



# **National Oversight Group Annual Report 2010-11**

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# National Oversight Group Annual Report 2010-11

Prepared by Helen Causley

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## Chair's Preface

1. I am pleased to present this third annual report of the National Oversight Group for high secure services.
2. 2010-11 has been a time of change and proposed change in both the criminal justice system and NHS, and the National Oversight Group has played an important role in advising Ministers on how the high secure system should adapt and respond within this context. It has continued to provide assurance to Ministers on the operation of the high secure system, and advised on the transition plans which need to be in place to enable a smooth migration to new systems and organisations. It will be important to keep its role under review as new systems in the NHS and criminal justice develop.

## Annual Report to Ministers

3. The National Oversight Group for High Secure Services brings together significant partners to provide oversight for the high secure services on behalf of the Secretary of State for Health.
4. The National Oversight Group's terms of reference require the group to provide a report of its activities to the Secretary of State for Health on an annual basis. This report is required to set out how the Group has exercised its function by taking available information, assessing and forming a view of that information and providing assurance to the Secretary of State and his/her Ministers on the effective operation of the high secure system and advising policy officials, commissioners and others. The report should also demonstrate that the Group has taken a longer-term strategic view of the high secure hospital system, and considered that alongside the broader NHS and criminal justice agendas, learning from international practice as appropriate in order to inform system development and management. The National Oversight Group should also comment on the completion of required Equality Impact Assessments, and the appropriateness of responses to them.
5. This is the National Oversight's third annual report, and covers the financial year 2010-2011. The report summarises the key discussions of the Group over the year. Issues are addressed in the following sections:
  - (a) Terms of reference, membership and sub-group structure
  - (b) Whole system management
  - (c) Performance management
  - (d) Commissioning/Capacity
  - (e) Policy developments
  - (f) Equality Impact Assessments
  - (g) Working relationships

## Terms of reference, membership and sub-group structure

### Terms of reference

6. Ministers have agreed that the National Oversight Group should continue during the transition period to ensure oversight but that its role should be re-considered in the context of the new health systems proposed in the Health and Social Care Bill. The Group reviewed its terms of reference accordingly. The terms of reference were updated to include the role of providing assurance of delivery of the High Secure Business Continuity and Transition Plan, and to reflect the need to keep roles and membership under review during the time of transition. As part of this, the issue of whether there should be additional clinical representation would be considered. The revised terms of reference are available at:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_086485](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086485)

### Membership

7. The National Oversight Group consists of a range of significant stakeholders. Its current membership is listed in its terms of reference.
8. The National Oversight Group is independently chaired by Thelma Holland. She was re-appointed as independent chair in January 2011 for the period to March 2012. The Chair of the Group may communicate any concerns about any part of the high secure system directly to Ministers, where she considers this appropriate.

### Sub-groups of the National Oversight Group

9. The Clinical Secure Practice Forum is a formal sub-group of the National Oversight Group and provides quarterly reports to the Group. The role of the Forum was considered by the National Oversight Group who felt it was important that the Forum continued to meet during this transition period.
10. The Forum continues to be highly valued by members as a means of coming together to share experiences, develop ideas, and guide policy development on a range of clinical security issues. It provides a helpful and concrete means of encouraging people to work together across the high secure system. Its terms of reference are available at:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_103353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103353)

### NOG's contribution to enabling SofS's responsibilities to be effectively discharged

11. The National Oversight Group plays an important role in bringing significant partners in the high secure system together to provide oversight and assurance. The group also fosters collaboration and communication. It has met on a quarterly basis. The primary focus this year has been on understanding the implications of the proposed health system reforms for the high secure system, advising on how to maintain continuity and plan for transition, and providing assurance that the necessary actions have been put in place. During 2010-11, the group has provided oversight and advice on numerous aspects of the high secure system:

### Whole system management

### NHS reforms

12. In July 2010 the coalition government published its proposals for NHS reforms in *Equity and Excellence: Liberating the NHS* (July 2010), followed by the subsequent Government response *Liberating the NHS: legislative framework and next steps* (December 2010). Proposals requiring primary legislation were included in the Health and Social Care Bill which was introduced into Parliament in January 2011.
13. The National Oversight Group has held extensive discussions on the implications of these NHS reforms for high secure services, and held an extra-ordinary general meeting on 21<sup>st</sup> July 2010 to contribute to advice to Ministers on the direction which should be taken in relation to high secure services in the proposed new health systems.
14. This advice was given to Ministers, and a proposed approach on high secure services which enables continuing Ministerial oversight of the high secure system (through authorisation of high secure services by the Secretary of State for Health, and direction-making powers over high secure providers and the NHS Commissioning Board in relation to high secure services) is contained in the Health and Social Care Bill 2011, which is currently before Parliament.

#### High Secure Business Continuity and Transition Plan

15. To ensure that the high secure system remains effective and robust during the NHS reforms, the Department of Health has led on the production of a high secure business continuity and transition plan to identify the actions required by key stakeholders to deliver continuity and successful transition. The plan also identifies risks to delivery of the plan and appropriate mitigating actions. The National Oversight Group has regarded its oversight of the delivery of this plan as one of its key functions during the transition period and has reviewed the plan and all the actions contained within it at each meeting, requesting changes and additional action as appropriate.

#### Provider collaboration

16. The Group was pleased to note that the three high secure providers continue to collaborate, and it encouraged and endorsed a set of provider objectives to support the trusts in working together on issues of mutual interest. These objectives and the ongoing collaboration are of particular relevance when considering equality impact assessments.

