff using the pre-programmed system; or
 - (b) if access to the pre-programmed system is temporarily unavailable, to any number that has been pre-programmed subject to paragraph (7) of this direction.
- (5) For the purposes of paragraph (4), pre-programmed telephone numbers must—
 - (a) include the telephone number of any person or organisation identified in section 134(3) of the 1983 Act where the patient has asked for that number to be pre-programmed ; or
 - (b) otherwise be approved by the responsible clinician, having consulted with the clinical team.
- (6) Except for a dedicated telephone provided under paragraph (2), a patient may only have access to a telephone in any area where the patient normally has access, including a ward or therapeutic area—
 - (a) at such times as the Trust may determine between 8.00am and 10.00pm; and
 - (b) at other times, where access is specifically authorised by a member of staff.
- (7) Where paragraph (4)(b) applies, a member of staff—
 - (a) must dial the telephone number and establish the identity of the person or organisation called; and
 - (b) observe the patient at all times during the call.

Patients' incoming telephone calls

32.—(1) Each Trust must make arrangements in respect of the hospital for which it is responsible for the control of patients' incoming telephone calls in accordance with the provisions of this direction.

- (2) Subject to paragraph (4), a patient may not receive an incoming telephone call.
- (3) Where there is an incoming telephone call for a patient, a member of staff must—

- (a) answer that call; and
 - (b) inform the patient that a call has been received and the main points of the conversation between the caller and the member of staff.
- (4) A patient may receive a telephone call, other than a call from another patient in the same hospital, where—
- (a) the call has been pre-arranged by a member of staff and authorised by the director of security; or
 - (b) in the opinion of a member of staff—
 - (i) the urgency of the case is such that the patient should receive the call; or
 - (ii) there are compassionate grounds for allowing the patient to receive the call.
- (5) Where a patient receives a telephone call under paragraph (4), a member of staff—
- (a) must observe the patient at all times during the telephone call; and
 - (b) may monitor the telephone call in accordance with Direction 34.

Risk assessments

33.—(1) Each Trust must make arrangements for risk assessments to be carried out in the hospital for which it is responsible in accordance with this direction.

(2) Subject to paragraph (3), a risk assessment must be carried out by the clinical team prior to the admission of a patient.

(3) Where it is not practicable to carry out a risk assessment prior to the admission of a patient, a risk assessment must be carried out by the clinical team within 6 hours of admission of the patient.

(4) The risk assessment must include an assessment of whether a patient presents a high risk of—

- (a) immediately harming others;
- (b) committing suicide or self harming;
- (c) being assaulted;
- (d) escaping or absconding; or
- (e) subverting safety and security, or organising action to subvert safety or security.

(5) Following a risk assessment the clinical team must prepare a risk management plan.

(6) Any risk management plan must include details of any decision to—

- (a) monitor the patient's telephone calls in accordance with direction 34; or
- (b) lock the room of the patient at night in accordance with direction 35.

(7) Where there is a high risk of the patient undertaking one or more of the actions identified in paragraph (4), the clinical team must consult a member of the security department before finalising the risk management plan.

(8) The risk management plan must—

- (a) if the clinical team decides that a patient presents a high risk in accordance with subparagraph (4), record the reasons;
- (b) specify the date on which any decision to—
 - (i) monitor the telephone calls of the patient, or
 - (ii) lock the patient's room at night,
 must be reviewed; and
- (c) specify when the risk management plan must be reviewed.

(9) The clinical team must review each risk assessment, and each risk management plan—

- (a) following any significant incident or change of circumstances which could impact on a patient's risk assessment, including—

- (i) where a patient commits or threatens to commit an act of self harm,
- (ii) where a patient is the victim of actual or threatened violence,
- (iii) where a patient has used or threatened violence towards another patient or a member of staff,
- (iv) any act, or the receipt of any intelligence, relating to escape or unauthorised absence of the patient, or
- (v) any action, or threat of action, by the patient which would subvert security;
- (b) in relation to a risk management plan, by the dates specified in the plan; and
- (c) at least once every six months.

