



**Forensic  
Network**

**Guidance on Patient Referral to  
Low Secure Services in Scotland**

**2025**

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## 1. Introduction

This guidance document for Scottish Low Secure Services builds upon the existing *Guidance on Patient Referral to or within Scottish High and Medium Secure Services* (Forensic Network, 2025). The core principles around referral, risk assessment, and proportionality of security remain consistent across all levels of secure care.

Developed to support clinical decision-making, this guidance aims to assist teams in determining the appropriateness of low secure forensic mental health services for individuals in Scotland. It is intended to complement the existing guidance for high and medium secure services and should be used in conjunction with professional judgement, multidisciplinary discussion, and person-centred care planning.

Low secure services are a vital component of the forensic care pathway. They offer a structured therapeutic environment for individuals with complex mental health needs and a history of offending or significant challenging behaviour, where risk can be safely managed without the intensive physical and procedural security of higher secure settings. This guidance promotes consistency and transparency in referral decisions across Scotland.

It is acknowledged that some patients may not fit neatly within defined criteria. In such cases, collaborative discussions between services are essential to ensure care is delivered in the least restrictive and most therapeutic setting possible. The overarching principle remains: individuals should be cared for in conditions no more secure than justified by the level of risk they present, in accordance with the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Millan Principles.

This guidance also recognises the variation in service configuration across Scotland and the evolving nature of low secure provision. It is not prescriptive but offers a flexible framework to support clinical teams in making informed, defensible decisions that balance risk, recovery, and rights.

### Guiding Principles:

- Care and treatment should be delivered in the least restrictive environment consistent with safety.
- The individual needs and risks of the patient, not the index offence alone, should determine the level of security.
- Low secure care should be seen as part of a pathway of assessment, treatment, recovery and rehabilitation, enabling transitions towards greater independence and community reintegration.

### 1.1 The Scottish Low Secure Estate

Low secure forensic mental health services in Scotland provide care and treatment for individuals whose current level of risk does not indicate a need for medium or high secure care, but who nonetheless need a structured and secure therapeutic environment. These services are designed to manage patients who pose a risk to others that can be safely contained without the intensive physical and procedural security measures found in higher secure settings.

Care is usually delivered within wards that meet specific environmental and procedural standards. These units may be located within general psychiatric hospitals or standalone

facilities, and are designed to support assessment, treatment, recovery, rehabilitation, and reintegration into the community.

Provision across Scotland varies by region, with each NHS Health Board responsible for developing and delivering low secure forensic services tailored to local population needs. These services may include

- Forensic admission wards for patients who do not meet the criteria for higher security. These include acute admissions from the community, other mental health settings and criminal justice services including police cells, Courts and prisons.
- Forensic rehabilitation wards for patients transitioning from medium secure care or low secure admission wards.
- Specialist units for individuals with intellectual disabilities, or complex needs who require secure care but not at medium or high levels.
- Step-down facilities that support gradual reintegration into the community, often in partnership with supported accommodation providers.

In some NHS Health Boards, dedicated low secure services are not available. In such circumstances, patients assessed as requiring low secure care are typically managed within local Intensive Psychiatric Care Units (IPCUs), which are equipped to provide enhanced levels of support. In some Health Boards without low secure provision (e.g. NHS Highland), individuals returning from higher levels of secure care may be admitted to a rehabilitation ward rather than an IPCU.

Below is a list of low secure services currently available across Scotland. In addition to NHS-funded provision, two independent sector providers offer low secure care. Referral procedures for these services can be found on their respective websites or by contacting the services directly.

### **NHS Services**

- **NHS Ayrshire & Arran** – Woodland View, Irvine
- **NHS Fife** – Lynebank Hospital (Dunfermline), Stratheden Hospital (Cupar)
- **NHS Forth Valley** – Bellsdyke Hospital (Trystpark and Hope House), Falkirk
- **NHS Grampian** – Blair Unit, Royal Cornhill Hospital, Aberdeen
- **NHS Greater Glasgow & Clyde** – Leverndale Hospital, Glasgow
- **NHS Lanarkshire** – Beckford Lodge (Hamilton), Kirklands Hospital (Bothwell)
- **NHS Tayside** – Rohallion Clinic (Perth), Strathmartine Hospital (Dundee)

### **Independent Sector Services**

- **Surehaven Hospital**, Glasgow
- **Priory Ayr Clinic**, Ayr

The following NHS Boards currently lack dedicated low secure facilities: **NHS Borders**, **NHS Dumfries & Galloway**, **NHS Highland**, **NHS Lothian**, **NHS Orkney**, **NHS Shetland**, and **NHS Western Isles**. In many cases, arrangements are in place with Boards that possess established services to ensure appropriate provision for their populations; for instance, NHS Orkney and NHS Shetland utilise services available within NHS Grampian.

Further details, including links to each service and a list of IPCUs across Scotland, are provided in the appendices.

