HMP Isle of Wight, Care UK, & Isle of Wight NHS Trust

Jointly Agreed Escort and Bed Watch Policy and Procedure

Revised – May 2014

Review Date Extension: 30 September 2018
Signed
Tony Adams
Head of Operations
HMP Isle of Wight

Signed
Rachael Lovely
Head of Prison Healthcare
Care UK

Signed
Karen Baker
Chief Executive
Isle of Wight NHS Trust

Policy Revised – May 2014
1. Introduction
The aim of the Governors and staff at HMP Isle of Wight in partnership with Care UK and the Isle of Wight NHS Trust colleagues is to undertake hospital escorts and bedwatches with care, humanity and ensuring that a satisfactory level of security is maintained at all times. We will take into account the considerations of interested parties, including outside medical authorities and families of prisoners. In order to maintain the fine balance between care, humanity and security, certain elements must be in place and procedures adhered to.

2. The Law
Section 22(2) (b) of the Prison Act 1952 makes the specific provision for taking prisoners to hospital for treatment. The effect of the provisions are:

i) That any prisoner requiring hospital treatment should be taken to hospital, that is, should not be allowed to make his own way there and,

ii) be taken there in custody, that is, accompanied by a prison officer, unless the Governor or Deputy Governor directs that a Prison Officer escort is not needed. In that case, the prisoner remains in legal custody by virtue of Section 13 of the Prison Act and remains subject to the Prison Rules.

3. The Procedure
A doctor or nurse employed by Care UK and working within either the Inpatient healthcare Unit or one of the two Primary Healthcare Centres, upon deciding to send a prisoner to an outside hospital for care or treatment, must inform the Orderly Officer on duty. The doctor or nurse must provide information as to the general condition of the prisoner, his mobility and any special medical factors to be taken into consideration.

A Prisoner Escort Record (Appendix B) must be raised for all external escorts.

The person receiving the information will make a measured decision as to whether or not restraints are to be used. The escort must be staffed to the strength as per the Hospital Escort and Bedwatch Risk Assessment (Appendix A). In the case of an emergency where there is insufficient time to produce a Risk Assessment the Manager dispatching the escort must brief staff and endorse the Prisoner Escort Record whether restraints will be used or not, and if so the level of restraints to be used.

The primary role of the escorting Prison Officers is to protect the public and to prevent an escape from custody. Current Prison Service policies do not permit Prison Officers to provide personal care for prisoners without their explicit permission. The escorting Prison Officers are not to interfere with the care or treatment of any prisoner that is being provided by the NHS.

If the prisoner needs to be admitted to an outside hospital in a medical emergency (ambulance) the Orderly Officer must ensure that the Security Department is informed and
that a Hospital Bedwatch Risk Assessment is raised as soon as is practicable, or within the first 24 hours. The form must provide information on the following points:-

a) The Prisoner's medical condition. A suitably qualified member of Prison Healthcare staff must be asked to advise on any medical objection to the use of restraints, including the prisoner's ability to escape unaided.

b) The prisoner’s status and category, length of sentence, R45, under punishment, Public Protection Measures, etc

c) The nature of the offences, previous convictions, risk to the public and hospital staff, including the risk of hostage taking.

d) The prisoner's motivation to escape; likelihood of outside assistance, and conduct whilst in custody. Any information held by the Security Department must be included.

e) The physical security of the hospital, including the consulting room, and where possible, other areas where tests or treatment are taking place.

f) Information about who is likely to visit and whether any restriction on who visits might need to be enforced.

The Risk Assessment for general escorts, when completed, must be submitted to a Governor for his/her agreement. However, all Funeral Escorts or Escorts to visit a dying relative can only be agreed by The Governor, or in their absence the Governor in Charge of the prison.
(Note – The Person in Charge of the prison is not the Duty Manager, it is The Governor or the most senior person on duty at the time.)

The options available to the Governor are:

i) Escort and bedwatch with two officers or more with restraints

ii) Escort and bedwatch with two officers or more without restraints

iii) Escort and bedwatch with one officer without restraints

iv) If eligible, temporary release under Prison Rule 6 (YOI Rule 6) or:

v) To allow, exceptionally temporary release for remand prisoners if they are so seriously ill or incapacitated as to be incapable of escaping and for whom there is no danger of assisted escape. (Section 22(2b) Prison Act 1952).

The level of security necessary in all cases should be kept under review to take into account the prisoner's developing medical condition, the physical surroundings in which the prisoner is located and any emerging intelligence.

The Governor’s decision on the level of security necessary, together with reasons, must be recorded on the risk assessment form. Any subsequent review should be recorded and filed in the appropriate bedwatch folder held by the Security Department.

It is, therefore, extremely important that any change in circumstances, in medical condition, and requests by medical staff regarding restraints, are communicated back to the senior prison staff by escorting staff, normally to the Duty Governor. He/she will then
communicate any additional information to the Governor-in-charge so that any necessary action can be taken immediately.