Monitoring telephone calls

34.—(1) Each Trust must make arrangements in respect of the hospital for which it is responsible for the monitoring of patients' telephone calls in accordance with the provisions of this paragraph.

(2) A telephone call between a patient and any person or body identified in section 134(3) of the 1983 Act (persons or bodies to whom section 134(1)(b) or (2) do not apply) may not be monitored or recorded.

(3) A telephone call between a patient and the Samaritans may not be monitored or recorded.

(4) Before an incoming or outgoing telephone call is monitored or recorded in accordance with this direction the patient and any other person making or receiving the call must be informed if the call—

- (a) is being monitored and recorded; or
- (b) may be monitored and recorded.

(5) Subject to paragraphs (2) and (3) if, following a risk assessment, the patient's clinical team decide that—

- (a) a patient presents a high risk of escaping or organising action to subvert safety and security; or
- (b) there is a need to protect the safety and security of the patient or of others,

it must consider including in the risk management plan for that patient arrangements for an authorised member of staff to monitor and record the patient's incoming and outgoing telephone calls.

(6) Where the risk management plan requires a patient's telephone calls to be monitored and recorded—

- (a) that patient's telephone calls may be monitored and recorded;
- (b) each telephone call must be monitored at the time at which it is made or received; and
- (c) the patient must be informed of the reasons for the decision to monitor and record telephone calls and of the right to have that decision reviewed by the Care Quality Commission, if a written application for review is made within six months from the date on which the notice is given.

(7) In addition to any recording made under arrangements included in a risk management plan under paragraph (5), an authorised member of staff—

- (a) may record up to 10 per cent of incoming or outgoing patient telephone calls over a seven day period; and
- (b) must listen to any recording made under sub-paragraph (a).

(8) A recording of a telephone conversation made under this direction may—

- (a) be retained for such initial period and such subsequent extension of that period as the Trust considers necessary; and
- (b) at the end of that period, including any extension where relevant, must be destroyed.

(9) The Trust shall comply with any direction given by the Care Quality Commission under regulation 4(2) of the Additional Functions Regulations 2011.

Security at night

35.—(1) Each Trust in respect of the hospital for which it is responsible may, having regard to guidance issued by the Secretary of State^(a), make arrangements for patients' rooms to be locked at night in accordance with this direction.

(2) The Trust may only lock a patient's room at night if—

- (a) the room has integral sanitation facilities and a staff call system; or
- (b) the patient is subject to continuous observation by a member of staff.

Grounds Access

36.—(1) Each Trust must ensure that a patient is not granted grounds access at the hospital for which it is responsible otherwise than in accordance with this direction.

(2) Grounds access may be granted only by the Trust's Grounds Access Committee in accordance with direction 38 or by the medical director in accordance with direction 39.

(3) A member of the clinical team may request that a patient be granted grounds access only after the patient's clinical team has—

- (a) undertaken a risk assessment; and
- (b) proposed that grounds access is granted as part of that patient's treatment plan.

Grounds Access Committee

37.—(1) Each Trust must continue to maintain a Grounds Access Committee at the hospital for which it is responsible.

(2) A Grounds Access Committee must be chaired by—

- (a) the security director; or
- (b) a person nominated by the security director.

Functions of the Grounds Access Committee

38.—(1) Each Trust must ensure that the Grounds Access Committee for the hospital for which it is responsible performs its functions in accordance with this direction.

(2) The Grounds Access Committee must—

- (a) consider any request by a member of the clinical team for a patient to be granted grounds access; and
- (b) consider any proposal by a member of the clinical team concerning the proposed employment of a patient under direction 25 (role of patients in managing or working in patients' shops and other specified employment).

(3) When considering a proposal referred to in paragraph (2)(b), the Grounds Access Committee must consider any recommendations made by a member of the patient's clinical team.

