



**serco**



# Concordat for the care of prisoners admitted to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

This procedural document supersedes: PAT/PA 10 v.2 - Policy for the Care of Prisoners and Patients from High Secure Hospitals



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Date written/revised:	April 2015
Approved by:	HM Prison Service & Serco Sheffield Teaching Hospital The Rotherham NHS Foundation Trust Health and Safety Committee
Ratified by:	Policy Approval and Compliance Group
Date of approval:	31 <sup>st</sup> October 2017
Date issued:	4 January 2018
Next review date:	October 2020
Target audience:	Trust-wide

## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	4 January 2018	<ul style="list-style-type: none"> <li>• New document local Concordat Agreement following Government Legislation – please read in full.</li> </ul>	Kerry Williams
Version 2	November 2010	<p>Many changes have been made, as follows, would suggest reading the document in full:</p> <ul style="list-style-type: none"> <li>• Amendment form and contents page added</li> <li>• Change to management structure</li> <li>• Changes to DRI A&amp;E</li> <li>• Details of new and updated policies in place that have an impact on this policy</li> <li>• Clearer guidelines regarding handcuffs</li> <li>• Introduction of premier bed side</li> <li>• Clearer instruction regarding medication</li> <li>• Clearer instructions regarding Outpatients, Treatment and Investigations</li> <li>• More detailed information regarding the Accident and Emergency Department</li> <li>• More detailed information for Admission</li> <li>• Added: Appendix 3 – Protocol for named high profile patients attending BDGH and Appendix 4 – Protocol for Unscheduled Transfer to DRI and BDGH from Rampton Hospital.</li> <li>• New sections:               <ul style="list-style-type: none"> <li>- Infection Control</li> <li>- Refusal of Treatment</li> <li>- Discharging the Patient</li> <li>- In the Event of a Death</li> </ul> </li> </ul>	Rebecca Wilkey
Version 1	November 2007	<ul style="list-style-type: none"> <li>• This is a new procedural document, please read in full</li> </ul>	Care of Prisoners and Patients from High Secure Hospitals Working Party

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## 1. INTRODUCTION

HM Prison Service is required by HM Court Service to keep all those sent by the courts to prison to be secure whilst in custody. HM Prison Service has strict procedures about their administration and welfare in hospital. Doncaster and Bassetlaw Teaching Hospitals (DBTH) is expected to conform to the requirements of the prison authorities so far as is reasonably practicable.

Prisoner-patients have the same rights to access healthcare services as other patients and DBTH will provide the same standard of healthcare that other patient types can expect.

The Trust has a number of local prisons from which we could receive prisoner- patients. The Trust does not normally treat patients from high secure mental health hospitals as there are none such hospitals in the immediate area but there is the possibility however due to the specialist services which DBTH provide. In such cases, this policy will be referred to.

### 1.1 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 their own way there and,
- ii) Be taken there in custody, which 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.

## 2. PURPOSE

This document sets out the parameters within which the priorities (which may at times conflict) of the HM Prison Service and DBTH will be met with regards the treatment of prisoner-patients. This includes:

- Ensuring the safety of all patients, DBTH staff, visitors and property.
- Minimising the opportunities for prisoners to escape.
- Ensure that prisoner-patients receive a high standard of medical and clinical care and are treated with dignity & respect.
- Manage risk to all involved by a clear understanding of the roles & responsibilities of the Trust and HM Prison Service.

## 3. DUTIES AND RESPONSIBILITIES

### 3.1 The Chief Executive

The Chief Executive maintains overall responsibility for ensuring the Trust has robust policies and procedures in place ensuring the safe care of prisoner patients.

### 3.2 Line Managers

Must ensure that:-

- (A) Staff are aware of the policy and all other measures taken by the Trust to ensure the safety of Prisoner patients.
- (B) Ensure that joint risk assessments are completed when a prisoner patient is admitted.
- (C) Safe systems of work are established and maintained
- (D) Should any concerns arise, to undertake a review of the circumstances to determine any further preventative action which is necessary and updating risk assessments.

### 3.3 Staff

Must ensure that:-

- (A) They comply with this policy.
- (B) Incidents are reported and they follow the correct reporting procedures.
- (C) They comply with the instructions provided in this policy.

## 4. PROCEDURE/GUIDANCE

### 4.1 General Guidelines

HM Prison Service (not DBTH) has a duty at all times to enforce the custody of the prisoner. At times there may be conflict such as medical confidentiality, consent and belief/ faith; however this must be balanced against the safety of staff, the security of the prisoner-patient and the wellbeing of the wider community.

Risk assessment of the Trust's clinical areas/ services and the prisoner themselves are a key principle underpinning the management of prisoner-patients.