4. Use of Restraints

Restraints, when in use, must be attached between the prisoner and an escorting officer. They **MUST NOT** be used to attach prisoners to furniture or any other fixtures or fittings. Restraints will be used as dictated by the Hospital Escort and Bedwatch Risk Assessment.

If the risk assessment states restraints are to be used this must be adhered to in all circumstances save medical emergencies or with Duty Managers permission in the case of an operation or scan that requires removal of restraints.

The escort chain must not be removed to facilitate bathing, showering or to change clothing. If the prisoner requires to shower/bath/use a WC and the chain is not long enough then the Officer (male) must go into the room with the prisoner. Where the chain is long enough for staff to be outside of the room, the room will be searched prior to the prisoner entering and the chain must be positioned to prevent the prisoner from locking the toilet/bathroom door.

5. Liaison with Trust Colleagues

Governors must establish and maintain good working relationships with the hospitals where they send their prisoners. For their main provider hospitals, they should discuss, preferably with senior executive staff (Trust’s Medical Director or Chief Executive Officer) setting up standing arrangements for prisoners attending hospital. (which is the intended purpose of this document between the Isle of Wight Prison, Care UK and the Isle of Wight NHS Trust).

The physical security of the main provider hospitals out and inpatient areas must be kept under review. The provider hospitals must be asked if they are able to:

a) Provide a single room with a separate toilet and bathroom, to improve security and to keep disruption and discomfort of other patients and their families to a minimum. The prison will contact the hospital regarding the possibility of single room accommodation but recognises that patients with clinical needs take priority, e.g. Infection control, palliative care etc. The escorting staff will also require access to a telephone in order to communicate with the prison, every two hours. These calls will be kept as brief as possible.

b) Unless there are overriding security reasons, it will be good policy to inform hospital management about the levels of escort and restraint that are envisaged before the admission of a prisoner. Such discussions should include information of a clinical nature when medical staff may consider the use of restraints to be contradictory to the level of care required during certain interventions. This will alert prison management to likely situations when alternative security arrangements will be required and permit arrangements to be made in time. The responsibility for such discussions will be with Prison Healthcare staff, who will communicate the result of the discussions to the Governor-in-charge.
6. Major Incident Plans

In the event of an incident occurring at the prison which is likely to produce a large number of casualties, (e.g. Fire or Riot) both the HM Prison Services and the Isle of Wight NHS Trust Major Incident Plans will be activated.

The Prison service will notify the Trust (via the Isle of Wight Ambulance Service) of the expected number and seriousness of casualties at the earliest possible time.

In the case of a Prison riot situation, the hospital services will endeavour to ensure that the Prison staff casualties and Prisoner casualties are kept separate, although it is recognised that this will not always be achievable.
Appendices to this Policy and Procedure

A. HMP Isle of Wight Escort Risk Assessment Form
B. Prisoner Escort Record (PER) Form (to be provided by HMP IW)
C. Practical Guidance for HMP Prison Service and Health Services staff
D. Protocol for Prioritising Escorts to NHS Hospitals
E. Contact Protocol Following Admission of a Prisoner to St Mary’s Hospital
F. HMP Isle of Wight Prisoner Patient Bedwatch Record.

Rachael Lovely
Head of Prison Healthcare
Care UK

Tony Adams
Head of Operations
HMP Isle of Wight

May 2014
It is essential that all prisoners escorted externally by our staff are subject to a Risk Assessment. This will ensure that prisoners are kept in secure custody and the risk of escape is minimised.

<table>
<thead>
<tr>
<th>Escort Type</th>
<th>Level of authority required (Audit baseline requirement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Out Patient</td>
<td>Security and Operations manager, Head of security and operations or person in charge of the prison</td>
</tr>
<tr>
<td>Bedwatch</td>
<td>Security and Operations manager, Head of security and operations or person in charge of the prison</td>
</tr>
<tr>
<td>Dying Relative</td>
<td>Governor in charge of establishment at the time of risk assessment</td>
</tr>
<tr>
<td>Funeral</td>
<td>Governor in charge of establishment at the time of risk assessment</td>
</tr>
<tr>
<td>Wedding</td>
<td>The Governor</td>
</tr>
<tr>
<td>Other (please state)</td>
<td></td>
</tr>
</tbody>
</table>

Note The person in charge of the prison is not the Duty Governor it is The Governor or the most senior person on duty at the time.

<table>
<thead>
<tr>
<th>Date of Escort</th>
<th>Venue</th>
<th>Taxi or Prison vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prisoners name</td>
<td>Prison number</td>
<td>Date of birth</td>
</tr>
<tr>
<td>Main offence</td>
<td>Sentence</td>
<td>Date of sentence</td>
</tr>
<tr>
<td>IPP/Lifer Tariff</td>
<td>Status</td>
<td>Category</td>
</tr>
<tr>
<td>Other issues of note</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Information for Hospital Staff Only**

This prisoner poses a current increased risk to —

- All Staff ................ Yes / No
- Female Staff ............ Yes / No
- Male Staff ............... Yes / No
- Children .................. Yes / No
- General Public .......... Yes / No
SECTION ONE
MEDICAL ASSESSMENT – To be completed by medical staff

<table>
<thead>
<tr>
<th>Prisoners number</th>
<th>Name</th>
<th>Location</th>
<th>Category</th>
</tr>
</thead>
</table>

**Appointment details**

Hospital ......................................... Dept/Ward ......................... Room ...............................

