Investigation into the death of a man at Medway Maritime Hospital, in March 2011, whilst in the custody of HMP Elmley

Report by the Prisons and Probation Ombudsman for England and Wales

February 2012

This is a report into the death of the man, in March 2011, whilst in the custody of HMP Elmley. He was 80 years old when he died. A post mortem showed that he died from congestive heart failure as a result of ischaemic heart disease, chronic obstructive pulmonary disease and diabetes mellitus.

We offer our sincere condolences to the man's family and friends for their loss. One of the Family Liaison Team contacted the man's daughter to inform her about the investigation and to provide her with an opportunity to raise any issues about the care the man received in custody.

The investigation was carried out by one of my investigators. Both he and I would like to thank the Governor and his staff for their co-operation during the course of our enquiries.

I also thank Eastern and Coastal Kent Primary Care Trust for appointing the clinical reviewer to review the man's clinical care.

As the man died from natural causes, the findings of the clinical review play an essential part in my report. The review shows that the man received a standard of care whilst in custody that was equitable to that which he could have expected in the community. I make four recommendations concerning the management of prisoners with diabetes, medical record keeping, liaison with the hospital and the monitoring of prisoners' non attendance for medical appointments, but do recognise the quality of engagement between healthcare staff at Elmley and the man.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

Thea Walton
Acting Deputy Ombudsman **February 2012**

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SUMMARY

1. The man was convicted and sentenced to four years imprisonment on 1 July 2009. The man had a history of heart disease, chronic obstructive pulmonary disease (COPD), diabetes mellitus and was prescribed multiple medications.

2. Whilst in the community the man was under the care of several different hospital consultants and healthcare staff at Elmley liaised effectively to ensure he received the appropriate treatment and attended any outpatient appointments.

3. The man had a total hip replacement on 23 September 2009, and following discharge from hospital, he was admitted to healthcare as an inpatient on 1 October where he remained for the rest of his time in custody.

4. In the months that followed the man was monitored daily by healthcare staff for his medication and he attended hospital for reviews. Healthcare staff admitted him to hospital for assessment and treatment on eleven separate occasions because of breathing difficulties arising from his COPD. The man's daughter maintained regular email contact with the Equality and Diversity officer, at Elmley regarding the care of her father.

5. On 4 March 2011, the man's condition deteriorated and he was admitted to hospital for treatment. The man's daughter was at his bedside when he died at 7.40pm in March. In the days that followed the prison family liaison officer maintained contact with his family and offered support and financial assistance towards the funeral expenses.

6. We are satisfied that the care and attention the man received at Elmley was equitable to what he could have expected to receive in the community. I make four recommendations concerning the management of prisoners with diabetes, medical record keeping, liaison with the hospital and the monitoring of prisoners' non attendance for medical appointments. .

THE INVESTIGATION PROCESS

7. The investigation was opened on 9 March 2011 when my investigator, issued notices announcing the investigation to staff and prisoners and inviting anyone with any information relevant to the investigation to contact him. No one came forward as a result.

8. The investigator visited HMP Elmley on 15 March 2011. During his visit he was given copies of all documentation relating to the man and visited where he had lived in healthcare.

9. Eastern and Coastal Kent Primary Care Trust appointed a clinical reviewer to review the man's clinical care. My investigator and the clinical reviewer discussed aspects of the man's treatment at Elmley. The clinical reviewer and my investigator jointly interviewed healthcare staff on 6 July 2011. I am grateful to the clinical reviewer for his comprehensive and considered report.

10. My investigator contacted Her Majesty's Coroner to inform him of the nature and scope of the investigation and request a copy of the post mortem report. Upon completion, the investigation report will be sent to the Coroner to assist his enquiries into the man's death.