There is a possibility that companies contracted to HM Prison Service will carry out the transfers and movements of prisoners and those on remand between prisons, the courts and the hospital. These contractors are obliged to reach a quality standard of service set by the Prison Service. Their primary aims reflect those of the Prison Service, which includes the protection of the public

and preventing escapes. This means that when contractors are involved in Escorts to the Emergency Department or Bedwatch, they will conform to the same requirements as Prison Service staff. Any concerns on operating procedures, general enquiries or comments connected to Prison Service contractors, should be directed to the Trust's Local Security Management Specialist (LSMS) or HM Prison Service Duty Governor/Director for the establishment concerned.

## 4.2 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 DBTH Major Incident Plans will be activated.

The Prison service will notify the Trust (via the Yorkshire Ambulance Service) of the number and seriousness of casualties expected 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.

## 4.3 Prisoner Categories

Male adult prisoners (those aged 21 or over) are given a security categorization soon after they are sentenced. These categories are based on a combination of the type of crime committed, the length of sentence, the likelihood of escape, and the danger to the public if they were to escape. Those prisoners who are on remand and therefore not sentenced are classified as uncategorized.

The 5 categories are:

- Category A - High risk prisoners. Those whose escape would be highly dangerous to the public or national security.
- Category B - Those who do not require maximum security, but for whom escape still needs to be very difficult.
- Category C - Those who cannot be trusted in open prison conditions but who are unlikely to try to escape.
- Category D - Those who can be reasonably trusted not to try to escape, and are given the privilege of an open prison. Prisoners at 'D Cat' (as it is commonly known) prisons, are, subject to approval, given Release On Temporary Licence (ROTL) to work in the community or to go on 'home leave' once they have passed their Full Licence Eligibility Dates (FLED), which is usually a quarter of the way through the sentence.
- Category U - Those prisoners whose security category is unclassified, however they will be treated as a Category B.

Women are also classified into four categories.

These categories are:

- Restricted Status is similar to Category A for men.
- Closed is for women who do not require Restricted Status, but for who escape needs to be very difficult.
- Open is for those who can be trusted to stay within the prison.
- Prisoners who are not subjected to Bedwatch conditions (e.g. nearing the end of their sentence and released on temporary license) will be issued with guidelines from the Prison. It is up to the prisoner to abide by these guidelines, it is not a duty placed on the Trust. The guidelines should accompany that prisoner-patient. If the prisoner is breaking those guidelines then the Trust's Head of Security must be informed as soon as possible so that they can liaise with the Prison Service.

#### 4.4 Risk Management

Irrespective of category, HM Prison Service are obliged to carry out a risk assessment of the prisoner, the environment in which the prisoner-patient is to be treated and (where applicable) the level of staffing/security required. This is a prison service decision and may involve the Prison Medical Officer discussing with the Trust where a prisoner-patient should be accommodated.

HM Prison Service should routinely risk assess the hospital environment and will liaise with the LSMS to undertake such visits. HM Prison Service will be provided relevant information to assist in the risk assessment such as site or building plans and will be allowed to take photos of relevant areas (no faces of members of the public should be clear in those photos). Risk assessments will be reviewed as and when necessary, such as if there are any significant alterations to the environment or if the category status of the prisoner causes concern.

On occasion there may be differences of opinion over the care of a patient between the demand of the Prison Service and the Trust. These should be raised with the Trust's LSMS who can negotiate with the Prison Service on behalf of the Trust.

Senior HM Prison staff will make regular recorded Bedwatch visits to prisoners in hospital and should be permitted unrestricted access to prisoner-patients. Any issues surrounding this should be referred to the Trust's Clinical Site Manager.

HM Prison staff should inform Trust's LSMS ([kerry.williams10@nhs.net](mailto:kerry.williams10@nhs.net) or Tel: 01302644128) of an incoming prisoner requiring treatment (whether routine, scheduled or emergency treatment) who presents a security risk or if there are any concerns regarding the prisoners behaviour.

