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25 August 2026
Internal Reference: 260716
Email:

Dear ,

Thank you for your request for information, which we received on **08/07/2026**.
We have considered your request under the Freedom of Information Act 2000.
Please ensure you quote the Internal Reference number above in any future correspondence.

Please accept the Trust's apologies for the delay and inconvenience you have experienced regarding your FOIA request.

Your Request and our Formal Response

(1) Please provide all current policies, guidance, Memoranda of Understanding, standard operating procedures (SOPs), Incident Response Plans, and Site Specific Response Plans governing SECAMB's responses to medical emergencies in prisons. This request excludes the SOP entitled 'Attendance at HM Prison Services', which is already publicly available.

The Trust confirms that the only current standing operating procedure is the Attendance at HM Prison Services.

The Trust confirms that it holds Site Specific Response Plans and Incident Response Plans governing SECAMB's response to medical emergencies in prisons. This information is exempt from disclosure under section 31(1)(a) and section 31(1)(f) of the Freedom of Information Act 2000, as disclosure would be likely to prejudice the prevention or detection of crime and the maintenance of security and good order in prisons or other institutions where persons are lawfully detained.



The withheld information contains operational detail about how emergency responses within prison settings are planned, coordinated and managed. Disclosure would provide insight into site-specific response arrangements, escalation routes, operational contingencies and security-sensitive processes. The Trust considers that there is a real and significant risk that disclosure could be used to identify vulnerabilities in prison emergency response arrangements, undermine security procedures, or assist individuals seeking to disrupt, exploit or evade established operational controls.

The prejudice identified is not hypothetical. The requested documents relate to prison environments, where maintaining security, good order and safe emergency access is essential. Releasing this level of operational detail into the public domain would be likely to prejudice those interests by reducing the effectiveness of security and response arrangements, particularly when combined with other information already publicly available or which may be requested in future.

Section 31 is a qualified exemption and the Trust has therefore considered the public interest test. The Trust recognises the public interest in openness and transparency about how it responds to medical emergencies in prisons, particularly where this relates to patient safety, accountability and the delivery of emergency healthcare. However, this is outweighed by the stronger public interest in protecting operational effectiveness, preserving the safety of patients, staff and detainees, and ensuring that emergency response and prison security arrangements are not compromised.

For these reasons, the Trust has concluded that the public interest lies in maintaining the exemption and withholding the Site Specific Response Plans and Incident Response Plans.

(2) On 19 September 2025, SECamb issued a document titled 'Re: Regulation 28 Report to Prevent Future Deaths - Azroy Dawes-Clark who died on 10 November 2021'. This states that 'primacy of care within a prison environment rests with commissioned prison healthcare services', and that 'Ambulance Service staff responding to emergencies within a prison... will assume responsibility for patient care at the point of handover and departure'.

A. Please provide any policies, guidance, Memoranda of Understanding, and/or SOPs defining "primacy of care" in this context. In particular, please provide any recorded information outlining the powers and legal responsibilities encompassed by this term. For example, please identify

i) which organisation has ultimate authority in clinical-decision making;

Prison healthcare has primacy of clinical care and decision-making while the patient remains in the prison. SECamb can provide emergency treatment within its competence but works in conjunction with the prison healthcare lead. Once the ambulance crew/clinician is assessing the prisoner/patient, the ambulance clinician will have professional responsibility for their own clinical

assessment and treatment decisions. Prison governors, officers or HMPPS personnel cannot direct an ambulance clinician to make a particular clinical decision. However, there may be a shared clinical pathway where the prison healthcare clinician has already assessed the patient. In this situation, the ambulance clinician must take that information into consideration but remains professionally responsible for their own assessment and decisions. This is in line with current HMPPS frameworks, which distinguish HMPPS's responsibilities from clinical decision-making and clinical governance.

ii) which has ultimate authority in relation to decisions on SECamb attendance and hospital transfer; and

The prison healthcare provider has primacy over the clinical decision to escalate/arrange hospital transfer while the patient remains in the prison.

Prison control rooms will call 999 and pass any pertinent clinical information they have available. In all cases, Emergency Medical Advisors (EMAs) who answer 999 calls will still ask the question "is the patient breathing?" HMP will endeavour to provide this information at all times. Where it is confirmed that the patient is not breathing a Category 1 response must be generated.

The standard response to prison incidents will be Category 2. Unless information has been provided that warrants a Category 1 response. When an Ambulance response is requested, the EMA will select the problem nature "Prison Incident" and type the immediate nature if known in the free text problem box on the Computer Aided Dispatch (CAD). All calls from the prison service are made from an agent of the health care practitioner, who will be making their way to the prisoner. EMA's are to use Attend Incident or HCP Pathway.