#### Security

17. The Clinical Secure Practice Forum is a sub-group of the National Oversight Group and has proved to be a very useful forum for the hospitals, the prison service, the national security advisor and others to discuss and develop ideas on a range of clinical security issues.
18. In 2010-11, these issues included work on high-risk patients and patients managed in seclusion. The Forum agreed the final version of an information-sharing agreement with the prison service and a High Secure Building Design Guide. The Forum also discussed and advised on the development of new safety and security directions and guidance for the high secure hospitals, and revisions to the Clinical Security Framework. The Forum were informed that the three high secure hospitals had undertaken the annual security audit in January 2010 and had maintained a continuing improvement, comparing very well with the high secure prisons. The Forum's discussions were

reported to the National Oversight Group for its information, consideration, and guidance regarding future areas for collaboration.

## Performance management

19. The National Oversight Group has received assurance about the operation of the high secure performance management framework by Strategic Health Authorities. It has discussed performance management issues in the high secure hospitals from the perspective of learning from issues that have arisen and ensuring consistent practice across the High Secure system. It also received reports from catchment and cluster groups.

## PB/RL and CQC reports

20. CQC published a report with relevance across high secure services in 2009: *The Investigation report into West London Mental Health Trust*. This made recommendations about care provided at West London Mental Health Trust. The National Oversight Group had requested regular updates on progress on implementation of these recommendations, and in December 2010 received confirmation that the action plan had been completed and signed off by the Trust Board and NHS London.

## Commissioning/ Capacity

21. The National Oversight Group asked for a stocktake of commissioning in September 2009 and this was received in June 2010. The stocktake highlighted a need for clearer roles and responsibilities in relation to all parts of the high secure system. In response to the stocktake, commissioners produced an action plan which was considered by the Group. The Group agreed that organisational arrangements should be clarified and simplified wherever possible, within the framework of the proposed NHS reforms. It was agreed that the actions in the commissioning stocktake action plan should be incorporated into the over-arching High Secure Business Continuity and Transition plan. As part of the move to new commissioning arrangements, the National High Secure Commissioning Team ended at the end of March 2011. Responsibilities for high secure commissioning rest with the specialised commissioning groups, pending the proposed NHS reforms.

22. The National Oversight Group continued to be involved in the development of a five year commissioning plan for high secure services. The final version of the plan was published in March 2011. Contributing to this plan was a capacity review of the high secure estate. This work demonstrated the difficulties in confidently determining future capacity needs, but supported current planning on the basis of three hospitals.

23. The National Oversight Group received regular updates from West London Mental Health Trust and commissioners on progress with the outline business case for redevelopment at Broadmoor Hospital. The Outline Business Case is with the Department of Health for consideration.

## Policy development

### Criminal justice system

24. The National Oversight Group has sought and received regular updates on developments in the criminal justice system. It contributed to the development of the offender personality disorder pathway.

### Mental health strategy

25. The Group was involved in plans for a new mental health strategy and individual members were invited to contribute. The strategy *No health without Mental Health* was published in February 2011.

### Foundation Trust standard

26. Where Trusts provide high secure services, they are currently legally prevented from becoming Foundation Trusts because of the requirement for Ministerial oversight of the high secure service. A model to enable organisations providing high secure services to demonstrate Foundation Trust standard was announced on 1 April 2009. Nottinghamshire Healthcare NHS Trust achieved this standard in November 2010. Mersey Care NHS Trust and West London Mental Health Trust continued to work towards this standard in this period.

### Women's services

27. The Group continued to receive updates on developments in Women's Enhanced Medium Secure Services. Oversight arrangements for the programme transferred to commissioners from the Department of Health in 2010. The evaluation of the programme continued during 2010-11 and the results of the evaluation will be considered at a future meeting of the Group.

## Equality Impact Assessments

28. The National Oversight Group has commented on issues of equality in its discussions.

## Working relationships

### National Specialised Commissioning Group

29. During 2010-11, the National High Secure Commissioning Team was held to account by the National Specialised Commissioning Group, and reported to the National Oversight Group to ensure that the National Oversight Group is informed about and involved in discussions about commissioning and capacity in relation to high secure services.
30. The National Oversight Group has been informed about commissioning and capacity issues by the National High Secure Commissioning Team throughout the year. The High Secure Commissioning Team ended at the end of March 2011 as part of changes in the NHS structure.

### Department of Health

31. The Secretary of State's responsibilities under the 2006 NHS Act in respect of high secure services are delegated on a day-to-day basis to DH policy officials, in particular,

the head of the secure services policy team. The National Oversight Group comments and advises on policy. The National Oversight Group has throughout the year provided informed, considered and constructive advice to support policy decision-making, in particular giving assurance on the Business Continuity and Transition Plan. In April 2011, as part of the transition to proposed new arrangements, a Head of Specialised Mental Health Transition and Secure Services Policy was appointed.

### Chair's recommendation

32. The proposed NHS reforms and changes in the criminal justice system represent both challenges and opportunities for the high secure system. The National Oversight Group considers that the high secure system is working well, but that robust transition plans are necessary to ensure that the services remain safe and secure and deliver effective and high quality care in a way which represents value for money. It believes that it has played an important role in assuring that these transition plans are in place and delivered – particularly through its oversight of the High Secure Business Continuity and Transition Plan.
33. The National Oversight Group believes that it has played a valuable role in providing independent advice to Ministers on how high secure services might function in the proposed new health systems. The Group considers that its important assurance and oversight role should continue throughout the transition period, but that the role of the Group and its membership should continue to be subject to review as necessary to ensure that it reflects changes in the NHS and criminal justice system.