

[REDACTED]

From: [REDACTED]
Sent: 22 February 2019 13:49
To: [REDACTED]
[REDACTED]
Cc: Medhurst T (Teresa)
Subject: Review of the Delivery of Forensic Services - feedback sought by cop Tuesday 26 Feb.
Attachments: Draft ToR Independent Review of Delivery of forensic services.docx

Hello,

The Cabinet Secretary for Health and Sport has decided that we should have a review of the delivery of forensic services. As a start I have drafted a terms of reference for the review (borrowing from other such ToRs). My ask of you is two-fold:

1. Let me have any comments/queries/changes etc. to the draft. Is it clear? Is the supporting group right?
2. Any suggestions of a chair for the review, particularly with experience of service design/re-design.

Please come back to me by cop on Tuesday 26 Feb. if you can to allow us to go to Ministers next week, let me know if that isn't possible but you do want to contribute. We will be developing a comms plans ahead of the announcement which is likely to be by end of March.

[REDACTED]

INDEPENDENT REVIEW OF DELIVERY OF FORENSIC MENTAL HEALTH SERVICES

Context

Forensic mental health services specialise in the assessment and treatment of people with a mental health illness who are currently undergoing, or have previously undergone, legal or court proceedings. Some other people are located in forensic mental health services because they are deemed to be at a high risk of harming themselves or others.

The level of secure service a person is accessing (high, medium, low, or community) is determined by the level of risk a person is thought to pose, either to themselves or to the public. Although many of the forensic mental health services are run by NHS Health Boards, Scotland also has some privately run forensic mental health services.

Over recent years there has been significant changes in the delivery of forensic mental health services, including a decline in the number of patients detained in high security, the development of medium secure services, the introduction of excessive security appeals for patients detained in medium security and a continuing move towards community services. As a result of these changes, there are developments such as a new CAMHS secure unit and an ongoing review of the needs of women who require high secure care. There is now a need to review the delivery of forensic mental health services in light of these changes and new developments.

The principal aim will be to review the delivery of forensic mental health services, including:

- The delivery of high secure forensic services, given the decline in the number of patients at the State Hospital;
- The capacity of medium secure services to deliver forensic mental health services for all patients who require such services
- The impact of excessive security appeals at medium security on low security
- The movement of patients from low or medium security into the community.

The project management of the review will be supported by a short life working group to include representation from :

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

The review will focus specifically on the make-up of the forensic estate and the patient flow for male and female patients as well as those with additional intellectual support needs.

Scope and Terms of Reference

The specific methodology of the review is at the discretion of the chair but will involve consideration of:

- An evidence review of bed availability and capacity at high, medium and low security.
- Any evidence of bed blocking and its causes taking into account patients' human rights and the principles in section 1 of the Mental Health (Care and Protection) (Scotland) Act 2003.
- The arrangements for the delivery of high secure services, given the decline in patient numbers, and whether there are alternatives to more efficiently deliver such services.
- The findings of the short life working group on female pathways in forensic mental health
- The demand for medium secure services from across Scotland and the deliverability of such services in the current forensic estate
- The impact of excessive security appeals at medium security on demand for low secure services and the extent to which this can be met by the current forensic estate;
- The movement of patients from low secure services to the community, any delays and the causes of them
- The views of hospital staff, people receiving forensic mental health services and those with lived experience of such services, and their families;
- Make recommendations for changes or improvements to the Scottish Government;
- Should anything of immediate concern be identified these should be escalated to the respective Chief Executive;
- Suggest any further reviews that arise out of your enquiry.

This review will be presented to the Cabinet Secretary for Health and Sport and the Minister for Mental Health by the end of 2019.

[REDACTED]

From: Bell D (Donna)
Sent: 22 February 2019 12:45
To: DG Health & Social Care; Medhurst T (Teresa); [REDACTED]
Subject: RE: TSH

Thanks we're on the case.

From: [REDACTED]@gov.scot> On Behalf Of DG Health & Social Care
Sent: 22 February 2019 11:07
To: Bell D (Donna) [REDACTED]@gov.scot>; Medhurst T (Teresa) [REDACTED]@gov.scot>; [REDACTED]
[REDACTED]@gov.scot>
Cc: DG Health & Social Care [REDACTED]@gov.scot>
Subject: RE: TSH

Hi

Apologies, I meant to add that Malcolm wants you to give some thought to [REDACTED]
[REDACTED]

Regards

[REDACTED]
[REDACTED] Private Secretary to Malcolm Wright |DG Health and Social Care and Chief Executive
NHS Scotland|Rm 1E.16 |SAH
☎ [REDACTED] ✉ [REDACTED]@gov.scot

From: [REDACTED]@gov.scot> On Behalf Of DG Health & Social Care
Sent: 22 February 2019 11:03
To: Bell D (Donna) [REDACTED]@gov.scot>; [REDACTED]@gov.scot>; [REDACTED]
[REDACTED]@gov.scot>
Cc: DG Health & Social Care [REDACTED]@gov.scot>
Subject: FW: TSH

Hi Donna

Malcolm has considered and suggests progressing Option 2.

He has asked that you develop a proposal paper for Cab Sec and send for his consideration
a.s.a.p.

Regards

[REDACTED]
[REDACTED] Private Secretary to Malcolm Wright |DG Health and Social Care and Chief Executive
NHS Scotland|Rm 1E.16 |SAH
☎ [REDACTED] ✉ [REDACTED]@gov.scot

From: Bell D (Donna) [REDACTED]@gov.scot>
Sent: 13 February 2019 11:54
To: DG Health & Social Care [REDACTED]@gov.scot>; Wright M (Malcolm) [REDACTED]@gov.scot>
Cc: Medhurst T (Teresa) [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Subject: TSH

Paul/Malcolm, with thanks to Teresa and Nicola, please see attached note on the TSH for your meeting with Cab Sec today. Let me know if you need anything further.

Thanks

Donna

Donna Bell
Director of Mental Health
Scottish Government
[REDACTED]

[REDACTED]

From: [REDACTED] on behalf of Minister for Mental Health
Sent: 21 February 2019 17:49
To: Bell D (Donna)
Cc: Medhurst T (Teresa); Minister for Mental Health
Subject: RE: TSH

Donna,

For your awareness, Ms Haughey had a further read of this [REDACTED] today and has noted.

Thanks,
[REDACTED]

[REDACTED] | Private Secretary to the Minister for Mental Health | Scottish Government | St Andrew's House | Edinburgh |
EH1 3DG Tel: [REDACTED]

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments. Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

From: Bell D (Donna) [REDACTED]@gov.scot>
Sent: 20 February 2019 19:39
To: Minister for Mental Health [REDACTED]@gov.scot>
Cc: Medhurst T (Teresa) [REDACTED]@gov.scot>
Subject: RE: TSH

Thanks [REDACTED] Quick feedback from Malcolm was that Cab Sec favoured option 2, [REDACTED]
Grateful if you can let the minister know. Thanks Donna

Sent with BlackBerry Work
(www.blackberry.com)

From: Minister for Mental Health [REDACTED]@gov.scot>
Date: Wednesday, 20 Feb 2019, 7:02 pm
To: Bell D (Donna) [REDACTED]@gov.scot>
Cc: Medhurst T (Teresa) [REDACTED]@gov.scot>
Subject: RE: TSH

Thanks Donna, I'll make the Minister aware ahead of her chat tomorrow.