Where the question "What level of response is required?" is presented, it will always be answered "Category 2 18 Minute response" unless the call is from the HCP and they request a lower level of response. Calls where a HCP has assessed the patient and determined that transport to hospital is required, the call will be dealt with using the HCP pathway. Such calls will usually originate from the HCP personally or their representative. All other calls will be dealt with utilising Attend Incident. Both 'attend incident' and 'HCP Pathway' are both pathways used in triaging patients under NHS pathways. Following clinical handover to SECamb, SECamb has responsibility for the patient's ambulance conveyance, and the attending ambulance clinician exercises the clinical judgement necessary to carry it out safely.

Attendance: The prison has an operation responsibility to ensure that their establishments respond promptly and appropriately to medical emergencies. Prison staff must arrange for an ambulance to attend where required. This does not assume clinical authority over the ambulance service once the ambulance is involved.

SECamb retains responsibility for its own response, clinical triage and dispatch process.

Conveyance: The ultimate clinical decision on whether a patient requires hospital treatment and conveyance rests with the treating healthcare professional, subject to the particular circumstances.

Healthcare staff assess what intervention is needed and determine whether hospital conveyance is required, while the prison staff are responsible to arrange the ambulance and facilitate access/ escort involving custodial/ security arrangements.

iii) which bears legal responsibility for the decisions and actions specified in (i) and (ii).

HMPPS controls custody; it does not control clinical decision-making. The NHS/healthcare provider controls clinical decision-making; it does not control the prisoner's custodial status or security arrangements.

The fact that the prisoner is physically within a prison does not transfer clinical responsibility to HMPPS. Conversely, the ambulance trust does not assume responsibility for the prison's custodial/operational duties simply because its clinicians attend the establishment.

NHS England commissions prison healthcare, but emergency care and ambulance services are commissioned through the relevant ICB, rather than NHS England's prison-healthcare commissioning function.

B. Please provide any recorded information identifying the legal basis for the allocation of powers and responsibilities referred to in (A).

HMPPS Responsibility for Access to Health and Social Care Policy Framework (2026) — expressly states that HMPPS is responsible for enabling access to healthcare and clarifies the limits of HMPPS responsibility for clinical decision-making and clinical governance.

[HMPPS responsibility for access to health and social care policy framework - GOV.UK](#)

NHS England – Who Pays? — expressly states that for prisoners, NHS England commissions healthcare excluding emergency care, while ICBs commission emergency care, including A&E and ambulance services. It even gives the example of a prisoner requiring an ambulance following a heart attack.

[NHS England » Who Pays?](#)

NHS England – Health and Justice — confirms NHS England's prison-healthcare commissioning responsibility excludes emergency care and ambulance services.

[NHS commissioning » Health and justice](#)

NHS England 2026/27 Ambulance Service Specification — sets out the national requirements for ambulance services, including clinical decision-making, clinical navigation and safe conveyance decisions.

[NHS England » 2026/27 ambulance emergency and urgent care service specification](#)

(3) If not addressed by the documents requested in (1), please provide any policies and/or guidance governing situations where SECamb staff consider that the actions of prison staff (clinical or non-clinical) pose a patient safety risk. This includes mechanisms for urgent escalation and review of concerns, alongside longer-term processes for referring these concerns to the appropriate investigative bodies.

If a SECAMB crew had concerns that the actions of prison staff pose a patient safety risk, whether this be clinical or non-clinical, staff would complete a DCIQ to report this.

(4) Please provide the total number of Datix reports submitted by SECamb staff, during the last three years, where concerns were raised about the management of a detained patient by prison staff (clinical or non-clinical). Please also provide the figures broken down according to each prison site covered by SECamb. However, if this information is not held in a searchable format such that responding would require a manual review of all individual reports, I am content for this request to be withdrawn.

SECamb do not capture specifically on DCIQ the 'management' of detained patients by prison staff. We only capture general issues with prison staff so all of the incidents would need individual review and as stated in question 4, this can therefore be withdrawn.

(5) Where a SECamb ambulance response is delayed by a prison's administrative, operational, and/or security arrangements:

A. Please state whether these delays are routinely recorded.

Under 2.7.2 of the Attendance at HM Prison Services SOP it states 'Any delay in gaining access to the prison or delayed care resulting in harm or potential harm to the patient should be reported promptly via a DCIQ. Our Operational crews would complete a DCIQ if the delayed care resulted in any harm or potential harm to the patient.