## 2. Definitions of Risk

At the core of decisions around which level of security a patient should be referred to is the individual risk the patient is assessed as presenting. Secure services are designed not only to protect the public as part of a comprehensive risk management strategy, but also to deliver meaningful benefits to the patient, supporting recovery, rehabilitation, and the protection of human rights.

In accordance with the *Mental Health (Care and Treatment) (Scotland) Act 2003*, care should be provided in the least restrictive setting compatible with safe and effective treatment. Referral to low secure care should reflect a careful balance between public protection, patient rights, and the therapeutic advantages of a low secure environment.

This decision-making process begins with a thorough analysis of available information to develop an individualised assessment of risk, risk management plan, and outline formulation. As in medium and high secure services, the nature, imminence, and manageability of risk are key factors in determining the appropriate level of care.

Risk assessments should consider the following:

- The likelihood of serious harm to others
- Factors that increase or decrease the probability of such harm
- The underlying characteristics contributing to the risk
- The extent to which these characteristics are amenable to change
- The manageability of risk:
  - a) at present
  - b) following therapeutic intervention
  - c) under statutory supervision in the community
  - d) over the longer term

The *Risk Management Authority (2018)*<sup>1</sup> guidance on formulation-based risk assessment remains relevant, particularly in identifying dynamic risk factors and assessing the potential for change. However, it is essential to distinguish between the level of risk and the level of security required to manage that risk effectively.

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<sup>1</sup> Risk Management Authority (2018) [Standards and Guidelines: Risk Assessment](#).

### 3. Defining Low Security

Low secure services provide care for individuals who require a secure, structured therapeutic environment but who do not meet the threshold for medium or high secure care. These services are designed to support patients presenting currently with a lower level of risk, particularly where the likelihood of serious or imminent harm to others is reduced, and where safe care can be achieved with less intensive physical and procedural security.

The Forensic Network Report *Definition of Security Levels in Psychiatric Inpatient Facilities in Scotland* (2004)<sup>2</sup> defines low security as:

*“The level of security necessary for patients who present a less serious physical danger to others, often dealt with in Magistrates Courts and identified by court assessment/diversion schemes. Security measures are intended to impede rather than completely prevent absconsions, with greater reliance on staffing arrangements and less reliance on physical security measures.”*

Although now dated, this report remains the clearest articulation of the distinctions between levels of security within Scotland’s secure psychiatric estate. It also introduced the Matrix of Security (see Appendix D), which set out the physical, relational, and procedural differences between low, medium, and high secure services.

Kennedy (2002) identified four key components of security: physical, relational, procedural, and specialist management arrangements. He also developed a framework (Table 1) using the severity of violence at presentation as a guide to the level of security required at admission, to be considered alongside additional factors outlined in Table 2. This work highlighted that such criteria are not prescriptive but should be integrated into a broader clinical assessment of need. As there have been no substantive updates to these criteria in the literature, they are reproduced here to support clinicians in decision-making.

**Table 1: Violence as a guide for security level (Kennedy, 2002)**

Graveness of Violence	Behaviour
High (grade 1)	<ul style="list-style-type: none"><li>- Homicide</li><li>- Stabbing penetrates body cavity</li><li>- Fractures skull</li><li>- Strangulation</li><li>- Serial penetrative sexual assaults</li><li>- Kidnap, torture, poisoning</li></ul>
Medium (grade 2)	<ul style="list-style-type: none"><li>- Use of weapons to injure</li><li>- Arson</li><li>- Causes concussion or fractures long bones</li><li>- Sexual assaults</li><li>- Stalking with threats to kill</li></ul>
Low (grade 3)	<ul style="list-style-type: none"><li>- Repetitive assaults causing bruising</li><li>- Self-harm or attempted suicide that cannot be prevented by two-to-one nursing in open conditions</li></ul>

<sup>2</sup> Forensic Network (2004) [Definition of Security Levels in Psychiatric Inpatient Facilities in Scotland](#)

**Table 2: Consideration of violence and other factors for admission to different secure levels (Kennedy, 2002)** *Grades in table refer to those defined in Table 1 above*

Admission Guidelines	Low Secure	Medium Secure	High Secure
Violence	<ul style="list-style-type: none"> <li>- Grade 3</li> <li>- Public order/nuisance offending</li> </ul>	<ul style="list-style-type: none"> <li>- Grade 2</li> </ul>	<ul style="list-style-type: none"> <li>- Grade 1</li> </ul>
Immediacy	<ul style="list-style-type: none"> <li>- Acute illness or crisis likely to resolve in 3-6 months</li> </ul>	<ul style="list-style-type: none"> <li>- Relapses abrupt</li> <li>- Unpredictable</li> </ul>	<ul style="list-style-type: none"> <li>- Unpredictable</li> <li>- Inaccessible to staff</li> </ul>
Specialist forensic need	<ul style="list-style-type: none"> <li>- Recall or crisis of former medium/high-security patient</li> <li>- Current mental state associated with violence</li> </ul>	<ul style="list-style-type: none"> <li>- Arson</li> <li>- Jealousy</li> <li>- Resentful stalking</li> <li>- Exceeds low secure capacity</li> </ul>	<ul style="list-style-type: none"> <li>- Sadistic</li> <li>- Paraphilias associated with violence</li> <li>- Exceeds medium security</li> </ul>
Absconding	<ul style="list-style-type: none"> <li>- Impulsive absconding</li> </ul>	<ul style="list-style-type: none"> <li>- Pre-sentence serious charge</li> <li>- Other obvious motivation to abscond</li> </ul>	<ul style="list-style-type: none"> <li>- Can coordinate outside help</li> <li>- Past absconding from medium or high security</li> </ul>
Public confidence issues	<ul style="list-style-type: none"> <li>- Short-term family sensitivities</li> </ul>	<ul style="list-style-type: none"> <li>- Predictable potential victims</li> <li>- Local notoriety</li> </ul>	<ul style="list-style-type: none"> <li>- National notoriety</li> </ul>

