

# NATIONAL HEALTH SERVICE, ENGLAND

## The High Security Psychiatric Services (Arrangements for Safety and Security) Directions 2019

The Secretary of State gives the following Directions in exercise of the powers conferred by sections 4(3A)(a), 8 and 273(1) and (4) of the National Health Service Act 2006<sup>(a)</sup>.

### Application, citation and commencement

1.—(1) These Directions apply to any person who is approved by the Secretary of State for the purposes of section 4(3)(b) of the 2006 Act to provide high security psychiatric services.

(2) These Directions may be cited as the High Security Psychiatric Services (Arrangements for Safety and Security) Directions 2019.

(3) These Directions come into force on 28<sup>th</sup> May 2019.

### Interpretation

2. In these Directions—

“escape” means where a patient unlawfully gains liberty by breaching the secure perimeter of the hospital;

“abscond” means where a patient unlawfully gains liberty outside of the secure 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<sup>(b)</sup>;

“the 2006 Act” means the National Health Service Act 2006;

“the 2008 Regulations” means the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008<sup>(c)</sup>;

“the Additional Functions Regulations 2011” means the Care Quality Commission (Additional Functions) Regulations 2011<sup>(d)</sup>;

“chief executive” means, in relation to a hospital, the chief executive of the NHS Trust or NHS Foundation Trust<sup>(e)</sup> which is responsible for that hospital, or that person’s deputy;

“Clinical Security Framework” means the document of the same title issued by the Board<sup>(f)</sup>;

“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;

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(a) 2006 c. 41; Section 4 of the National Health Service Act 2006 (“the 2006 Act”) has been amended by section 16 of the Health and Social Care Act 2012 (c. 7) (“the 2012 Act”) and includes the insertion of section 4(3A). By virtue of section 271 of the 2006 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) 1983 c. 20; the Mental Health Act 1983 (“the 1983 Act”), as amended by the Mental Health Act 2007 (c.12) (“the 2007 Act”) and the 2012 Act.

(c) S.I. 2008/1184, as amended by S.I. 2008/2560, S.I. 2009/462, S.I. 2012/1118 and S.I. 2013/235.

(d) S.I. 2011/1551, as amended by S.I. 2013/1413.

(e) An NHS trust is a trust established under section 25 of the 2006 Act. An NHS foundation trust is a trust authorised under section 35 of the 2006 Act.

(f) Established by section 1H of the 2006 Act, which was inserted by section 9(1) of the 2012 Act.

“hospital” means a hospital or any part of a hospital which is treated as a separate unit as covered by the definition of “hospital premises” in section 4(4) of the 2006 Act;

“illicit substance” means—

- (a) any drug which is a controlled drug for the purposes of the Misuse of Drugs Act 1971(a);
- (b) alcohol; or
- (c) a psychoactive substance as defined by section 2 of the Psychoactive Substances Act 2016(b);

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

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

“medical director” means, in relation to a hospital, the medical director, chief medical officer or clinical director of the hospital appointed by the provider which is responsible for that hospital, or that person’s deputy;

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

- (a) any person employed by the provider 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 provider; and
- (b) the chairman and any non-executive director of the provider;

“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(d); or
- (c) an order of the Court of Appeal under section 6 or 14 of the Criminal Appeal Act 1968(e);

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

“provider” means any person who is approved to provide high security psychiatric services for the purposes of section 4(3)(b) of the 2006 Act;

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

“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;

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- (a) 1971 c. 38. Schedule 2, as amended, lists controlled drugs for the purposes of the Act. *See also* section 2A inserted by section 151 of, and paragraphs 1 and 3 of Schedule 17 to, the Police Reform and Social Responsibility Act 2011.
  - (b) 2016 c.2.
  - (c) Section 17 has been amended by section 3 of the Mental Health (Patients in the Community) Act 1995 (c. 52) and sections 9, 33 and 39 of the 2007 Act.
  - (d) 1964 c. 84. Section 5 was substituted by section 24(1) of the Domestic Violence, Crime and Victims Act 2004 (c. 28).
  - (e) 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 sections 47 and 149 of, 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 and further amended by section 24(3) of the Domestic Violence, Crime and Victims Act 2004 and sections 47 and 149 of, and Schedules 8 and 28 to, the Criminal Justice and Immigration Act 2008.
  - (f) 2000 c. 26. *See* definition in section 125.
  - (g) Relevant amendments were made to section 34 by section 9(1) and (10) and to section 55 by section 11(1) and 11(7) of the 2007 Act.