Thanks, [REDACTED]

Sent with BlackBerry Work (www.blackberry.com)

From: "Bell D (Donna)" [REDACTED]@gov.scot>
Sent: 20 Feb 2019 18:01
To: Minister for Mental Health [REDACTED]@gov.scot>
Cc: "Medhurst T (Teresa)" [REDACTED]@gov.scot>
Subject: TSH

[REDACTED]

Malcolm is speaking with Cab sec just now and I think he will be discussing options to address some issues at Carstairs. Thought it might be useful to give the Minister a short brief on the options we have suggested to him in case Cab Sec mentions it to her. Don't think Malcolm has shared the paper, but he may talk her through it. Also not sure whether Paul has had previous discussions.

Thanks

Donna

Donna Bell
Director of Mental Health
Scottish Government
[REDACTED]

[REDACTED]

From: Medhurst T (Teresa)
Sent: 21 February 2019 15:00
To: Bell D (Donna); McAloon HC (Hugh)
Cc: [REDACTED]
Subject: RE: Update from chat with Minister

Donna,
[REDACTED] is emailing you Terry's phone number, [REDACTED] has started some work on the ToR which I can work with her on tomorrow. I had asked for her views on who and she hasn't come back to me yet, but again will pick this up tomorrow.
[REDACTED] has just sent the submission on the legislation, so will look to get the Option 2 submission ready for early next week.

I met with her on the Action 15 and agreed with her the additional information we will seek as well as providing her with the background on how this action came to be in the Strategy. She highlighted the issue of prisons so we will request specific information on what is happening with plans to support them.

[REDACTED]

Teresa

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG / [REDACTED]

From: Bell D (Donna) [REDACTED]@gov.scot>
Sent: 21 February 2019 14:32
To: Medhurst T (Teresa) [REDACTED]@gov.scot>; McAloon HC (Hugh) [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>
Subject: Update from chat with Minister

Hi, I had a quick chat with Ms Haughey about various things:

- She is happy with option 2 on the TSH paper that we put forward yesterday. I said we would come back to her with a submission that provides a plan of action – so really a worked up version of Option 2 with plans to enact. I will need to speak with Terry quickly about this. Have you got a number for him? Could you pull something together outlining scope etc. [REDACTED]

- [REDACTED]
- [REDACTED]

- [REDACTED]
- [REDACTED]

We can catch up on this tomorrow Teresa- Hugh I think youre in Glasgow but ring if you want to discuss?

Cheers

Donna

Donna Bell
Director of Mental Health
Scottish Government
[REDACTED]

[REDACTED]

From: Bell D (Donna)
Sent: 20 February 2019 18:01
To: Minister for Mental Health
Cc: Medhurst T (Teresa)
Subject: TSH
Attachments: STATE HOSPITAL BOARD FOR SCOTLAND db amends2.docx

[REDACTED]

Malcolm is speaking with Cab sec just now and I think he will be discussing options to address some issues at Carstairs. Thought it might be useful to give the Minister a short brief on the options we have suggested to him in case Cab Sec mentions it to her. Don't think Malcolm has shared the paper, but he may talk her through it. Also not sure whether Paul has had previous discussions.

Thanks

Donna

Donna Bell
Director of Mental Health
Scottish Government
[REDACTED]

[REDACTED]

From: Medhurst T (Teresa)
Sent: 19 February 2019 09:34
To: [REDACTED]
Subject: RE: ToR for Reviews

[REDACTED]

Many thanks,

Teresa

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG
/ [REDACTED]

From: [REDACTED]<[REDACTED]@gov.scot>
Sent: 19 February 2019 09:28
To: Medhurst T (Teresa) [REDACTED]<[REDACTED]@gov.scot>
Subject: RE: ToR for Reviews

Teresa, I thought this was about [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

From: Medhurst T (Teresa) [REDACTED]<[REDACTED]@gov.scot>
Sent: 19 February 2019 09:06
To: [REDACTED]<[REDACTED]@gov.scot>
Subject: RE: ToR for Reviews

Hi [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

An excellent start though and I agree with it being shared more widely. However, I will check with Donna first as she wanted to discuss with the Minister now she is back from leave.

Many thanks,

Teresa

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG
/ [REDACTED]

From: [REDACTED]@gov.scot>
Sent: 19 February 2019 08:05
To: Medhurst T (Teresa) [REDACTED]@gov.scot>
Subject: RE: ToR for Reviews

Teresa, I've attached a first draft of a terms of reference for the forensic estate review. As always it could do with being shared with [REDACTED] and [REDACTED] the other unit heads and those who know more about NHS arrangements for commissioning services. But it's a start.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

From: Medhurst T (Teresa) <Teresa.Medhurst@gov.scot>
Sent: 18 February 2019 11:21
To: [REDACTED]@gov.scot>
Subject: ToR for Reviews

Hi [REDACTED]

Apologies as I didn't have time to speak with you before I left. We need to work up a ToR for both [REDACTED] and the Forensic Estate review. Will you be able to organise that or do you want to discuss with me first? Even if you can bullet point some issues to be included I can pull something together.

Also, can you have a think about options for independent chairs for both?

Many thanks,

Teresa

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG
/ [REDACTED]

[REDACTED]

From: Bell D (Donna)
Sent: 13 February 2019 11:54
To: DG Health & Social Care; Wright M (Malcolm)
Cc: Medhurst T (Teresa); [REDACTED]
Subject: TSH
Attachments: STATE HOSPITAL BOARD FOR SCOTLAND db amends2.docx

[REDACTED] with thanks to Teresa and [REDACTED] please see attached note on the TSH for your meeting with Cab Sec today. Let me know if you need anything further.

Thanks

Donna

Donna Bell
Director of Mental Health
Scottish Government
[REDACTED]

[REDACTED]

From: Bell D (Donna)
Sent: 13 February 2019 11:54
To: DG Health & Social Care; Wright M (Malcolm)
Cc: Medhurst T (Teresa); [REDACTED]
Subject: TSH
Attachments: STATE HOSPITAL BOARD FOR SCOTLAND db amends2.docx

[REDACTED] with thanks to Teresa and [REDACTED] please see attached note on the TSH for your meeting with Cab Sec today. Let me know if you need anything further.