Date of appointment ...............................  

Have the hospital management been consulted prior to the escort taking place?

YES/NO Details ............................................................................................................................

Are there any medical objections to restraints being used? (If yes, please state reasons)

YES/NO Details ............................................................................................................................

Does the prisoners’ medical condition restrict his ability to escape unassisted?

YES/NO Details ............................................................................................................................

Does the prisoner have any mobility issues which may affect the use of restraints, i.e wheelchair user, crutches, walking stick etc?

YES/NO Details ............................................................................................................................

Is the prisoner - Mobile / Partially Mobile / Immobile

Please comment ............................................................................................................................

Is the treatment required likely to need restraints to be removed?

YES/NO Details ............................................................................................................................

Is the prisoner registered as paraplegic or tetraplegic?

YES/NO Details ............................................................................................................................

Any other medical conditions likely to influence the escort?

YES/NO Details ............................................................................................................................

Signed: ........................................ Name (Printed) .............................

Date:................ Time: .................................................................

SECTION TWO
| SHIPISTICAL INFORMATION – To be completed by Security staff |
|======================================================================|
| Information sources checked:                                           |
| Security file/5x5 [ ] CNOMIS [ ] P.I.O [ ] ViSOR [ ] OASys [ ] Pin phones [ ] |

<table>
<thead>
<tr>
<th>Question</th>
<th>Y / N</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any previous escape or abscond history, including any known unresolved domestic issues which may indicate a desire to escape or abscond.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any intelligence suggesting the victim may be at risk?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any known drug / alcohol abuse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any history of violence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any temporary release failures / HDC breach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any history of hostage taking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any known risk to public?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any known or suspected risk from visitors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any adjudication history?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any ACCT history? Is the prisoner on an open ACCT? Last book closed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prisoners’ current IEP level?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any behavioural concerns from wing staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous convictions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the prisoner subject to any of the following public protection measures?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IG 54 / 94 (Schedule One)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Protection Manual (Risk to Children)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R2CHPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSO 4400 (Harassment)</td>
<td>HSMTPA</td>
<td></td>
</tr>
<tr>
<td>MAPPA (if so, what level?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex Offenders Register</td>
<td>ViSOR</td>
<td></td>
</tr>
</tbody>
</table>

**Criminal History**

10
Details of any relevant previous convictions, or any warnings from police of abnormal behaviour in the past:

............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................

SECTION THREE

SECURITY ASSESSMENT – To be completed by the Security staff

<table>
<thead>
<tr>
<th>Prisoners’ escape potential.</th>
<th>Low</th>
<th>Normal</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood of outside assistance.</td>
<td>Low</td>
<td>Normal</td>
<td>High</td>
</tr>
<tr>
<td>Risk to staff and general public.</td>
<td>Low</td>
<td>Normal</td>
<td>High</td>
</tr>
<tr>
<td>Risk of hostage taking.</td>
<td>Low</td>
<td>Normal</td>
<td>High</td>
</tr>
<tr>
<td>Risk to hospital staff.</td>
<td>Low</td>
<td>Normal</td>
<td>High</td>
</tr>
<tr>
<td>Overall assessment of risk.</td>
<td>Low</td>
<td>Normal</td>
<td>High</td>
</tr>
</tbody>
</table>

Justification of assessment:

Any additional security information relevant to the escort / bedwatch for “High Risk” factors or information of special importance for the governor to consider from the prisoners security file

Is there any publicity surrounding this prisoner?   Yes [   ]   No [   ]

If YES, provide details:

............................................................................................................................................................
............................................................................................................................................................
............................................................................................................................................................