“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 held by a hospital about its safety and security;

“secure perimeter of the hospital” means the outside wall, fence, reception or declared boundary 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);

“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;

“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 provider 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 provider must have regard to any guidance issued by the Secretary of State on arrangements for safety and security at the hospital and to the Clinical Security Framework.

(3) If a provider intends to perform its functions other than in accordance with guidance referred to in paragraph (2) or the Clinical Security Framework, it must notify without delay:

- (a) the Board;
- (b) the NHS Trust Development Authority<sup>(a)</sup>; and
- (c) where the provider is a NHS Foundation Trust, Monitor<sup>(b)</sup>,

and give reasons for the decision or act, as well as setting out action being taken to become compliant.

### **Duty to co-operate**

4. Each provider must co-operate with other providers 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 provider 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) This direction does not apply to the search of a patient if a member of staff has reasonable grounds to believe that the patient possesses an item which causes an immediate risk to the patient’s own safety, the safety of any other person, or the safety of the hospital.

(3) Subject to paragraph (2), 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.

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(a) Established as a Special Health Authority by S.I. 2012/901, amended by S.I. 2013/260 and 2016/214. The NHS Trust Development Authority has been brought together with Monitor to form NHS Improvement under a single leadership and operating model.

(b) The body continued in existence by section 61 of the Health and Social Care Act 2012 (c.7). Monitor has been brought together with the NHS Trust Development Authority to form NHS Improvement under a single leadership and operating model.

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

(5) The responsible clinician may authorise a rub-down search if the responsible 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 interests of the patient;
- (b) the opinion of the responsible clinician;
- (c) the opinion of the member of the security department consulted under paragraph (6);
- (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.

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

**6.—**(1) Each provider 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, is carried out in accordance with this direction.

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

(3) 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 provider 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.
- (4) 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.
- (5) 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.
- (6) The responsible clinician may authorise the search if the responsible 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 interests of the patient;
  - (b) the opinion of the member of the security department consulted under paragraph (7);
  - (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 interests of the patient;
  - (b) the opinion of the responsible clinician;
  - (c) the opinion of the member of the security department consulted under paragraph (7);
  - (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) Unless there are exceptional circumstances, 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 is to be taken as allowing an intimate body search of a patient.

(19) 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 provider must in respect of the hospital for which it is responsible make arrangements for the routine searching of patients, their rooms and their lockers, in accordance with the Clinical Security Framework, and 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 on any day and at any time on a random basis.

(3) Each provider must also make arrangements for searching a patient's room and any locker used by that patient whenever there is reliable intelligence or reasonable suspicion that a search may be required.

(4) Subject to paragraph (5), 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.

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

#### **Searches when patients move around in the secure area**

8. Each provider must in respect of the hospital for which it is responsible make arrangements in accordance with the Clinical Security Framework for searching patients who move between different parts of the hospital.

#### **Searches of ward areas and other areas**

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

- (a) all ward areas of the hospital, other than patients' rooms, are searched at least once a week; and
- (b) all therapy, workshop, recreation and leisure facility areas, and any other areas (other than ward areas) of that hospital which a patient may visit within the secure area, are searched at least once every three months.

#### **Security of tools, equipment and materials**

10.—(1) Each provider 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 provider 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 and key-holders**

11.—(1) Each provider 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 or key-holders enter the secure area, and 5% of occasions when members of staff or key-holders leave the secure area, will result in a rub-down search of members of staff or key-holders who are chosen randomly;

- (b) members of staff and key-holders pass through a staffed metal detection portal immediately prior to entry into the secure area except where medical or other extenuating reasons make this impracticable;
- (c) all bags, packages or similar in the possession of members of staff or key-holders are x-rayed and (where appropriate) physically inspected prior to entry into the secure area;
- (d) any member of staff or key-holder 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 or key-holder is escorting a patient on leave of absence, any bags, packages or similar possessions of that individual are x-rayed and, where appropriate, physically inspected on entry to or departure from the secure area.