Thanks

Donna

Donna Bell
Director of Mental Health
Scottish Government
[REDACTED]

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG
/ [REDACTED]

From: [REDACTED]@gov.scot>

Sent: 19 February 2019 08:05

To: Medhurst T (Teresa) [REDACTED]@gov.scot>

Subject: RE: ToR for Reviews

Teresa, I've attached a first draft of a terms of reference for the forensic estate review. As always it could do with being shared with [REDACTED] and [REDACTED] the other unit heads and those who know more about NHS arrangements for commissioning services. But it's a start.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

From: Medhurst T (Teresa) <Teresa.Medhurst@gov.scot>

Sent: 18 February 2019 11:21

To: [REDACTED]@gov.scot>

Subject: ToR for Reviews

Hi [REDACTED]

Apologies as I didn't have time to speak with you before I left. We need to work up a ToR for both [REDACTED] and the Forensic Estate review. Will you be able to organise that or do you want to discuss with me first? Even if you can bullet point some issues to be included I can pull something together.

Also, can you have a think about options for independent chairs for both?

Many thanks,

Teresa

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG
/ [REDACTED]

[REDACTED]

From: Medhurst T (Teresa)
Sent: 13 February 2019 11:36
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Chair extension query

[REDACTED]

Many thanks for the advice provided below and at short notice.

Kind regards,

Teresa

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG
/ [REDACTED]

From: [REDACTED]@gov.scot>
Sent: 13 February 2019 10:32
To: [REDACTED]@gov.scot>
Cc: Medhurst T (Teresa) [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Subject: RE: Chair extension query

Good morning [REDACTED]

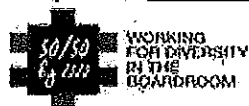
The Commissioners Code only allows for appointments in a total of 8 years, how long has the Chair been in position so far?

Extensions have been done before - If the Chair has been in position for 8 years, an extension can be granted in exceptional circumstances and a case would have to be put up to the Commissioner to consider/approve.

Kind regards

[REDACTED]

Public Appointments Team | People Directorate | Scottish Government |
Area 3F-North | Victoria Quay | Edinburgh | EH6 6QQ
Telephone: [REDACTED]



Supporting the People Strategy by increasing the diversity of public boards.

Follow @scotpublicappts



From: [REDACTED]@gov.scot>
Sent: 13 February 2019 09:41
To: [REDACTED]@gov.scot>
Cc: Medhurst T (Teresa) [REDACTED]@gov.scot>
Subject: Chair extension query

Hi [REDACTED]

I'm emailing as [REDACTED] is out of office this week.

I have a query on behalf of our DD, Teresa Medhurst, that we'd be grateful for an answer to as soon as possible. What steps would be necessary to extend a Chair's term beyond the normal maximum of two terms (around eight years total, if I remember rightly)? Has this been done before or would legal advice be required to determine this?

Kind regards,

[REDACTED] | Policy Officer | Law and Protection of Rights Team | Adult Mental Health Division |
Scottish Government

Email: [REDACTED]@gov.scot | **Telephone:** [REDACTED] | **Post:** St Andrew's House, Regent Road,
Edinburgh EH1 3DG | **Twitter:** @lawprt



From: Medhurst T (Teresa)
Sent: 13 February 2019 11:23
To: [REDACTED]
Subject: RE: State Hospital - Query from Ministers

Many thanks

We will probably know today what more information we will need, so I would hold off at the moment.

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG
/ [REDACTED]

From: [REDACTED]@gov.scot>
Sent: 13 February 2019 10:30
To: Medhurst T (Teresa) [REDACTED]@gov.scot>
Subject: FW: State Hospital - Query from Ministers
Importance: High

Teresa, I spoke to [REDACTED] before sending the email and she did emphasise verbally that it is really [REDACTED]'s remit. [REDACTED] isn't available until 11:30, do you want me to pursue?

From: [REDACTED]@gov.scot>
Sent: 13 February 2019 10:25
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>
Subject: RE: State Hospital - Query from Ministers
Importance: High

444

[REDACTED]

[REDACTED]

Call me on receipt if you wish to discuss .

Kind Regards

[REDACTED]
Branch Head – Mental Health and Social Care , FHSC Div .
SGLD,
Area GD South ,
Victoria Quay ,
Tel: [REDACTED]

From: [REDACTED]@gov.scot>
Sent: 13 February 2019 10:04
To: [REDACTED]@gov.scot>
Subject: FW: State Hospital - Query from Ministers

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
From: [REDACTED]
Sent: 12 February 2019 07:12
To: Medhurst T (Teresa) [REDACTED]@gov.scot>
Subject: FW: State Hospital - Query from Ministers

Morning Teresa,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
My blackberry number is [REDACTED] and my own mobile number is [REDACTED].

From: [REDACTED]@gov.scot>
Sent: 05 December 2018 11:01
To: Minister for Mental Health [REDACTED]@gov.scot>; Cabinet Secretary for Health and Sport [REDACTED]@gov.scot>
Cc: Bell D (Donna) [REDACTED]@gov.scot>; DG Health & Social Care [REDACTED]@gov.scot>; Medhurst T (Teresa) [REDACTED]@gov.scot>; Hutchison D (David) [REDACTED]@gov.scot>; [REDACTED] [REDACTED]@gov.scot>; [REDACTED] [REDACTED]@gov.scot>; [REDACTED] [REDACTED]@gov.scot>; [REDACTED] [REDACTED]@gov.scot>; [REDACTED] [REDACTED]@gov.scot>; [REDACTED] [REDACTED]@gov.scot>
Subject: RE: State Hospital - Query from Ministers

[REDACTED]

1. [REDACTED]

[REDACTED]

2. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Senior Policy Adviser

Law and Protections of Rights Team
Scottish Government
Directorate for Mental Health
Adult Mental Health
3-East Rear
St. Andrews House
Regent Road
Edinburgh
EH1 3DG

Twitter : @lawprt

Phone : [REDACTED]

Mobile : [REDACTED]

From: [REDACTED] On Behalf Of Minister for Mental Health

Sent: 29 November 2018 10:37

To: Medhurst T (Teresa) [REDACTED]@gov.scot>; [REDACTED]@gov.scot>

Cc: Minister for Mental Health [REDACTED]@gov.scot>; Cabinet Secretary for Health and Sport

[REDACTED]@gov.scot>; Hutchison D (David) [REDACTED]@gov.scot>; Bell D (Donna) [REDACTED]@gov.scot>;

DG Health & Social Care [REDACTED]@gov.scot>

Subject: State Hospital - Query from Ministers

Teresa [REDACTED]

[REDACTED]

Happy to discuss.

[REDACTED]

[REDACTED] | Private Secretary to the Minister for Mental Health | Scottish Government | St Andrew's House | Edinburgh |
EH1 3DG Tel: [REDACTED]

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

[REDACTED]

From: [REDACTED]
Sent: 13 February 2019 11:08
To: Bell D (Donna); Medhurst T (Teresa)
Subject: State Hospital Board for Scotland
Attachments: State Hospital Board for Scotland.doc

Donna, Teresa

Please find attached a copy of Teresa's paper that I put into the submissions template.

[REDACTED]

[REDACTED]

From: Medhurst T (Teresa)
Sent: 13 February 2019 10:45
To: [REDACTED]
Subject: TSH
Attachments: The State Hospital.docx

Importance: High

[REDACTED] Can you have a read please and let me know if this makes sense?