11. One of my family liaison officers contacted the man's daughter to inform her about the investigation and to invite her to ask any questions or raise any concerns about the care the man received in prison. The man's daughter raised the following concerns which she wished the investigation to address. The man's daughter believed that:

    - The man did not receive the same standard of care that he would have received in the community.
    - Elmley was not equipped to deal with the man's complex needs.
    - The man's health declined because of his time at Elmley.
    - The man was admitted to hospital on numerous occasions and his condition stabilised, only to deteriorate once discharged back to Elmley.
    - The man was not allowed the use of oxygen tanks for security reasons.
    - There was poor management of the man's diabetes at Elmley.
    - The man was not encouraged to have any physiotherapy following his hip replacement surgery.

12. My investigator and the clinical reviewer have attempted to address the issues raised within the report. I hope that it provides the man's daughter with a greater understanding of the treatment he was given and the events leading up to his death.

13. My investigation assesses the following aspects of the man's care and treatment:

- Whether his diagnosis was made in a timely fashion
- Whether the man was told about his condition and the treatment which followed?
- Whether he was treated properly and attended hospital appointments as necessary?
- Whether the liaison with the man's family was appropriate?
- Whether the man was accommodated in the most appropriate part of the prison?
- Whether consideration was given to compassionate release from prison?
- Whether appropriate palliative care was provided?

HMP ELMLEY

14. HMP Elmley is the largest of three prisons located on the Isle of Sheppey kown as the Sheppey Cluster. It opened in 1992 and is a local prison for all of Kent with a capacity of 985 prisoners. There are five residential house blocks, one of which contains a spur where vulnerable prisoners are located (this enables vulnerable prisoners to live away from other prisoners for their own protection), a healthcare unit and a segregation unit. The prison has a chaplaincy department and ministers are available from most denominations or faiths.

15. Healthcare services at Elmley are commissioned and provided by the Eastern and Coastal Kent Primary Care Trust. The healthcare centre includes a 29 bed inpatient unit, treating patients with both physical and mental health needs. Every prisoner has an initial health screen in reception to determine if they have any immediate physical needs to be addressed, such as injuries or withdrawal from alcohol or drugs. An assessment of any evidence of mental health needs or issues relating to the risk of the prisoner harming themselves is also made.

16. The most recent full inspection of Elmley by HM Chief Inspector of Prisons was conducted in April 2009. The report said of health services at the prison:

    > "Health services were much improved since our last inspection. Primary care included two GP clinics daily, health promotion and access to a variety of specialist clinics. Reception procedures and the health screening of new arrivals were good, but secondary health screening was often carried out without the prisoner's complete clinical record. Primary mental health provision was more limited, but prisoners with an enduring condition received a reasonable service. Pharmacy services had improved. Staffing levels and skill mix were good, despite a reliance on agency staff. Inpatient arrangements were reasonable, and their time out of cell was satisfactory, but patients needed more activity."

17. All prisons in England and Wales have an Independent Monitoring Board (IMB). IMB members are unpaid volunteers appointed by the Secretary of State for Justice. The IMB monitors day-to-day life in the prison to help ensure proper standards of care and decency are maintained. The Board's report for the year from 2009 to 2010 does not raise any issues that are relevant to the circumstances of the man's death.

18. Since the Prison's and Probation Ombudsman's office took over responsibility for investigating all deaths in prison custody in 2004, there have been eight deaths attributed to natural causes at Elmley up to and including the man's death. None of the issues arising in any of those cases are directly relevant to the circumstances surrounding the man's death.

ISSUES

The diagnosis of the man's terminal illness

19. The man entered custody on 1 July 2009 with an existing history of ischaemic heart disease (IHD), diabetes and COPD. COPD is a progressive condition which causes irreversible damage to the lungs and produces symptoms such as wheeze, breathlessness and increased sputum production making the patient at increased risk of chest infections. The disease is characterised by periods of stability with intermittent worsening of symptoms and the lungs will deteriorate over time. Whilst in the community he was under the care of hospital consultants at the William Harvey, Sheppey Community and Medway hospitals and remained under their care throughout the remainder of his time in custody.