(2) The provider must x-ray and, where appropriate, physically inspect any bags, packages or similar possessions of a member of staff or key-holder 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 or key-holder, unless there are exceptional circumstances or with permission from the member of staff; and
- (b) with due regard for the dignity of the person.

### **Arrangements in respect of visitors and visiting children**

**12.—**(1) Each provider 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(a).

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

(3) Tobacco, tobacco products, and electronic cigarettes must not be brought into the secure area.

(4) The provider must provide facilities within the secure area for the purpose of enabling visitors to acquire, in accordance with such rules as the provider 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 provider; 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) to (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) to (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; and
- (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.

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(a) *See also* the High Security Psychiatric Services (Arrangements for Visits by Children) Directions 2013 which can be found at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/268546/Child\\_Visiting\\_Directions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/268546/Child_Visiting_Directions.pdf)

(8) Subject to paragraphs (9) and (11), any visiting child must 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 child arrangements order has been made under section 10 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 must 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 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 child arrangements 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.

(15) In this direction—

“tobacco product” means a product consisting wholly or partly of tobacco and intended to be smoked, sniffed, sucked or chewed; and

“electronic cigarette” means a product that—

- (a) can be used for the consumption of nicotine-containing vapour via a mouth piece, or any component of that product, including a cartridge, a tank and the device without cartridge or tank (regardless of whether the product is disposable or refillable by means of a refill container and a tank, or rechargeable with single use cartridges); and
- (b) is not a medicinal product or medical device.

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(a) c. 41. *See* section 8 of the Children Act 1989, as amended by section 12 of the Children and Families Act 2014 (c.6), for the definition of a child arrangement order.

(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 1983 Act. *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. Rule 34 was substituted by S.I. 2014/514.



### **Searches of visitors and inspection of possessions**

**13.**—(1) Each provider 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) subject to paragraph (5)—

- (i) with the consent of the person being searched or, in the case of a visiting child, the consent of the responsible adult in respect of that child, and
- (ii) 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; and

(b) with due regard for the dignity of the person being searched.

(3) All visitors must pass through a metal detection portal on entry to the secure area except where medical or other extenuating reasons make this impracticable.

(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.

(7) This direction does not apply to any visitor who is a key-holder.

### **Supply of food by staff and key-holders to patients**

**14.**—(1) Subject to paragraph (2), each provider must ensure that in respect of the hospital for which it is responsible, no member of staff or key-holder brings food into the secure area for consumption by a patient.

(2) The security director may authorise any member of staff (including a member of catering staff or a porter) or key-holder 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) Subject to paragraph (2), each provider must, in respect of the hospital for which it is responsible, have arrangements in place for the search of any vehicle which enters or leaves the secure area, and for the management of vehicles in the secure area, in accordance with the Clinical Security Framework.

(2) Paragraph (1) does not apply in relation to any emergency services vehicle that is attending to an emergency.

### **Testing for illicit substances**

**16.**—(1) Each provider 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 or possessing 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 must be afforded such privacy as is compatible with the need to prevent or detect adulteration or falsification of the sample.
- (4) In no circumstances must 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**

- 17.**—(1) Each provider 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) must include instructions on—
- (a) the transportation of prescribed drugs between the hospital pharmacy and a ward area;
  - (b) the security of medication storage 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 or electronic records of certain searches and tests**

- 18.** Each provider must, in respect of the hospital for which it is responsible, make arrangements to ensure that a written or electronic 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 (arrangements in respect of visitors and visiting children);
  - (d) any test undertaken in accordance with arrangements made under direction 16 (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 16.

