Care of Prisoners into Acute Hospitals;

A Guidance Pathway to Aid a Safe Admission and Discharge

Date: 4 August 2025

Completed by a task and finish group of the Surrey Safeguarding Adults Board Prison Forum.

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Version Control

Version	Date	Author(s)	Details
1	4 August 2025	Surrey Safeguarding Adults Board	New Pathway Published.

1. Introduction

It was noted from review that there was a gap for a guidance document to assist acute hospitals in Surrey when a prisoner/patient attends/ admitted. This is a guidance tool if you are unsure, please refer to your agencies own policies and procedures.

1.1 A clear pathway is needed for the transferring and discharging of prisoners/patients between prisons/ prison health care, and acute hospitals[1]. These transfers could potentially open up specific risks and issues. Management to minimise risk, requires a level of planning and consideration. Clear lines of communication are imperative to manage health needs, and to safely transfer appropriate information between the establishment and the acute hospital.

1.2 Health care in Surrey's prisons is provided by NHS staff through Central North West London (CNWL) Foundation Trust. They offer the same level of health care as that provided in the community. A hospital visit will be required when health care cannot be offered within a prison setting.

1.3 The guidance outlines best practice procedures and considerations helpful in promoting effective, timely care and treatment with clear pathways for escalating incidences and safe discharge planning.

1.4 Ensuring collaboration in relation to effective communication, planning and implementation of the care and treatment to be applied when transferring into and discharging from acute hospitals. Such cases will have unique challenges and can be fluid; therefore, planning and implementation will vary from person to person and should be conducted in a person-centred way.

1.5 Language and terminology can vary between social care, health, and prison establishments. e.g. safeguarding concerns, within the NHS Hospital health care setting, relates to potential abuse or neglect of a person with care and support needs, these cases are referred to the local authority.

Any safeguarding concerns regarding the prisoner need to be referred to the prison governor/ manager, who has overall safeguarding responsibility for all prisoners within their establishment.

Staff will need to take note that the variation of use of words.

Care and support are the mixture of practical, financial, and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems. The local council will assess social care needs, they will talk to the individual if possible and professionals included in the person's care, prison staff and health care staff in the acute hospital. They will establish what needs the individual may have around daily life and discuss any potential difficulties.

1.6 It is acknowledged that any transfer and admission can be difficult and distressing for both the prisoner/patient and the other patients being cared for on the ward/ in the department they attend.

Partnership working is essential as there can be an element of risk if the process is not managed with sensitivity. A clear plan between various services and departments can help facilitate a smoother transition, into the acute setting and discharge back to the original establishment. If a prisoner requires social care support on their return to the prison a referral to Surrey County Council Prison Social Care Team (PSCT) must be made in advance of their discharge date to ensure that a plan is put in place so all their needs can be met.

If there has been a change in their mobility in which additional Occupational Therapy (OT) equipment will need to be arranged, a referral to the PSCT must also be made prior to discharge. Staff members from the team will attend the hospital to assess and make the necessary arrangements, this may consist of arranging a suitable support package, OT equipment and/or reasonable adjustments within the prison (for example a change of location).

[1] An "acute hospital" refers to a hospital or department within a hospital that provides short-term, intensive treatment for patients with severe or urgent medical conditions, injuries, or illnesses, aiming for stabilisation and discharge as soon as possible.

Please note that some changes can take time to implement, and discharges are difficult to arrange/agree at short notice.

1.7 There are five prisons (three female and two male adult) which the acute hospitals across Surrey cover.

Hospitals (These are referenced as acute hospitals within this document):

1) East Surrey Hospital, Surrey and Sussex Health Care NHS Trust in Redhill.
2) Epsom General Hospital, Epsom and St Helier University Hospitals NHS Trust in Epsom.
3) Royal Surrey NHS Foundation Trust in Guildford.
4) St Peters Hospital, Ashford and St Peters Hospitals NHS Foundation Trust in Chertsey.
5) Frimley Park Hospital NHS Foundation Trust in Frimley.

Hospitals may also receive prisoners from the High Security Mental Health Hospital, Broadmoor in Crowthorne Berkshire.

HM Prisons:

1) HMP & YOI Bronzefield is a female prison in Ashford. The prison is operated by Sodexo, health care provided by CNWL.
2) HMP Coldingley is a Category C prison situated in Bisley.
3) HMP & YOI Downview is a female prison situated near Banstead.
4) HMP High Down is a Category C prison situated near Banstead.
5) HMP Send is a female prison situated South of Ripley in Send.

Please refer to Appendix 1 for the full outline of prison health care provision within each establishment. This will also provide the details of the team to be contacted within the prison.

If the prison wishes to contact their local acute hospital regarding a transfer/admission of a prisoner, this should be discussed with the emergency department.

If it is relating to pregnancy then this should be with maternity and if there is a high intensity user/specific medical care plan, then the points of contact should be agreed in each case.

Most prisons have a Safer Custody Team. **Please refer to Appendix 1 for contact detail.**

Safeguarding in each prison is managed by the Safer Custody Team or the Offender Management Unit (OMU). The Deputy Governor is usually the head of Safer Custody. These teams follow up on any safeguarding referrals made.

2. Legislation

2.1 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, they 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/ manager or deputy governor/ deputy manager directs that a prison officer escort is not required. 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.

2.2 Section 47

When a prisoner/patient's mental health deteriorates to a level that cannot be safely managed within the prison, due to presenting as a risk to themselves or to others it is felt they would benefit from hospital transfer, they will be referred to a specialist facility within the NHS under Sections 47/49 and 48/49 of the Mental Health Act (2011).

This process includes:

- Referral to specialist facilities.
- Assessment by the unit.
- Advice and support provided by the unit while awaiting transfer with identified lead for tracking and following up on referrals.
- Securing Ministry of Justice (MOJ) warrants for transfer under the Mental Health Act.
- Care Programme Approach (CPA) Coordinator to regularly attend reviews in the unit following transfer. The local team will attend S117 / discharge CPA meetings to ensure seamless transition back to prison.

2.3 Section 9 Care Act Assessment and Section11 2b

The adult's needs arise from, or are related to, a physical or mental impairment or illness. As a result of the adult's needs, the adult is unable to achieve two or more of the specified outcomes.

You/they must be unable to achieve two or more of the following outcomes and as a consequence, there is a significant impact on their independence and well-being.

- Managing and maintaining nutrition (e.g. consuming food and drink).
- Maintaining personal hygiene (e.g. fully washing themselves).
- Maintaining toilet needs (e.g. using a toilet).
- Being appropriately clothed (e.g. dressing).
- Being able to make use of a home safely (e.g. using steps).
- Maintaining a habitable home environment (e.g. cell clean to an acceptable level).
- Ability to develop and maintain family or personal relationships (e.g. being able to see family at visits).
- Accessing and engaging in work, training, education, or volunteering (e.g. ability to be able to access activities within the prison community).

Adults with the necessary mental capacity can decline to be assessed. That must be respected other than in the limited circumstances.

If you believe the person may be experiencing or be at risk of abuse or neglect; and the person has mental capacity to decide whether they want a s9 Care Act assessment and refused the offer of one. Where both these criteria are met, s11(2)(b) Care Act 2014 says that the local authority must conduct the assessment despite the person's objections.

If there are concerns regarding the adult's capacity to accept an assessment, it may be necessary to complete a Mental Capacity Assessment (Mental Capacity Act 2005) if deemed to lack capacity an assessment can be completed under a Best Interest Decision.

It is acknowledged that any transfer and discharge can be difficult and distressing for both the prisoner/patient and the other patients being cared for on the ward/ in the department they attend. Partnership working is essential as there can be an element of risk if the process is not managed with sensitivity. A clear plan between various services and departments can help facilitate a smoother transition, into the acute and discharge back to the original establishment.

If an adult is identified as needing support with activities of daily living on their return to the prison establishment a referral must be sent to the PSCT.

A member of staff from the PSCT will visit the adult whilst in hospital to complete an assessment and make the necessary support arrangements to facilitate a safe return to prison.

To make a referral to the PCST to request a Section 9 assessment, please email prison.sct@surreycc.gov.uk

2.4 Right to Refuse

Prisoners/patients have the same legislation and processes for assessment and the same rights to consent or refuse medical treatment.

Someone in a custodial setting can refuse a needs assessment and if so, the Local Authority is not required to conduct an assessment subject to the same conditions as in the community:

Section 11 (1) of the Care Act says that where an adult refuses a needs assessment, the local authority concerned is not required to conduct the assessment. (for assessment, see Care Act section 9)

Section 11 (2) The local authority may not rely on subsection 1 (and so must conduct a needs assessment) if -

a) the adult lacks capacity to refuse the assessment and the authority is satisfied that conducting the assessment would be in the adult's best interests, or
b) the adult is experiencing or is at risk of abuse or neglect.

2.4.1 Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) apply to individuals who lack the capacity to make their own decision as to whether to be accommodated/admitted in the hospital for the purpose of receiving care and treatment for a physical disorder. Surrey County Council is the Supervisory Body. However, prisoners are already legally detained under the authority of the criminal justice system, which means DoLS may not typically be required for them.

Most hospital treatments, for example one-off treatment or short-term admissions, can be provided under s. 4 & 5 Mental Capacity Act (MCA)[1] In exceptional cases, where the level of supervision and control provided in caring for and treating a prisoner goes **beyond the restrictions imposed by their usual detention**, and they lack the relevant capacity their deprivation of liberty in the hospital may require legal authorisation under the Mental Capacity Act 2005 to ensure their legal rights are protected. The usual 'acid test' for DOLS will apply.