(4) The Grounds Access Committee may—

- (a) grant grounds access or a request concerning the employment of a patient unconditionally;
- (b) grant such access or such a request with conditions; or
- (c) refuse such access or such a request.

(a) The guidance can be found at www.dh.gov.uk/en/Healthcare/Mentalhealth/Secureservices/index.htm.

(5) Where the Grounds Access Committee grants grounds access, it must specify the areas of the hospital to which access is granted.

(6) In performing its functions the Grounds Access Committee must take into account—

- (a) the safety and security of the patients, staff and visitors; and
- (b) the security of the hospital.

Review of decision of the Grounds Access Committee

39.—(1) Each Trust must ensure that, where a patient’s responsible clinician considers that a decision made by the Grounds Access Committee under direction 38 would impede the treatment of a patient, the decision is referred to the medical director.

(2) In reviewing a decision the medical director must consult the security director and take into account—

- (a) the views of the responsible clinician;
- (b) the safety and security of the patients, staff and visitors; and
- (c) the security of the hospital.

(3) The medical director may—

- (a) confirm the decision of the Grounds Access Committee;
- (b) vary the decision of the Grounds Access Committee; or
- (c) overturn the decision of the Grounds Access Committee.

(4) Where the medical director grants grounds access, they must specify the areas of the hospital to which access is granted.

Leave of absence

40.—(1) Each Trust must ensure that, before a patient in a hospital for which it is responsible is granted leave of absence—

- (a) the responsible clinician, having consulted the patient’s clinical team, produces a risk assessment;
- (b) the clinical team develop a management plan addressing any risks that are identified in that assessment; and
- (c) the security director, or a member of the security department who is authorised by the security director to act on his behalf, considers and approves that management plan.

(2) For the purposes of paragraph (1) the clinical team must include a member of the security department.

Escorting patients

41. Each Trust must—

- (a) provide training for members of staff who are responsible for escorting patients outside the secure area of the hospital for which it is responsible; and
- (b) issue written instructions to those members of staff on escorting patients outside the secure area, including instructions on the use of handcuffs and escorting chains.

Security of keys and locks

42. Each Trust must ensure that the security director of the hospital for which it is responsible issues written instructions to—

- (a) members of staff; and
- (b) any other key-holders,

on the use and control of locks and keys.

Security Audits

43.—(1) Each Trust must provide such assistance as is necessary for the purpose of facilitating a yearly security audit of the hospital for which it is responsible.

(2) In paragraph (1) “security audit” means an audit undertaken by the prison service audit team.

Provision of training

44.—(1) Each Trust must make arrangements for the provision of safety and security training to—

- (a) all members of staff at the hospital for which it is responsible; and
- (b) any other key holders at that hospital.

(2) For the purposes of paragraph (1) training must include—

- (a) security induction training;
- (b) training on the control of keys and locks;
- (c) training on the management of violence and aggression;
- (d) an annual security update; and
- (e) such other training as the Trust considers appropriate.

(3) Each Trust must ensure that any person to whom keys are to be allocated receives—

- (a) security induction training; and
- (b) training on the control of keys and locks,

before keys are allocated.

Revocation

45. The following instruments(a) are revoked-

- (a) the Safety and Security in Ashworth, Broadmoor and Rampton Hospitals Directions 2000;
- (b) the Ashworth, Broadmoor and Rampton Hospitals Amendment Directions 2001;
- (c) the Ashworth, Broadmoor and Rampton Hospitals Amendment Directions 2002;
- (d) the Ashworth, Broadmoor and Rampton Hospitals Amendment (No.2) Directions 2002;
- (e) the Safety and Security in Ashworth, Broadmoor and Rampton Hospitals Amendment Directions 2003; and
- (f) the Safety and Security in Ashworth, Broadmoor and Rampton Hospitals Amendment Directions 2009.

Signed by authority of the Secretary of State for Health



Anne McDonald
Member of the Senior Civil Service
Department of Health

14 June 2011

(a) Each set of Directions is available at www.dh.gov.uk/en/Healthcare/Mentalhealth/DH_4108513.