20. The clinical reviewer states in his report:

> "The man was an 80 year old man who had been a prisoner at HMP Elmley since 1 July 2009. He had multiple medical problems including insulin dependent diabetes, chronic obstructive airways disease (emphysema) leading to respiratory failure, congestive cardiac failure secondary to his coronary artery disease and hypertension.
>
> "Reviewing the man's clinical notes there was evidence of multiple care plans being devised to maximise the clinical care that he received whist an inpatient at HMP Elmley.
>
> "This included daily blood pressure and pulse recordings, daily blood sugar checks and instructions with respect to his chronic obstructive pulmonary disease (copd) care plan. The latter involving daily monitoring of the man's oxygen saturation levels and daily maintenance of his oxygen concentrator and cleaning of his nasal speculae [tubes providing oxygen via the nose]. Furthermore within this template there were instructions to encourage the man to mobilise and also instructions with respect to the care of his skin which was prone "to break down" as he was a diabetic."

21. The clinical reviewer is satisfied that the man's medical conditions were appropriately managed.

Informing the man about his condition and treatment

22. The evidence from the medical records shows that healthcare staff had daily interventions with the man throughout his ongoing treatment and care.

23. On 23 September 2009, the man had been admitted to William Harvey Hospital and had a total hip replacement. He received follow up assessment at the hospital and healthcare staff at Elmley attempted to follow the rehabilitation care plan given by the hospital however, the man did on occasions decline treatment and assistance despite encouragement from staff.

24. In his report the clinical reviewer comments as follows:

> "On reviewing all the clinical data re the man I cannot find any evidence of his medical problems and treatment being discussed with him.
>
> "There was however detailed information from the Medway Maritime Hospital re the medication given to the man on his discharge from that hospital to his carers at HMP Elmley re individual dosage of medication he was to take and how it produced its effect.
>
> "Furthermore he was given extensive support on a daily basis by the medical, nursing and supporting staff. With respect to the nursing of the man, there were extensive care plans detailing the medical and nursing management of the man which was comprehensively documented in his notes."

25. There clearly was a lack of specific reference in the man's notes that his medical problems and treatment were discussed with him. However I am satisfied, from the evidence obtained from the formal interviews, that the sensitive and professional approach of the staff at Elmley ensured that he was aware of his conditions and understood his treatment, furthermore he was treated with respect and dignity at all times.

The man's medical appointments and treatment

26. After his arrival into custody and up to 26 October 2010, he attended twelve separate outpatient appointments at three different hospitals and healthcare staff liaised very closely with the hospital to ensure he received all the appropriate treatment and that there was continuity of care.

27. In addition throughout his time at Elmley healthcare staff referred the man to outside hospital, because of concerns of his health, on eleven separate occasions for urgent specialist assessment and treatment. The healthcare staff acted appropriately and in a timely manner when addressing his acute medical problems and in admitting him to hospital.

28. The prison medical records show that from the 1 July 2009 until the day of his last admission to hospital on 4 March 2011, there were 1503 healthcare interventions recorded relating to the care and treatment of the man.

29. The clinical reviewer has reviewed the man's treatment and interventions with healthcare staff at Elmley and makes the following comments:

> "Reviewing the man's clinical records there were multiple instances where it is recorded that he failed to attend inpatient appointments at HMP Elmley e.g blood clinics or diabetic clinics with the diabetic specialist nurse.
>
> "Concerns were expressed by the medical and nursing members of staff that prisoners were being discharged very rapidly by very junior medical staff from the accident and emergency department at Medway Maritime

Hospital (MMH) inappropriately in the mistaken belief that the facilities of the inpatient care at HMP Elmley were comparable to that of a district general hospital.

"Furthermore concern was also expressed by staff at healthcare HMP Elmley on the way the man was discharged from MMH on the 18th January 2011. It was noted on his return to the prison that he was incontinent of urine which they judged to be "indicative of poor preparation" and there was a paucity of information re this admission given to the accompanying prison officer; furthermore on reviewing his clinical notes I cannot find a formal discharge letter re this admission.