In cases where there is a dispute/disagreement around serious medical treatment it is the responsibility of the Acute Hospital Trust to seek legal advice as to whether an application to the Court of Protection is needed.

Where capacity to make the relevant decision is in doubt, it is crucial that clinical staff complete the relevant capacity assessment and ensure that this is robust and recorded.

If they do not lack capacity, the person will be deemed to be making an unwise decision and can refuse treatment, although every effort should be made to explain and to encourage them to accept the necessary treatment. If there is any difference of opinion about the person's capacity to make this unwise decision and there would be serious consequences in their refusal, the Trust should take URGENT legal advice.

2.4.2 Mental Health Act

A Mental Health Act (MHA) assessment is a formal process to determine if someone needs to be detained in a hospital for assessment and treatment of a mental disorder. It is conducted by an Approved Mental Health Professional (AMHP) and two doctors, who assess the individual's mental state and the need for compulsory admission.

2.4.3 Treatment of a Mental Disorder

Where the person has been admitted for treatment of a mental health disorder, the Mental Health Act may apply instead, and it is important to be aware that if the person has been admitted to the hospital under the MHA, DoLS cannot be used. However, it is possible to grant an urgent authorisation and submit a request for a standard authorisation, whilst waiting for a mental health act assessment. Before ascertaining which is the is the most appropriate legal framework to use to detain someone in hospital, it is essential to know whether the person is objecting to their admission or treatment and whether this treatment is for physical or mental disorder. The MHA cannot be used for treatment of physical disorder. Likewise, DoLs cannot be used if the person is capacitated or is incapacitated and objecting to admission for treatment of mental disorder, within a Mental Health Setting.

[1] Mental Capacity Act 2005

Where individuals liable to be detained under the MHA have a physical condition unrelated to their mental disorder and lack capacity to consent to the treatment of this condition, treatment can be provided under the MCA if it is in their best interests.

2.4.4 Process to Follow to Apply for a Standard Authorisation

Form 1 (Request for standard authorisation) should be submitted to the Surrey County Council DOLS Team as soon as it has been determined that the person lacks capacity to make their own decision as to whether to be accommodated in the hospital for the purpose of receiving care and treatment. This same form can be used by the hospital to grant an urgent authorisation of seven days and to request an extension of a further seven days. If the hospital has particular concerns about a prisoner/patient who has been admitted to hospital and you believe that a DoLS assessment and authorisation are very urgent, please contact the DOLS Team directly by email or telephone.

3. Safeguarding in Prisons and Approved Premises

3.1 Safeguarding Responsibilities During Detention

The prison governor/ manager of each prison holds the legal duty to safeguard prisoners within their establishment. This applies to a prisoner being cared for in acute hospitals.

The Local Authority has no jurisdiction over prisons and therefore any safeguarding concerns should be raised with the prison governor/ manager and Health Care Provider.

Prisons and approved premises should have their own internal safeguarding arrangements to respond to safeguarding concerns arising in prisons.

Any concerns around the safeguarding of a prisoner, please escalate through the pathways of appendix 1**.**

If there were to be an incident involving a hospital member of staff, please follow your organisation processes.

4. The Purpose of the Guidance

There are three key stages to a smooth, effective, and efficient journey into the acute hospital, Planning, Assessment and Admission.

4.1 The aim of the guidance is to ensure appropriate arrangements; effective communication is in place for all staff when a prisoner/patient is **attendance** to the acute hospital trust.

4.2 Ensure that prisoner/patient receives high quality care and treatment and is treated with dignity and respect.

4.3 To ensure the safety and manage the risk to all our prisoner/patients and staff, the roles, and responsibilities of staff within acute hospital trusts and HM Prison Service including health care, have been outlined below.

4.4 It is the responsibility of the governor/manager to make the decision based on their own risk assessment how many escorting prison staff would accompany a prisoner/patient. The custody/security of the prisoner always remains the responsibility of the prison. If a prisoner/patient attempts to escape, escorting prison staff, will take charge of the situation, they must inform the prison and keep the hospital trust informed.

*****If there is risk of public disorder (risk to others) call 999*****

4.5 Some prisoners/patients may arrive in handcuffs/restraints. Escort Prison Staff will have been instructed by the Governor/Manager on a case-by-case basis.

Hospital staff must be made aware what the protocol is on arrival.

If problems were to arise in the hospital about the level of security i.e. Handcuffing. The **hospital** manager or clinical lead should ring the appropriate prison Governor/Manager and discuss.

It is the Governor who manages the risk assessments and informs Escort Prison Staff.

Any adaptations/changes to a risk assessment would need to come from the prison to the Escort Prison Staff.

Prison establishments do not have what would traditionally be an Inpatient Unit, as it is another wing within the prison which has additional healthcare support provided it is not a mental health inpatient unit.

NB. Please Bronzefield have 24-hour healthcare they do not have 24-hour healthcare presence.

4.6 The Head of Security should meet with the local hospitals to ensure the Memorandum of Understanding (MOU) is still in place and review if changes are required. Any temporary or permanent changes within the hospital estate, which may affect the safety of transfer of a prisoner should be communicated to the prison security department.

NB. Please note that this is a requirement from the hospital security teams and is being adopted as standard practice.

5. Responsibilities

People in custody or custodial settings who have care and support needs, should be able to access the same level of care and support as the rest of the population.

The duties for those departments within the Trust.

i. The Acute Hospital Trust Board

The Acute Hospital Trust Board has the responsibility to ensure a robust framework is in place; to have the strategic oversight with any emerging risk or concerns associated with transfer and discharge of a patient.

ii. Directorate Management

The Clinical Directors and Specialist Services are responsible to ensure that operational managers are aware of the guidance and has a commitment to adhere to the recommendations and implementation.

iii. Clinical Team Managers

Are responsible to ensure that the clinical staff have a good working knowledge of the guidance and the principles.

To support the clinical staff with the implementation of this guidance. To be confident to escalate any emerging risk or concern.

iv. Hospital Care Staff

It should be noted that escorting prison staff accompanying prisoners/patients are custodial staff and are not care staff; they should not be expected to provide any physical care, e.g. feeding or washing.

The escorting prison staff on bed watch will not be expected to participate in the provision of care for the patients they are escorting.

The escorting prison staff have the duty of care of managing the risk of harm to them and others, which is different to care delivery, however this comes together if care is being delivered by acute hospital staff, but the risk of harm needs to be managed by the prison staff.

For particular tasks, the prison and acute hospital staff must review the level of support that is appropriate to manage the risk.

v. Escorting Prison Staff

Escorting prison staff are responsible for prisoner/patients to and from outpatient appointments/ A&E.

When a prisoner/patient is admitted into hospital some prisons may employ different staff for the duty of bed watch.

It is the responsibility of the appropriate escorting prison staff to safely manage prisoners/patients who become violent or attempt to escape.

Ward staff may assist by contacting the establishment; however, the safety of other patients, members of the public and hospital staff must be maintained. Wherever possible ward staff must remove themselves and any other patients or visitors from the immediate area. Inform the relevant prison and call the police if necessary.

The risk assessment must identify the level of staff support regarding the following tasks:

- Personal care.
- Staffing handover from one shift to another.
- Accessibility to food.
- Handover.

6. Communication and Confidentiality

6.1 Staff liaison between the escorting prison staff and acute hospital staff is essential.

6.2 All acute hospital trust Security Managers need to be made aware of any Category A prisoners or any high-risk patients from secure hospitals of their impending attendance.

6.3 Acute hospital staff should advise escorting prison staff of any areas of concerns and vice visa. If the acute hospital staff hear or see any concerns regarding the prisoner/patient, this must be reported to the escorting prison staff.

6.4 If a prisoner/patient attempts to escape, the escorting prison staff will manage the situation. Acute hospital staff's priority is to protect patients, staff, and the public on the ward.

6.5 Prison officers should be aware of any medical confidentiality issues when working with nursing and medical staff. The prisoner/patient should be asked if they consent to share information with the escorting prison staff, this should ideally be done out of earshot. Should the escorting prison staff overhear confidential information (i.e. if the patient needs to remain handcuffed to an officer) they should ensure that they adhere to their own professional standards, and that any information is not shared further.

Prison Officers stay cuffed to prisoners/patients whilst they are on acute wards.

Hospital staff will be expected not to ask about the person's offence; however, on the Escort Risk Assessment it may identify specific factors of concerns such as:

- **IPP** - **I**ndeterminate sentence for **P**ublic **P**rotection - similar to lifers but shorter tariffs; deemed by the courts to be a risk to the public and have to prove that they are no longer a risk before parole is granted.
- **PPO** - **P**rolific and other **P**riority **O**ffenders - repeat offenders, mainly for volume of offences which impact on the community (i.e. burglary, violent disorder etc).
- **Safeguarding Children Procedures** - applies to prisoners with an offence or pre-conviction of a violent or sexual offence against children under the age of 18 and whether they continue to be an on-going risk whilst in custody or on release.
- **Sex Offender Registration** - prisoners subject to this order, have to register and remain on the register for a period of time in accordance with the length of their sentence.
- **Disqualification Order** - prisoners issued with a DO from the courts are disqualified from working, paid or unpaid, with children and applies for life.
- **Harassment** - prisoners subject to a court order in line with The Protection from Harassment Act 1997.
- **HR/VHR** - prisoners classified as high risk/ very high risk on the Offender Assessment System (OASys) to staff/ other prisoners/ children /members of the public whilst in custody or in the community.