Many thanks,

Teresa

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG
/ [REDACTED]

[REDACTED]

From: [REDACTED]
Sent: 11 February 2019 11:57
To: Medhurst T (Teresa)
Cc: [REDACTED]
Subject: RE: TSH
Attachments: TSH & Wider Forensic Estate - Briefing Note for TM - 11 Feb 2019.docx

Hi Teresa

Please see attached. I hope this what you were after. I have provided some high level background about the forensic estate and tried to provide a timeline for activity around recent reviews and the main conclusions. I have also added the material that Chris found in relation to the high secure facilities in England.

Happy to revise as necessary. I should be around for another hour or so.

[REDACTED]

Thanks
[REDACTED]

[REDACTED] | Law and Protection of Rights | Adult Mental Health Division – Mental Health Directorate | Scottish Government | St Andrews House, Regent Road, Edinburgh, EH1 3DG | [REDACTED] Blackberry: [REDACTED]



From: Medhurst T (Teresa) [REDACTED]@gov.scot>
Sent: 11 February 2019 10:56
To: [REDACTED]@gov.scot>
Subject: RE: TSH

Many thanks [REDACTED] Doesn't need to be detailed but just bullet point the main issues please.

[REDACTED]

[REDACTED]

Teresa

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG
/ [REDACTED]

From: [REDACTED]@gov.scot>
Sent: 11 February 2019 09:29
To: Medhurst T (Teresa) [REDACTED]@gov.scot>
Subject: RE: TSH

Hi Teresa

Yes, no problem I'll pull something together this morning. I finish up at lunchtime today and I am on leave for the rest of the week.

[REDACTED]
[REDACTED] | Law and Protection of Rights | Adult Mental Health Division – Mental Health Directorate | Scottish Government | St Andrews House, Regent Road, Edinburgh, EH1 3DG | [REDACTED] Blackberry: [REDACTED]



From: Medhurst T (Teresa) [REDACTED]@gov.scot>
Sent: 08 February 2019 12:50
To: [REDACTED]@gov.scot>
Subject: TSH

[REDACTED]
Can you pull together a quick briefing for me for Monday afternoon on what we have found so far please?

Happy to discuss as I know it is short notice.

Thanks,

Teresa

Teresa Medhurst

Head of Adult Mental Health / Scottish Government / 3R.04, St Andrew's House, Regent Road, Edinburgh EH1 3DG
/ [REDACTED]

The State Hospital – Background Briefing Note for Teresa Medhurst – 11 Feb 2019

Key points to note:

- Two recent reviews undertaken in respect of the Forensic Estate in Scotland; one by MWC and one by the Forensic Network.
- Main issues with the Forensic Estate in Scotland recent times has been the provision of medium secure beds for male patients (particularly in West) and the provision of high secure facilities for women in Scotland. Work is ongoing to address these.
- High secure facilities in England are managed by the Healthcare Trust in their local area.

1) Background – The Forensic Estate in Scotland

There are three levels of enhanced security for inpatients in Scotland:

High secure services - provided at a national level	The State Hospital, Carstairs
Medium secure services - provided at a regional level	North – Rohallion Clinic, Perth (NHS Tayside) South East – Orchard Clinic, Edinburgh (NHS Lothian) West – Rowanbank Clinic, Glasgow (NHS GG&C)
Low secure services - provided at a local level	Most health boards have low secure services

Overview of High and Medium Secure Estate – Number of Beds by Unit & Estate (figures as at Jan 18 – figures contained in Forensic Estate Overview paper provided to NHS CEOs – Jan 2018)

No. Beds by Unit	TSH	Orchard Clinic	Rohallion	Rowanbank	National ID (GG&C)
Male Mental Illness (MMI)	108	33*	30	56	0
Female Mental Illness (FMI)		7*		6	
Male ID	12				8
Female ID					4
TOTALS:	120 (140)	40 (50)	30 (32)	62 (68)	12

* These beds are flexible in terms of gender so split can be altered depending on estate need

() Full complement but don't run to these numbers for clinical safety

ID – Intellectual Disability

- In January 2018, following the workshop, an update paper was drafted for NHS CEOs which contained:
 - An overview of the work carried out by the Forensic Network on the national estate.
 - A summary of the issues raised at the national workshop.
 - The proposal for medium secure expansion in the West of Scotland.
 - Recommendations for consideration by CEOs to:
 - Note the Forensic Network monitoring systems currently in place for the forensic estate and the planned extensions to these
 - Recommend any further information or monitoring systems that would be of utility to national and regional planning that the Network could assist with implementing
 - Note the Forensic Network Continuous Quality Improvement Framework Reviews and current work being done to support ongoing development and improvement
- [REDACTED]
- Support the establishment of a short-life Forensic Network working group on Pathways for Women through Forensic Mental Health Services.
 - Note the plan to examine barriers to restricted patient flow to be coordinated by the Forensic Network.



CEO - FN Estate final
16-1-18.docx

3) High Secure Provision in England

The three high secure units in England are all managed by the Healthcare Trust in their local area, which is broadly the equivalent of TSH being part of NHS Lanarkshire Board.

Foundation trusts do provide services in a specific geographical area, but they don't necessarily provide every service in that area, as the territorial Boards do in Scotland – see an overview below of the other services provided by the trusts that manage the three high secure services:

- Rampton – the Nottinghamshire Healthcare NHS Foundation Trust manages Rampton along with two medium secure units and a low secure unit. They also provide prison health services along with mental health and community services in Nottinghamshire and other nearby areas.
- Ashworth – the Mersey Care NHS Foundation Trust manages Ashworth along with mental health wards and provides services in the area including learning disabilities, addiction management, acquired brain injury, community nursing and some prison health services.
- Broadmoor – the West London Mental Healthcare NHS Trust manages Broadmoor along with other services in the area including forensic, CAMHS and dementia & cognitive impairment.

As the [NHS England website](#) states, foundation trusts have financial freedom (including borrowing powers), their own boards of governors and they are overseen by NHS Improvement, an independent regulator, rather than central government, although it looks like the bulk of their funding is provided by central government.

Forensic Estate and the Forensic Mental Health Services Managed Care Network

Authors: Prof. Lindsay Thomson, Gary Jenkins & Nicol Shadbolt

1. Situation

A review was carried out in 2017 of the Forensic Estate under the auspices of the Scottish Government. A national workshop was held in December 2017 to consider the issues around the current estate and those identified within the Forensic Estate report (attached). The workshop included representatives from medium secure provider NHS Boards, The State Hospital, National Services Division, the Mental Welfare Commission and the Forensic Network.

This paper contains:

- An overview of the work carried out by the Forensic Network on the national estate.
- A summary of the issues raised at the national workshop.
- The proposal for medium secure expansion in the West of Scotland.
- Recommendations for consideration by CEOs.

