

Policy into Practice: Use of restraints on escort

External Escorts Policy Framework

I am delighted to welcome you to the *Policy into Practice* series. This publication is the first in a series of publications where the PPO has worked with HMPPS policy leads to share learning from our investigations to improve policy. This publication combines policy and case studies to show some of the important changes that have been made to the External Escorts Policy Framework.



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Over the years we have continued to see far too many cases in which elderly, frail and/or very unwell prisoners with limited mobility were escorted to hospital in handcuffs – and some remained restrained until shortly before they died. This can be distressing for the prisoner, family and staff.

The PPO recently shared learning from their investigations to influence changes to the *Prevention of Escape Framework – External Escorts Policy Framework*. Following the issue of this new policy framework, now is a good opportunity to reflect on the important lessons learned from our investigations and why we recommended the changes we did to this important policy.

The Prisons and Probation Ombudsman (PPO) repeatedly makes recommendations about the use of restraints during escort, primarily during hospital visits for seriously unwell prisoners. The Prison Service has a duty to protect the public when escorting prisoners outside prison. However, they also have a responsibility to balance this by treating prisoners humanely.

The policy framework sets out the standard level of restraints for each prisoner security category. However, the policy makes it clear that this **should only be adopted after an individual risk assessment has been completed** (i.e. no medical concerns are raised, and the security assessment deems the use of restraints appropriate).



Risk assessment and healthcare input

We recommended changes to the risk assessment form, including changes to the section completed by healthcare staff.

- The escort risk assessment now makes it clear that the healthcare section must always be completed (unless there are no healthcare staff on duty prior to the escort).
- Healthcare staff must always be included in the risk assessment process and authorising managers should evidence on the risk assessment that medical information has been taken into consideration.
- The escort risk assessment must take into consideration the prisoner's current medical condition and the impact this has on the prisoner's mobility and their ability to escape. The assessment form now specifically asks healthcare to answer these questions.

Prisons must use the escort risk assessment form annexed to the policy. This will help staff consider all the relevant factors and provide a record of defensible decision making.

It is important for authorising managers to work collaboratively with healthcare colleagues when completing escort risk assessments. The policy framework, the new escort risk assessment form and collaborative working will help staff distinguish between the risk of escape posed by someone in custody when fit and those risks posed by the same

person with a serious medical condition.

We hope that the emphasis on input from healthcare staff will encourage a better understanding of their role in the risk assessment process and improve the treatment of prisoners during often stressful medical situations.

Case Study: A Category C prisoner, double leg amputee and wheelchair user, with right-sided weakness due to a suspected stroke, was single cuffed on three visits to hospital. This included a 12-day hospital stay whilst under detention. Healthcare staff had indicated on the risk assessment form that Mr A's medical condition restricted his ability to escape, but did not set out his current medical condition.

The authorising managers failed to take into account the prisoner's physical health and mobility when deciding it was necessary for them to be restrained.

Working collaboratively with healthcare colleagues would have enabled the authorising manager to make a better-informed decision on the use of restraints which would have better served both the prisoner and staff.

While the majority of the PPO's findings about the use of restraints on hospital escorts came from fatal incident investigations, we have also investigated complaints about this issue.

Case Study: A paraplegic prisoner complained about the use of restraints when attending hospital appointments. The PPO's investigation found that the prison was not aware that under the policy they needed to obtain the approval of the DDC for High Security (now Prison Group Director) to use restraints on a paraplegic prisoner. On being informed of this requirement by the PPO, the prison was then uncertain about whether approval was needed for each escort or whether approval could be obtained and used for all future escorts, unless there was a change in circumstances. It was acknowledged at this point that the policy did not cover this.

It was this case that led to the PPO informing HMPPS that the new policy framework should provide more detail to prisons about how often approval needs to be obtained for the use of restraints on tetraplegic and paraplegic prisoners.

The policy framework now sets out that **“this approval must be sought for each time the prisoner is to undergo an escort unless the HMPPS CEO (PGD in LTHSE) states otherwise for an individual prisoner.”** We hope this helps clarify the position for prison staff.



Escort chains

We understand that escort chains were used more often during the pandemic as an alternative form of restraint (when the use of restraints was deemed necessary) to enable staff to remain socially distanced from prisoners.

In these circumstances, we agreed such use was appropriate. However, before the pandemic we were seeing a lot of cases where escort chains were authorised as an alternative lower level of restraint to handcuffs.

Case study: In February 2020, a Category C prisoner noted as a wheelchair user with severe lung disease and relying on oxygen to help him breathe, was restrained by an escort chain. The PPO raised concerns that all staff involved in the risk assessments, including healthcare, appeared to be under the impression that prisoners with poor health and/or mobility issues should be restrained using an escort chain. In this case there was no evidence of any consideration to not use restraints given his condition.

We suggested that the new policy framework should clarify the position on the use of escort chains, and we are pleased that the new policy addresses this issue.

The policy framework states “escort chains are not to be used as a less secure form of restraint and must only be used in the circumstances approved on the escort risk assessment. If no restraints are to be used, then this includes the use of an escort chain.”