SECTION FOUR

POINTS ASSESSMENT – To be completed by the Security Staff
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>POINTS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pot Cat “A”</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>E-List</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Detainee / Immigrant</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Sentence Length</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 3 years = 3 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to 10 year = 5 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 or more years = 10 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time left to serve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 3 years = 3 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to 10 year = 5 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 or more years = 10 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX, Trial, JR’d, SEC 10 / 3 etc (consider most serious applicable)</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Rejected Pot Cat A or ex E - list</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>CHARGE / MAIN OFFENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murder or Manslaughter</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Offences against children (sexual) or (non-sexual)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Sex offences (violent) or (non-violent)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Kidnap</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Robbery</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Firearms (uses) or (carries)</td>
<td>10 or 7</td>
<td></td>
</tr>
<tr>
<td>Drugs (supply / import) or (uses)</td>
<td>9 or 4</td>
<td></td>
</tr>
<tr>
<td>Arson</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>ABH / GBH / Wounding with Intent</td>
<td>5 or 6 or 7</td>
<td></td>
</tr>
<tr>
<td>Weapons (non-firearm)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Other violence</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Conspiracy (half points for current offence)</td>
<td>Refer to crime</td>
<td></td>
</tr>
<tr>
<td>Theft / Burglary / Aggravated burglary</td>
<td>4 or 5 or 6</td>
<td></td>
</tr>
<tr>
<td>Fraud</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Motocing offences (serious) or (non-serious)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Racially motivated crimes</td>
<td>Add three points to offence</td>
<td></td>
</tr>
<tr>
<td>Holding Warrant</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other charges</td>
<td></td>
<td>Full tariff as above</td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 25</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>26 – 30</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>31 – 35</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>36 – 40</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Over 40</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ADJUDICATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious Incident – Assault, Fire, Barricade etc........</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Minor Incident – Disobeys Lawful Order etc..........</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>SECURITY ASSESSMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of escape</td>
<td>High=15 Med=8 Low=3</td>
<td></td>
</tr>
<tr>
<td>Risk to public</td>
<td>High=15 Med=8 Low=3</td>
<td></td>
</tr>
<tr>
<td>Risk to hospital staff</td>
<td>High=15 Med=8 Low=3</td>
<td></td>
</tr>
<tr>
<td>Risk of hostage taking</td>
<td>High=15 Med=8 Low=3</td>
<td></td>
</tr>
<tr>
<td>TOTAL SCORE FOR RISK ASSESSMENT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

25 to 99 points – normal escort arrangements apply.
100 points plus – consider a three person escort or extra security measures to reduce risk.
### Wing Officer comment:

- Name of officer supplying information
- Adjudications
- Any current or recent Self harm history **YES/NO** If yes give details
- Is the prisoner currently subject to an open ACCT **YES/NO**
- Has an ACCT been closed recently **YES/NO** if yes when? …

### Home Circumstances

- Any indication that a victim may be at risk **YES/NO**
- Any known domestic issues, which may indicate a desire to escape **YES/NO**

Give details where appropriate:

### Hospital Escort/Bed watch

- Has the security assessment of the Hospital/ward/treatment area been carried out **YES/NO**
- Have any problems been identified (comment on security of areas i.e. access to outer doors, opening windows, floor level, access to TV or day rooms etc): **Venue insecure. Staff to remain vigilant at all times**
- Security information concerning the venue (i.e. is the visit to a hospital / hospice (private room or the person’s home or other venue): **Venue insecure. Staff to remain vigilant at all times**

- Any known or identified risk from visits **YES/NO**

What arrangements/restrictions will be required for visits (PSO 4400 schedule 1 etc)

**Visits will be in line with the Hospital policy during normal Hospital visiting hours and must be booked through the prison**

Persons likely to visit …………………………………………………………………………………………………

Persons who may not visit …………………………………………………………………………………………………

### SECURITY POLICY

**Prisoners will not be taken to other parts of the Hospital or leave the building for smoke breaks**
**under any circumstances.**

There are to be no smoke breaks allowed during outpatient’s appointments.

Prisoners should not be allowed outside of the hospital building other than to return to the establishment

<table>
<thead>
<tr>
<th>Restraints to be used</th>
<th>Yes</th>
<th>No</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, can restraints be removed for medical treatment</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Can restraints be removed for emergencies</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Can restraints be removed for other reasons e.g. during a wedding ceremony or to embrace a dying relative, funeral etc</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Restraints to be removed only with the prior knowledge of the duty governor</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Level of restraints to be used:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single cuff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Double cuff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escort chain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has release on licence (ROTL) been considered</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Results of ROTL consideration</td>
<td>Approved</td>
<td>Not Approved</td>
<td></td>
</tr>
</tbody>
</table>

**Recommended strength and composition of escort**

Number of Officers required for escort      ........

Give reason for escort strength                        ............................................................................................................

Are there any specific gender requirements    Yes/No  if yes give details

Assessment conducted by:

Print: .................................. Sign:..................................Date:..................................
### Senior Managers Decision

<table>
<thead>
<tr>
<th>Temporary release authorised</th>
<th>YES/ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraints to be used</td>
<td>YES/ NO</td>
</tr>
<tr>
<td>Single cuff*</td>
<td></td>
</tr>
<tr>
<td>Escort Chain*</td>
<td></td>
</tr>
<tr>
<td>Double cuff *</td>
<td></td>
</tr>
<tr>
<td>Other*</td>
<td></td>
</tr>
</tbody>
</table>

If other please specify …………………………………………………………………………

*(Delete as necessary)*

Escort Chain may/may not be used for treatment if required following authorisation of Duty Governor

Confirm number of Escorting Officers

Senior Officer …….. Officer ……….