"There are also copies of letters in the man's clinical records when he attended medical, orthopaedic and ophthalmic outpatients of hospitals in East Kent which are comprehensive and clearly outline future management."

30. Both the Inpatient Manager at Elmley, and the prison doctor, confirmed at interview that the reasons for missed medical appointments by prisoners were not recorded on the computerised system. Prisoners would know that they had an appointment and are encouraged to attend by staff however they were able to exercise their right not to attend. There is no evidence of a formal follow up process in place to recall prisoners for appointments if required for the management of their condition.

The Head of Healthcare should review the process to monitor and document a prisoner's failure to attend medical appointments to provide detail of the treatment that was declined.

31. I note from the clinical reviewer's comments that prison healthcare staff had concerns regarding the safe discharge of prisoners back from the Medway Maritime Hospital to Elmley, and that the hospital did not always provide a discharge letter detailing the outcome of assessments, treatment and requirements of ongoing care.

The Head of Healthcare should review the process for managing referrals to outside hospital, by engaging with the Medway Maritime Hospital, to ensure that discharge letters and treatment advice is promptly received so that prison doctors can make timely documented clinical decisions.

32. In addition there was no evidence found in the man's medical records that he saw the physiotherapist in the weeks immediately after his discharge from hospital following his hip replacement surgery. It is clear that he received treatment because the prison physiotherapist was able to verbally explain in detail to the clinical reviewer his assessment and treatment of the man. However there was no documentary evidence found to substantiate this.

The Head of Healthcare should ensure that all healthcare staff comply fully with the requirements for accurate and contemporaneous record

keeping in accordance with the required standards of the General Medical Council and the Nursing and Midwifery Council.

33. Specifically in respect of the management of the man's diabetes the clinical reviewer makes the following comments:

> "As can be seen in my report I have given considerable attention to the multiple episodes of hypoglycaemia (low blood sugar) that the man experienced in the early part of his detention at HMP Elmley.
>
> "I believe to some extent these episodes were preventable by informed management of his diabetes and as a consequence the man would not have had to experience episodes of confusion and drowsiness resulting in him having to be admitted as an emergency to the Medway Maritime Hospital (MMH) due to his parlous condition. This further compounded his breathing problems due to chronic obstructive airways disease (emphysema) and chronic cardiac failure.
>
> "Although I feel the man's diabetic management was not helped by the fact that he was put into a stressful prison environment and a change in diet which may have affected his blood sugar levels, a more active informed approach to his diabetic management would have prevented at least some of the hypoglycaemic episodes that the man experienced.
>
> "It would seem that the problems experienced in the management of the man's diabetes over the first months when he was having repeated hypoglycaemic episodes may well be due to extensive use of sessional and locum doctors with poor communication between these doctors and no doctor in overall charge to oversee the management of the man's diabetes."

34. I accept the clinical reviewer's comments regarding the management of the man's diabetes and make the following recommendation:

> **The Head of Healthcare should review the protocol for the management and treatment of prisoners with diabetes and ensure that treatment is well documented to ensure effective communication between medical staff.**

35. In summary the clinical reviewer concludes:

> "I have already discussed at length the medical management of his diabetes in the first few months following his detention at HMP Elmley. Undoubtedly this mismanagement of his diabetes resulted in the man having to endure unnecessary suffering due having repeated episodes of hypoglycaemia. But whether these episodes contributed significantly to his demise is debatable. As I have already documented the man in the latter part of his illness, when in fact his blood sugars were well controlled, began to have repeated episodes of respiratory distress with low oxygen levels which progressed to overt respiratory failure which necessitated him being

on continuous oxygen therapy. Also in the latter part of his illness he developed gross swelling of his feet and legs due to progressive congestive heart failure secondary to his ischaemic heart disease. I feel it was this combination of medical problems which led to his demise.

