



Prison Health  
Rm. 8E46  
Quarry House  
Leeds LS2 7UE

## FIRST INTERIM REPORT – ESCORTS AND BEDWATCHES PROJECT

SEPTEMBER 2005

Please find attached the first in a series of interim reports to be produced by Prison Health on the findings of the escorts and bedwatches project. These reports aim to feed back analysis of the audit data to prison establishments and Primary Care Trusts (PCTs), allowing them to view their own returns in the context of the national picture and to consider where they might wish to drill down for more detailed information. The scale and relative complexity of the dataset mean that, for this first report, Prison Health has only been able to present the information returned on the audit questionnaires. It is our intention that any concerns experienced by PCTs and establishments with regard to their own returns can be identified at this stage and addressed. The final report will be produced in June 2006.

The main findings<sup>1</sup> of the report are summarised below. A more in-depth discussion of these findings can be found in Section 4 of the report:

- The median number of staff involved in escort and bedwatch episodes is higher for high secure prisons than for other prison types
- The median length of an escort episode is 2 hours and the median cost is 4 staff hours. A provisional figure for the average cost of an escort is £87.75 based on the mean staff cost of 5.8 staff hours and a rate of £15.13 per hour (excluding travel costs and subsistence costs where applicable).
- The median length of a bedwatch episode is 49 hours and the median cost was 97 staff hours. A provisional figure for the average cost of a bedwatch is £2,753.66 based on the mean staff cost of 182 staff hours and a rate of £15.13 per hour (excluding travel and subsistence costs).
- In respect of escorts and unaccompanied visits, a higher proportion of emergencies occur in YOI/Juvenile prisons than in other prison types
- In the case of bedwatches, a higher proportion of emergencies occur in female and open prisons than in other establishments.
- Prisons with 24-hour cover reported a significantly higher proportion of escort and bedwatch episodes outside office hours (defined as Monday to Friday 0900-1700)
- In all prison types, an extremely low proportion of reported episodes arose from presenting complaints in the category 'Mental and behavioural disorders'

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<sup>1</sup> Please note that the figures quoted in this report are not weighted by prison population. This will be incorporated for future reports

A guidance document intended to highlight areas where data quality can be improved has been attached as an annex to this letter, as it is likely to be of interest to readers.

The Prison Health team would like to express their gratitude for the continued co-operation of area managers, governing governors, PCT prison health leads and regional development teams in the project. In particular, we would like to thank the prison healthcare centres for their assistance in returning the questionnaires necessary to write this report.

**Richard Bradshaw**  
Head of Prison Health  
Department of Health

**Michael Spurr**  
Operations Director  
HM Prison Service

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Please direct any queries to:

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## **ANNEX A – GUIDANCE FOR COMPLETING QUESTIONNAIRES**

From: Dr Susan Knight  
Operational Group  
NOMS

To: Health Care Managers

By email

September 2005

### **HEALTHCARE ESCORTS AND BEDWATCHES AUDIT 2005/06**

#### **UPDATED GUIDANCE – SEPTEMBER 2005**

Many thanks for your continued co-operation with this extremely important ongoing piece of work. You should have now received a copy of the first interim report produced by the DH Prison Health team.

We have been impressed by the quality of returns and the consistency with which the vast majority of establishments have completed the questionnaires. However, the compiling of the report highlighted a number of areas which require further attention in order to ensure a greater level of accuracy in future reports.

**Could Health Care Managers please ensure that this updated guidance document reaches the staff members with responsibility for completing the questionnaires as soon as possible.**

If you have any queries, please contact:

Fiona Emmett  
Email: [fiona.emmett@dh.gsi.gov.uk](mailto:fiona.emmett@dh.gsi.gov.uk)  
Tel: 0113 2545034

## PRISON HEALTHCARE ESCORTS AND BEDWATCHES AUDIT 2005/06

### UPDATED GUIDANCE – SEPTEMBER 2005

**Please read this guidance carefully, making reference to the audit questionnaire.**

#### **1. Nil returns**

Please could establishments inform us either by telephone, hard copy or email when they have a nil return (i.e., no relevant activity to report in the audit period). This will allow us to log nil returns and avoid them being mistaken for outstanding returns.

