



OFFICE OF THE INSPECTOR  
OF CUSTODIAL SERVICES

Medical transport incidents - individuals  
transported after major surgery

Public release version

**Audits, Reviews and Thematics**  
**March 2013**

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## 1 Overview

- 1.1 Transporting persons in custody in Western Australia presents considerable challenges and risks to both the community as well the people being moved. Transport of people with specific health issues adds further complexity.
- 1.2 In November 2011 and May 2012, two persons in custody were transported from Royal Perth Hospital (RPH) to Casuarina Prison following major surgery. The contractor, Serco, provided the transport service.
- 1.3 Both persons in custody were transported in vehicles that have been specifically designed to transport persons in custody in a secure manner. These vehicles are large trucks with a separated cab area for the escort staff. The rear of the truck is divided into several secure 'pods' that enable people to be segregated. Persons in custody must step up into the secure pods to embark and disembark.



- 1.4 These secure vehicles are the primary vehicle for all transports of persons in custody. They are essentially designed and intended for the secure transportation of people in custody between courts, prisons and police lockups, but are also used to transport people in custody to and from medical facilities.
- 1.5 In both cases the individuals transported back to prison after major surgery experienced considerable pain and discomfort during the journey. Both individuals recovered poorly from their surgery and eventually returned to hospital for further treatment.
- 1.6 Escort officers are not provided with information on the medical treatment received by persons in custody and therefore were unaware that the two individuals had undergone major surgery. Neither the escort officers nor the

Serco Control Centre had sufficient information to indicate a different mode of transport, such as a taxi, should have been considered.

- 1.7 These two incidents highlight the difficulty of balancing the protection of an incarcerated person's privacy with the need to have sufficient information to provide appropriate services. One of the individuals requested that he be transported in an alternative vehicle rather than a secure vehicle. This request was relayed by the nurse at RPH who would have been aware of the medical status of the individual. However it is unlikely the nurse was aware of the security implications of this request. Likewise the escort officers who transported these individuals, even if they had been informed of the medical procedures undertaken, may not have been in a position to determine whether the current health of the person justified a change in mode of transport. The system of transporting individuals after major surgery should not be based on security staff making medical decisions any more than it should be based on medical staff making security decisions. What is needed is a system of collaboration and communication to ensure that transport of persons in custody to and from hospital occurs in a medically appropriate and secure method.

## **2 Conclusion**

- 2.1 The transport of the two individuals via secure vehicle was painful and uncomfortable for both individuals. There is no way to determine if transport in a taxi or sedan would of itself have been any better. However both individuals were assisted by escort officers to get in and out of the secure vehicle and both reported feeling their injuries acutely as a result of this assistance. Both individuals stated to staff from the Office of the Inspector of Custodial Services (OICS) they were in pain throughout the journey. In one case, this is corroborated by notes taken by escort officers stating the individual was in pain during transit. This individual's journey was prolonged to enable other prisoners to be transported in the same vehicle, therefore extending the time he was in pain. Nevertheless, there is no evidence to suggest that the mode of transport used for these individuals exacerbated their injuries.
- 2.2 Contractually, Serco is obliged to ensure all persons are transported in a suitable vehicle with due regard for the individuals health status. In order for Serco to fulfil its obligation it relies on assessments provided by the Department of Corrective Services (DCS) on a person's fitness to travel. DCS is contractually required to provide escorting officers with any necessary medication and instructions when transporting persons in custody.
- 2.3 However, unlike other transports, these movements were of individuals who had been initially transferred to RPH via ambulance where no such assessment was needed. The return journey occurred after the individuals were discharged from

hospital. At the time of these transports there was no requirement for DCS staff to provide an assessment of an individual's fitness to travel back to a prison from a hospital. As such, no assessment was carried out, no guidance was provided to Serco on the need for an alternative vehicle and therefore Serco provided transport in a normal secure vehicle.