## 4.5 Bedwatch

The following applies to all prisoner admissions when a bedwatch is required, prison staff will adhere to the following arrangements:

- The prisoner must not be left unattended **AT ANY TIME**. If treatment involves an intimate examination the prisoner will be afforded as much privacy as possible, although the safe custody of the prisoner must take priority at all times.
- The appropriate number of escorting staff (based on risk assessment) will be provided at all times by HM Prison Service.
- All staff covering the escort will be in uniform. Although it is HMP's intention that security requirements should interfere as little as possible with medical treatment, it should be noted that the prisoner will usually be restrained by the use of handcuffs or an escort chain to a member of staff at all times, unless on medical grounds this is inappropriate. (*See Appendix 1*).
- For prisoners presenting an escape risk a special escort may apply.
- The escort for this category of prisoner is higher than that of the majority of the lower risk prisoners, and will consist of at least a Supervisory Officer and 2 Prison Officers.
- The vast majority of prisoners attending hospital will be escorted by a minimum of 2 officers.
- There will be occasions when a low risk prisoner is granted release on temporary licence for a stay in hospital, quite often a Prison Officer will be present in a supporting role.
- The room that has been identified for occupation should, where possible be single occupancy and have toilet facilities. This will provide the escort with a higher degree of security and save any embarrassment to any other patients.
- If needed and requested, a small lockable cabinet will be provided for the storage of any official documents or equipment required to maintain the security of the prisoner.
- The escort staff will have with them a mobile telephone, which is normally used for emergencies. Due to the problems involving mobile telephones and hospital equipment it would be beneficial to allow the staff access to a landline telephone in a private environment to make official calls to the prison.
- Escort staff are required to telephone the prison at intervals set by the Prisons Local security strategy (LSS).
- A management check is to be undertaken within the first 24 hours and then set by the prisons LSS of the bedwatch and thereafter in response to every significant change in circumstances, which must also be reflected by updating the risk assessment. Checks must be carried out by custodial managers and above and their frequency must be determined by the Deputy Director of Custody (and equivalent in the private estate) who will decide what is proportionate for the prison population in question. The time of day at which checks are conducted should vary and include evening and night periods.
- The Trust's LSMS is responsible for receiving any queries or concerns from ward staff and will liaise with the officer in charge.
- There may be occasions when a prisoners' behaviour becomes anti-social, The prison Service operate a zero tolerance towards behaviour of this nature, in these circumstances they will work with hospital staff to determine whether treatment is critical from a



clinical perspective or whether it is appropriate to return the prisoner to the prison to safeguard both hospital and Prison Service staff, the prisoner and the public.

- At all times the Governor/Director of the prison remains responsible for the safe custody of the prisoner. No arrangements should be made to move the prisoner to another ward or hospital without prior consultation with the Duty Governor/Director. Please inform the Officer in charge of the bedwatch who will contact the Duty Governor/Director.
- Restraints will be applied to the prisoner and escort Officer. At no time will the restraints be attached to the bed, furniture or fitting.
- Hospital staff should inform the Officer in charge of the bedwatch of any areas of concern.
- If the Trust wish to discuss any aspect of the escort please phone and ask to speak to the Duty Governor/Director.

#### 4.6 Guidance for Staff

Accommodation on the ward:

- Allocate prisoner-patient a single room with en-suite facilities wherever possible.
- Never put prisoners/patient details on the patient boards. This is to stop unsuitable persons easily and quickly locating the prisoners/patient whereabouts.

Security measures:

- Remove all identification badges before entering prisoner's-patient's room.
- Do not divulge personal information about yourself or other members of staff in the presence and/or hearing of the prisoner-patient.
- A letter from the prison should be given to the senior Nurse which will have a pass word so data can be shared with no risk between the HMP and the Hospital.
- Remove all items from pockets that could be used as a weapon.
- Keep all medical equipment out of reach of the prisoner-patient when not in use.
- Check with escorting prison staff before you hand anything to the prisoner.
- Never tell the prisoner-patient of any future appointment.

Care and treatment:

- Be polite and treat the prisoner-patient in a manner that you would expect to receive if you were a patient.
- If the prisoner refuses treatment, leave the room and take any equipment with you and inform the ward manager immediately.
- If there is a difference of opinion over the appropriate care of the prisoner, the ward manager/sister must in the first instance contact the prison health care manager and the Trust's Clinical Site Team.

Telephone communications:

- Never give information of the presence/condition of a prisoner-patient to anyone who telephones the ward.
- If anyone telephones the ward requesting information about a prisoner-patient, inform the senior prison officer who will inform the Duty Governor/Director (as necessary).

- The prisoner-patient will not normally be allowed to make or receive telephone calls. Any such request should be referred to the Officer in charge of the bedwatch who will contact the Duty Governor/Director to seek advice.
- Any letters received at the hospital for the prisoner-patient must be handed to the Officer in charge of the bedwatch. All outgoing mail will be sent into the prison for recording and posting on. If a prisoner asks you to post a letter for them, please decline and inform the Officer in charge of the bedwatch immediately.