B. Please state whether these delays are subject to auditing processes. If so, please provide any available statistical summaries or aggregate data relating to the number and time periods of these delays. Please also provide any relevant thematic reviews,



reports, or comparable documents. This request covers a period of no more than the last three years.

This information comes from a relevant internal dashboard and has been shared under the request for relevant thematic reviews, reports or comparable documents. Please refer to the tables below:

Year	Category 1 Incidents	Category 2 Incidents	Category 3 Incidents	Category 4 Incidents
2023	193	1004	22	0
2024	231	999	22	0
2025	229	994	27	<5

Year	Hear and Treat Incidents	See and Treat Incidents	See and Convey Incidents
2023	6	423	815
2024	7	468	806
2025	11	479	804

C. Please state whether these delays are routinely classified as patient safety incidents.

Delays are not routinely classified as patient safety incidents. A delay would only be classified as a patient safety incident where there is evidence that harm has been caused to a patient as a direct result of the delayed response. Such matters would be assessed on a case-by-case basis.

(6) If not addressed by the documents requested in (1), please provide any policies or guidance governing circumstances in which a prison requests cancellation of a SECamb ambulance response that has already been assessed as meeting criteria for dispatch. This includes any guidance addressing:

A. Whether cancellation may occur solely on the recommendation of prison healthcare staff, or whether specific clinical findings are required to support this request;

Where a healthcare professional (HCP) contacts SECamb to request cancellation of an ambulance response, the request would ordinarily be accepted on the basis that it has been made by a registered clinician or their representative. SECamb would not routinely undertake a separate clinical assessment or seek additional clinical input before cancelling the response. No specific clinical findings would ordinarily be required from the HCP to support the cancellation request.



B. Whether SECamb routinely establishes the profession, role, and/or grade of the individual requesting cancellation when determining if this is clinically appropriate;

The caller's professional status/role would be identified as part of the call-handling process. However, SECamb does not routinely assess the individual's grade or seniority before accepting the cancellation.

C. The procedures to be followed in cases where SECamb does not consider cancellation clinically appropriate, but is denied access to the patient by prison authorities.

SECamb does not routinely provide a clinical assessment where a cancellation request is made by a registered healthcare professional or their representative. Therefore, the specific circumstances described, where SECamb considers that cancellation is not clinically appropriate, but prison authorities subsequently deny access to the patient, would not ordinarily arise through the standard cancellation process. No separate SECamb policy or guidance has been identified setting out a specific procedure for this scenario.

(7) If not addressed by the documents requested in (1), please provide any policies or guidance governing circumstances where a request for ambulance attendance to a prison is made by a prisoner's family member, friend, advocate, or legal representative. In particular:

A. Please specify whether an ambulance response would be initiated if the information provided met criteria for this response, or whether authorisation from the prison would be required prior to dispatch;

The Prison HCP would be contacted to confirm that an ambulance is required.

B. In addition, please state the number of occasions within the last three years where an ambulance was requested for a prisoner by an individual who was not a member of prison staff (clinical or non-clinical). If this information is not already held in aggregate form, such that a manual review of records would be required, I am content for it to be withdrawn.

The Trust does not hold this data in a reportable format.

(8) Please provide copies of any correspondence, dated within the last two years, in which SECamb has raised concerns with other public authorities regarding the safe provision of emergency healthcare to prisoners. If extensive correspondence is identified, such that the appropriate cost limit for this request would be exceeded, please limit searches to any correspondence with HM Prison and Probation Service and individual prison governors.

Please refer to the attached supporting documents.

Next steps

Some information held by the Trust is routinely published on our [website](#) and may be of assistance.

If you are dissatisfied with the Trust's response to your request, you have the right to ask for an internal review.

Requests for an internal review should be submitted within **40 working days** of the date of this response and should be sent to:

Richard Banks, Head of Corporate Governance at FOI@secamb.nhs.uk

The internal review will be conducted by an individual who was not directly involved in handling your original request, ordinarily the Trust's Data Protection Officer. We aim to complete internal reviews within **20 working days** of receipt.

If you remain dissatisfied following the outcome of the internal review, you may complain to the Information Commissioner's Office (ICO). The ICO generally expects complaints to be raised promptly following the completion of an internal review.

The easiest way to raise a complaint is via the ICO's website:
www.ico.org.uk/foicomplaints

Alternatively, you may write to:
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
SK9 5AF

Yours sincerely,

Corporate Governance Team
South East Coast Ambulance Service NHS Foundation Trust



Saving Lives,
Serving Our Communities

Chair: Michael Whitehouse CEO: Simon Weldon