- 2.4 Communication between the hospital, Serco and DCS was lacking. While no individual agency had clear responsibility for determining whether the health status of the two individuals justified an alternative mode of transport, neither DCS nor Serco were proactive in attempting to obtain this information. This certainly resulted in an unnecessarily long trip for one individual. It also probably added to the discomfort experienced by both individuals during transit.
- 2.5 The experiences of these two individuals highlight where there is room for improvement within transport arrangements. DCS should focus on:
- Completing and implementing policies and procedures specific to medical transports that ensure communication between medical staff, DCS, escort officers and the Serco Control Centre is sufficient to enable the use of the most appropriate mode of transport for each escort to or from hospital;
  - Consideration of protocols to ensure that every transport of a person in custody being discharged from hospital, after more than a three day admission, be carried out using a direct transfer from the hospital back to the appropriate prison unless otherwise directed by Prison Health Services clinicians.
  - Continuing negotiations with the Department of Health to identify when medical transfers, rather than discharges, are taking place and implement appropriate protocols around the transfer of persons in custody in these situations.<sup>1</sup>
  - Ensuring policies, procedures or protocols established between DCS and Serco are extended to DCS staff providing transport of persons in custody to and from hospital.
- 2.6 Given these incidents occurred over 15 months and 9 months ago respectively, the need for completing and implementing new policies and procedures should be addressed as a matter of urgency.

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<sup>1</sup> If a person in custody is returning to the Casuarina infirmary where it is intended they stay under ongoing medical care, then it may be considered the person is being transferred to another medical facility rather than being simply discharged from hospital. A transfer to another medical facility has established protocols and may include the use of an ambulance for transport. Both individuals in this report were discharged from the hospital.

### **3 Background**

- 3.1 In June 2011, Serco was awarded the revitalised Court Security and Custodial Services Contract. This contract incorporates the transportation of persons in custody between police lock-ups, courts, court custody centres, prisons, and remand centres. It also includes other transports for persons in custody including for attending funerals and medical appointments. This service does not cover the movement of young offenders.
- 3.2 Under the contract both DCS and Serco have responsibilities in managing the health of persons in custody during transit. Serco is required to ensure that transfers are performed in a safe, secure, decent and humane manner whilst still maintaining the custody of the person and ensuring the safety of staff and the community. Due to patient confidentiality, Serco officers are not notified of the nature of the medical procedures undergone by persons in custody.
- 3.3 DCS has responsibility for carrying out an assessment of a person's fitness to travel, to confirm to Serco that this assessment has been carried out, and to provide any necessary medication and instructions to escort officers. DCS are not required to undertake such an assessment if the person is being transported by ambulance.

### **4 Transport incidents**

#### **Person 1**

##### *Hospital*

- 4.1 Person 1 underwent a significant surgical procedure at RPH, spending nine days as an inpatient. On the day of his discharge, 15 November 2011, a pick-up was provided twice before he was ready to be transferred. After the second attempt, a nurse rang Serco's control centre to relay a request from Person 1 to be picked up in something other than a secure vehicle. The nurse was advised if the sedan<sup>2</sup> was available it would be used. The third attempt at picking up Person 1 at 8:05pm was successful. The sedan was not available at this time, so a standard secure vehicle was used. The secure vehicle travelled directly from RPH to Casuarina Prison.

##### *Travel*

- 4.2 CCTV footage of the journey showed Person 1 being assisted into the secure vehicle by escort officers. He was seated alone in one of the two moulded plastic unpadded seats in the middle of a pod and was not seen wearing handcuffs or other restraints. An escort officer explained the purpose of the monitor, intercom

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<sup>2</sup> At the time of the incident Serco had a sedan type vehicle on short term hire for deployment.

and duress button, none of which were used during the journey to alert the officers to any excessive discomfort or pain.

- 4.3 As the journey started Person 1 held a pillow to his chest. He later explained to the OICS staff the pillow was to help with pain relief. He fidgeted with his seat belt but did not attempt to join it up. He was bumped around frequently in the early part of the journey. His head was bowed for much of the time, however he remained upright. At one point, Person 1 appeared to cough and applied a pillow to his chest. Despite Person 1 deliberately pushing the pillow to his chest over the surgical wound no blood was visible on his clothing.