Some establishments have been unable to submit full returns due to annual leave etc. over the summer period. Could affected establishments please ensure that missing returns are submitted as a matter of urgency.

#### **2. Length of Audit**

It has brought to our attention that some establishments were under the impression that the audit exercise was to last for a period of a few weeks. Please note that this is a 12-month project and establishments will be required to submit returns until 31.03.06.

#### **3. Restricted Information/Confidentiality**

Can all establishments please take time to check their questionnaires prior to posting as restricted information is sometimes slipping through (i.e. prisoner photos with offences and sentences, personal addresses, personal comments on prisoners by prison staff).

#### **4. 'Escort' versus 'Bedwatch'**

An event should be recorded as an **escort** in all cases where the patient **was not admitted** to hospital. This can apply to:

- The prisoner was taken by prison staff for external healthcare treatment and was returned to the establishment on the same day
- A late night visit to A&E in which the prisoner was not admitted
- Transfer of the prisoner to a secure NHS mental health facility

The term **bedwatch** applies to all incidences when the prisoner **was admitted** to hospital.

#### **5. Missing Data**

All fields on the questionnaire **must** be completed with the exception of the prisoner number (See Point 7). There is a growing trend for establishments to miss out vital information such as:

- Age ranges
- Number of staff involved
- Length of episode
- Category of presenting complaint
- Cause of Injury

**6. Establishment name (A1)**

Please enter the familiar form of the name, not the four-letter Prison Service code, as this may not be known by the data input staff.

**7. Prisoner Number (A6)**

Please note that this field is not mandatory and forms no part of the analysis. It has been included to facilitate checking against locally held data for validation purposes. However, staff may leave this item blank if they so prefer.

**8. Number of staff involved (A7)**

Where 3 or more staff are involved in an event, please use the additional space to specify the exact number of staff involved at any one time.

**9. Length of episode in hours (B1) / Length of bedwatch in whole days and extra hours (C1)**

This is required for **all** episodes except unaccompanied hospital visits. This includes mental health transfers. Please round to the nearest whole number of hours.

**The figure should cover the time from when the patient left the establishment to the time s/he returned.**

In cases where the patient **did not** return to the establishment (e.g., mental health transfers, long-term bedwatches where the patient either died or was released from custody while still in hospital), please record the length of time until the return of the escorting officers to the establishment.

**10. Category of presenting complaint (B5, C5)**

These two sections are intended to capture the category of the patient's health problem or other initial clinical reason for the hospital visit / admission. This should not be confused with the hospital department or specialist by whom they were seen. For example, an outpatient appointment to the Ear Nose and Throat department (entered in B3 as 'ENT') may legitimately match the categories either of 'Eye and ear' or of 'Respiratory system' (ticked in B5).

These categories tally with the headings of the World Health Organisation's ICD-10 classifications. If you are unsure about which category should be used, please contact us. Alternatively, write a description of the presenting complaint on the form.

## **11. Injury, Poisoning and Other Consequences of External Causes**

Where this category applies, please tick **one of the additional three boxes** to indicate the category of cause. Please note that **all** self-inflicted injuries should be counted as 'Intentional self-harm'. If you are uncertain about which category of cause to tick, please write a brief description of the injury on the form.

## **12. Sexually Transmitted Diseases**

Please note that sexually transmitted diseases should be coded as 'Infectious and parasitic diseases', not as 'Genitourinary system'.

## **13. Sprains, Dislocations and Fractures**

Fractures should be coded as 'Injury, poisoning and other consequences of external causes', not as 'Musculoskeletal system and connective tissue'.

## **6. Contact details**

Please direct any queries to:

Fiona Emmett

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Tel: 0113 254 5034