"I feel the care and attention given to the man during his terminal illness, particularly by the nursing staff at HMP Elmley, was at least equitable if not better than he would have received, if he had been in the community."

36. I agree with the clinical reviewer that the standard of care provided to the man by the staff at Elmley was equal to what he could have expected in the community.

Restraints, security and bed watch

37. On each occasion a prisoner is escorted outside of the prison to hospital a risk assessment is completed which considers the risk to the public, potential for escape and likelihood of outside assistance. The assessment informs the decision about the number of escorting officers and the type of restraint to be used (single cuffs or two metre long escort chain with cuff at either end). It also determines the circumstances and the authority required for the restraints to be removed. The risk assessment is reviewed each day that a prisoner is in hospital and amended where necessary.

38. Each time that the man attended hospital a risk assessment was completed and authorised two officers to escort him with the use of and escort chain, which was to be removed for treatment purposes. I consider that this was appropriate and did not interfere with his access to care and treatment.

39. For the man's last two admissions to hospital, in January and March 2011, the Governor authorised arrangements for a single officer to accompany him in hospital with no restraints used.

40. It is pleasing to recognise the good practice adopted by Elmley to ensure that the man was treated with dignity and respect on his final admissions to hospital.

The man's pain relief and medication

41. The man received all the appropriate medication as directed by prison doctors and hospital consultants. At the time of his death the man was prescribed the following medication:

novomix (for diabetes)
metformin (for diabetes)
ramipril (for heart disease)
simvastatin (for high cholesterol)
spironolactone (for heart failure)
furosemide (for high blood pressure and excessive fluid in the body)
bisoprolol (for high blood pressure)
irbestartin (for high blood pressure)

isosorbide mononitrate (for angina)
calcium carbonate (calcium supplement)
tiotropium respimat
escitalopram (antidepressant)
Seretide (for COPD)
brimonidine (for glaucoma)
flucloxacillin (antibiotic for gram-positive bacteria infections)
aspirin (pain relief)

42. When considering the man's pain relief and medication the clinical reviewer said:

> "Pain relief was not a significant problem in the management of the man's terminal illness as there no record in his clinical notes of him being in pain other than following his hip operation.
>
> "However he was on a "cocktail "of medication to treat his hypertension, cardiac failure, angina, chronic obstructive airways disease (COPD), insulin dependent diabetes and depression.
>
> "He also had oxygen via an oxygen concentrator for at least 15 hrs per day in order to treat his respiratory symptoms. The amount given was closely monitored by measuring his oxygen saturation levels twice a day. However the medical staff at HMP Elmley were advised by the respiratory unit at MMH not to administer an excess amount of oxygen as this would cause him to have carbon dioxide retention which would make his COPD worse."

43. The medical records confirm that healthcare staff followed the advice given by the hospital and the man's oxygen concentrator was set to provide him with the appropriate amount of oxygen.

44. In light of the clinical reviewer's comments, I find that management of the man's medication was appropriate to meet the needs of his multiple medical conditions.

Liaison with the man's family

45. The man had been regularly visited by his family throughout his time in custody. Following his total hip replacement operation the man was admitted to healthcare and the man's daughter had regular and ongoing email contact with the Diversity and Race Equality officer, at Elmley.

46. The man's daughter also spoke directly to healthcare staff regarding her concerns about her father's diabetes and apparent deteriorating mental health. The man did have a mental health assessment on 8 September 2009 which found him to be lucid with no loss of memory and no suicidal thoughts.

47. On the 4 March 2011, the man's daughter was contacted to tell her that there had been a rapid deterioration in her father's condition and made arrangements

for him to be admitted to hospital. The man's daughter was with him when he died.

48. In the days that followed the prison family liaison officer visited and maintained telephone contact with the man's daughter to offer support and financial assistance towards funeral expenses.