In assessing the appropriate level of security across Scotland these factors should be used to guide discussion. These factors should **NOT** be considered an inflexible set of criteria for each level of security, but instead as offering a supporting framework to assist clinical teams in their decision making. The primary consideration when determining the appropriate level of security should be based on an individualised assessment of risk, risk management plan and outline formulation.

It should be emphasised that criteria referring to the offence do not apply to transfers from higher to lower levels of security (i.e. a patient who may have committed a serious offence may be transferred to high security and following treatment their risk will have reduced significantly to allow safe transfer through levels of secure care to low secure services). In such circumstances, it would be inappropriate for the offence at the time of admission to dictate current security level placements.

## 4. General Admission Criteria

This section sets out general admission criteria for low secure forensic mental health services in Scotland. These criteria are intended to guide clinical teams in identifying individuals whose needs and risks are best met within a low secure setting. As with all decisions on level of security, clinical judgement, multidisciplinary discussion and individualised risk assessment remain central.

### 4.1 Liability to Detention

It is generally expected that all admissions to low security will be detained under either the Mental Health (Care and Treatment) (Scotland) Act 2003 or the relevant sections of the Criminal Procedure (Scotland) Act 1995 as amended by the 2003 Act.

### 4.2 Clinical Profiles commonly seen in Low Secure Care

- Patients whose level of risk exceeds what can be safely managed in a general adult psychiatry setting but fall below the threshold for medium security.
- Patients stepping down from medium secure care following sustained improvement in mental state and risk profile.
- Patients with a history of violence, inappropriate sexual behaviour, or stalking where these behaviours are manageable in a structured ward environment.
- Patients requiring forensic rehabilitation with graduated community access.

### 4.3 Patients with a Primary Diagnosis of Personality Disorder

This guidance does not alter the established position in Scotland that patients with a primary diagnosis of personality disorder are ordinarily better managed within non-forensic mental health or criminal justice services. To be clear, patients who have a personality disorder in addition to another primary mental disorder are not excluded from forensic services on this basis.

This position reflects the findings of the Forensic Network [Report of the Working Group on Services for People with Personality Disorder](#) (2005a)<sup>3</sup>, which concluded that individuals with a sole diagnosis of personality disorder are unlikely to demonstrate the degree of impaired decision-making capacity necessary to justify civil detention. Similarly, the Maclean Committee (Scottish Executive, 2000) recommended that patients with a primary diagnosis of anti-social, dissocial, or psychopathic personality disorder should not be admitted to the mental health system, and that Criminal Justice Services should take primary responsibility for their assessment and management.

### 4.4 Patients with a diagnosis of Intellectual Disability

Patients with a confirmed diagnosis of intellectual disability (ID) should ordinarily be managed within the intellectual disability secure estate, including those with a comorbid mental illness. There is currently no dedicated low secure provision for females with intellectual disability.

Specialist forensic ID provision reflects the principles of Section 1 of the Mental Health (Care and Treatment) (Scotland) Act 2003, ensuring access to appropriate nursing, psychological, and rehabilitative interventions. Some NHS Boards provide local or regional forensic ID services. Any

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<sup>3</sup> Forensic Network (2005a) [Report of the Working Group on Services for People with Personality Disorder](#)

planned transfer between the ID and mental illness estates should be informed by discussion between the referring and receiving multi-disciplinary teams (MDTs).

Decisions about placement should always be guided by the level of risk posed and the service best able to meet the patient's needs. Where uncertainty exists about the balance between risk management and specialist provision, services should be guided by the principles outlined in the [Independent Review of Learning Disability and Autism within the Mental Health Act](#) and the [Coming Home Report](#).

#### **4.5 Age Specific Considerations**

In Scotland, there is no dedicated secure estate for older adults. While serious violence leading to prosecution is rare in this population, inpatient violence is commonly encountered in older adult psychiatry units. Offenders who would typically be managed by older adult services may be admitted to low secure care on a case-by-case basis. There is no upper age limit for admission; decisions should be based on an individualised assessment of risk, a risk management plan, and clinical formulation. This should include risk presented to others within current environment and to the patient in terms of their suitability to be cared for within a secure unit. This could include vulnerability, or risk of harm from other patients within a secure unit.