#### Security breaches:

- Where a security breach occurs or is suspected, senior hospital staff and prison staff will liaise immediately with the Duty Governor/Director with an assessment of clinical risks if the prisoner-patient is required to return to the prison.
- The Trust will try to accelerate any tests or investigations that would allow a quicker and safe transfer back to the prison, or to inform the assessment of risks.

### **4.7 Guidance for Outpatient and X-Ray Departments Regarding Prisoner-Patient Appointments**

Whenever possible, a prisoner-patient 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-patient and to other patients, and can result 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 General Practitioner at HMP, communication by telephone, if appropriate, is encouraged.

If, as a result of an outpatient attendance, the prisoner-patient 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 by prison staff.
- Inform the escorting officer who will then contact the Orderly Officer who will inform the Duty Governor/Director and make appropriate arrangements.

### **4.8 Guidance for Switchboard Staff**

In order to ensure the safety of patients and staff switchboard staff must ensure the following:

- Do not give out any information that is requested about a prisoner-patient who has been admitted to any ward or department, or who is being treated in an outpatient clinic.
- Inform the caller that switchboard do not hold any information regarding prisoners-patients being admitted to any part of the Trust's premises.

- When the call is concluded, inform the switchboard manager or Duty Lead Nurse of the call.
- The switchboard manager will inform the Duty Lead Nurse and LSMS who will liaise with prison staff.

#### Security testing of switchboard:

- Unannounced tests can be carried out by prison staff, who will telephone the Trust to see if information is given out, or if they can be put through to the relevant ward.
- If a covert test is carried out, feedback (positive and negative) will be given to the prison healthcare manager and the Trust's LSMS.
- Any areas of concern will be addressed immediately.

## 4.9 Handcuffs/Restraints

The use of restraints is a matter for HM Prison Service, not the Trust, any other health agency or the public. In essence, they are used:

- To ensure that a prisoner does not attempt to escape.
- To ensure that a prisoner does not pose a risk to patients, staff & visitors.

Restraints should not be used to attach a prisoner to any Hospital furniture, fixtures or fittings. Where restraints are used on paraplegic, tetraplegic or terminally ill prisoners there must be written justification from the Prison as to why restraints are being used. This will be recorded in the prisoner's risk assessment written by the Prison.

It is recognized that the presence of prisoner-patient in hospital can cause concern and indeed sympathy, from staff, patients and visitors, particularly if HM Prison Service, the Police or Hospital Security have to maintain a high profile. This is particularly relevant when a prisoner is being escorted by prison officers or is in restraints. These activities have to be balanced against the fact that the prisoner-patient has either been sentenced for a serious crime or is on remand because the allegation is so serious that the courts have decided a prisoner must be kept in prison until trial. Where removal is requested but the situation is not life threatening, escorting officers must seek authority from the Duty Governor/Director before the restraints are removed. **If the situation is life-threatening, restraints must be removed immediately and the Duty Governor/Director advised as soon as possible afterwards.** Where restraints are removed under such circumstances, they must be re-applied as soon as it is clinically safe and reasonable to do so. It is important that the prisoner's circumstances be fully addressed in the risk assessment and account be taken of the nature of the illness or condition, the type of treatment being undertaken and the offence for which the prisoner is held, in order to try and anticipate any such requirement to remove restraints being made.

In non-routine procedures, for example, an emergency situation requiring the application of defibrillation paddles, escorting staff are required to comply immediately with the medical professional's request that restraints are removed and must inform the Duty Governor/Director/designated person by telephone as soon as is practicable so that security arrangements can be re-assessed.

Under normal circumstances escorting staff are not expected to accompany prisoners into the operating theatre during operative procedures, but they must take up positions outside the exit doors where they can continue to be aware of the prisoner's location and condition.

Should a situation arise where there is an assessed need to accompany the prisoner during an operative procedure, there should first be a case conference between the sending prison and local health body, and if appropriate, in cases that might generate public and media interest, the local police. In an emergency situation, staff must be guided by hospital staff and consult with the Duty Governor/Director at the prison as soon as is practicable.

There may be occasions when armed Police are also involved in the guarding of a prisoner, at which time separate arrangements will be made.

A risk assessment must be undertaken by HM Prison Service of areas in the Trust where handcuffs have to be removed for clinical or diagnostic purposes such as Magnetic Resonance Imaging (MRI) scans, Childbirth or during anaesthesia.

#### **4.10 Pregnant Prisoners**

When a pregnant female prisoner attends hospital for any reason including ante-natal checks, in labour and to give birth. Escort staff will not be present in the delivery room, or in a room where an intimate examination is taking place, unless the prisoner requests it. Staff must, however, maintain a close watch of all exits from such rooms. If requested, the presence of a birthing partner is allowed, provided that there is no risk to security, or to the safety of prison staff, hospital staff, or to the public. The hospital authorities must always be consulted before allowing a birthing partner into the delivery room.