49. I acknowledge the frustration that families feel in trying to understand the care that their loved ones receive whilst in prison. However, I do believe that Elmley acted appropriately and sensitively in their contacts with the man's family.

The man's location

50. On his arrival at Elmley the man spent his first night in healthcare for assessment and was then allocated a cell on houseblock 1. He was able to get around using his walking frame without difficulty.

51. Following his discharge from hospital on 1 October 2009, having had a total hip replacement operation, the man was admitted to healthcare as an inpatient and lived in a specially adapted cell which contained a hospital bed with specialised mattress and pillows. His cell was directly opposite the nurses work station. The man remained in healthcare for the rest of his time at Elmley. The man received daily interaction from healthcare staff and doctors. He used a wheelchair instead of his walking frame, despite encouragement from staff.

52. I find that Elmley responded both appropriately and sympathetically to the man's needs in relation to where he lived throughout his time at the prison.

Compassionate release

53. There is a formal process which has to be followed for a prisoner to be granted compassionate release. This includes a recommendation by the Parole Board and the approval of the Secretary of State for Justice. The criteria for such a release is when a prisoner is suffering from a terminal illness and death is likely to occur within a short period of time, or when a prisoner is bedridden or severely incapacitated. It is only in the most compelling circumstances that the Secretary of State would intervene with the Court's decision regarding the length of sentence and authorise early release on compassionate grounds.

54. An application for the man's compassionate release was made on the grounds of poor health and considered on behalf of the Secretary of State on 17 August 2010. In considering the application it was recognised that the man was on oxygen therapy 24 hours a day and used a wheelchair following hip replacement surgery. The application was refused as it was judged his circumstances did not meet the criteria for release. He was informed of the decision and advised that he could apply in the future if there was a change in his circumstances.

55. At no stage during the man's admissions to hospital did the hospital consultants give any prognosis of his life expectancy. Prison records show that the man's

sentence was due to expire on 31 March 2011. Following his final admission to hospital on the 4 March 2011, the Governor authorised his release on temporary licence (temporary release from custody with out the requirement of an officer escort) on the morning of 8 March when his condition rapidly deteriorated. There was no time within which a further application for compassionate release could have been arranged, subject to it being approved.

56. I am satisfied that Elmley correctly followed the protocol in seeking consideration of compassionate release for the man in August 2010, and that the Governor acted appropriately in authorising his release on temporary licence in his final hours.

Palliative care plans

57. Healthcare staff at Elmley appropriately followed the care plans to manage the various conditions that the man suffered from. The healthcare team at Elmley involved the man in his care and treatment and ensured that his wishes were complied with.

58. The man was referred to outside hospital on eleven separate occasions when healthcare staff had concerns about his conditions and sought specialist assessment and treatment. COPD causes a gradual decline in the patients' health, never fully recovering their previous level of health and wellbeing after each exacerbation. This would eventually lead to a diagnosis of end stage COPD with a prediction of life expectancy.

59. In his report the clinical reviewer assessed the following:

> "I do not think it was appropriate in the man's case to have an end of life pathway in place [medical care of all those with a terminal illness or terminal condition that has become advanced, progressive and incurable]."

60. I find that the healthcare team at Elmley managed and handled the man's care in a professional and sensitive manner and made timely referrals to hospital specialists when there were concerns about his conditions.

Issues raised by the man's family

61. The man's family raised several issues that they wished the investigation to consider. These have been carefully considered and specifically addressed by the clinical reviewer in his report. Each issue is individually set out below followed by the clinical reviewer's response.

The man did not receive the same standard of care that he would have received in the community.

> "If the man were to have been in the community, he almost certainly would have required to have been treated in a nursing home. I feel that very few nursing homes especially in the present climate would have had the facilities and experience to provide the 24 nursing (resulting in him having

multiple clinical observations) and medical cover that the man received whilst he was being cared for at the inpatient department at HMP Elmley. There were very detailed care plans set in place by the senior nursing staff which I reviewed, especially those that had been compiled using the system one computer system and which I noted were strictly adhered to and were continually updated depending on the clinical situation.