2. Background

The Forensic Network

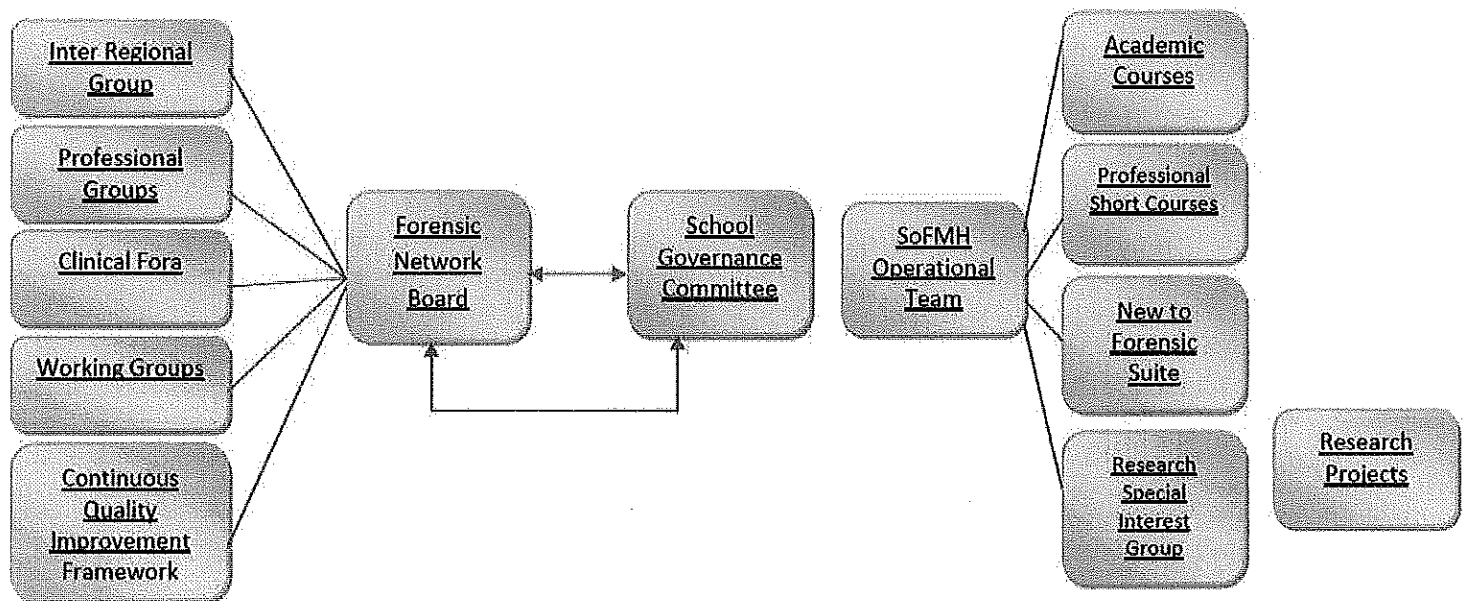
The Forensic Mental Health Services Managed Care Network (Forensic Network) was established by Scottish Government in September 2003, following a review of The State Hospitals Board for Scotland *'The Right Place-The Right Time'* (Scottish Executive Health Department, 2002). It was established to address fragmentation across the Forensic Mental Health Estate, to overview the processes for determining the most effective care for mentally disordered offenders, consider wider issues surrounding patient pathways, consider training and education needs, and align strategic planning across Scotland (Gordon, 2003; Scottish Parliament, 2003). Scottish Ministers requested that the Network bring a pan-Scotland approach to the planning of services and patient pathways, including the commissioning of research to establish an evidence base for future service development.

In 2007, under the auspices of the Forensic Network, the School of Forensic Mental Health (SoFMH) was established to further the education, training and research elements of the Forensic Network's remit. The SoFMH is a virtual School that is available to all colleagues and associates from across the Forensic Network to assist with any teaching, training and research needs. The SoFMH has access to many experienced professionals and can support services in the development of teaching materials, courses or research in the field of forensic mental health services. The model involves expert clinicians, active in the forensic field, developing and delivering short courses in multi-agency fora.

The diagram below (figure 1) outlines the structure of the Forensic Network and SoFMH, as well the primary work streams of both services. More information can be found on the Network website (www.forensicnetwork.scot.nhs.uk/).

Our recent annual report outlines key achievements for the financial year 2016-2017 as well as some of key aims for 2017-2018

Figure 1: Overview & Structure of the Forensic Network & SoFMH



The Scottish Government established a group under the leadership of its Director of Health and Justice to review the Forensic Estate.

2.1 Forensic Estate Monitoring

The Forensic Network monitors the forensic estate by the following means:

Forensic Way Forward – At the Network’s development, to monitor patient flow across the estate the “Forensic Way Forward” group was established, comprising Chairs and Health Board Chief Executives, with planning support from the three regions and the State Hospital. Its purpose was to monitor patient flow and overview the shape of the estate. Following the development of the medium and low secure forensic estates this was delegated to the regional networks who established a monitoring function as envisaged by HDL (2006) 48. The functions for overviewing this were transferred to the Forensic Network Inter-Regional Group and it has become a standing agenda item. This quarterly paper outlines which patients have been referred from TSH to another service for assessment or are appealing against excessive security, which patients have been assessed and whether they have been accepted. The leads from each region update the paper from their services’ perspective, highlighting where there are issues and where there may be opposition to a patient being transferred.

Bed Position Paper – Information is gathered weekly from high secure and medium secure units to outline the current bed position and availability of beds. This information allows services to have an awareness of where there may be an available bed, as well as current numbers across the estate, waiting list figures, numbers of patients held under the exceptional circumstances clause, and the number of transfers. It was noted in the recent Forensic Estate Review Report (2017), that although a larger proportion of inpatient forensic services are being delivered by territorial health boards, either in isolation from other boards or as regional consortiums, there is a need for more explicit national co-ordination of forensic secure services. A recommendation was made that the Forensic Network carry out this role and since then the weekly bed position reports have been collated into a national database, providing data on the estate since the beginning of 2016. It is intended that this

information is shared with the regional structures, territorial health boards, and will be helpful to service planning. A similar system is extended to low secure services and forensic ID services in order that a fuller estate picture can be established.

Needs Assessment – The needs assessment was originally introduced to support planning cycles around a patient's progression through the system, with specific focus on expected transfers within a defined timescale. The assessment is collated annually from information requested from responsible medical officers (RMOs) on the future needs of their patients. RMOs are asked to consider the predicted length of stay for patients at their current service and what service it is expected the patient is likely to progress to. The assessment identifies whether a patient is ready to transfer, actively being considered for transfer or not being considered at present for transfer, which allows receiving services to give some consideration to future planning and service requirements. It was agreed earlier this year that this assessment would be rolled out to the medium secure estate on an annual basis to assist in the establishment of a national picture. The results of this are split into health boards and sent to each area for their information.

Excessive Security Appeals – A report is prepared on the number of patients who have lodged an excessive security appeal and the stage of their appeals. The paper outlines how many times patients have appealed and for patients held at TSH which health board they are from to support planning if the patient is successful. Work is ongoing to amend this report's format to collate information on the appeal stage (264, 265 or 266) and to collate for the medium secure estate.