Annex A checked YES/NO

Annex B checked YES/NO

Have any authorised stops been agreed ………………………………………………….. YES / NO

For Hospital appointments only. Should the next of kin be informed ………………….. YES / NO

This is necessary if the prisoner has a medical condition that is life threatening

### Senior Manager authorising risk assessment

Print ……………………… Sign: ……………………… Date …………………

Authority as per NSF please tick

- The Governor
- Security and Operations Manager (Band 7)
- Head of Security and Public protection
- Person in Charge of the prison
- Governor (other)

---

- For deceased/dying relatives, funerals or others attach Annex A.
- For weddings attach Annex B.
### Escort Risk Assessment Annex A

This section of the Escort Risk Assessment must be completed and attached to the full Risk Assessment for the following:

- **Deceased or dying relatives.**
- **Funerals**
- **Others e.g. compassionate visit to a non-Hospitalised relative. State ............**
- **Funeral escort.** Have the family agreed to the prisoner attending  **YES NO**
- Name of person  .........................  Relationship to deceased  .........................
- Death of relative form attached  **YES NO**
- **If visiting hospital/hospice,** has the hospital/hospice manager agreed to a visit
  - Name of person  .........................
- Note the physical security of the venue, if known:

| What will the prisoner be allowed to attend i.e. Service and burial or service only |
| Are there any facilities for holding a prisoner i.e. waiting prior to event, |
| Has this been arranged (give details) |
| Are there any known problems which may be created by others attending e.g. family, friends, victim etc: **Obtain probation report** |
| **Probation report attached**  **YES NO** |
| Comments from Police Liaison Officer: Obtain separate report from Police in area of event and/or arrest |
| **Police report attached**  **YES NO** |
| Nearest Police Station to Escort location | Telephone Number to Police Station |
| Nearest Prison to Escort location      | Telephone Number of Prison        |
| Police Stations on route to use toilets | Closed Prison on route to use toilets |
| Has a comfort break been arranged YES NO | Venue                           |

(Delete as appropriate)

Staff dress code: Uniform / Smart casual

Report compiled by:

Print ……………………………… Sign ……………………….. Date …………..
**Escort Risk Assessment Annex B**

This section of the Escort Risk Assessment must be completed and attached to the full Risk Assessment for the following:

- **Weddings**

Note the physical security of the venue, if known:

<table>
<thead>
<tr>
<th>Are there any special Security instructions regards photographs:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Are there any facilities for holding a prisoner i.e. waiting prior to event?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Who will be allowed to attend? Are there any known problems which may be created by others attending e.g. family, friends etc:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Comments from Police Liaison Officer:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What arrangements have been put in place for visits following the ceremony:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State any arrangements that have been specifically agreed with the presiding official;</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Staff dress code: Uniform / Smart casual</th>
</tr>
</thead>
</table>

| Report compiled by: Print Sign Date |
| --- | --- | --- |
APPENDIX B

PRISON ESCORT RECORD FORM (PER – Hard copy NCR paper)
BQ009a – 3/2009

NOT ATTACHED – HMP Isle of Wight AND Prison Healthcare use only
This guidance has been produced jointly by the Governor and Senior Management Teams of HMP Isle of Wight, Isle of Wight NHS Trust and Care UK’s Prison Health Services. It has been agreed by all stakeholder organisations and is aimed to assist those staff involved in care of prisoners when outside the prison and in the clinical setting of a hospital.

A copy of this guidance must be available for ease of reference to hospital clinical staff whenever a prisoner attends hospital.

Tony Adams
Head of Operations
HMP Isle of Wight

Rachel Weeks
Assistant General Manager
Isle of Wight NHS Trust

May 2014
1. Background

The General Medical Council’s guidance “Good Medical Practice” states, “You should always seek to give priority to the investigation and treatment of patients solely on the basis of clinical need”

The Medical Ethics Department of the British Medical Association has produced guidance for doctors providing care and treatment to those detained in prison, as summarised as:

1. Detained prisoners must have access to the same standards of care as the rest of society. This includes respect for the patient’s dignity and privacy.

2. Wherever possible, without compromising the quality of care, treatment should be provided within the prison. Conditions of privacy must be available. ‘In-reach’ services will be developed where appropriate e.g. Genito Urinary Services.

3. If agreement cannot be reached, the Chief Executive of the NHS Trust should discuss the case with the Governor of the prison.

4. In an emergency situation, treatment must be provided.

5. In the event of a Prisoner becoming violent, or attempting an escape, the Hospital staff must not make any attempt at control and restraint unless by not doing so this would put themselves, patients or other staff at increased risk. Wherever possible they must remove themselves and any other patients or visitors from the immediate area.

6. Visitors will be allowed as per Hospital Bedwatch Risk Assessment and within local Ward/Unit visiting times or by agreement with the Nurse in Charge. Information to relatives may be provided within the same parameters as for any other patient (with the exception of times and dates for transfers/visits to other hospitals).