Whilst this information is strictly confidential, it is paramount that the acute hospital staff understand the risk and together with the escorting staff any mitigation is clearly documented and only shared on a need-to-know basis.

In exceptional circumstances there will be a risk identified that NEEDS to be shared.

7. Principles of Transfer and Discharge Planning

There are three stages to a person's journey into and out of an acute hospital to ensure a safe admission therefore:

- Stage 1 - Planning
- Stage 2 - Admission
- Stage 3 - Safe Discharge Planning

7.1 Stage 1 - Planning

The escorting prison staff will have two forms that they will supply to hospital staff on admission.

1) **Patient Information Tracking Form** – This outlines the reasons for admission.
2) **Escort Risk Assessment** – This assessment details all of the prisoner/patient's identified risks; the type of escort required, their medical history will be shared as appropriate.

If the risk assessment is amended along the prisoners/patients journey and this impacts on their care and treatment, this needs to be shared with the staff on the ward/department as soon as possible.

This helps all staff to understand the risk and complexities when supporting the prisoner/patient. Acute staff have the ability to raise any issue and escalate concerns if needed, this applies to the prison when liaising with the acute hospital.

Both documents must be read carefully, with measures in place to ensure a safe admission. Both documents must be signed.

These forms need to follow the prisoner/patient, whether it is through the emergency department, attending an appointment or an admission in order for a safe discharge.

7.1.1 Arranging Appointments or Admission

Arranging appointments or admission should be made in conjunction with the prison/ high security mental health hospital medical officer or escorting prison staff and not discussed with or within the vicinity of the prisoner/patient.

The date and time of appointment should never be disclosed to the prisoner/patient.

7.1.2 Named Person for the Patient/ Responsible Person - Main Point of Contact

Having a named prison and the hospital contact who will coordinate any communication during an admission should be decided by both establishments as soon as practicably possible. This will be key to ensuring an effective prisoner/patient journey and support any discharge process being undertaken.

Reasonable adjustments must be considered, i.e. is it possible to schedule an outpatient appointment for the start or the end of the clinic to reduce the impact on the prisoner/patient and any other clinic appointments.

If a prisoner/patient has a diagnosis of learning disability or autism, consider referring this to the acute hospital's liaison nurse who may be able to support with reasonable adjustment.

7.1.3 Early Engagement/ Information Sharing

To ensure the most up to date medical history and medication is handed over to the acute hospital staff, staff from the prison health care team will supply a handover of the current Medication Administration Record (MAR) chart, to escorting staff.

Hospital staff need to be aware that if a prisoner/patient is convened into hospital between 18:30-07:00 this information may not be supplied as this is outside of the health care teams operating hours.

Ambulance services may be called to convene, a prisoner/patient to the nearest acute hospital for treatment.

Escorts to specific hospitals will be dynamically risk assessed and if there are concerns around the security of the escort, the duty manager can change the destination of the hospital if required, nearest appropriate hospital depending on the clinical need.

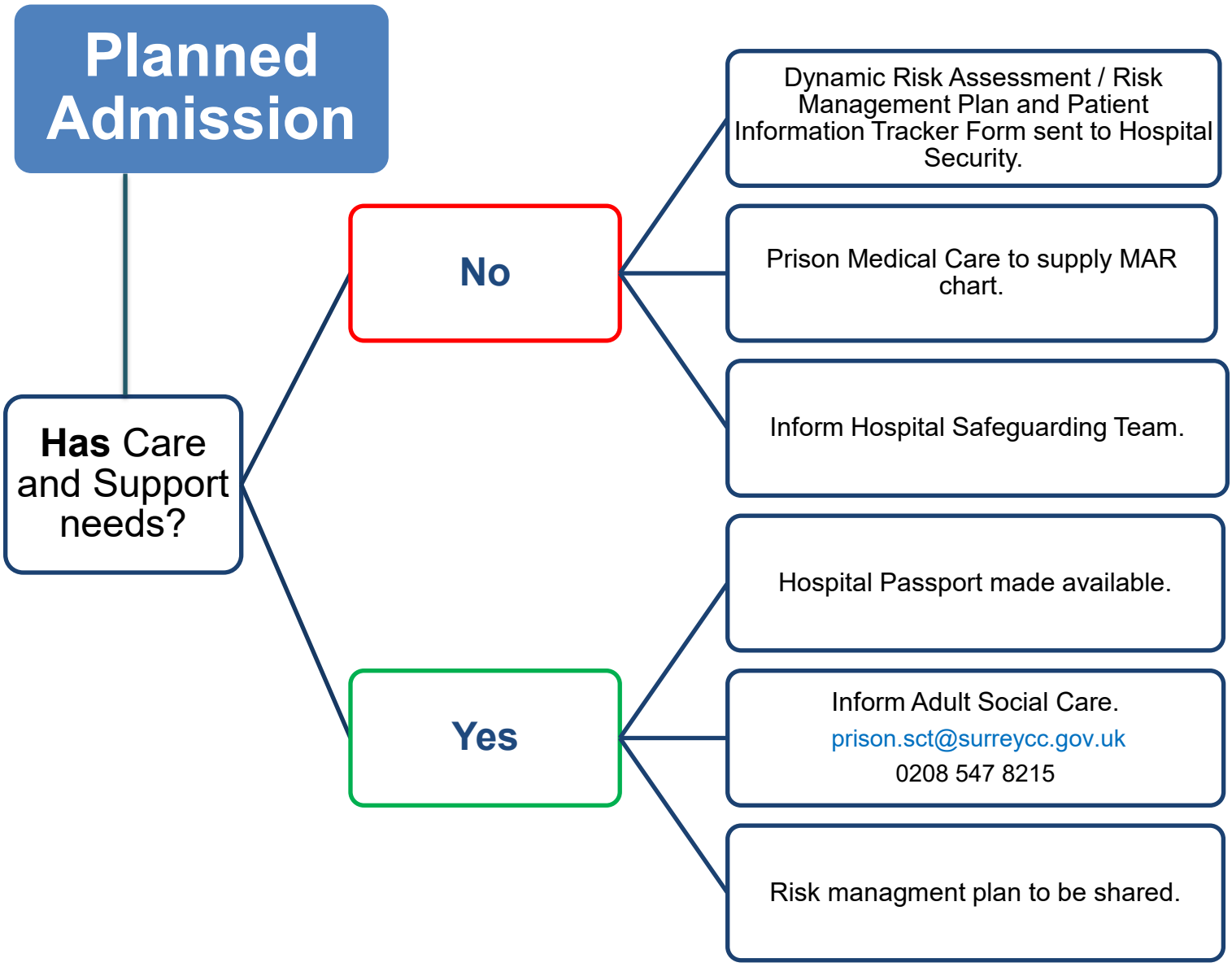
Prisoners cannot request a to be transported to particular hospital.

7.2 Stage 2 Admission

Attending an acute hospital can happen by two routes.

1) Planned admission/ appointment (routine) or via,
2) Emergency (Emergency Department (ED)) which potentially could lead to an admission to a ward or remaining in the department for further investigation, treatment, and an overnight stay.

Planned Admission Flow Chart



NB **Any discharges** need to consider if the individual needs a referral to adult social care for a Care Act Section 9 assessment or re-assessment of their social care needs. This will enable the individual to receive the right level of care after discharge. Arrange multi-disciplinary team meeting (MDT) meeting with all professionals involved within the hospital and prison service.

Emergency Admission Flow Chart

Emergency Admission

Has Care and Support Needs?
No

* Inform Hospital Safeguarding team.
* Risk Plan sent to Hospital security.
* Prison Health Care Informed.

Outpatients
* Treatment.
* Intervention.
* Discharge.

Emergency Admission

Has Care and Support Needs?
Yes

* Print out hospital passport
* Inform hospital social care team.

Inpatients
* Triage (MDT) to manage.
(Prison escorting prison staff/ receiving ward and hospital security)

* Ensure robust discharge planning meeting with social care team to review care and support needs.

7.2.1 Attending as an Outpatient for Consultation, Investigation and Treatment

It is advisable for all acute hospitals to have a policy in place which has been written in collaboration with high security mental health hospital, care for an in-patient who is required to attend a local acute hospital setting.

All prisoner/patients attending a hospital for appointments will be accompanied by a “Patient Information Tracker Form” carried by the escorting prison staff (this may be in a sealed envelope.)

At the end of the appointment, details relating to any post discharge care must be recorded onto the form and handed back to the escorting staff.

It is the responsibility of the escorting prison staff to request the completion of the Tracker by hospital staff.

Should there be a need to schedule a prisoner/patient for routine surgery, then the Trusts pre-assessment team will work with the prison to manage arrangements for surgery. The hospital will aim to offer appointments at the beginning of lists wherever possible to minimise the likelihood of overnight admission.

If a patient is to be admitted as an emergency the prison/ high security mental health hospital, will contact the appropriate department before attending. Please see Appendix 1.

The escorting prison staff will announce their arrival at reception, where the prisoner/patient’s details will be checked immediately.

The nurse in charge will be informed and wherever possible, a consulting room or discrete location will be made available.