"Furthermore medical staff were available on a daily basis to review the man and to deal with any concerns that the nursing staff might have re his general condition and to discuss his medication. However on interviewing the staff at the prison one doctor expressed concerns that in the early afternoon a doctor may not have been available to provide medical care, a situation which had occurred since the PCT had taken over the medical care of the prisoners and now mainly relied on sessional doctors rather than traditional full time prison doctors to provide medical care."

Elmley was not equipped to deal with the man's complex needs.

"I believe that the inpatient unit at the HMP Elmley were fully equipped to deal with the man's multiple health problems on a day to day basis and this care compared very favourably with the best care that could be provided in the community. However at times there were episodes when his condition deteriorated to such a degree that it was not appropriate for him to be managed in the inpatient department at HMP Elmley he was transferred to Medway Maritime for specialist treatment and investigations including a CT scan (one of 11 admissions) which would not be available in the community where ever he was placed.

"If he needed expert advice re management of his multiple medical problems he was referred to the appropriate hospital outpatients (the man had 12 outpatient appointments during his time at HMP Elmley)

"Within the Sheppey prison complex there are also medical support services such as specialist diabetic nurse, mental health teams, chiropodists and a physiotherapist which were all engaged in the care of the man."

The man's health declined so much throughout his time at Elmley

"I cannot comment on the man's medical history prior to his imprisonment at HMP Elmley as his medical notes prior to his admission to HMP Elmley on the 1st July 2009 were not available to me.

"At the time of the man's admission he was known to have had coronary artery surgery 6yrs prior to his imprisonment at HMP Elmley which would be indicative of him suffering from severe heart disease. Prior to his admission he was also known to be an insulin dependent diabetic. He also had respiratory problems culminating in respiratory failure (for which he was on continuous oxygen therapy) secondary to copd (chronic obstructive airways disease) and hypertension (raised blood pressure).

"I feel in view of this combination of significant medical problems combined with the man's age, one would expect his health to progressively deteriorate with time."

The man was admitted to hospital on numerous occasions, his condition stabilised, and deteriorate once discharged back to Elmley.

"Reviewing the clinical notes of the man I can find no evidence to support the above statement."

The man was not allowed the use of oxygen tanks for security reasons.

"The man for the majority of his detention at HMP Elmley was on continuous oxygen being delivered by an oxygen concentrator and not via a cylinder. Therefore there was never any time that he was put in the position of not being able to have oxygen. Furthermore the amount of oxygen that he was given via this oxygen concentrating machine was closely monitored by having his oxygen saturation levels measured twice a day.

"Furthermore reviewing the man's clinical notes on the 18th February 2010 the following notes were made: "The man went to visits today, prior to going he refused to carry oxygen with him stating he did not need it. I reminded him of the reason why it is prescribed and again he refused. About 45 minutes into the visit we received a call that the man wanted oxygen, we took an oxygen cylinder to him and again he refused it stating that he did not want it despite his daughter stating that he needed it".

"Security by definition is paramount in every prison. All procedures are subject to risk assessment re security. I am assured by the prison nursing staff that for treating medical emergencies there are oxygen cylinders present in many parts of the prison including healthcare. This would not be the case if they were thought to be a security risk."

There was poor management of the man's diabetes at Elmley.

"Like the family I also have concerns re the management of the man's diabetes especially in the first few months following his admission to HMP Elmley when he had repeated episodes of hypoglycaemia (low blood sugar levels) which continued until his insulin dosage was markedly reduced by a locum doctor on the 12th April 2010. These episodes are fully documented in my summary of significant clinical events.

"However from a nursing perspective his diabetic management was exemplary with twice daily blood sugar level(rbs) checks which if found to be low, he would be given oral glucose (sugar) to raise his rbs levels to within normal limits and occasionally his next dose of insulin was withheld which again would raise his blood sugar levels.