7. Facilities – Bedwatch Prison Officers will work as per their shift. Seating will be supplied by the ward staff.

8. The Bedwatch Prison Officer will provide plastic cutlery for Prisoners to use. Metal cutlery must not be used.

9. Upon admission, Prisoners admitted as in-patients will normally have their day clothes taken back to Prison and will be issued with pyjamas. If the wearing of clothes is considered by the clinical team an integral part of a Prisoner’s care and treatment (e.g. physical rehabilitation, physiotherapy, occupational therapy), this will be agreed on an individual basis and any risks to security identified and managed appropriately whilst still enabling effective care and treatment to be provided.

10. Under no circumstances will Escorting staff touch, or interfere with clinical equipment in any way.

11. Prisoners and escorting staff are expected to adhere to the Trust’s Smokefree Policy at all times. The Regional Custodial Manager/Director of Offender Management has directed that staff and prisoners should not smoke whilst on hospital escort duty or Bedwatches.
12. Whenever medicines (TTOs) are prescribed for prisoners, 7 days supply will normally be provided in individually named and sealed containers, and always to the escorting officer and not to the patients/prisoners.

13. Hospital staff should refer all requests by press and media for access to the Prisoner to the Duty Governor at the prison.

2. Outpatient and Diagnostic Imaging (X-Ray) Appointments for Prisoner Patients

All Hospital appointments for prisoner patients **MUST** be sent to the Prison Healthcare Centre and **NOT** the individual concerned.

**NB** This may require a change of address on the PAS system in order to generate appointment letters.

Any telephone call from the prison must be handled as follows:

- Obtain the full name of the person calling
- Obtain name and prison number of the prisoner patient to whom the call relates
- Obtain the name of the prison
- Do not make or change any prisoner patient appointments or details at this stage
- State that you will return the call to ensure confidentiality and security
- Never return a call regarding a prisoner patient to a mobile telephone number

Contact telephone numbers for the Primary Healthcare Centre on each prison site are as follows:

- Albany Site - 01983 635551
- Parkhurst Site - 01983 554165

- When you are reassured that your call has reached an authorised member of the Prison’s Healthcare staff, prisoner patient details and appointments can be changed or confirmed.

In cases of difficulty, or if there are any concerns related to telephone calls from a prison, or where a caller states they are a member of prison staff but this cannot be confirmed on the returning call, these should be raised with the line manager and/or escalated to the General Manager or Head of Prison Healthcare for assistance and guidance.

2.1 All appointments for Diagnostic Imaging will be made within 6 weeks or 2 weeks for cancer patients in liaison with the Prison healthcare staff.

There is no facility for imaging to be undertaken at the Prison so all appointments need to be escorted to the Main Hospital site

There needs to be an agreement around the requirements for the removal of prisoner restraints when attending MR / CT / IVU appointments. This should be as a risk assessment undertaken by the Prison prior to attending for an appointment to ensure that this can be facilitated.

3. Advice to OPARU Regarding Prisoner Patient Appointments
• The Trust’s Waiting List management Policy should be followed for prisoner patient appointments.
• The policy contains specific sections related to the offer of appointments for prisoner patients, particularly following cancellations by the prison, where the prisoner patient must not be unreasonably delayed when providing a further appointment.
• Negotiation should take place with Prison Healthcare staff wherever possible in order to provide an appointment for prison patients that is suitable for both prison and the Trust and which meets the patient’s clinical need.
• It is recognised that some clinics/appointments can only be made available on days or at times that are difficult for the prison to accommodate. It is, however, anticipated that both parties will make every effort to come to a mutually agreeable solution.
• Any insoluble difficulties, concerns, in arranging appointments should be raised with the line manager with escalation to the General Manager and Care UK’s Service Manager at HMP Isle of Wight as necessary.

4. General Managers

If General Managers are unable to resolve situations that have been escalated for their advice and guidance the following steps should be taken:

• Escalate to Associate Directors and Care UK’s Service Manager for assistance.
• Inform Patient Planning Manager and Complaint Manager as appropriate.

5. Guidance for Outpatient and X-Ray departments regarding Prisoner Appointments.

Whenever possible, a prisoner attending a hospital outpatient or x-ray appointment should:

• Be given an appointment at the start of the clinic
• Not be kept waiting in the main waiting area as it can cause embarrassment to both the prisoner and to other patients, and results in a raised risk to security
• Be seen as soon as the clinic commences by the Consultant, or other senior doctor

An outpatient visit letter should be sent immediately to the relevant Care Uk General Practitioner at HMP Isle of Wight, communication by telephone, if appropriate, is encouraged.

If, as a result of an outpatient attendance, the prisoner requires immediate admission to hospital, the medical staff must:

• Inform the Hospital Bed Manager that the patient for admission is a prisoner and is escorted
• Inform the escorting officer who will then contact the Orderly Officer who will inform the Duty Governor and make appropriate arrangements.