For individuals under 18, Section 2 of the *Mental Health (Care and Treatment) (Scotland) Act 2003* requires that all functions be carried out in a way that best secures the welfare of the child. The *Mental Welfare Commission (2013)* guidance on the admission of young people to adult mental health wards remains relevant.

Currently, there is no dedicated low secure forensic service for young people in Scotland. Foxgrove, the National Secure Adolescent Inpatient Service, is a medium secure unit for children aged 12–17, expected to open in 2025/26. If admission to a low secure adult service is being considered for someone under 18, consideration should be given to seeking advice from Foxgrove, or local CAMHS services. Cross-border transfer to an adolescent forensic service in England may also be appropriate.

Individuals aged 16 or under should not be admitted to adult forensic services. Admission of those aged 16–18 should be exceptional and must involve consultation with clinicians experienced in adolescent mental health to ensure needs are appropriately assessed. Any admission of a patient under 18 to an adult service should be reviewed, with learning shared across the Network.

#### **4.6 Patients with identified additional care needs**

Within the secure mental health estate, many individuals with specific needs receive the care they require. However, there are some patients whose needs may not be optimally met within existing services. Clinical teams must carefully consider whether any additional needs warrant care in a different environment, one that can offer enhanced care options, while ensuring equality of treatment and care for mentally disordered offenders (MDOs).

#### **4.7 Exclusion Criteria**

The following criteria generally indicate that a patient is not suitable for admission to low secure forensic mental health services if they:

- Present an imminent and serious risk of harm to others, requiring medium or high security.
- Present primarily with risk related solely to self-harm or suicide, without significant risk to others.
- Require intensive procedural or physical security to prevent absconding or violence.
- Have complex needs that cannot be safely managed within the resources of low secure services.
- Require specialist interventions not available in the low secure services.
- Have a primary diagnosis of Substance Misuse disorder.
- Can be safely managed in less restrictive environments (e.g., IPCU) and do not require ongoing specialist risk management.

Some low secure services have an exclusion criterion indicating that they are not equipped to meet the needs of individuals with an intellectual disability.

## 5. Admission Pathways

Admission to low secure forensic mental health services may occur through a variety of pathways:

- Prison or Court
- Community
- General Adult Psychiatric Services
- Transfer from higher conditions of security

It should be recognised that, while there are common pathways into low secure care, not all services will admit patients directly from each of these sources. For example, some services do not admit patients directly from the community, court or prison; in such cases, individuals may instead be admitted initially to an IPCU or other forensic service within the relevant Health Board area.

In line with the Millan Principles, all care, treatment, and support should be delivered in the least invasive and least restrictive manner and environment appropriate to the individual's needs.

### 5.1 Admission from Prison or Court

Placement in the appropriate level of security is an issue for clinical judgement based on an individualised assessment of risk (considering relevant evidence-based factors associated with violence risk), risk management plan and outline formulation. There are therefore no specific factors such as offences that 'automatically' confer a specific level of security.

### 5.2 Community

Direct admission from the community may be appropriate where:

- A patient presents with a level of risk exceeding what can be safely managed in a general adult psychiatry setting, but does not meet the threshold for medium security.
- There is a sustained history of high-risk behaviours in the community (e.g. violence, inappropriate sexual behaviour) alongside failure to engage with community services, possibly resulting in recall.
- Admission to low secure services may be appropriate for patients presenting with a moderate risk, where this risk can be safely managed without the need for medium secure care.
- Where a patient's level of risk temporarily exceeds what can be managed in low secure services, enhanced security measures may be implemented while an assessment for admission to a higher level of security is undertaken, provided no other safe alternative exists for immediate clinical care or risk management.

In such cases, the referral should be supported by comprehensive background information, including community risk assessments, social work reports, criminal justice involvement (if relevant), and an outline of failed community interventions.

### 5.3 General Adult Psychiatric Services

Patients may be admitted from IPCU or general adult wards where:

- The patient's level of risk exceeds what can be safely managed in a general adult psychiatry setting or the capabilities of IPCU (e.g. persistent violence, sexually inappropriate behaviour).

- There is a requirement for longer term risk management that may not be achievable in an IPCU setting.
- Ongoing care requires more structured procedural and relational security than IPCU, but less than medium security.
- There is clear evidence of ongoing forensic needs that justify the use of enhanced security and specialist input.

#### **5.4 Transfers from Medium Secure Care**

A common referral pathway into low secure services is step-down from medium security, once the patient has demonstrated:

- Sustained clinical stability under treatment.
- Reduced frequency and severity of violent or high-risk behaviours.
- Engagement with treatment and rehabilitative activity.
- Sufficient progress to allow regular escorted community access as part of rehabilitation.

This pathway supports recovery by ensuring patients are not detained in conditions of excessive security longer than necessary, consistent with the Mental Health (Care and Treatment) (Scotland) Act 2003.