Where a prisoner admitted to hospital to give birth is thought to present a high risk of escape, alternative steps must be taken to ensure the security of the escort, e.g. by increasing the number of escort staff.

Local Security Strategies must set out the arrangements for pregnant women attending hospital for antenatal checks, or for any other reason, to ensure that any restraints are removed on arrival at the hospital, in the waiting room or on going into the consulting room (whichever is deemed appropriate to the local assessment of risk of prisoner/environment) and not reapplied until leaving the consultation. Restraints may, however, be applied in exceptional circumstances throughout all or part of the consultation where there is a particularly high risk of escape or a threat to anyone's personal safety. Hospital authorities must be informed if, exceptionally, restraints are judged necessary in such cases.

In exceptional cases where the risk assessment indicates that restraints must be applied at all times and a healthcare professional seeks their removal because of an immediate risk to the health of the prisoner, or because the prisoner is in pain or because the restraints are impeding essential treatment, they must be removed and escorting staff must immediately notify the Duty Governor/Director to consider whether additional security arrangements are required, such as an increase in the staffing level.

#### 4.11 Security of Information

Information concerning the offence committed and sentence given is of a confidential nature and (in the first instance) will not be divulged to ward staff. Any information that HM Prison Service feels necessary to divulge, in the interests of staff or other patients, will be given to the clinical site team who can release relevant information as appropriate. All such transaction must be relayed to the Trust's Local Security Management Specialist (LSMS).

Following a period of being an inpatient, any information about outpatient appointments must be given in writing to the prison. Prisoners/patient are not to be given this information as it may be used to plan an escape or they could arrange for unauthorized items (e.g. weapons, drugs) to be delivered/picked up.

To prevent escapes or rescues no information is to be given to anyone, other than HM Prison Service staff, inquiring about the length in hospital by a prisoner-patient. All such enquiries particularly telephone enquiries, must be referred to HM Prison Service staff. Breaches are likely to lead to joint security investigations by the Trust and the Prison. If requests for information are alleged to have come from the prison, it is essential that the caller be asked to give their name and is phoned back via the prison switchboard.

#### 4.12 Prisoner Welfare

All visits to a prisoner-patient will only take place if authorised by the Duty Governor/Director. Prisons must put in place a system to determine the action that escort staff will take if visitors arrive at the hospital unannounced to visit a prisoner-patient. If this happens, staff must advise the visitor(s) that the prisoner-patient remains in prison custody and that they should leave and contact the prison to arrange a visit in the future. Where visitors refuse to leave when asked to do so, staff must advise the prison of this fact and request the assistance of hospital security if required. The Officer in charge of the escort will contact the prison to confirm if the visit can take place. Provided that there are no objections on medical or HM Prison Service grounds, prisoner-patients may receive visits (if authorised), from family/friends, but this must comply with the prisons usual requirements for visiting. All visitors should report first to the nurse in charge, who will then advise Bedwatch staff.

Prisoner-patients are not allowed to receive clothing, food, letters, parcels or packages received at hospital, even if addressed to a prisoner-patient. This principle applies equally to bedside gifts, from anyone, including other patients and their visitors. Must be as per the prisons LSS.

The prisoner-patient will have all of their own clothing removed and returned to the prison. They will be provided by the prison with nightwear, dressing gown, slippers and several sets of clean underwear. If preferred, the hospital may wish the prisoner-patient to wear similar hospital clothing. This will be acceptable.

The prisoner-patient will normally have access to personal hygiene items, if the initial admittance to hospital was an emergency it may be necessary for these items to be delivered by the prison.

Prisoner-patients will not be allowed to smoke or use vapour type items.

Legal visits are permitted but must be verified by the Prison prior to being allowed. The Trust will provide a secure place where the prisoner may speak to a legal representative whilst in sight (but out of hearing) of the escorting Prison officer. The visit must be pre-booked.

Visitors will be searched by prison staff prior to a visit taking place. They must follow the Prisons LSS on visitors

The visit will be controlled and supervised by prison staff and any requests should be referred to them. Please indicate to the escort staff visiting times for your ward so as they can communicate them to all enquires. As a matter of courtesy to yourselves and to maintain security of the escort the number of visitors allowed will be strictly controlled. All domestic and professional visits will be in accordance with the hospital visiting arrangements.

The Prison risk assessment of the individual prisoner-patient will include whether they can use phone facilities and if so, the level of monitoring required. Prisoners are not allowed to use Wi-Fi facilities.