Should it be necessary for the patient to be seen in other locations within the hospital (i.e. imaging) the nurse in charge will ensure they are contacted before the prisoner/patient is escorted there.

High profile patients from high security mental health hospitals will be discussed with the appropriate Hospital Manager if time allows. In the event of an emergency attendance of a high-profile patient, the most senior manager (in-hours) or on-call director (out of hours) must be contacted by the clinical site manager to discuss management of the patient as needed.

7.2.2 Does Not Attend (DNA) or Was Not Brought (WNB)

If a prisoner/patient Does Not Attend this should be documented in the patients notes.

The individual clinic would follow up a DNA in line with trust policy. The normal process would be two DNAs would lead to a discharge.

There are occasions when health care staff in a prison have booked an appointment, advised the prison for the need of escorting prison staff, but due to staff shortages the appointment has had to be cancelled. It is the responsibility of the prison health care staff to telephone the hospital to explain/ advise.

Where possible the health care team at a prison will conduct any pre-assessment investigations (including swabs and relevant bloods) for this information to be available for hospital staff via the ICE system prior to admission.

In the majority of cases, they will not need to come in for the pre-assessment appointment, however there are times that this may not be possible due to the availability of clinical staff on duty.

7.2.3 Emergency Department (ED) Attendance

All prisoners/patients should be managed in a cubicle/private space wherever possible. Where possible, prisoners/patients should have their triage and tests expedited (depending on the demands of the department) and a prompt decision made regarding either discharge or admission to support patient flow and prison management arrangements being made (i.e. shift changeover for prison officers)

High intensity users may have individual care/management plans within the ED. These should be written in partnership with ED, prison health care staff and prison governors/ managers and discussed with the prisoner/patient.

These plans should be updated regularly, timeframes for review should be included in the plan.

The prison must contact the ED to advise that a prisoner/patient is being brought to the department. This should be done by phone with the nurse in charge; it should include details of the prisoner/patient (name, DoB etc.) a brief outline of the presenting complaint (i.e. chest pain, fall etc.) and the number of escorting prison staff. This will enable the department to prepare a suitable space for the patient (where possible) and will support planning assessments etc.

7.2.4 Accommodation on the Ward

Safety and Environmental Risk Assessments During Admission is essential. Throughout the admission process, daily visits must be carried by the prison staff, to conduct and evaluate the environment and identify potential risks. This practice is equally essential when a prisoner or patient is relocated to a different room, bay, ward, or department, as each setting may present new safety concerns.

Maintaining up-to-date and comprehensive safety checks is crucial. Prison escorting staff must thoroughly assess exit points to ensure security, evaluate the risk of absconding, and identify any objects or structures that could be misused for harm. These measures are vital to safeguarding the prisoner or patient, escorting personnel, hospital staff, and other patients.

Throughout the admission daily visits must be carried out to assess the environment and possible new risks. This must also be undertaken if the prisoner/patient is moved to a new room, bay, ward or department as each environment can pose new risks. Having up to date, robust safety checks is essential. Prison escorting staff must consider exit points for safety, assess for risk of absconding, and for any items or structures that could be used for harm in order to the safety of the prisoner/patient, escorting staff, other patients, and hospital staff.

Essential things to remember for acute hospital staff when dealing with prisoner/patients on a ward.

Please see Things to Remember Appendix 3.

If a decision is made to admit the prisoner/patient from ED, the ward accommodation must be considered carefully, with a single room with en-suite facilities being provided wherever possible, to avoid disruption to other patients. This must be discussed and handed over to the receiving ward.

Not all wards will be able to offer a separate room. Where this is not possible; discuss the risk assessment with the operational staff. Decide what is appropriate information to be shared with other patients on the wards, to manage concerns about safety for all.

Prisoner/patients details should not be written on the patient boards (an agreed ‘code’ or initials may be required). This is to stop unsuitable persons easily and quickly locating the prisoner/patient whereabouts.

All prisons are smoke free; prisoners will not have access to cigarettes; they also would have left the prison with their vape. Duty Managers may agree to a vape plan should they be on an extended bed watch. The Vape is always kept by escorting prison staff unless in use by the prisoner/patient.

The escorting prison staff must inform the prisoner/patient that the hospital site is a non-smoking area, and they must adhere to the hospital policy.

If the prisoner/patient is medically well enough, it is up to the escorting prison staff to decide if the prisoner/patient, can leave the ward if they request a vape for example.

Where we know that there is a high risk of someone trying to escape, this needs to be clearly communicated to hospital staff on the ward and the hospital security, which will be identified on the risk assessment. Different levelling of restraints may be required.

Prisoner/patients should be able to access and use the televisions supplied.

Prisoner/patients on the ward are **NOT** permitted any of the following without authorisation from the prison. On admittance to a ward, a new risk assessment will be conducted. (Please see Appendix 2 for printable version)

- **Access to telephones** either to make or receive calls without the authorisation from the prison.
- **Access to the internet.**
- To receive any mail until the prison staff have examined it.
- Contact with next of kin as this will be done by the prison officer escort in conjunction with the ward staff, at the discretion of the prison/ duty governor/ manager.
- Receive food or clothing brought in by visitors other than prison staff without authorisation from the prison.
- Prisoners/ patients are not allowed hospital cutlery. The escorting prison staff will provide plastic cutlery for the prisoner/patient to use. These should be cleaned and retained on the ward for the duration of the prisoner/ patients stay.
- If admitted, all medications must be kept either in the general medicine trolley or in their bedside locker. The prisoner/patient will not have access to these and will not be permitted to self-medicate.

7.3 Stage 3 Safe Discharge Planning

7.3.1 Principles of Transfer and Discharge Planning

The trust should follow normal discharge planning processes and send all discharge letters electronically using secure emails. This includes onward care requirements being considered, to ensure suitable care arrangements are in place once the prisoner/ patient returns to their prison setting. This should be discussed with the PSCT (as part of the Care Act 2014 Section 74 Schedule 3) and prison health care.

7.3.2 Medication Management

All prisoners/patients coming into an acute hospital should come with their Medication Administration Record (MAR) chart this allows acute staff to have an accurate record of the prisoner/patient medication regime.

Any medication prescribed on discharge should be handed to the escorting staff. In prisons, there is significant misuse and abuse of prescription drugs such as opiates, Gabapentin, Pregabalin, and Benzodiazepines, which are often used to produce euphoria and can serve as a form of currency, leading to debt and violence among inmates.

Current guidelines recommend avoiding prescribing these drugs unless absolutely necessary due to the associated risks. These drugs should be avoided unless no suitable alternatives are available.

Each prison has a localised formulary, which needs to be considered prior to prescriptions being written. The time specified as 19.00, this could be earlier at weekends and in different prisons and therefore refer to local guidance for the specific prison healthcare hours, would be of benefit.

Medications like Amitriptyline, Nortriptyline, or Duloxetine are recommended for managing persistent pain, in line with NICE guidance, which discourages the use of opiates for chronic pain. If these drugs are prescribed, please ensure the prisoner/patient understands they may not be continued in the prison environment, depending on the risk assessment conducted by prison doctors.

Discharge medication will be entrusted to the prison officers and will be returned to the prison health care on the arrival back at the prison establishment. No medication is to be kept ‘in possession’ of the prisoner/patient.

If a prisoner/patient is released with medication that needs to be administered after 19:00hrs. You must consider the prescribing times of this medication as there will be no health care to administer. If you are considering prescribing ‘as and when’ medication Pro re nata (PRN), you will need to consider how this will be administered if required outside of health care hours.

Reviews of Deaths in Custody (DIC) have highlighted gaps in communication, with prison healthcare staff often unaware of critical medical information when prisoners return from acute hospitals, particularly during late-night transfers. This lack of awareness may result in uncertainty regarding administered treatments, such as medication or blood transfusions.

Given this there is a need to strengthen communication between acute services and prison healthcare teams to ensure continuity of care and patient safety.

To enhance discharge processes, consideration should be given to virtual appointments or the establishment of prison-based virtual clinics, which offer a more dignified approach for individuals while optimising time, costs, and staffing resources.

From death in custody reviews, it is noted that often prison healthcare are not always aware of information when prisoners return from the acute hospitals (especially late at night). Therefore, are not aware if they have received medication/ blood transfusions while in the acute hospital. DIC at two SE prisons had a recommendation in regard to strengthening the communication between acute services and prison healthcare.

When being discharge it may be appropriate to consider virtual appointment or have prison virtual clinics as these are more dignified for the individual this could save time, cost, and staffing resources.

7.3.3 Referral to Social Care for those Identified with Care and Support Needs

The hospital staff need to consider a referral to Adult Social Care for a Section 9 or Section 11 (2b) assessment, this will aid the discharge to ensure steps are taken to meet the prisoner/patients care and support needs and the environment is safe.