#### **5.5 Transfers from High Secure Care**

Direct transfer from high to low secure care is uncommon, but may be considered in exceptional cases where:

- The patient has achieved significant risk reduction during high secure treatment.
- Their ongoing needs and risks can be safely managed without the intermediate stage of medium security. Such decisions should involve early and close liaison between high, medium, and low secure services, with detailed scenario planning and risk formulation.

#### **5.6 Exceptional Circumstances**

Exceptional admissions may occur where no other placement is appropriate, for example:

- Patients with complex comorbidities (e.g. neurodevelopmental disorder, head injury) whose risks cannot be contained in non-secure or IPCU settings.

For individuals with complex needs or highly specialist requirements, it may be appropriate to consider referral to services outside of Scotland where suitable provision is not available locally. Decisions should be made on a case-by-case basis, with multidisciplinary input and in accordance with national referral protocols.

Although low secure services primarily support individuals within the criminal justice system, or those whose behaviour poses a risk of such contact, rare but clinically justified admissions may occur from other settings, such as Dungavel Immigration Removal Centre. These should be based on a thorough clinical assessment and considered on a case-by-case basis, ensuring the environment is appropriate for the individual's needs and risks.

## 6. Conflict Resolution Process

The Forensic Network developed a process for resolving clinical conflicts between forensic mental health services in 2005. This became Scottish Government Policy in HDL (2006) 48, Annex C. The process aims to assist services in Scotland to find a suitable resolution to disputes within a reasonable timeframe. Any clinical disputes around admissions to appropriate levels of security can be addressed through this process. A full outline of the process can be found in the [Forensic Network Conflict Resolution Process](#).

A similar Conflict Resolution process has been developed for the Forensic Child and Adolescent Mental Health Services (CAMHS) Network. While it closely mirrors the process used within the adult Forensic Network, it incorporates some key differences. Notably, at least one of the clinicians involved in preparing an expert report should be a Consultant Forensic Child and Adolescent Psychiatrist. Given the limited number of such experts in Scotland, an agreement has been established with the English Medium Secure Adolescent Network, allowing their clinicians to be approached for support when necessary. This process, if enacted, would be supported by the Forensic Network.

## Appendix A: Low Secure Services

<p><b>NHS Ayrshire &amp; Arran</b> – Woodland View, Irvine</p>	<p><a href="#">Rehabilitation and forensic services – NHS Ayrshire &amp; Arran</a></p> <p>Ward 6, Low secure</p> <ul style="list-style-type: none"> <li>• <u>Capacity</u>: 8 beds</li> <li>• <u>Referral Pathway</u>: other levels of security, IPCU, acute mental health, community</li> <li>• <u>Population</u>: male, mental illness</li> <li>• <u>Any other relevant information</u>: court, prison referrals are initially assessed within the IPCU ward.</li> </ul>
<p><b>NHS Fife</b> – Lynebank Hospital (Dunfermline), Stratheden Hospital (Cupar)</p>	<p><a href="#">Lynebank Hospital   NHS Fife</a></p> <p>Daleview - Adult Male learning Disability - Low Secure</p> <ul style="list-style-type: none"> <li>• <u>Capacity</u> : 10 beds</li> <li>• <u>Referral pathway</u>: Court, prison, higher levels of security, community, local LD inpatient wards</li> <li>• <u>Population</u>: Adult Male Learning Disability</li> <li>• <u>Any other relevant information</u> : Daleview is a regional resource for NHS Lothian, NHS Forth Valley, NHS Borders and NHS Fife.</li> </ul> <p><a href="#">Stratheden Hospital   NHS Fife</a></p> <p>Radernie Low Secure Unit</p> <ul style="list-style-type: none"> <li>• <u>Capacity</u>: 11 male-only beds</li> <li>• <u>Referral Pathway</u>: Court, prison, medium secure units, and community relapse for individuals meeting criteria under the Mental Health (Care and Treatment) (Scotland) Act 2003</li> <li>• <u>Population</u>: Adult males with mental illness and forensic backgrounds</li> </ul>
<p><b>NHS Forth Valley</b> – Bellsdyke Hospital (Trystpark and Hope House), Falkirk</p>	<p><a href="#">NHS Forth Valley – Bellsdyke Hospital</a></p> <p>Forensic Low Secure Male Service - Trystpark</p> <ul style="list-style-type: none"> <li>• <u>Capacity</u>: 12 beds</li> <li>• <u>Referral pathway</u>: Prison, community relapse, MSU and acute psychiatry if they meet the criteria</li> <li>• <u>Population</u>: Male mental illness</li> </ul> <p>Forensic Low Secure Female Service – Hope House</p> <ul style="list-style-type: none"> <li>• <u>Capacity</u>: 6 beds</li> <li>• <u>Referral pathway</u>: Medium Secure Units and acute psychiatry if they meet the criteria</li> <li>• <u>Population</u>: Female personality disorder, mental illness</li> </ul> <p><u>Any other relevant information</u>: Hope House manages complex and challenging females, often with severe personality disorder and comorbid neurodivergence who require low secure care and intensive interventions to support rehabilitation and progress</p>