Forensic Inpatient Database & Census – The Network has supported an annual census of inpatients for the past four years. The census employed a point prevalence methodology with all Network inpatient sites asked to record their patient population on the 26th of November 2013 and each year thereafter. Following the success of this project, which resulted in large amounts of utilisable data on the forensic estate, the Network has been developing a forensic inpatient database with NSS, which will support the ongoing collation of these data. The database will allow services to store pre and post psychological intervention scores, record when CPAs are due and monitor the patient flow through the service, recording where patients progress from the service to. The services will be able to run reports on the data they input and their data will also contribute to national reports on types of diagnoses, types of medication, number of patients on MAPPA, number with complete CPA and risk management plans etc. It is intended that roll out of the database will begin towards the end of 2017 with pilot sites of TSH and NHS Fife and new sites being rolled out every month to 6 weeks over 2018.

Prison Transfer Monitoring – Although no delays were identified in the recent Forensic Estate Review Report, it was agreed that a national oversight of transfer times from prison to hospital should be implemented. The Forensic Network will establish this in 2018.

2.2 Continuous Quality Improvement Framework Reviews

The Forensic Network supports and promotes quality improvement through the Continuous Quality Improvement Framework Reviews (CQIF Reviews). The framework covers the full range of levels of security (high, medium, low and community), for Forensic Mental Health and Learning Disabilities Services. The process involves the definition of appropriate quality standards, measurement of performance against these quality standards (via self-assessment peer review, patient and carer questionnaires) and the development of an agreed action plan by the service to further increase quality of care. The review cycle is followed with a national conference which provides opportunities for sharing experiences between services, for wider communication of areas of achievement or

improvement, and a platform for disseminating innovative solutions which are arising across the Scottish estate.

The aim of the CQIF reviews is to use a multi-disciplinary approach to share good practice and support learning across the Forensic Network, through a culture of openness and facilitated enquiry. The review process is not about finding fault but working with services to identify any potential gaps in practice and support the service's work to improve their delivery of care and achieve their identified aims.

The model agreed across the Forensic Network requires that the reviews are completed every three years, revising and increasing the quality standards with each round of reviews in order to raise the quality of delivery. As the framework is owned by Scottish Forensic Services, this allows for a review process that focuses on relevant and emerging areas for development and improvement in Scotland. The CQIF Reviews provide services with an opportunity to be involved in a consistent estate wide approach to service development, allowing for benchmarking and development across the Scottish forensic mental health estate and a clear way of meeting the requirements of NHS CEL (2007).

The Framework is organised around six key themes:

1. Assessment, care planning & treatment
2. Physical health
3. Risk
4. Management & prevention of violence
5. Physical environment
6. Teams, skills & staffing

The first cycle of reviews was completed throughout 2011 to 2013, during which the Forensic Network supported 23 services to conduct Self-Assessments and facilitate Peer Reviews, empowering services to develop local action plans to progress their services in line with the Secure Care Standards. This first round of reviews was well received and the general view was that they were important in providing an opportunity for services to identify areas of good practice and areas of improvement through a supported process.

The second cycle of reviews commenced in early 2017 with an overarching theme of "Person Centred Care". To date 10 reviews have been facilitated and it is anticipated that this second cycle will be completed by Summer 2018. Following this review cycle work will commence with Health Improvement Scotland to realign the review process with the new national framework for reviews currently being rolled out. An evaluation of the review process is also being undertaken through this second cycle.

3. Assessment

3.1 Forensic Estate

There are just over 500 forensic inpatient beds in Scotland. The numbers vary in the annual census because some of the low secure units have a joint forensic and rehabilitation function, and beds are used flexibly. There is a national high secure facility (The State Hospital), and three regional medium secure units. See Figure 2 below. Bed numbers for the overall estate are provided in table 1, for high and medium security in table 2, and for low security in table 3.

Graph 1 illustrates the stability of the forensic estate and outlines bed positions since 2016.

Figure 2: Overview of Forensic Estate

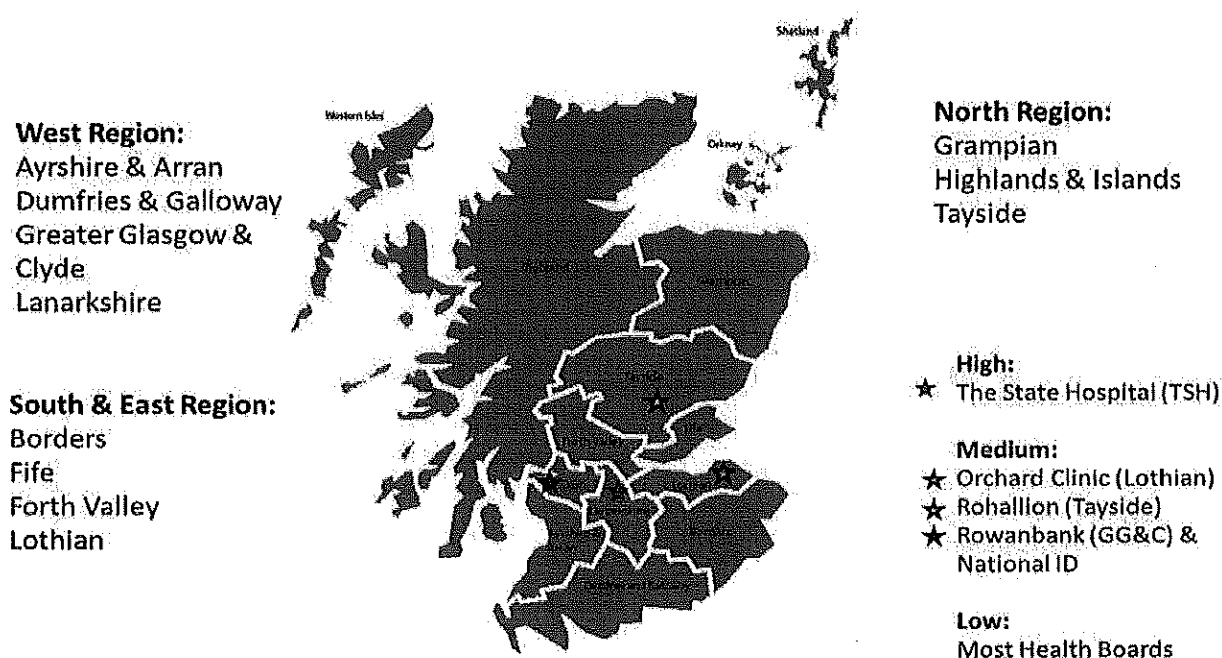


Table 1: Forensic Network Annual Census Data – Overall Estate Size & Split by Security Level and Patient Type

	2013	2014	2015	2016	2017
Total Estate Size:	522	502	526	502	519

Approx. breakdown* by Patient Type & Security Level	Mental Illness					Intellectual Disabilities				
	2013	2014	2015	2016**	2017***	2013	2014	2015	2016**	2017
High Secure	120	111	108	100	100	12	11	12	11	11
Medium Secure	113	116	125	120	118	10	10	10	8	7
Low Secure (+ reh/loc)	202	184	199	194	224	65	70	72	69	59****
TOTALS:	435	411	432	414	442	87	91	94	88	77