### **Security information**

- 19.**—(1) Each provider must ensure that, in respect of the hospital for which it is responsible, it has arrangements in place with regard to the gathering and maintenance of security information.
- (2) The security director for the hospital must establish and maintain written or electronic security records having regard to any relevant guidance issued 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) plans to abscond;
  - (c) potential disturbances at the hospital;
  - (d) attempts to bring unauthorised items into the hospital; and
  - (e) any other matters which could threaten the well-being of a patient, visitor, visiting child 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 provider 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**

**20.**—(1) Each provider must, in respect of the hospital for which it is responsible, have written policies in relation to patients' possessions which are consistent with the requirements of safety and security in the hospital and, in particular, the policies must cover—

- (a) the identification of patients' possessions in an inventory;
- (b) arrangements to ensure that the inventory is signed and dated on each occasion when it is compiled or updated by—
  - (i) the patient and a member of staff, or
  - (ii) if the patient does not agree to sign, by two members of staff; and
- (c) in what circumstances patients' access to their possessions must be granted and in what circumstances such access may be refused.

(2) Where a patient request for access to their possessions is granted, the provider must aim to provide access to those possessions—

- (a) within 24 hours of the request being granted if the possessions are stored in a ward area; or
- (b) within 48 hours of the request being granted, not including weekends and public holidays, if the possessions are stored elsewhere.

### **Items delivered or brought to hospital premises for patients**

**21.**—(1) Each provider 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 beginning with the day on which the information set out in this sub-paragraph is received.

(5) The provider must 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 provided for under directions 25 and 27.

### **Patients' access to information technology equipment and the internet**

**22.**—(1) Each provider must, in respect of the hospital for which it is responsible, make arrangements for the control of patients' access to, and use of, information technology equipment and the internet.

(2) The arrangements must ensure that—

- (a) patients' access to and use of information technology equipment and the internet is robustly risk assessed to mitigate any security risks;
- (b) there are clear governance processes for auditing any information technology equipment that is used by patients; and
- (c) there are clear governance processes for monitoring patients' use of information technology equipment and the internet.

(3) Any arrangement for risk assessment under paragraph (2)(a) must—

- (a) take into account the safety and protection of all patients and staff;
- (b) consider any impact or potential impact on any relevant victim; and
- (c) determine whether or not a patient's use of information technology equipment or the internet should be supervised, either directly or remotely.

(4) Each provider must ensure that the arrangements referred to in paragraph (1) are reviewed annually and on each occasion when its scope is extended to a new technology.

(5) Arrangements under paragraph (1) must ensure that patients do not have—

- (a) unsupervised access to live internet content, except to internet hosted applications and services which have been approved by the security director;
- (b) access to any social media or other communication platforms that enable communication with other persons unless approved by the security director; and
- (c) access to any information technology equipment or the internet unless approved by the provider.

(6) In this direction, "information technology equipment" includes any laptop or notebook computer, desktop computer, gaming console, handheld computing device, personal organiser or any electronic device containing a computer processor and capable of connecting to the internet, and any reference to information technology equipment includes a reference to—

- (a) a component part of a device of that description; or
- (b) any article designed or adapted for use with any information technology equipment (including any disk, film or other separate article on which images, sounds, computer code or other information may be stored or recorded).

### **Location of patients' shops**

**23.**—(1) Subject to paragraph (2), each provider 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**

**24.**—(1) Each provider 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 36 or the medical director has given permission under direction 38, 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**

**25.**—(1) Each provider 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(a) (correspondence of patients) and 134A(b) (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 provider 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) do 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.

## **Patients' outgoing post**

**26.**—(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 provider 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, must be packaged and sealed by the patient on their ward and in the presence of an authorised member of staff.

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(a) Relevant amendments were made to section 134 by section 65 of, and paragraphs 65 and 68 of Schedule 4 to, the Health Act 1999; section 127(4) of, and paragraphs 19(1) and (2) of Schedule 8 to, the Postal Services Act 2000; section 74 and, paragraphs 72 and 74 of Schedule 7 to, the Criminal Justice and Court Services Act 2000; section 67(1) of, and paragraph 6(1) of Schedule 5 to, the Health and Social Care Act 2001; section 19(6) of the National Health Service Reform and Health Care Professions Act 2002; section 67(1) of, and paragraphs 29(1) and (2) of Schedule 6 to, the Mental Capacity Act 2005; section 14(1) and (4) of the 2007 Act; section 241 of, and Schedule 18 to, the Local Government and Public Involvement in Health Act 2007; section 52(5) of, and paragraphs 1, 11(1) and (2) of Schedule 3 to, the Health and Social Care Act 2008; S.I. 2008/912; S.I. 2008/2833; section 91(1) of, and paragraph 115 of Schedule 12 to, the Postal Services Act 2011, and sections 44(1) and 55(2) of, and paragraphs 24 and 29 of Schedule 5 to, the Health and Social Care Act 2012.