	towards discharge after lengthy hospital admissions. Frequent out of area referrals and admissions.
<b>NHS Grampian</b> – Blair Unit, Royal Cornhill Hospital, Aberdeen	<a href="#">Royal Cornhill Hospital</a> <ul style="list-style-type: none"> <li>• <u>Capacity</u>: 40 beds (8 Forensic Acute Admission; 16 Forensic Rehab, 8 Community Rehab, 8 IPCU beds). <i>As of November 2025, capacity reduced as environmental upgrade is underway.</i></li> <li>• <u>Referral pathway</u>: For specific details, contact the service directly. Broadly, the service accepts patients from Grampian, Moray, Orkney and Shetland requiring low secure assessment, care and treatment. Referrals accepted from the Justice System (courts/ prisons), community forensic services, transfers from higher levels of security and transfer from other inpatient psychiatric services.</li> <li>• <u>Population</u>: male and female (IPCU only) adults, aged 18 years or older, from relevant NHS Boards, who require inpatient low secure care and treatment.</li> </ul>
<b>NHS Greater Glasgow &amp; Clyde</b> – Leverndale Hospital, Glasgow	<a href="#">Leverndale Hospital - NHSGGC</a> <p>Forensic Low Secure Intellectual Disability Campsie Ward</p> <ul style="list-style-type: none"> <li>• <u>Capacity</u>: 8 beds</li> <li>• <u>Referral pathway</u>: Other levels of security, community, intellectual disability service</li> <li>• <u>Population</u>: male, intellectual disability</li> <li>• <u>Any other relevant information</u>: Campsie ward supports rehabilitation and recovery through a home-style model of care, which encourages independence and prepares patients for discharge after long hospital admissions.</li> </ul> <p>Forensic Low Secure Unit Ward 5</p> <ul style="list-style-type: none"> <li>• <u>Capacity</u>: 15 beds</li> <li>• <u>Referral pathway</u>: Mainly other levels of security.</li> <li>• <u>Population</u>: Male, mental illness</li> <li>• <u>Any other relevant information</u>: Ward 5 ward supports rehabilitation and recovery, which encourages independence and prepares patients for discharge</li> </ul> <p>Forensic Low Secure Unit Ward 6</p> <ul style="list-style-type: none"> <li>• <u>Capacity</u>: 15 beds</li> <li>• <u>Referral pathways</u>: Mainly other levels of security.</li> <li>• <u>Population</u>: Male, mental illness</li> <li>• <u>Any other relevant information</u>: Ward 6 supports rehabilitation and recovery through which encourages independence and prepares patients for discharge after long hospital admissions.</li> </ul> <p>Forensic Low Secure Female Service - Bute Ward</p> <ul style="list-style-type: none"> <li>• <u>Capacity</u>: 5 beds</li> <li>• <u>Referral pathways</u>: Mainly other levels of security.</li> <li>• <u>Population</u>: female</li> </ul>

	<ul style="list-style-type: none"> <li>• <u>Any other relevant information:</u> Bute ward supports rehabilitation and recovery through a home-style model of care, which encourages independence and prepares patients for discharge after long hospital admissions.</li> </ul>
<b>NHS Lanarkshire</b> – Beckford Lodge (Hamilton), Kirklands Hospital (Bothwell)	<p><a href="#">Hospitals   NHS Lanarkshire</a></p> <p>Forensic low Secure Unit (Iona – Beckford Lodge)</p> <ul style="list-style-type: none"> <li>• <u>Capacity-</u> 15 low secure beds</li> <li>• <u>Referral pathway-</u>Court, prison, community relapse, MSU and acute psychiatry if the meet the criteria</li> <li>• <u>Population-</u>male MI</li> </ul> <p>Forensic Rehab unit (Gigha – Beckford Lodge)</p> <ul style="list-style-type: none"> <li>• <u>Capacity-</u> 12 beds</li> <li>• <u>Referral pathway-</u> Low Secure, community relapse</li> <li>• <u>Population-</u>male/female MI</li> </ul> <p>Forensic Low secure Intellectual Disability (Kirklands Hospital)</p> <ul style="list-style-type: none"> <li>• <u>Capacity-</u>3 beds (not currently in use)</li> <li>• <u>Referral pathway-</u>court, prison, MSU community LD</li> <li>• <u>Population-</u>Male/female intellectual disability</li> </ul>
<b>NHS Tayside</b> – Rohallion Clinic (Perth), Strathmartine Hospital (Dundee)	<p><a href="#">NHS Tayside</a></p> <p>Rohallion Clinic – Low Secure</p> <ul style="list-style-type: none"> <li>• <u>Capacity:</u> 24 beds in total within LSU at Rohallion Clinic, 12 beds in Lyon ward (rehabilitation), 12 beds in Esk ward (admission/rehab ward). Based at Rohallion Clinic, Murray Royal Hospital.</li> <li>• <u>Referral pathway:</u> Accepts referrals for Tayside patients from prison, Court, FCMHT, general adult services and MSU.</li> <li>• <u>Population:</u> - LSU at Rohallion is for male mental disorder only, there are no female secure beds in Rohallion. Females requiring secure care would be considered for local IPCU at Carseview or private sector LSU facilities at Ayr Clinic.</li> </ul>