* These are approximated figures based on service identification as either MH or ID site, rather than primary diagnosis of the patient

**4 sites missing data for these years – data from previous year added to give rough extrapolation

***data from 1 site is missing – data from previous year has been added to give rough extrapolation

****Closures since last census

Table 2: Overview of High and Medium Secure Estate – Number of Beds by Unit & Estate

No. Beds by Unit	TSH	Orchard Clinic	Rohallion	Rowanbank	National ID (GG&C)
Male Mental Illness (MMI)	108	33*	30	56	
Female Mental Illness (FMI)		7*		6	
Male ID	12				
Female ID					
TOTALS:	120 (140)	40 (50)	30 (32)	62 (68)	

Total Beds for Estate	MMI (F)	ID (F)
High	108	
Medium	119 (13)	

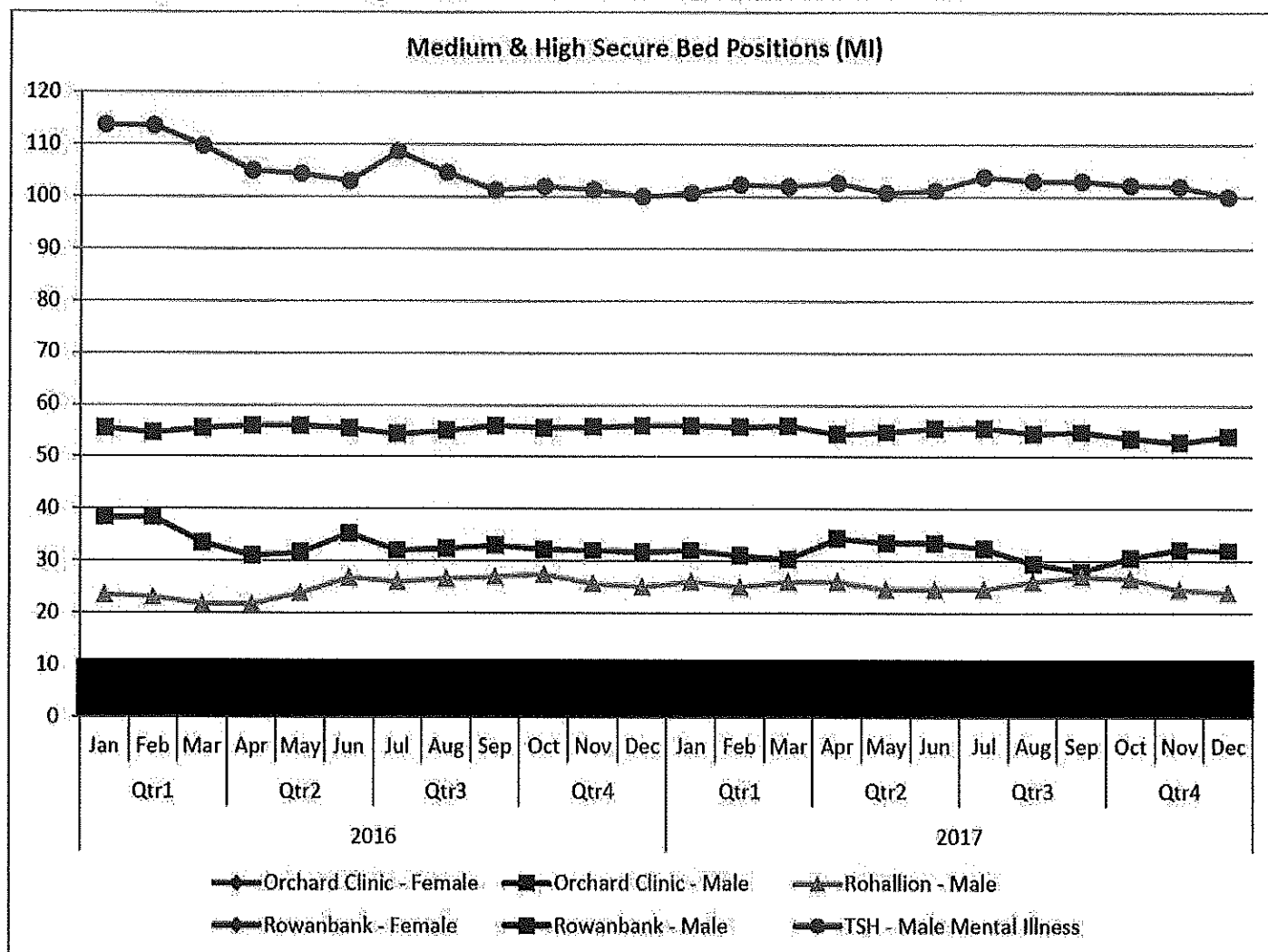
* These beds are flexible in terms of gender so split can be altered depending on estate need
 () Full compliment but don't run to these numbers for clinical safety

Table 3: Overview of Low Secure Estate – Number of Beds by Patient Type & Overall Estate Totals

Low (approx. bed No.)	Mental Illness				Intellectual Disabilities			
	M	F	Mixed	TOTALS	M	F	Mixed	TOTALS
Low Secure (Private beds)	155 (93)	33 (22)	10	198	32		19	51
Low Rehab	41			41				
Open Rehab	8		10	18				
IPCU/locked unit			36	38	6		7	13
TOTALS:	204	35	56	295	38		26	64

*14 of these beds can be mixed and either MI or ID

Graph 1: Medium and High Secure Bed Positions for Mental Illness for 2016 – 2017



A major problem has been in securing male medium secure beds, particularly for the West. Use is made of beds in the Orchard Clinic and Rohallion, and at times in the State Hospital under an exceptional circumstances provision. This has resulted in the medium secure estate functioning at a capacity of between -4 to +2 beds. See table 4.

Table 4: Overview of Longitudinal Bed Positions

	6/2/17 (FN Estate Review)	16/10/17 (Week of)	2016 (av.)	2017 (av. to date)
Total male MMI medium secure beds	120	119	120	119
Current occupancy	111	112	113	112.6
Available beds	9	7	3.6	5.3
On TSH waiting list & ready to transfer to MSUs	7		unknown	unknown
Exceptional circumstances (EC) patient		0	1.3	0.9

Calculation 6/2/17 = 20 on Rowanbank waiting list + 2 due to go to Orchard Clinic and 2 to Rohallion – 9 available beds + 11 OAAs who have MS beds = - 4

Calculation 16/10/17 = 14 on Rowanbank waiting list + 3 patients listed as accepted on TSH Transfer list to MSU(2 Rowanbank + 1 OC) – 19 (7 available beds + 12 OAAs who have MS beds at OC or Rohallion) = +2.