Prison staff will provide plastic cutlery for the prisoner-patient to use whilst in hospital. These will normally be rigid, plastic and disposable but if they are not disposable, the hospital will ensure there are suitable facilities available for cleaning the cutlery between uses. The prisoner must not be issued with metal cutlery.

#### **4.13 Medication**

For outpatient/take home medication it is preferred that opiate or codeine medicine is not prescribed (where possible). Dissolvable or dispersible medication is preferred. For in patients, when pain is not controlled by simple analgesia, the pharmacist or pain management team should be contacted.

All medication in inpatient areas will be kept in the drugs trolley or locked in the bedside locker. The patient should not self-medicate.

Any medication prescribed by outpatients should be given to the lead officer or escort.

#### **4.14 Confidentiality**

Escort staff becoming aware of a prisoner's medical confidentiality are under strict instructions not to disclose that information to any third party. Action may be taken against any member of staff thought or found to have breached this.

Officers who become aware of medical information about the prisoner during their stay in the hospital must treat it in confidence. Such information must not be recorded in the Prisoners Electronic Record (PER) or bedwatch log. The only information that should be recorded on these documents is that which is relevant to the security of the escort. Sometimes, this requires a judgement to be made by staff. For example, if a prisoner's-patient's treatment results in their experiencing mood swings, it would be appropriate to comment to this effect in the interests of the security of the escort, but without stating the medical condition being treated or the specific nature of the treatment.

#### **4.15 Contacting the Prisoner's Next of Kin**

If there should be a requirement to contact the prisoner's-patient's next of kin please inform the escorting staff as the Duty Governor/Director will have to be informed/consulted.

Should you have any concerns regarding the bedwatch, please do not hesitate to contact the prison and seek advice or guidance. The aim is to have the prisoner-patient treated and returned to the security of the Prison as swiftly and securely as possible.

#### **4.16 Escapes and Rescue Attempts**

In the event of an escape or rescue or an attempted escape or rescue, the first stages of the Trust lockdown procedure will be enacted, i.e. to close down the grounds as far as possible, and wait for instructions from HM Prison Service or the Police.

#### **4.17 Discharge Arrangements**

In the event that a prisoner-patient is due for release while in hospital, the Trust's LSMS must be advised at the earliest opportunity. This is particularly important in the case of sex offenders, in which case separate arrangements must be agreed with HM Prison Service and the Trust. It is expected that a prisoner's-patient's period of treatment at hospital will be as brief as possible in order to limit the security risks and the inconvenience of hospital staff.

When a prisoner-patient is to be discharged, hospital staff must inform the Officer in charge of the bedwatch as soon as possible so that arrangements can be made for the prisoners prompt return to HMP.

**Please do not indicate to the prisoner-patient when their return to prison is likely, or the dates of any appointments that have been made.**

**Any paperwork received from medical staff should be placed in a sealed envelope, marked 'medical in confidence' and be handed to the Officer in charge of the escort. This will be handed on return to the Doctor or Nurse at HMP.**

#### 4.18 Armed Escorts

In the event of a prisoner-patient requiring an armed escort, the Trust's LSMS will be made aware of this by HM Prison Service and is responsible for the following:

- Liaise with senior management regarding any requests for armed escort and/or bedwatch.
- Liaise with prison staff/police who will be escorting the prisoner-patient.
- Arrange for the room adjoining the prisoner-patient to be closed to patients so that it can be used as an armoury.
- Complete a risk assessment of the ward/area.
- Being aware of the threat level of the prisoner and any other special instructions (e.g. behavioural problems, language difficulties).
- Informing Trust senior management when the episode of armed escort is over.

Prison staff/armed police escorts will follow routes advised by the Trust's LSMS when on Trust premises to minimise contact with other staff and/or service users.

## 5. TRAINING/SUPPORT

The LSMS will be responsible for providing any training or support in relation to this policy, and will be the point of contact to liaise between the Trust and Prisons.

## 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Prisoner /Patient Care Security of Environment	HMP / Serco Trust LSMS	Ongoing	Internal issues to be reported to Trust LSMS Prisoner or Escort Issues to Prison



## 7. DEFINITIONS

Local Security Management Specialist (LSMS)  
 Her Majesty's Prison (HMP)  
 Doncaster & Bassetlaw Teaching Hospitals (DBTH)  
 Her Majesty (HM)  
 Release on Temporary License (ROTL)  
 Local Security Strategy (LSS)

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 4).