6. Cancellation of Escorts by HMP Isle of Wight

The prison authorities will endeavour to ensure that prisoners never fail to attend for their outpatient’s appointments. The hospital must be notified in advance if the appointment cannot be kept for any reason.
In the event any difficulties being encountered with the escort planned for a previously booked appointment, the response should be based on the Protocol for Prioritising Escorts to NHS Hospitals (Appendix D). The following specific points must be taken into account:

- No prisoner appointment escort to St Mary's is to be cancelled by the Detail or Orderly Officer without the possibility of action to enable the escort to be undertaken having been explored via Prison Healthcare with the Duty Governor and/or Deputy Governor.
- In all cases where any escort is ultimately cancelled, a Trust Incident Report is required.

7. Cancellations/On the Day Amendments by the Trust.

These should be avoided.

It is almost impossible to amend an appointment time for a prisoner with less than a week's notice. This is because of the arrangements that the Prison need to make to enable a prisoner to physically leave the prison to attend an appointment. The Detail, Security and Operations Offices need to coordinate the movements, escorting and transport arrangements of all the prisoners out of the prison on any given day (which could be transfers or court appearances as well as hospital appointments). Any late notice changes will impact on these arrangements.

Cancelling an appointment for a prisoner will usually result in that prisoner not being able to be reappointed for some considerable time. This may well compromise his care as well as Trust targets; it could also mean a wasted appointment slot for both the prisoner and/or another patient and may incur needless expenditure and additional time to reappoint.

8. Inpatient Admission

Trust staff are expected to follow the Contact Protocol Following Admission of a Prisoner to St Mary’s Hospital (Appendix E) and balance:

- The need for confidentiality of medical information about the patient
- The need for the Prison Governor to have up-to-date information to determine the appropriate level of bedwatch.
- The welfare of other patients
- The welfare, including resource implications, of hospital staff

The Duty Consultant and Hospital Bed Manager must be notified immediately that a prisoner is admitted to hospital or presents in the Accident Emergency Department.

Prison staff will issue, at the earliest possible time, a Public Risk Summary to Trust clinical staff (normally the Hospital Consultant or the Ward Sister/Charge Nurse) including details of handcuffing arrangements and any other risks identified by the Prison Risk Assessment. The summary will indicate any relevant details regarding behaviour, visiting arrangements and any special factors or concerns that the Trust staff need to be aware of.

The Hospital Bedwatch Risk Assessment (Appendix A) is revised whenever the clinical condition of the patient alters. The Trust clinical staff caring for the prisoner should communicate only in general terms about changes in the prisoners’ condition to bedwatch officers. Clinical details of relevance should be communicated directly to the appropriate Prison Health Services colleagues (normally the Team Leader or Senior Staff Nurse of the relevant Prison Primary Healthcare Centre or Inpatient Healthcare Unit).
The Prison Governor will ensure that Trust colleagues are in agreement with any planned reduction in bedwatch cover and this will be recorded on the Risk Assessment.

9. Removal of Restraints

- As determined by the HMP Isle of Wight local Hospital Bedwatch Risk Assessment.
- When a medical professional requests removal of restraints on health grounds; if necessary, escorting staff must seek permission from the Duty Governor, (this may not always be the case and staff should consult the Local Risk assessment).
- **IF LIFE IS THREATENED ESCORTING OFFICERS MUST REMOVE RESTRAINTS.**
OBJECTIVE:
To ensure that escorts to Specialist appointments in NHS facilities are prioritised in such a way as to accurately reflect patient need and to minimise any breaches of 2 week and 18 week waiting time targets.

INTRODUCTION:
Due to the finite nature of Prison resources with regard to the provision of suitable escorts for Prisoners who are due to attend outside NHS facilities for out-patient appointments decisions sometimes need to made to prioritise one appointment over another. When such decisions are made they need to be taken with due regard to the clinical needs of each individual patient involved and National Targets on Waiting Times.

PROCEDURE:
The possibility of holding a Specialist Clinic within one of the three sites of HMP Isle of Wight, subject to agreement with Specialist Clinicians and availability of any specialised equipment, should be explored in the first instance when the need is first identified.

In the event of it not being possible to organise an appointment within one of the Prison sites arrangements must be made for them to take place in an outside NHS facility within two weeks for urgent referrals or eighteen weeks for non urgent cases. In either case the date of referral will be recorded in the appropriate referral tracker, which must be maintained in every clinical area.

The Team Leader of each Primary Healthcare Centre will make arrangements with the attending GP for a multidisciplinary discussion to take place each week to prioritise the following week’s appointments to ensure clinical need and waiting time targets are not unnecessarily compromised in the event of clashes with sudden unexpected urgent appointments.

In the event of a clinical emergency occurring on a day when appointments are already booked under the two week protocol the senior nurse on duty in the clinical area will contact Healthcare Managers, any GP who is in attendance or on call and the Duty Governor explaining the situation and ensuring that all measures are taken to allow urgent appointments to take place.
In the event of a clinical emergency occurring on a day when it has not been possible to identify a potential appointment which can be delayed, because to do so would cause a breach of the eighteen week waiting time target, the senior nurse on duty in the clinical area will contact Healthcare Managers, any GP in attendance or on call and the Duty Governor.