## Appendix B: Independent Low Secure Services

<b>Surehaven Hospital,</b> Glasgow	<p><a href="#">Location &amp; Contact - Shaw - Surehaven</a></p> <ul style="list-style-type: none"> <li>• <u>Capacity:</u> 21 beds across two gender-specific wards Kelvin Ward: 15 male patients Campsie Ward: 6 female patients</li> <li>• <u>Referral Pathway:</u> Court, prison, community relapse, and other forensic services, for individuals meeting criteria under the Mental Health (Care and Treatment) (Scotland) Act 2003</li> <li>• <u>Population:</u> Adults aged 18–65 with a primary diagnosis of mental illness, including those with forensic backgrounds</li> </ul>
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<b>Priory Ayr Clinic, Ayr</b>	<a href="#">Priory Hospital Ayr Clinic - Priory</a> <ul style="list-style-type: none"><li>• <u>Capacity</u>: 57 beds across secure units for both males and females aged 18+</li><li>• <u>Referral Pathway</u>: Court, prison, community relapse, and other forensic services</li><li>• <u>Population</u>: Adults with a primary diagnosis of mental illness and/or personality disorder, including individuals with complex needs requiring secure care</li></ul>
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## Appendix C: Intensive Psychiatric Care Units (IPCU)

<b>NHS Ayrshire &amp; Arran</b>	Woodland View, Ward 8
<b>NHS Borders</b>	N/a
<b>NHS Dumfries &amp; Galloway</b>	Midpark, Balcary Ward
<b>NHS Fife</b>	Stratheden, Hollyview Ward
<b>NHS Forth Valley</b>	Forth Valley Royal Hospital, Ward 1
<b>NHS Grampian</b>	Blair Unit, IPCU, Royal Cornhill Hospital
<b>NHS Greater Glasgow &amp; Clyde</b>	Stobhill, Portree Ward Gartnavel Royal Hospital, IPCU Inverclyde, Langhill Clinic IPCU Leverndale, Ward 1
<b>NHS Highland</b>	New Craigs, Affric Ward Those returning from a higher level of secure care go to Bruar Ward, a rehab ward with locked door, if deemed appropriate based on risk.
<b>NHS Lanarkshire</b>	University Hospital Wishaw, IPCU
<b>NHS Lothian</b>	St John's, Ward 1 Royal Edinburgh Hospital, Blackford Ward, IPCU
<b>NHS Orkney</b>	N/a
<b>NHS Shetland</b>	N/a
<b>NHS Tayside</b>	Carseview Centre, IPCU, Ninewells Hospital
<b>NHS Western Isles</b>	N/a

## Appendix D: Matrix of Security

The Matrix of Security – an excerpt of the Definition of Levels of Security Report (2004)

ENVIRONMENTAL SECURITY					
Delineator	LOW			Medium	High
	Open ward	IPCU/locked rehab	Locked forensic unit/ward		
DESIGN AND CONSTRUCTION					
Perimeter (e.g. fence)	Standard hospital specifications		No secure perimeter, but secure outside area. Secure external windows	No secure perimeter, but secure outside area. Secure external windows. Deterrent perimeter fence with motion sensors	5.2m secure fence, additional motion detection perimeter
Control of access to the site	Standard hospital specifications	double locked doors		electronic airlock	Airport level security
Building design to deter escape	Standard hospital specifications - not specifically designed to deter escape	Specifically designed to deter escape		robust construction able to deter and delay determined escape	robust construction able to withstand determined escape with tools
Window / door security	Standard hospital specifications	Window restrictors / reinforced windows	Doors opening outward (interview room and bedroom), window restrictors / reinforced windows	Keypad entry, internal doors reinforced. Communicating doors alarmed if kept open. Two way opening (interview room and bedroom) doors, reinforced windows with anti-smuggling grid on external windows.	Prison service approved locks, airlock systems some break-proof windows, some use of electronic control of doors. No external windows
Furniture design	standard hospital furniture			Heavy and robust	
EQUIPMENT					
X-ray / metal detector / ion detector	None routinely used	Hand held metal detector			xray machine, arch and handheld metal detector, ion detector, sniffer dogs from partner organisations if required
Personal alarm systems	Standard personal alarms	location specific		location specific - response team alerted by pager	location specific security alerted and tannoy to hospital campus and response team

Physical restraints	None used			handcuffs for exceptional leave
Campus observation (CCTV)	Limited to specific locations		Complete external, point of access, air locks, kept 2 weeks	complete campus and perimeter, kept 3 weeks
Availability of additional secure area for behaviourally disturbed patients	None	normal bedrooms used	Individual additional secure area available with bedroom and living area	A range of individual secure areas with bedroom and living space