Patients in high and medium secure units can appeal against being held in conditions of excessive security. This has been in place since May 2006 for high security and since November 2016 for medium security. Table 5 provides the details of this for the medium secure estate. A section 268 appeal is an initial appeal, and a section 269 comes into force if the patient won the initial s.268 appeal but has not been moved within a 3 month period.

Table 5: Medium Secure Excessive Security Appeals

	Rohallion	Orchard Clinic	Rowanbank	Total
Section 268			37	
- Not Upheld				
- Upheld			28	
- Withdrawn				
- Blank				
Section 269				
- Upheld			13	
- Not Upheld				
- Blank				
TOTALS:				

An annual needs assessment is held in high security to consider each patient's likely placement needs over defined periods. Table 6 shows that 12 patients were ready for transfer from TSH and 7 were being considered for transfer at the time of this needs assessment in October 2016. The 2017 needs assessment is currently underway. Tables 7 and 8 outline the position for medium security; this needs assessment was conducted in November 2017, to coincide with the annual census (26/11/17).

Table 6: High Secure Needs Assessment 2016

	Long Term	Medium Term	Short Term	Blank	TOTALS:
Not likely to transfer for the foreseeable future				1	
Not being considered for transfer		48		16	
Actively being considered for transfer				4	
Able to transfer now		7		2	
Under assessment				1	
not available				1	

TOTALS:	25	55		25	
----------------	----	----	--	----	--

Table 7: Medium Secure Needs Assessment 2017

		Able to transfer now	Actively being considered	Under assessment	Not being considered	Unlikely to leave in foreseeable future	Blank	Total
Female:	ID							
	MI				7			
	Unknown							
TOTALS								15
Male	ID							
	MI	14	17	1	50	4		86
	PD							
	Unknown		2	4	6		1	13
TOTALS								106
Male Nat ID	ID							
	PD							
TOTALS								
Overall Totals:					69			127

Table 8: Future Destination Services for Current Medium Secure Patients (Medium Secure Needs Assessment 2017)

	Community	Low	Medium	Non Forensic Ward	Prison	Blank	Total
Nat ID Rowanbank							
Orchard Clinic	8	17	5				
Rohallion		23					
Rowanbank	9	23	6			20	
Total	17						125

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

3.2 Additional Factors

Table 9 Proposed Developments within the Forensic Estate

[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED]
[REDACTED]	<ul style="list-style-type: none"> [REDACTED]
[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED]
[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

		[REDACTED]
		[REDACTED]
[REDACTED]		[REDACTED]
		[REDACTED]
		[REDACTED]
		[REDACTED]

3.3 Visit & Monitoring Report: Medium & Low Secure Forensic Wards, Mental Welfare Commission Report

MWC Action points relevant to forensic estate planning from their report include:

- Need to take forward the work of the National Estate Review ensuring appropriate medium secure provision, including for women and young people
- Requirement for IJBs and HBS to submit co-ordinated development plans for low secure and community forensic services
- Need to monitor delays for patients ready to move to less restrictive setting and address barriers to moving on
- Requirement to minimise the use of out of area placements, except for highly specialised care
- Plan to write to all NHS Health Boards and independent hospitals to ask them to draw up an action plan for meeting key recommendations

3.4 Forensic Estate Report

The four main themes from the Forensic Estate Report are presented below with a proposed response developed at the Forensic estate workshop on 21/12/17:

i. Male Mental Illness Medium Secure Capacity

- The lack of beds in the West of Scotland would be addressed by the proposal to extend Rowanbank Clinic by 12-18 beds.
- The Forensic Estate Report suggestion to reassign part of The State Hospital as a national medium facility (whether for male, female, MMI or ID) is likely to come under legal challenge and to require significant capital investment to make it truly medium secure.
- The status quo with patients being admitted to their own area or nearest bed thereafter does not solve the problem for NHS GG&C in struggling to find beds at times and being legally required to do so because of excessive security appeals. The forensic medium secure estate would continue to function at almost 100%.
- The risk is that with the development of 12-18 extra medium secure beds and the extension of the low secure estate as noted in developments and appeals against excessive security, that there is over provision of medium secure beds particularly in the north (Rohallion Clinic) and south-east (Orchard Clinic). For this reason it is suggested that any new provision at Rowanbank Clinic should have the potential to change its use from medium to low security.

ii. The provision of High Secure Mental Health Care to Women in Scotland

A short life working group should be established by the Forensic Network to review the female forensic pathway.

iii. National under-capacity of Male Medium Secure Intellectual Disability Beds

This may be partially addressed with the Rowanbank ID bed extension plan.

iv. Waiting times for hospital transfer of Mentally Ill Prisoners

An Audit in NHS Grampian and information in the Forensic Estate Report showed no excessive waiting times, however the Forensic Network are currently responding to the request to develop a monitoring of waiting times system.

3.5 NHS Greater Glasgow and Clyde Proposal

In view of the lack of medium secure beds in the west, NHS GG&C propose to build an extension to Rowanbank Clinic with 12 beds, and to extend an existing ward by a further 8 beds. This will include flexibility to use these beds for national ID medium secure patients. This proposal is at the full business case stage.

With regards to revenue, the current SLA between NHS GG&C, NHS Lanarkshire, NHS D&G, NHS A&A, and A&B IJB has been in place for a number of years. The SLA consists of an annual NRAC share of 10% of the costs, with the other 90% based on a three year rolling average of activity (using OBD's). It totals £8.9m.

Due to a lack of capacity at Rowanbank, WoS Boards have had to send patients 'out of area' in recent years. The Business Case for the extension at Rowanbank would provide an additional 18 beds at a revenue cost of £3.016m.

West of Scotland Boards are already incurring additional expense via sending patients to Lothian, Tayside and England at a premium rate, averaging £220k per bed per annum.

This proposal would allow all West of Scotland patients to be repatriated. NHS GG&C currently transfer around £1.65m/yr to NHS Lothian and £1.2m/yr to NHS Tayside for out of area forensic patients. Other regional forensic services do not directly benefit from the financial revenue from out of area patients and the money goes to their health boards.

4. Recommendations

CEOs are invited to:

- Note the Forensic Network monitoring systems currently in place for the forensic estate and the planned extensions to these
- Recommend any further information or monitoring systems that would be of utility to national and regional planning that the Network could assist with implementing
- Note the Forensic Network Continuous Quality Improvement Framework Reviews and current work being done to support ongoing development and improvement
- Note the NHS Greater Glasgow and Clyde proposal to extend capacity at Rowanbank Clinic for both male mental illness and male intellectual disability beds, and to consider its effects on the wider estate.
- Support the establishment of a short-life Forensic Network working group on Pathways for Women through Forensic Mental Health Services.
- Note the plan to examine barriers to restricted patient flow to be coordinated by the Forensic Network.

Dated 11 February 2019

(2) Review of Forensic Estate

- Coherence across TSH / Med / Low
WOMEN.
- Independent
 - role of TSH / legislation
as national role
 - review of governance
 - operational
 - across the services.

Resilience & permeability

→ Advice CE & Chair

→ continuity.

Chief & max period Chair?
Civil Service Commissioners.