## 9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/HSFS 15 - Security Policy  
 CORP/HSFS 1 - Health and Safety Policy  
 CORP/ICT 9 - Information Governance Policy  
 CORP/COMM 2 - Smoke Free Policy  
 PAT/IC 19 – Standard Infection Prevention and Control Precautions Policy  
 CORP/EMP 4 – Fair Treatment for All Policy  
 CORP/EMP 27 – Equality Analysis Policy  
 PAT/PA 19 – The Mental Capacity Act 2005 including Deprivation of Liberty Safeguards (DoLS)

## 10. REFERENCES

### Useful documents

Memorandum of Understanding between NHS Protect and the Association of Chief Police Officers

([http://www.nhsbsa.nhs.uk/Documents/mou\\_sms\\_acpo.pdf](http://www.nhsbsa.nhs.uk/Documents/mou_sms_acpo.pdf))

Reference Guide to Consent for Examination and Treatment (Department of Health)

([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/138296/dh\\_103653\\_\\_1\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf))

Section 22(2)(b) of the Prison Act 1952

## APPENDIX 1 – REMOVAL OF RESTRAINTS ON MEDICAL GROUNDS

In cases where the Risk Assessment indicates that restraints should be applied:

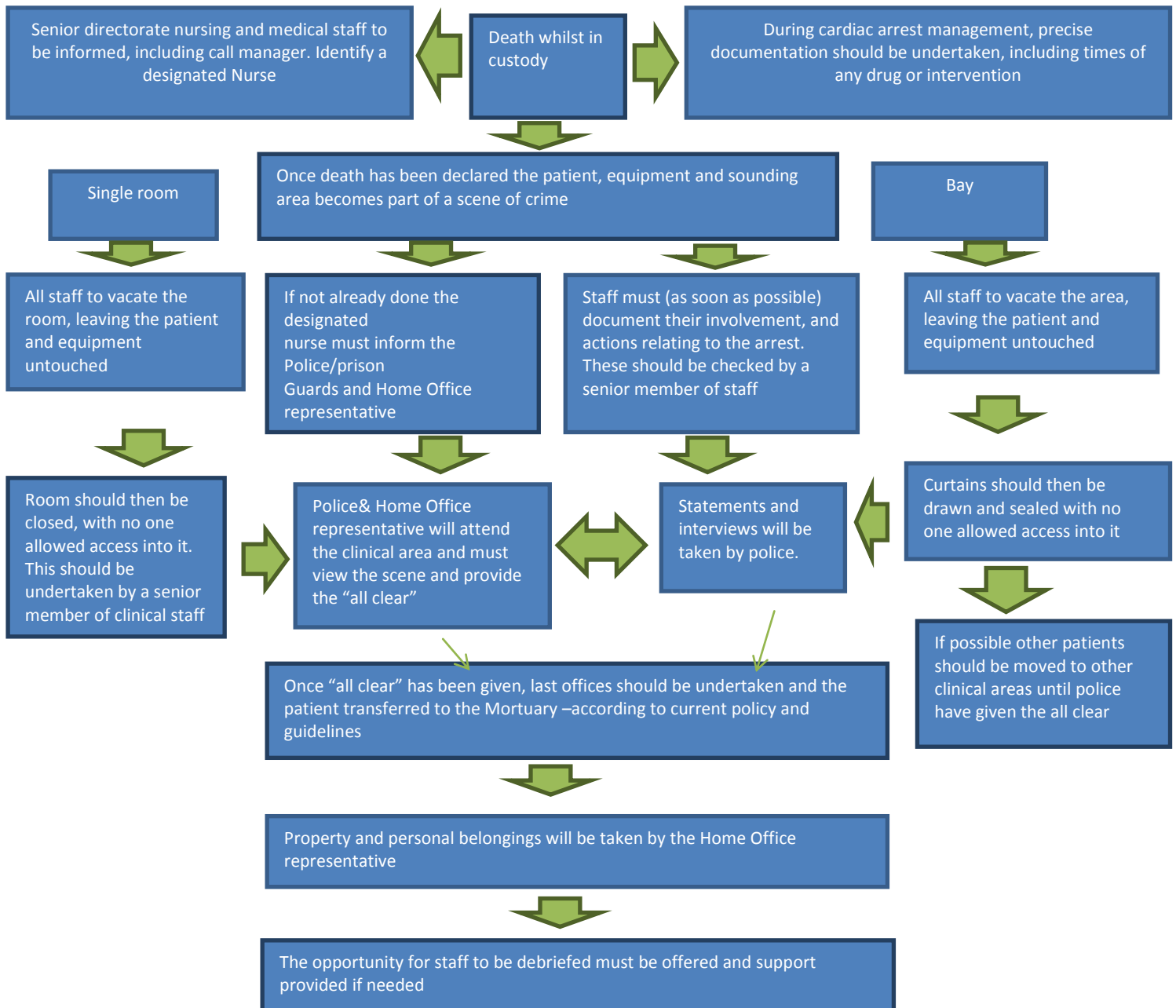
1. If a Doctor or senior healthcare professional seeks the removal of restraints because of an **immediate** risk to the health of the prisoner, or because the restraints are impeding essential treatment, **they can be removed but immediate consultation will occur with the Duty Governor/Director.** *(Any potential exits must be secure, the prisoner is observable and adequately supervised at all times. Restraints must be reapplied at the earliest opportunity).*
2. If a Doctor or senior healthcare professional seeks the removal of restraints where immediate treatment is not required - because they are impeding examination, or treatment, the restraints could be removed **after consulting with the Duty Governor/Director.** *(Any potential exits must be secure, the prisoner is observable and adequately supervised at all times. Restraints must be reapplied at the earliest opportunity).*
3. In the event of defibrillation paddles having to be used in the event of an emergency, the restraints must be removed and reapplied as soon as possible, in consultation with medical staff. *(Any potential exits must be secure, the prisoner is observable and adequately supervised at all times).*
4. In the event of a patient requiring a Magnetic Resonance Imaging (MRI) scan, restraints can be removed **but immediate consultation will occur with the Duty Governor/Director.** *(Any potential exits must be secure, the prisoner is observable and adequately supervised at all times. Restraints must be reapplied at the earliest opportunity).*