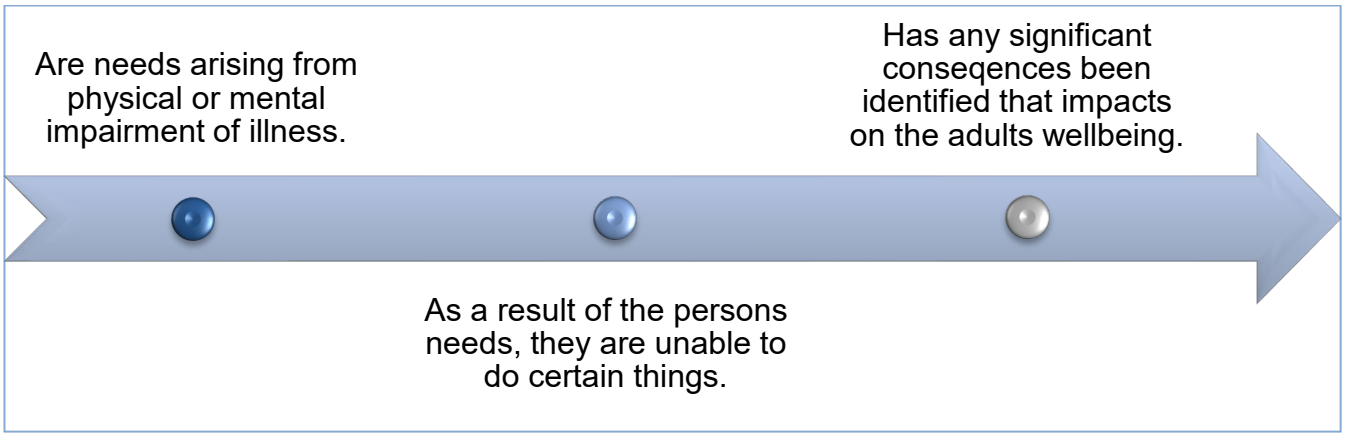
If the patient/prisoner has been identified as needing care and support on their return to prison and not already known to the prison social care team a referral must be made.

If the patient/prisoner has already been identified with care and support needs and receive support whilst in prison, it is essential to refer to the prison social care team to agree that their needs can be meet and to work together on a discharge date.

When making a referral hospital staff can liaise with the prison social care team, who are contactable via prison.sct@surreycc.gov.uk, or on 0208 547 8215 Monday-Friday 09:00-17:00.

It is essential that early planning is key for a safe discharge.

Eligibility for Care and Support needs is based on three conditions:



A multi-agency discharge meeting brings together the local health system and the prison service to:

- Support to improve patient flow across the system and have an effective and efficient system, which enables the prisoner/patient to be discharge as quickly as possible.
- To recognise and address any delays in discharge.
- To work on complex discharges where there is a change of need.
- To be discuss on a health management plan going forward if necessary.

A discharge planning meeting should be held when discharging a prisoner/patient back to a prison, where there seems to be a change in their needs.

Typically, the acute hospital trust would involve senior clinical and operational staff from appropriate departments along with the prisoner/patient's proximal network. The hospital trust discharge service will ensure that all the right people are involved and coordinate the meeting.

Each patient's journey should be critically reviewed to understand the requirements and next steps for a safe discharge. Discuss critical intervention to aid discharge without delay.

7.3.4 Continuing Health Care (CHC)

NHS Continuing Health Care Section 22 of the Care Act provides the limits on what may be provided by the local authority. Where it appears from the assessment, that a prisoner/patient has a primary health need and so, may be eligible for NHS Continuing Health Care. The CHC checklist screening tool should be used to help the assessing practitioner identify if a referral is needed for a full consideration of whether the health needs qualify for NHS Continuing Health care funding by NHS England.

7.3.5 Continuity of Care

Individuals in custody must have continuity of care where they are moved to another custodial setting, are being released back into the community or being transferred in acute setting.

7.3.6 Release from Prison whilst in Hospital

In the event that a prisoner/patient is due for release while in hospital, the prison will complete any specific procedures required (notification of probation licence conditions, letters to GPs etc), prior to discharge from hospital.

This is particularly important in the case of Schedule One (sex) offenders, in which case separate arrangements must be agreed with HM Prison Service and the Hospital.

If the prisoner/patient is known to the Prison Social Care Team (PSCT) and requires ongoing support to ensure their social care needs are met on discharge from hospital, the PSCT will inform the hospital social care team (HSCT) and handover, it will be for the HSCT to make the necessary arrangements.

7.3.7 Prisoners on Licence

Prisoners released on temporary licence (ROTL) attending a hospital unescorted will come into the hospital with the patient transfer form with their licence, they are expected to present this to hospital staff.

If hospital staff should offer to assist a prisoner/patient in contacting probation if the reason for care seems appropriate.

8. Escalation

8.1 Raising a Safeguarding Concern

Trying to escalate concerns to the right person in the prison in a timely manner to respond, can be a challenge, as each service is set up very differently.

If a member of NHS staff within the Acute hospital, needs to raise a safeguarding concern on behalf of a prisoner/patient, this needs to be made to the prison and health care team from where they reside.

8.2 Escalation Pathway

The pathway will help staff to escalate any safeguarding concerns to the right person/department within a prison in Surrey in a timely manner. Having a clear process and allow a way to communicate effectively, and build appropriate mitigation strategies, and prevent further emergency escalation will enable collaboration and working together to approach a joint resolution.

If the prisoner/patient has an indication of care and support needs or is currently open with the prison social care team, in Adult Social Care, then the Multi-Agency Safeguarding Hub (MASH) will alert the PSCT for their information.

The hospital is then responsible to make a safeguarding referral into MASH. The Local Authority will accept a safeguarding concern through the Adult Social Care online referral process and would

forward any safeguarding referrals relating to Prisons directly to the duty governor/ manager at the appropriate prison.

8.3 Any Concerns Shared between the Hospital and Prison related to Patient/ Prisoners Care

The system aims to collectively address and discuss any changes in presentation and look for shared solutions.

If a prison or health care team receive a concern, **they must send an acknowledgement to the referrer**; and also complete a follow up.

If any member of acute hospital staff has a concern about the treatment of a prisoner/patient by prison staff, while they are in the hospital they must consider how the individuals' complex health needs may impact on their presentation, and in some cases, escalation may be required.

These may include:

- To support high intensity user (development of a care plan).
- Where increase in risk is identified.
- Lack of resolution to a concern raised.
- Frequency of admissions.
- Problematic discharge.
- Trends have been identified, such as multiple procedures such as X-rays.

Complex cases need fluidity of care management. Escorting prison staff should be kept up to date with relevant information about any changes/complications etc.

If the issues are not resolved this may be escalated to the next stage a multi-disciplinary team meeting including raising a safeguarding concern with ASC MASH, and the prison including health and other professionals involved in the prisoner/patients care.

8.4 Multi-Disciplinary Team Meeting

A multi-disciplinary team meeting (MDT) should be arranged in the first instance. This will bring all the right professionals together, to recognise the challenges and work collaboratively to find suitable solutions. The process also helps to explore alternative ways to support suitable care planning which may be more appropriate.

If there was a concern regarding the prison staff escorting the prisoner/patient, you will need to call the governor/ manager and health care within the hospital who will advise and lead the process.

Any professional may initiate an MDT, with the initiating professional having responsibility to make the necessary arrangements to invite all relevant people/organisations.

Generic safeguarding contacts for prisons and health care teams can be found in appendix 1.

8.5 Patient Safety

In the event that a hospital patient (not the prisoner/patient) is at risk of or experiencing abuse or neglect due to actions of a prisoner/patient or the prison staff escorting them, this must be reported and raised following the normal Trusts reporting mechanisms and shared with Adult Social Care.

If a safeguarding concern of a prisoner falls under the governor/ managers remit, rather than the Local Authority, and a concern has been raised with them, and the outcome is not satisfactory please refer to Adult Safeguarding Board section below for the escalation process.

9. Surrey Safeguarding Adults Board

Representatives from each prison are members of the Surrey Safeguarding Adults Board (SSAB). As members of the Board, they have signed up to the multi-agency policies, procedures and guidance and are able to access multi-agency safeguarding adults training.

They are part of the Prison Subgroup which feeds into the Board's Strategic Plan and Annual Plan and the development of policies and quality assurance mechanisms.

9.1 Policies and Procedures

The local policy states any of the systems and processes used by prisons are standardised and that prisons are required to use nationally.

These do not reflect the Care Act arrangements which means:

- Prisons will not have stand-alone processes for undertaking adult safeguarding enquiries.
- Their usual process for responding to incidents and issues will be the vehicle for meeting the objectives of adult safeguarding enquiries.
- The recording and reporting systems for these processes have not been designed to identify when the prisoner concerned has care and support needs, so it is not possible for prisons to report on their adult safeguarding activity in an analogous way to local authorities.
  This creates a particular set of challenges for prisons, when giving assurance to Safeguarding Adults Boards about their adult safeguarding work. Unless and until the national systems change, it will be a matter of best endeavours using the current systems.

9.2 Escalation to the Adult Safeguarding Board

Prisons' representatives attend the Boards prison forums held twice yearly. There is an opportunity at this meeting to address matters arising for escalation. If the concern is of an urgent nature, then matters can be escalated to the Safeguarding Adults Board (SAB) Manager.

Matters raised for escalation may be of the following nature:

1. When the safeguarding concern is of a public interest. By reporting to the SSAB, it aids communication as the independent chair may be asked to make comment.
2. Where within the pathway, safeguarding matters needs improving, when it is believed it is not having the desired outcome to which it is intended.

To contact the Surrey Safeguarding Adults Board surreysafeguarding.adultsboard@surreycc.gov.uk

10. Communication

10.1 Prisoner/Patient Confidentially

Staff must not discuss the prisoner/patient's presence in the Trust outside of teams/personnel who have a legitimate reason to know they are there.