(b) Section 134A was inserted by section 52(5) of, and paragraphs 1 and 12 of Schedule 3 to, the Health and Social Care Act 2008.

(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.

### **Internal post**

**27.**—(1) Each provider must make arrangements, in respect of the hospital for which it is responsible, for the inspection and withholding of internal post.

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

(3) A provider may withhold delivery of internal post, or an item included in such post, in accordance with its arrangements under paragraph (1).

(4) If any post, or an item included in such post, is withheld under paragraph (3), the provider must ensure that—

(a) a record is made of the decision; and

(b) both the sender and the intended 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 beginning with the day on which the information set out in this sub-paragraph is received.

(5) For the purposes of this direction “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 provider must comply with any direction given by the Care Quality Commission under regulation 3(2) of the Additional Functions Regulations 2011 (review of decision to withhold internal post in high security hospitals).

### **Incoming post addressed to members of staff**

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

(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 must 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**

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

(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 and key-holders must not have possession of a mobile telephone in the secure area unless—

- (a) that telephone is owned, or hired, by the provider; and
  - (b) the security director has authorised possession.
- (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.
- (6) Contractors may carry a mobile telephone only with the approval of the security director.

### **Patients' outgoing telephone calls**

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

(2) If the provider 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 in accordance with 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 provider 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**

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

(2) Subject to paragraph (4), a patient may not receive an incoming telephone call.

(3) Where a member of staff answers a telephone call for a patient, other than one to which paragraph (4) applies, they must 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 a patient in the same hospital, where—

- (a) the call has been pre-arranged by a member of staff and authorised by the security director; 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 33 (monitoring telephone calls).

### **Security risk assessments**

**32.**—(1) Each provider must make arrangements in accordance with this direction, in relation to the hospital for which it is responsible, for security risk assessments of each patient to be carried out.

(2) Subject to paragraph (3), a security 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 security risk assessment prior to the admission of a patient, that assessment must be carried out within 6 hours of admission of the patient.

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

- (a) escaping or absconding; or
- (b) subverting safety and security, or organising action to subvert safety or security.

(5) Following a security 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 33;
- (b) lock the room of a patient at night in accordance with direction 34.

(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) record the reasons for a decision of the clinical team that a patient presents a high risk in accordance with paragraph (4);
- (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 security risk assessment, and each risk management plan—

- (a) following any significant incident or change of circumstances which could impact on a patient's security risk assessment, including—
  - (i) any act, or the receipt of any intelligence, relating to escape or unauthorised absence of the patient, or related attempts, or
  - (ii) any action, or threat of action, by the patient which has or could 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**

**33.**—(1) Each provider must make arrangements in accordance with this direction, in respect of the hospital for which it is responsible, for the monitoring of patients' telephone calls.



(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 or recorded; or
- (b) may be monitored or recorded.

(5) Subject to paragraphs (2) and (3) if, following a security 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) each telephone call must be monitored and recorded at the time at which it is made or received; and
- (b) that 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 beginning with the day on which the information set out in this sub-paragraph is received.

(7) In addition to any recording made under arrangements included in a risk assessment 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—

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

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

### **Security at night**

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

(2) The provider 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**

**35.**—(1) Each provider must ensure, in accordance with this direction and in respect of the hospital for which it is responsible, that it makes arrangements on the granting of patient access to grounds at the hospital.

(2) The arrangements referred to in paragraph (1) must include security arrangements and risk assessments in accordance with direction 32 (security risk assessments) that enable a patient to be granted grounds access as part of a treatment plan.