### PROCEDURAL SECURITY

Delineator	LOW			Medium	High
	Open ward	IPCU/locked rehab	Locked forensic unit/ward		

### COMMUNICATIONS

Patients phone calls	No restriction except in “exceptional circumstances”		Can be monitored or stopped	
Patients letters/mail	Can be monitored in a limited way – Section 117 MH(S) A 1984			All post X rayed. Can be monitored - Section 117 MH(S) A 1984 - with additional statutory powers
Patients electronic mail / access to the internet	Not supervised if available	Supervised access on site unsupervised off site		no access
Staff communications	unrestricted received mail			received mail is x-rayed

### ITEMS – RESTRICTED (or prohibited)

Searching patients	As warranted by individual risk assessment	On admission including possessions and as warranted by individual risk assessment - random searches following LOA	On admission, following LOA, regular personal – and regular room searches.	
Searching visitors, official visitors, staff	none routine		None routine – but secure lockers available for bags (not allowed in patient areas)	Searched if metal detectors are set off and random entrance and egress searches. Bags searched if suspicious item seen in x-ray imaging.
Drug access/screening	Screening dependant on clinical need	Urinary drug screening on basis of clinical need and on admission & random screening		

Alcohol access/screening	Access to alcohol on leave approved by MDT. Alcometer available			No access to alcohol permitted
Access to pornographic materials and/or materials portraying violence	MDT discretion, individual patients		Routine screening and controlled access	
ITEMS – Daily living equipment				
Cutlery	supervised meals	Restricted metal cutlery - counted after use, supervised meals		
OT equipment (e.g. kitchen)	MDT approval		graduated access following individual risk assessment and MDT approval	
Fire setting materials (e.g. cigarette lighters)	Dependant on individual risk assessment	Controlled/ limited access, no fire setting material with patients		
ITEMS - Access to money, valuables and belongings				
Access to belongings	At MDT discretion		Limited number of items and limited access	
Access to money/valuables	Dependant on individual assessment of capacity	Dependant on individual assessment of capacity. May be restricted	Dependant on individual assessment of capacity. May also be restricted on LOA to reduce absconsion risk	Dependant on individual assessment of capacity. Money and valuables are also restricted on site and on LOA for security reasons

<b>PROCEDURAL SECURITY</b>					
<b>Delineator</b>	<b>LOW</b>			<b>Medium</b>	<b>High</b>
	<b>Open ward</b>	<b>IPCU/locked rehab</b>	<b>Locked forensic unit/ward</b>		
PEOPLE- Visitors					
Visitor ID and approval	Not generally required		Identification required. Prior approval by MDT, Unit policy. Visitors must agree code of conduct	Identification required then special ID provided and checked on exit. Prior approval by MDT. Visitors must agree code of conduct	
PEOPLE- Child Visitors					
Child visiting policy	Nursing staff discretion	approved by MDT		Social work assessment required, approval via MDT	

Visiting arrangements procedure	Specified visiting areas (other restrictions dependant on risk present at time)	Special family visiting room away from clinical area	Special family visiting suite away from clinical area
PEOPLE- Internal Movement between clinical areas in a psychiatric facility			
Patients	may be escorted	Escorted within Unit – no access to administrative areas	Grounds access for some patients - monitored by CCTV, some escorted, prohibited areas in the campus
Visitors / official visitors	may be escorted	Escorted	Escorted - bussed to location of visit
Staff	None	Not limited, but electronically recorded	electronically recorded and restricted access to some areas

<b>PROCEDURAL SECURITY</b>					
<b>Delineator</b>	<b>LOW</b>			<b>Medium</b>	<b>High</b>
	<b>Open ward</b>	<b>IPCU/locked rehab</b>	<b>Locked forensic unit/ward</b>		
PEOPLE- Patient absence from the hospital					
Routine pass (e.g. “testing out”)	Standard hospital policy		Unit policies including individual risk assessment		Usually a minimum of two escorting staff
Exceptional LOA (e.g. court, hospital)	Standard hospital policy		Unit policies including individual risk assessment.	Unit policies including individual risk assessment. Local police informed.	handcuff meeting, police liaison, more escorting staff
Prevention and management of absconsion	Standard hospital policy		Unit policies – description card (ID) completed every time a patients leaves clinic and returns, key information and risk assessment given to police in case of absconsion		Individual risk assessment for each LOA, usual to have 2 or more staff escorting. Individual risk assessment of grounds access. Range of multi-agency contingency plans, network of sirens
Prevention and management of escape	Standard hospital policy		Unit policy. Key information and risk assessment given to police		Contingency planning, liaison with police, siren

Policies	General hospital policies	General hospital policy. Some unit policies	General hospital policy. Some forensic unit policies	Detailed forensic unit policies	High secure forensic hospital policies
Contingency planning	limited contingency planning		Multi-agency planning for evacuation, escape and absconsion	range of multi-agency contingencies for hostage, riot, escape, barricade, rooftop	