Acute hospital staff must not share information to any enquirers by telephone. Any request for information, regarding dates or times of appointment, whether the prisoner/patient is residing within the hospital or messages for the prisoner/patient need to be redirected to the prison/ high-security hospital and to be reported to a member of the escorting staff.

Any request for information believed to be from the prison/ high-security hospital, the person receiving the call must ask for the caller's name, switchboard details inc. number and extension and then call them back to verify legitimacy.

10.2 Visiting when in an Acute Hospital.

Visitors are allowed in exceptional circumstances only and will be facilitated during normal hospital visiting times. All visits are assessed via the prison risk assessment and therefore access to the prisoner/patient must be cleared first with the escorting prison officer.

Any visits will be coordinated by the prisons duty governor/ manager and any requests received by hospital staff must be shared with the escorting staff in the first instance.

All visits will be supervised by prison staff and only approved visitors will be permitted. All visitors must follow the hospital visiting policy.

10.3 Receiving Letters

Any letters received at the hospital for the prisoner/patient must be handed to the escorting prison staff. Any outgoing mail must be given to the escorting prison staff for appropriate management. If a prisoner/patient asks you to post a letter for them, please decline and inform the escorting prison staff immediately.

10.4 Patients' Communication

It is rare for a patient not to share information about their health care. Under circumstances where this happens, the prison and healthcare staff will take into consideration the capacity of the patient/prisoner 's understanding, and what is in the patient's best interest to safely manage their care and offer the support they require.

If the patient is **not consenting to share information**, or **critical information is not available** then assessments should be made as to whether there is;

- A danger to the person's life.
- Danger to others.
- Risk of a serious crime.
- Danger to the community.
- A risk of deterioration in the health of the person.

If there is a **decision to breach confidentiality** then this should be discussed by the responsible team, the identity of the person being given the information and the rationale for breaching confidentiality documented in the patient's notes. NHS staff can contact the Named Professional Safeguarding lead, Caldicott Guardian and CNWL legal team if necessary.

10.5 Personal Belongings

Personal belongings of the prisoner/patient must be handled by the escorting staff; this also includes any item left by family or friends, which must be searched first.

11. Infection Control Prevention

Acute hospital trust Infection Prevention Control Measures must be adhered to, for both the prisoner/patient and the escorting prison staff, as they are not employed by the trust.

When a prisoner/patient is known to have an infection then universal measures will be applied, and any precaution will be taken in accordance with the trusts policies and procedures.

12. Refusal of Care and Treatment

All patients have the right to refuse treatment, as a voluntary patient consent must be given, to legally be treated. This also includes the right to refuse medication prescribed to the prisoner/patient.

If there has been a refusal for treatment, the acute hospital staff should discuss the prisoner/patient reasons for refusal and other options should be considered.

In order for consent to be valid the prisoner/patient must:

- Have capacity to make the decision.
- Have been offered sufficient information to make an informed decision.
- Be acting voluntarily and free from any pressure.
- Be aware that they can refuse.

All people over the age of 16 years are presumed in law, to have capacity, to consent to treatment unless there is evidence to the contrary.

If a prisoner/patient lacks capacity to consent, treatment decisions must be made following the process set out in the Mental Capacity Act 2005 (England and Wales), by following your own agencies policies and procedures.

13. X-ray and Specialist Imaging Department

The CT scanner uses X-rays and a computer to create images of the patient (inside of the body). Scattering of the X-rays by the patient mean that a person standing within the room will be exposed to ionising radiation. The radiation level requires that the room is designated as a Controlled Area. There are strict hospital protocols for the way in which staff can work within these areas.

It is recommended that you are not present within the CT room during the scan. If it is deemed that you have to be present in the room – you will receive a dose of radiation, the magnitude of which will be dependent on your positioning during the Prisoners CT scan.

If you are required to accompany the prisoner/patient into the room, then protective clothing will be provided. A Lead apron and a thyroid shield will minimise the dose received. The Radiographers will provide instruction on the most appropriate position to stand to reduce your exposure.

If the prisoner/patient has to be chained to the Officer, then only D cuff or escort chain is to be used. This allows potential for the maximum distance between the Officer and the centre of the scanner. It also prevents the chain becoming lodged within the table mechanism.

There are certain medical interventions where security of the patient may need to be adapted in view of the need for protection of the prison escorting staff's health. However, you should not help accompany the prisoner if:

- You do not feel happy to accept the risks described above.
- There is any chance that you might be pregnant.
- You have accompanied a patient for a CT scan on more than 30 occasions in the past year.

If any of these apply, please tell the radiographer immediately. It is ultimately the decision of the Radiographer if the examination takes place.

Please note that even in an emergency, under no circumstances should you approach the patient during the scan.

If you need to further restrain the patient, call for help and alert the radiographer, then wait for the radiographer to stop the scan.

Prisoners/patients may be admitted for an x-ray or special examination such as a CT Scan, PET Scan, MRI, Barium, or ultrasound scan. These may be arranged whilst admitted in hospital or from a direct referral from the prison.

13.1 General X-ray Department

Before any X-ray, wards/departments must telephone the X-ray department to arrange an appointment.

13.2 Specialist Imaging

These scans are normally requested by an appointment, as many procedures require the patient to be prepared prior to an appointment.

Any urgent referral from the prison or high-security psychiatric hospital must ring the department and email the request formally by the medical staff.

14. Security Measures (Hospital Staff)

14.1 Hospital staff should remove all identification such as name badges before entering the prisoner/patients' room.

14.2 Although normal practice for prison staff, hospital employees are reminded to keep your conversation strictly professional, never divulge personal information about yourself or other members of staff in the presence and/or hearing of the prisoner/patient.

14.3 All emails from prisons will be sent/ received using a secure email address. The Senior Nurse should be notified of when received. It will be the prisons responsibility to get consent from the prisoner/patient.

14.4 Remove all items from pockets, which could be used as a weapon.

14.5 Keep all medical equipment out of reach of the prisoner/patient when not in use.

14.6 Check with escorting prison staff before you hand anything to the prisoner/patient.

14.7 Never disclose information regarding any future appointment.

15. Security Breaches

Where a security breach occurs or is suspected, senior hospital staff and prison staff will liaise immediately with the duty governor/ manager and Director with an assessment of clinical risks, if the prisoner/patient is required to return to the prison.

The acute hospital will try to accelerate any investigations that would facilitate a quick and safe transfer back to the prison, or to inform an updated risk assessment if it is unsafe to discharge the prisoner/patient.

16. Handcuffs and Restraints

Current prison service practice/ policy is to secure all prisoners under escort usually in handcuffs or on a chain, attached to their escorts.

16.1 The use of any restraints is a matter for the HMP service and the escorting staff, not the trust, or any other health agency or member of the public.

Intervention is to:

- Ensure that a prisoner does not attempt to escape.
- To ensure the prisoner does not pose a risk to themselves, other patients, staff, or visitors.

16.2 Medical staff may request the removal of any restraints while any treatment is being carried out. It may be appropriate when the individual is terminally ill or undergoing surgical treatment (i.e. sedated).

In such cases there needs to be communication and agreement with the duty governor/ manager from the prison regarding why restraints are not seen as appropriate in the particular circumstances.

A written risk assessment/ review update must be shared from the prison with the hospital staff on the ward/department and agreed.

The risk assessment must take into account the following factors and will determine the hand cuffing arrangements, and the degree of supervision required:

- Prisoner/patient's condition.
- Any medical objection to the use of restraints.
- Nature of the prisoner's offence.
- Security/ escape routes of the consulting/treatment room.
- Risk of violence or hostage taking.
- Length of sentence.
- Custodial behaviour.

16.3 Constant supervision/ level of observation needs to be clearly communicated as it is essential to understand what this looks like in practice, to ensure the support is effective and consistent. The escorting staff need to ensure the Care Plan/ Escorting Risk Assessment is shared with the acute hospital staff as soon as possible. When there is a routine appointment, this may not always be shared.

16.4 **During an emergency situation treatment must be provided. During a respiratory or cardiac arrest restraints must be removed.**

16.5 Maternity Care of Women and Birthing People Detained

Each acute hospital may have their own Standard Operation Procedure in place, which needs to be referred to. It is important to consider a safe and personalised, trauma informed approach.

To ensure women and their families have access to personalised care during the antenatal, intrapartum, and postnatal period.

To collaborate with key professionals to ensure that appropriate personalised care plans are in place to best support the mother and her baby. When attending hospital previous GP and health records should be provided by the healthcare team of the prison. It is important to recognise that

maternity care for women and birthing people in the detained setting should be equitable and accessible.

Access to additional services such as physiotherapy and infant feeding support should be accessed as per usual pathways.

Whilst the patient/prisoner may be handcuffed during transit from a prison to the hospital, during early labour, once labour is fully established this must be reviewed and a decision regarding potential risk discussed between the prison and hospital staff.

Where possible prisons will provide gender appropriate escorting prison staff.

The prison will complete a risk assessment which will determine when and if the handcuffs can be removed. **Handcuffs must be removed** when an internal examination is required and when the prisoner/patient is in active labour.

Midwifery staff are responsible to advise escorting prison staff when active labour is confirmed. Handcuffs must be removed unless there is no authorisation/risk assessment stating that prisoner/ patient cannot have their handcuffs removed, from a prison governor/manager due to the level of risk.

The prison retains ultimate responsibility regarding a decision to handcuff a prisoner/patient during labour and must fully document the decision-making process; this is particularly important in the event of a dispute arising between hospital and prison staff.