#### *Return to Casuarina*

- 4.4 The detail in this section has been summarised to protect the privacy of the individual. Key points include:
- Person 1 was reviewed at RPH on two occasions after this transport incident. Both reviews resulted in Person 1 being readmitted to hospital as infections had developed.
  - Subsequent returns to hospital were via maxi taxi, whereby Person 1 reported still being in pain and experiencing discomfort after these further transports.

## Person 2

### *Hospital*

- 4.5 Person 2 underwent a significant surgical procedure at RPH, spending 16 days as an inpatient. On the day of discharge, 31 May 2012, Serco received notification to collect Person 2. No instructions were given on the need for a special vehicle. The secure vehicle used for the transport of Person 2 went from RPH to Perth Children's Court and District Court picking up other persons in custody before returning to Casuarina. The total travel time was one hour, 40 minutes. Direct transport from RPH to the prison takes approximately 45 minutes<sup>3</sup>, however Person 2's transport extended out to over double this time. This increased the time he was in pain and discomfort.

### *Travel*

- 4.6 Person 2 informed an escort officer that he was in pain when he was picked up at RPH. CCTV footage shows he was assisted into the pod from a wheelchair by an escort officer. Due to his security rating he was restrained (handcuffed to an officer) when transferred from his bed to the secure vehicle. His handcuffs were removed when he entered the vehicle.

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<sup>3</sup> According to Google Maps

- 4.7 Person 2 remained upright throughout the journey often grasping his knees and at times bending over. Wellbeing checks were carried out during the journey, in which escort officers reported Person 2 was in pain but stable.

#### *Return to Casuarina*

- 4.8 The detail in this section has been summarised to protect the privacy of the individual. Key points include:
- Person 2 returned to RPH. His return appears to be a result of the initial condition rather than an infection developing after the surgery.
  - A week after his return from RPH the second time, further medical assistance was required. Person 2 negotiated to be transferred to Fremantle hospital rather than the infirmary or RPH.
  - Further transports to RPH and Fremantle were carried out by taxi.

## **5 Fitness to travel**

- 5.1 According to the *Prisons Act 1981* (s 95A) DCS is required to ensure that medical care and treatment is provided to persons in custody. Prisoners who are lawfully absent from prison for the purpose of escorted travel, including travel to and from medical facilities are still deemed to be in custody and therefore the requirement to ensure care and medical treatment is provided still applies. Accordingly, DCS have developed a policy<sup>4</sup> to ensure that a proper health assessment of each person in custody is conducted prior to their departure from a prison and that proper care is available to them during the escort.
- 5.2 A person is deemed fit to travel if they have the ability to undertake road or air travel in an air conditioned vehicle without significant medical risk, subject to adequate rest stops, food, water and essential medications<sup>5</sup>.
- 5.3 Where a person in custody is conveyed by ambulance, logically, the policy does not apply. However this means that both Person 1 and Person 2, having been transported to RPH by ambulance, had not been assessed for their fitness to travel back to prison.
- 5.4 Both DCS and Serco appear to have assumed that once a person is discharged from hospital they will meet the fitness to travel criteria. This assumption is not unreasonable, given the definition of fitness to travel only encompasses whether a person can travel without significant medical risk. This was true for both Person 1 and Person 2.
- 5.5 The missing information is whether travel by secure vehicle is appropriate for someone who has undertaken major surgery, in particular whether an extended

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<sup>4</sup> Policy Directive 75, (Medical) Fitness to travel assessment for prisoners undergoing escorted travel.

<sup>5</sup> Ibid.

journey would be unacceptably painful for the individual and whether the person in custody is able to step into and out of the secure vehicle relatively easily. Person 1 and Person 2 were both assisted into and out of the vehicle indicating that getting in and out was difficult for them. However, it is noted these individuals may also have required assistance to get into another type of vehicle and that transportation following major surgery is likely to cause some degree of discomfort in almost any type of vehicle.

- 5.6 Consideration must also be given on whether a person can be reasonably comfortable remaining in a seated position and whether the person's health warrants transit via direct route.
- 5.7 Following the transport of Person 2, Serco drafted an operational instruction<sup>6</sup> intended to improve the level of information provided to staff prior to transporting an individual from hospital to a prison. In addition, a fitness to travel assessment form has been drafted which includes check boxes on whether a person can walk without assistance, and is comfortable in a seated position. These documents are under review by DCS.