If it is not possible for the Prison to honour all appointments a disclaimer will be forwarded to the Duty Governor electronically for completion and return electronically. Copies of the request and the completed disclaimer must be electronically scanned into the Prisoner’s SystmOne Healthcare record to maintain an accessible audit trail.

An Incident Form must be completed on all occasions this situation occurs.

Rachael Lovely
Head of Prison Healthcare
Care UK
May 2014
Objective

When a prisoner is admitted to St Mary's Hospital, the ultimate objective is to return him to the care of Prison Health Services staff at HMP Isle of Wight as quickly and safely as possible. To achieve this, an efficient and effective level of liaison must be achieved between Prison Health Services staff and the clinical team looking after the prisoner in hospital.

1. When the patient is taken from either of HMP Isle of Wight’s two sites to St Mary’s Hospital, an introduction letter (attached) must be sent with him to advise the hospital staff of Prison Healthcare’s procedures and of the password for that patient. (A copy must be placed in the medical record)

2. A clear entry must be made on SystmOne stating
   a. Reason for escort
   b. Place of escort (e.g. Emergency Department, Medical Assessment and Admissions Unit, Coronary Care Unit, ITU, Day Surgery)
   c. Whether a telephone conversation with the hospital staff looking after the patient has taken place
   d. If so, with whom and the content of the conversation

3. Following departure from HMP Isle of Wight, a named nurse (usually the nurse dealing with the prisoner or a named colleague acting on his /her behalf) will keep track of the patient from initial arrival/admission to hospital. An initial telephone call must be made within 4 hours to ascertain the anticipated length of the escort or whether or not it is likely to become a bedwatch. Further telephone calls must be made until either the prisoner returns, or a longer term bedwatch is confirmed. All conversations must be recorded on SystmOne.

4. On admission to a hospital ward, contact must be made with the Sister/Senior nurse of that ward. An explanation must then be given about future daily telephone contact by Prison Health Services staff. The most appropriate time for the telephone call should be agreed. A copy of the introduction letter should also faxed to the Sister/Senior nurse if she has not received the original. All information must be recorded on SystmOne.

5. Daily contact to be made with the hospital clinical team caring for the patient to update on:
   - Diagnosis
   - Condition of patient
   - Treatment
   - Possible discharge date
   - Discharge plan
These must be recorded on Vision.

6. A personal visit must be made by an appropriately qualified member of the Prison Health Services Team to the hospital ward on the 3rd day to help build a relationship between the two teams of nurses, with the ultimate goal of planning appropriate discharge back to the care of the Prison Health Services staff upon the prisoner’s return to prison. Subsequent visits to be negotiated according to the patient’s condition.

7. Any information received at any other time about the patient’s condition relating only to mobility or discharge, must be relayed to the Security Department/Orderly Officer immediately. Any other clinical information remains within the usual constraints on clinical confidentiality.

Protocol Agreed by:

Rachael Lovely
Head of Prison Healthcare  Date:
Care UK

Shane Moody
Head of Clinical Services
Planned Directorate  Date:
Isle of Wight NHS Trust

Deborah Matthews
Head of Clinical Services
Acute Directorate  Date:
Isle of Wight NHS Trust

Review Date:
Dear Colleague,

Re: Mr ........................................Password ........................................

I refer to the above named patient who has been admitted to your care from the ................. site of HMP Isle of Wight.

A member of Care UK’s Prison Healthcare Services nursing staff at HMP Isle of Wight will contact you soon after his arrival/admission, and then at routine intervals until he is either discharged back to prison or admitted to a ward at St Mary’s. If admitted, telephone contact will be made daily with the ward thereafter to discuss his progress and discharge plan.

We aim to continue the care you prescribe upon his return to prison, and would like to maintain good communication with you to facilitate this. It is also a requirement of the security department that contact is made to ascertain certain aspects of his condition i.e. mobility etc. (no medical information is passed to any non-clinician).

We are a Primary Healthcare Centre within the Albany/Parkhurst site providing a range of healthcare services. We have GPs on-site at scheduled intervals between 9am and 5pm Monday to Friday, and also an out of hours service. We also have an Inpatient Healthcare Unit based providing 12 beds for patients who require overnight care. However, please be aware that nursing access to prisoners’ cells during the night is extremely limited and based on an individual risk assessment

To enable Mr ...............’s appropriate discharge and continuity of care at the earliest opportunity, we will have full consultation with you to jointly plan his ongoing care.

Please be advised that only Prison Health Services staff will contact you for information pertaining to his medical condition. If you are unsure of the identity of the person making the call please ask for confirmation of the password.

If you have any queries please do not hesitate to contact a member of the Prison Health Services team on the contact numbers above.

Yours faithfully,

Primary Healthcare Centre Team Leader
Albany/ Parkhurst site (delete as appropriate)