Should midwifery staff feel escorting staff are not acting on their request to seek this authorisation, the Ward Manager should speak directly to the duty governor/ manager of the prison.

17. Theatre and Surgery

For any prisoner/patient having a general anaesthetic, the escorting prison staff will accompany the individual to the destination but remain at the theatre reception/ rest room.

When a prisoner/patient moves into theatre the length of their handcuffs can vary depending on the interaction that needs to take place. In some cases, prisoners may be handcuffed during surgical procedures, even when receiving general anaesthesia, due to security protocols. However, medical professionals have the right to request the removal of restraints if deemed necessary for the patient's well-being and safety during the operation. This must be communicated to prison escorting staff at the planning stage for authorisation from the governor.

The decision to remove or keep restraints is often a collaborative effort between the prison escorting staff and the medical professionals, including the anaesthetist. This agreement must be made in conjunction with the anaesthetist sourced in advance.

Any risk assessment and the decision-making process should also consider the prisoner/patient's specific circumstances, including their security classification, the nature of their illness or condition, and the type of treatment being undertaken.

When the prison escorting staff leave the prisoner/patient they must remain in or in close proximity to the theatres and be readily available, and contactable by the theatre team so they can be called upon. They would normally be directed to the staff room located within theatres for easy access.

18. Routine and Local Anaesthetic Procedures

18.1 If the procedure is completed under day surgery, the prisoner/patient will be allocated a designated area within the ward away from other patients.

18.2 Escorting staff will accompany the prisoner/patient to the allocated theatre/ department.

18.3 In the anaesthetic room those prisoners/patients with two escorting prison staff, one will remain with the prisoner/patient whilst the other would remain close by, but outside the anaesthetic room doors.

18.4 The decision regarding at which point to remove handcuffs/ restraints will be discussed prior to surgery as part of the planning process.

The outcome must be agreed and clearly documented by both the prison and hospital teams.

18.5 The management/ risk plan must be agreed by both the hospital staff and prison escorting prison staff beforehand.

18.6 In some circumstances, the prisoner/patient may pose a significant risk, requiring the escorting prison staff will need to remain until the prisoner/patient is fully anaesthetised. Once they are anaesthetised, the risk is mitigated until the prisoner/patient needs to be woken up following their surgical procedure.
Escorting prison staff will need to be present once the procedure is over before the prisoner/patient's is brought round from the anaesthetic.
If this is necessary, this needs to be included in the agreed anaesthetic plan.

19. Recovery

19.1 The prisoner/patient will be allocated a single bay, using the curtains as a screen for privacy and will be accompanied by the escorting prison staff.

19.2 The recovery team will instruct the escorting prison staff when it is safe and appropriate to reapply handcuffs/ restraints as agreed in the anaesthetic plan.

19.3 Escorting prison staff with accompany the patient back to the ward/department.

20. Definitions and Common Terms

A glossary has been developed to capture this.

Acute Hospital	An "acute hospital" refers to a hospital or department within a hospital that provides short-term, intensive treatment for patients with severe or urgent medical conditions, injuries, or illnesses, aiming for stabilisation and discharge as soon as possible.
Approved Premises	Premises approved as accommodation under section 13 of the Offender Management Act 2007 for the supervision and rehabilitation of offenders, and for people on bail. They are usually supervised hostel-type accommodation.
Bed watch Prison Staff	Operational prison staff who are responsible for a prisoner who have been admitted into hospital and are residing there for a length of time.
Care Quality Commission (CQC)	Are an independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, and high-quality care. They monitor, inspect, and regulate services and publish what the findings.
Care and Support Needs (Care Act 2014)	Support for adults who need extra help to manage their lives and be independent for example mixture of practical, financial, and emotional
Care Programme Approach (CPA)	The CPA is a framework used in mental healthcare to assess, plan, review, and coordinate the range of treatment, care, and support needed for individuals with complex care needs.
Continuing Health care (CHC)	NHS continuing health care is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a "primary health need".
DNA	Did Not Attend.
Deprivation of Liberty Safeguards (DoLS)	The **Deprivation of Liberty Safeguards (DoLS)** are legal protections under the **Mental Capacity Act 2005** in England and Wales. They apply to individuals who lack the capacity to consent to their care arrangements in hospitals or care homes and are at risk of being deprived of their liberty.
Escorting Prison Staff	Operational prison staff who are responsible for transporting prisoners to and from prison for out-patient/ emergency appointments.
HMP (His Majesty's Prison)	His Majesty's Prison" or HMP, is the official designation for prisons in the UK when a king is ruling. HMP refers to the public prisons run by His Majesty's Prison and Probation Service (HMPPS) in England and Wales. These prisons are part of the UK's correctional system and aim to keep offenders securely while also supporting rehabilitation through education and training.

His Majesty's Inspectorate of Prisons (HMIP)	An independent inspectorate which inspects and provides reports and advice to the Government on the standards and management of prison, young offender institutions & detention services.
MASH - Multi-Agency Safeguarding Hub.	The Multi-Agency Safeguarding Hub (MASH) that is the principal point of contact for all Safeguarding enquiries. This hub really adds value as it is able to share data across key agencies.
Medication Administration Record (MAR)	It is a working document used to keep an accurate record of the type of Medication and the time it is administered.
MOU	Memorandum of Understanding is an agreement between two or more parties.
Mental Capacity Act (MCA)	The **Mental Capacity Act 2005 (MCA)** is a law in England and Wales designed to protect and empower individuals who may lack the capacity to make decisions for themselves. It applies to people aged 16 years and over and covers decisions about healthcare, finances, and daily living
Mental Health Act (MHA)	The **Mental Health Act 1983** is the primary legislation governing the assessment, treatment, and rights of individuals with mental health disorders in England and Wales. It provides a legal framework for detaining and treating individuals who require urgent care due to risks to themselves or others.
OASys	OASys is a structured clinical risk assessment tool designed to enable a qualified individual (usually a Probation Officer) to: • assess how likely an offender is to be reconvicted. • identify and classify offending related needs, including basic personality characteristics and behavioural problems. • assess risk of serious harm, risks to the individual and other risks. • assist with management of risk of harm. • link the assessment to the supervision or sentence plan. • indicate the need for further specialist assessments. • measure change during the period of supervision/sentence.
PSCT (Prison Social Care Team)	Prison Social Care Team. A team with Surrey County Council, Adult Social Care who only work with adults in prison with care and support needs.
Patient	Community individuals and any person who is within a mental health secure unit will be referred to as patients.
Prisoner	A person coming from a prison establishment.
Prisoner on License	Being "on licence" from prison means that you are serving the remainder of your sentence in the community while following a set of rules, known as licence conditions.
Pro re nata (PRN)	Pro re nata" (PRN), "when required," or "as needed" is defined as the prescription and administration of medications based on the immediate patients' needs instead of prescheduled administration times.
Safeguarding Concern	Safeguarding duties apply to an adult who: has the needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect.
Secure Hospital Health Care	Secure mental health services provide accommodation, treatment, and support for people with severe mental health problems who pose a risk to the public.
YOI	A Young Offender Institution (YOI) is a type of detention centre in the UK for young people aged 15 to 21 who have been convicted of a crime or are held on remand awaiting trial.
WNB	Was Not Brought.

Appendix 1 - Healthcare Provision Pathway for Surrey Prisons.

***Please note all phone numbers have been removed and can be provided by contacting the SSAB Business Unit.**

HMP Bronzefield **Sodexo** **Ashford, Middlesex** **Category:** YOI/ Remand and Cat B, Female **Management:**	**Primary Healthcare Provision** **CNWL NHS Foundation Trust** **Timing:** **Weekdays** **Weekends**	**Well-being, Mental Health Provision** **CNWL NHS Foundation Trust**	**General Care provided GP/Dental/Optician/Sexual Health**	**Other services offered**	**Prison Contacts**
Emergency contact details – how to raise a concern. **Email Contact** bcp@nhs.net **Nursing staff** **Control Room** **Ask for Hotel 9 or Hotel 18**	**Monday - Friday and Weekends** 24-hour Primary care cover Mental health team cover weekends, for urgent reviews.	Psychologist Psychiatrist Well- being practitioners Perinatal mental health Practitioners Forward Trust daily	Dental – 3 x week Optician – 2x month Sexual Health Hep C care – Weekly Physio – 2x per month Pain Consultant – Monthly Podiatry – Monthly Ultrasound – monthly X-ray, Routine – monthly Dental – 3x week Optician – 2x month Sexual Health – Weekly Dietician – Weekly Advanced Clinical Practitioner Clinics – 4x week Retinopathy Screening – Quarterly Several National Health Screening programmes.	**Run by Sodexo** 12 bed Mother and Baby unit run by prison staff – OFSTED registered nursery. Midwifery Service from ASPH. In patients Healthcare unit – run by the prison staff.	**Safeguarding Governor – Duty Manager** **Control Room** **Ask for Victor 2** **Safer Custody** email bfsafercustody@sodexogov.co.uk