## **6 Transport contract obligations**

- 6.1 Under the terms of the Court Security and Custodial Services Contract, Serco is required to ensure that transfers are performed in a safe, secure, decent and humane manner whilst still maintaining the custody of the person and ensuring the safety of staff and the community. During transport all persons in custody must be treated with humanity, dignity and sensitivity and with due regard for age, gender, health and risk status. The contract specifies that all persons in custody are entitled to, and Serco shall exercise, reasonable care.
- 6.2 When transporting persons in custody Serco is to ensure a risk assessment of each person's suitability for transport is undertaken. This assessment must include an assessment of potential security risks as well as any matters which may impact on the person in custody's welfare, safety and well-being. Serco must ensure that it has at least one vehicle at its disposal suitable for the transportation of pregnant women, women with children and persons with disabilities or who are otherwise impaired.
- 6.3 The contract requires DCS to provide Serco with details of who is to be moved to where and include any specific management instructions and relevant risk details.
- 6.4 Prior to the commencement of any escort from prison, a fitness to travel assessment is conducted. DCS is required to confirm that the assessment has been made and that escorting officers are provided with any necessary

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<sup>6</sup> Operational Instruction 2.131 - Transportation of Persons in Custody from Hospital.

medication and instructions provided by Prison Health Services clinicians. This assessment was not carried out for either Person 1 or Person 2 due to the assumption that discharge from hospital was sufficient. More importantly no specific instructions were provided to escort officers by Prison Health Services clinicians which indicated a different mode of transport was needed.

- 6.5 Serco staff are not privy to the medical status of a person they are instructed to collect from hospital. The escort officers had no knowledge that either Person 1 or Person 2 had undergone major surgery.
- 6.6 A clause on efficiency and cost effectiveness has been included in the contract whereby Serco agrees to perform transport services in the most cost-effective manner. Practically, this means that Serco provides a 'bus like' service of transport delivery, ensuring that where possible, several people are transported in the one trip by a single vehicle. A 'taxi like' service, where each person in custody is transported directly from one place to another would not be a cost effective model.
- 6.7 Unless there are exceptional circumstances, all Serco transport is expected to be carried out in a secure vehicle.

## **7 Ambulance transport**

- 7.1 At the time of these incidents several suggestions were made, mostly by prison staff, that these individuals should have been transported back to the prison via ambulance. This view is contrary to services available to the general public. No individual discharged from hospital is able to access ambulance services to return home. Likewise no person in custody, discharged from hospital should be able to access ambulance services to return to prison. The foundation for this approach is that no person requiring ambulance transport is discharged from hospital.
- 7.2 Transfers between medical facilities are another matter. In these situations ambulance services can be used. There is an argument to be made that if a person in custody is returning to the Casuarina infirmary where it is intended they stay under ongoing medical care, then the person is being transferred to another medical facility and is not being discharged. Hospital protocols have been established where transfers only take place when the receiving medical facility has been notified of the status of the patient and confirms they have the necessary resources, equipment and treatment regimens to receive the patient and provide ongoing care. The Office of the Inspector of Custodial Services has been informed current negotiations are underway between DCS and the Department of Health to clarify if and when it is appropriate for transfers to occur rather than discharges.

## **8 Other agencies involved in transport**

- 8.1 Serco does not provide transport services for juveniles. It also does not provide medical escorts for persons held in the Boronia Pre-release Centre for Women, or Karnet, Pardelup or Wooroloo Prison Farms.
- 8.2 Any improvements made to policies, procedures or protocols as a result of these two incidents should be shared with DCS staff who provide medical escorts for the above prisons and detention facilities, as well as any future potential contractors.

## **Appendix: Audit methodology**

Information for this audit was collected and analysed from a variety of sources to determine the findings of this audit. This included:

- Interviewing both prisoners
- Interviewing Department of Corrective Services staff including Health Services staff and the Superintendent at Casuarina prison
- Interviewing senior staff from Serco
- Examining medical records, incident logs and other correspondence regarding the incidents
- Examining CCTV footage of the journey for each individual

March 2013

ISSN 1445-3134

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