Where a risk of escape remains, **or if staff are in any doubt**, they must:

1. Inform the healthcare staff that the restraints will remain in place.
2. Immediately contact the Duty Governor who will decide what action to pursue.

All requests for restraint to be removed will be recorded on the bedwatch/hospital escort log by the Officer in charge of the escort, recording when restraints are removed and why, together with the name and position of the member of healthcare staff who requested their removal. The name of the Duty Governor contacted, together with the time and decision made.

## APPENDIX 2- DEATH IN CUSTODY FLOWCHART



### **Role of the Designated Nurse**

A designated senior Nurse MUST oversee the scene as soon as practicably possible to observe and record the following;

1. People involved including, Name, Role and contact details
2. Times of arrival, interventions, actions undertaken
3. Should be the one who liaises with the Police & Home Office representative in terms of contacting relatives and identifying what process the Governor or Chief Inspector want followed.

## APPENDIX 3 - RISK ASSESSMENT



**serco**

**Information for Hospital Staff****Name****DOB****Ward**

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**

Time/Date	Person Completing	Yes/ no	Details
	Does the prisoners' medical condition restrict his ability to escape unassisted?		
	Is the treatment required likely to need restraints to be removed?		
	Any other medical conditions likely to influence the escort?		
	Has a hospital management plan been completed?		

**SECTION TWO****Prison ASSESSMENT – to be completed by prison staff**

Time/Date	Person Completing	Yes/no	Details
	Any history of violence? Relevant to attendance at NHS premises and interaction with staff/ members of the public		
	Any history of hostage taking?		
	Any known risk to public?		
	Any known or suspected risk to the prisoner from a third party?		
	Has the prisoner been searched prior to attending?		

**SECTION THREE  
SECURITY ASSESSMENT – To be completed by Prison staff**

Prisoners' escape potential	<b>Low</b>	<b>Normal</b>	<b>High</b>
Likelihood of outside assistance	<b>Low</b>	<b>Normal</b>	<b>High</b>
Risk to patients and general public	<b>Low</b>	<b>Normal</b>	<b>High</b>
Risk of hostage taking	<b>Low</b>	<b>Normal</b>	<b>High</b>
Risk to hospital staff	<b>Low</b>	<b>Normal</b>	<b>High</b>
<b>Overall assessment of risk</b>	<b>Low</b>	<b>Normal</b>	<b>High</b>

## APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Concordat for the Care of Prisoner / Patients	Security / Estates	Kerry Williams	Existing	31/10/2017
<b>1) Who is responsible for this policy?</b> HMP / Serco / DBTH				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Agreed concordat for the care of prisoners in Hospital				
<b>3) Are there any associated objectives?</b> N/A				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> – N/A				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] – N/A				
<ul style="list-style-type: none"> <li>• If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] -</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> [any actions to be taken] –N/A				
<b>7) Are any of the following groups adversely affected by the policy?</b> N/A				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
<b>8) Provide the Equality Rating of the service / function /policy / project / strategy</b> – tick (✓) outcome box				
<b>Outcome 1 /✓</b>	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27</i>				
<b>Date for next review: October 2020</b>				
<b>Checked by: Kirsty Edmondson-Jones</b>			<b>Date: 05/12/2017</b>	