HMP Coldingley HMPPS Bisley, Surrey **Category:** Cat C, Male **Management:**	**Primary Healthcare Provision** **CNWL NHS Foundation Trust** **Timing:** **Weekdays** **Weekends**	**Well-being, Mental Health Provision** **CNWL NHS Foundation Trust**	**General Care provided GP/Dental/Optician/Sexual Health**	**Other services offered**	**Prison Contacts**
Emergency contact details – how to raise a concern. **Nursing Contact:** Phone: **Admin Office:** Cnw-tr.coldingleyreception@nhs.net	**Monday - Friday** 07:00 to 19:00 **GP Monday - Friday** 08:30 - 13:00 **Weekend and Bank Holidays** 08:30-17:30	GP service Psychiatrist Psychologist Psychotherapists Assistant Psychologist Counsellors Drama Therapist RMN	Dental: 2/3 times a week Dietician: Once a week Immunization clinics: Weekly (more when 'Flu/Covid) Long term conditions: 2/3 times a week. MSK specialist Consultant & Physio: Monthly Optician: Monthly Pain Consultant: Monthly Physiotherapy: Weekly Podiatry: Monthly Sexual Health Specialist Consultant: 1x every 4 weeks Sexual Health Nurse: Weekly Ultrasound: Monthly X-ray, Routine: Monthly Several National Health Screening programmes	Spark inside coaching service. Trauma informed yoga (prison staff run with MHIR)	**Safeguarding Governor – Duty Manager** **Control Room** Phone: **Ask for Duty Governor** **Victor 1 daytime Custodial Manager in Charge.**

HMP Downview HMPPS Sutton, Surrey **Category:** Female	**Primary Healthcare Provision CNWL NHS Foundation Trust** **Timing: Weekdays/ Weekends**	**Well-being, Mental Health Provision CNWL NHS Foundation Trust**	**General Care provided GP/Dental/Optician/Sexual Health**	**Other services offered**	**Prison Contacts**
Healthcare Contact **Email**: cnw-tr.downviewreception@nhs.net **Phone:** **Clinical arrival** 07:15am to 20:00. **Admin Office:** **Primary Care Manager** Phone:	**Primary Care** Sunday - Saturday 07:00 - 20:00 **Mental Health** Monday - Friday 09:00 - 17:00	Psychiatrists Psychologist Psychotherapist Assistant Psychologists General Registered Nurses Registered Mental Health Nurses Social Worker Neuro Diversity Nurse Occupational Therapist Assistant OCC Therapist Associate Mental Health practitioner	Dental – Twice weekly (4 sessions) Dietician – Weekly (One session) Immunization clinics – Daily (As and when required) Long term conditions – Daily (As and when required) MSK specialist consultant and physio – Monthly Optician – Monthly (two sessions) Pain Consultant – Monthly (one session) Long term conditions – Daily (As and when required) Physiotherapy – Weekly (one session) Podiatry – Monthly (one session) Sexual Health – Specialist Consultant – Monthly (one session) Sexual Health - Nurse – Daily (as and when required) X-ray, Routine – Monthly Several National Health Screening programmes	Women in Prison – support for women with mental or physical health 3 months prior to release. Recoop – Working with women over 50s. Choices – Counselling for women who had loss by death or separation with their children. Forward Trust – Substance Misuse Services including clinical and psychosocial interventions	**Safeguarding Duty Manager/Governor** **General Switchboard** **Safer Custody** **Email** SaferCustody.Downview@justice.gov.uk

HMP High Down HMPPS Sutton, Surrey **Category:** Cat C, Male **Management:**	**Primary Healthcare Provision CNWL NHS Foundation Trust** **Timing: Weekdays Weekends**	**Well-being, Mental Health Provision CNWL NHS Foundation Trust**	**General Care provided GP/Dental/Optician/Sexual Health**	**Other services offered**	**Prison Contacts**
Emergency Contact Details – how to raise a concern. **Senior Band 7 Nurses Email**:cnwl.highdownband7@nhs.net **Phone**: **Admin office** Monday – Friday 08.00-17:00 **Email** : cnw-tr.highdownreception@nhs.net **Phone**: **NB**. Clinical staff arrive by 07:30am for a handover before seeing patients from 08:00-17:30. Leaves the premises at 18:00 (Flexible in dealing with emergencies)	**Monday - Thursday** 09:00-17:00 **Fridays** 09:00-12.30 **Weekend Nursing Staff** 08.00-17.00	GP service Psychiatrist Psychologist Psychotherapists Assistant YOGA Group Counsellors Drama Therapist Substance Misuse Gambling	Dental: 4/5 times per week Dietician: Weekly Immunization clinics: Seasonal on demand Long term conditions: 1/2 times per week Optician.: 2 days per week Pain Consultant: Weekly Physiotherapy: 2 days per week Podiatry: Monthly Retinopathy Screening: 2 x day a Month Daily		**Safeguarding Duty Governor/Manager** **Phone:**

<table>
<tr>
<th>HMP Send
HMPPS
Send, Surrey

Category: Cat C, Female</th>
<th>Primary Healthcare Provision
CNWL NHS Foundation Trust

Timing:
Weekdays
Weekends</th>
<th>Well-being, Mental Health Provision
CNWL NHS Foundation Trust</th>
<th>General Care provided
GP/Dental/Optician/Sexual Health</th>
<th>Other services offered</th>
<th>Prison Contacts</th>
</tr>
<tr>
<td>Emergency Contact Details – how to raise a concern.

Nursing Contact

Email: cnw-tr.sendreception@nhs.net

Phone:</td>
<td>364 days a year, 7 days a week
07:00-20:00

Monday to Friday
08:00-18:00</td>
<td>Primary care

Mental Health Psychiatry provision 2 Days a week.

Currently in vetting
EMDR, therapy, CBT, DBT skills-groups and 1:1’s, art therapy, psychology, RMNs</td>
<td>
<table>
<tr><td>Dental</td><td>Twice weekly</td></tr>
<tr><td>Dietician</td><td>Weekly
No provision currently</td></tr>
<tr><td>Long term conditions</td><td>2/3 times per week for different conditions</td></tr>
<tr><td>Optician</td><td>Monthly</td></tr>
<tr><td>Pain consultant</td><td>Monthly</td></tr>
<tr><td>Physiotherapy</td><td>Weekly</td></tr>
<tr><td>Podiatry</td><td>Monthly</td></tr>
<tr><td>Sexual Health - Specialist Consultant</td><td>Monthly</td></tr>
<tr><td>Sexual Health - Nurse</td><td>Weekly</td></tr>
<tr><td>Ultrasound once a month</td><td>Monthly</td></tr>
<tr><td>X-ray, Routine</td><td>once a month (if required)</td></tr>
</table>
Several National Health Screening programmes
</td>
<td>Choices-counselling service.

Women in Prison

Recoop - currently in vetting</td>
<td>Safer Custody

Email:sendsafetyandequalities@justice.gov.uk

Phone:

The Emergency Number

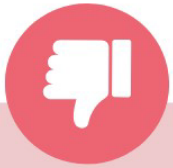
- ask for Oscar 1 or the duty Gov Victor 1.

Offender Management Unit Phone:</td>
</tr>
</table>

Appendix 2 - Permitted and not Permitted on a ward

Permitted and Not Permitted On A Ward

Prisoner/patients should be able to access and use the televisions supplied.



Prisoners/patients are not allowed hospital cutlery. The escorting prison staff will provide plastic cutlery for the prisoner/patient to use. These should be cleaned and retained on the ward for the duration of the prisoner/ patients stay.

Are not to receive any mail until the prison staff have examined it.

No access to telephones. Either to make or receive calls without the authorisation from the prison.

Prisoners/patients are not allowed access to cigarettes and should not have left the prison with their vape. Duty Managers may agree a vape plan should they be on an extended bed watch.

No contact with next of kin. This will be done by the prison officer escort in conjunction with the ward staff at the discretion of the prison/ duty governor.

Are not to receive food or clothing brought in by visitors other than prison staff without authorisation from the prison.

No access to the internet.

If admitted, all medications must be kept either in the general medicine trolley or in their bedside locker. The prisoner/patient will not have access to these and will not be permitted to self-medicate.

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Appendix 3 – Things to Remember

Prisoner/Patients On The Ward Are NOT Permitted Any Of The Following:

- Access to telephones either to make or receive calls without the authorisation from the prison.
- Access to the internet.
- To receive any mail until the prison staff have examined it.
- Contact with next of kin as this will be done by the prison officer escort in conjunction with the ward staff at the discretion of the prison/ duty governor.
- Receive food or clothing brought in by visitors other than prison staff without authorisation from the prison.
- Prisoners/ patients are not allowed hospital cutlery. The escorting prison staff will provide plastic cutlery for the prisoner/patient to use. These should be cleaned and retained on the ward for the duration of the prisoner/ patients stay.
- Prisoners/ patients are not allowed access to cigarettes and should not have left the prison with their vape. Duty Managers may agree a vape plan should they be on an extended bed watch.
- If admitted, all medications must be kept either in the general medicine trolley or in their bedside locker. The prisoner/patient will not have access to these and will not be permitted to self-medicate.

Things to Remember

Essential Things to Remember:

- Prisoner/patients details should not be written on the patient boards (an agreed 'code' or initials may be required).
- A risk assessment must be in place for high risk of someone trying to escape communicated to hospital staff on the ward and the hospital security.
- Different levelling of restraints may be required.

Things To Remember On Discharge:

- Do not hand any medication or prescription over to the patient/ prisoner.
- Never disclose information regarding any future appointment.
- Do not agree or discuss any transportation arrangements.

Every Time You Enter The Prisoner/Patients Room THINK:

- Hospital staff should remove all identification such as name badges before entering the prisoner/patients' room.
- Keep your conversation strictly professional never divulge personal information.
- 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.

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