(3) Grounds access may be granted only by the provider's Grounds Access Committee in accordance with direction 37 or by the medical director in accordance with direction 38.

## **Grounds Access Committee**

**36.**—(1) Each provider 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**

**37.**—(1) Each provider 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 24 (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.

(5) Where the Grounds Access Committee refuses a request, each provider must, for the hospital for which it is responsible, have a policy in place for a patient to request, through the patient's responsible clinician, a review of the decision in accordance with direction 38.

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

(7) In performing its functions the Grounds Access Committee must take into account the clinical and therapeutic needs of any patient in relation to whom a request or proposal has been made under paragraph (2).

(8) A request or proposal for grounds access must only be refused if this will adversely affect—

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

### **Review of decision of the Grounds Access Committee**

**38.**—(1) Each provider must ensure that, where a patient’s responsible clinician considers that a decision made by the Grounds Access Committee under direction 37 would impede the treatment of a patient, the decision is referred to the medical director for review.

(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, visitors and visiting children; and
- (c) the security of the hospital.

(3) The medical director must—

- (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**

**39.**—(1) Each provider 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.

(3) The risk assessment prepared in accordance with paragraph (1)(a) must include an assessment of whether, if the patient was granted leave of absence, the patient would present a high risk of—

- (a) escaping or absconding; or
- (b) subverting safety and security, or organising action to subvert safety or security.

(4) The risk management plan prepared in accordance with paragraph (1)(b) must—

- (a) record the reasons for a decision of the clinical team that a patient presents a high risk in accordance with paragraph (3);
- (b) specify when the risk management plan for a patient’s leave of absence must be reviewed; and
- (c) specify when the risk management plan for the purpose of emergency medical leave of absences must be reviewed.

(5) 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) any act, or the receipt of any intelligence, relating to escape or unauthorised absence of the patient, or related attempts, or
  - (ii) any action, or threat of action, by the patient which has or could 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.

## **Escorting patients**

**40.** Each provider 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**

**41.** Each provider 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**

**42.** Each provider must provide such assistance as is necessary for the purpose of any assessment of the compliance with these Directions(a).

## **Provision of training**

**43.—**(1) Each provider must make arrangements for the provision of safety and security training on a regular basis, to—

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

(2) Each provider must ensure that any person at the hospital for which it is responsible to whom keys are to be allocated receives—

- (a) security induction training;
- (b) training on the control of keys and locks; and
- (c) such other training as the provider considers appropriate,

before keys are allocated.

(3) Each provider must ensure that any person at the hospital for which it is responsible to whom keys have been allocated receives security update training at least once in every 12 month period.

## **Perimeter security**

**44.** Each provider in respect of the hospital for which it is responsible must implement perimeter security arrangements with the aim of, as far as is practically possible, preventing subversion and/or the escape by patients having due regard to the High Secure Building Design Guide(b).

## **Revocation**

**45.** The High Security Psychiatric Services (Arrangements for Safety and Security) Directions 2013(c) are revoked.

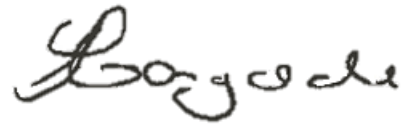
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(a) See direction 5(2) of the High Security Psychiatric Services (National Health Service Commissioning Board) Directions 2013, that can be found at [www.gov.uk/government/publications/high-security-psychiatric-services-national-health-service-commissioning-board-directions-2013](http://www.gov.uk/government/publications/high-security-psychiatric-services-national-health-service-commissioning-board-directions-2013).

(b) The “High Secure Building Design Guide” means the document of the same title issued by the Department for Health and Social Care.

(c) These Directions were signed on 11<sup>th</sup> June 2013 and are available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/268545/HSH\\_Directions\\_Signed\\_\\_2\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268545/HSH_Directions_Signed__2_.pdf)

Signed by authority of the Secretary of State for Health and Social Care

A handwritten signature in black ink, appearing to read 'Boydell', written in a cursive style.

**13 June 2019**

Member of the Senior Civil Service  
Department of Health and Social Care