"Furthermore he was continually being given advice re his diabetic diet and to ensure that he ate appropriately and received his diabetic snacks every evening. Furthermore he had regular diabetic checks by the specialist diabetic nurse for the Sheppey Prison Cluster. He also had assiduous care of his skin to prevent pressure sores which was more likely to happen as a result of him being diabetic."

The man was not encouraged to have any physiotherapy following his hip replacement surgery.

"In order to determine whether the man did indeed have any physiotherapy input following his left hip replacement on the 23 September 2009, I contacted the prison physiotherapist (on the 1 August 2011) a chartered physiotherapist who works part time at the Sheppey Prison Complex. He said that following the man's hip operation he regularly saw him on a weekly basis for six weeks to encourage the man to do passive range of movements and stretches in order to increase his muscle tone.

"Following this period of time when the wound had healed and the skin clips were removed, he was then encouraged by the physiotherapist to do active weight bearing movements and to progressively mobilise, moving from his bed to the toilet, chair to bed and bed chair. But because of his increasing weight (which put further strain on his hip), the man had difficulty with mobilising. However by the end of March 2010 which was the last time the physiotherapist saw the man he was able to walk half the length of the corridor with a zimmer frame when he had to stop, due to him becoming breathless. However he was unable to walk unaided due to his instability. Besides visits from the physiotherapist, the staff were given instruction sheets demonstrating exercises that he should be encouraged to do as part of his remedial rehabilitation following his hip operation. He was offered to go to the remedial gym, but he man declined to take up this offer."

62. I hope that the responses given by the clinical reviewer provide the man's family with a clearer insight and understanding of the healthcare that the man received whilst at Elmley.

CONCLUSION

63. During his time at Elmley, the man had well documented regular interventions with doctors and other healthcare staff. Healthcare appropriately referred the man to outside hospital to ensure that he received appropriate assessment, treatment and medication. I am satisfied that the care that the man received at Elmley was of a standard that was equitable to that he could have expected to receive in the community. The man was involved in the discussions regarding his care and staff at Elmley abided by his wishes.

64. I acknowledge the frustration families may feel in understanding the care that their loved ones receive whilst in prison. However, I do believe that Elmley responded both to the man's changing needs and to the concerns raised by his family. I believe that the man was treated with care, dignity and respect throughout the time he was at Elmley. Following his death the prison appropriately followed the guidance given in Prison Service Order 2710, "Follow up to death in custody".

The man's family, having had the opportunity of reading the report at the consultation stage of the process, wish to make the following comments:

The man's family remain concerned that the care and attention the man received at HMP Elmley did not meet his needs and was significantly inferior to care he would have received in the community.

The man's family are concerned that, throughout the course of his time at HMP Elmley, and specifically following his admissions to Medway Maritime Hospital, explanations and support were not provided to him.

The man's family is concerned that the man may have missed appointments with healthcare staff which may have led to a lack of monitoring of his condition and deterioration.

The man's family are concerned that he did not have the confidence to mobilise and this was neither monitored nor addressed by the prison.

The man's family is concerned that if he was unable to undertake simple actions of daily living, such as using his toilet and undertaking transfers, this would have contributed to the deterioration in his health.

The man's family is concerned that he was not provided with portable oxygen when he left his cell and that detrimental effect that this may have had on his health.

The man's family are concerned that, in the light of his continued deterioration, the decision to refuse compassionate release should have been kept under review.

The man's family are concerned about the length of time it took for the man to be located in healthcare and the appropriateness and effectiveness of the alarm systems in his cell.

The man's family are concerned about the treatment of the man's diabetes and that Dr B was not interviewed.

RECOMMENDATIONS

1. The Head of Healthcare should review the process to monitor and document a prisoner's failure to attend medical appointments to provide detail of the treatment that was declined.

   Accepted

   All Do Not Attends for hospital appointments are now recorded on system one and disclaimers are signed as appropriate. The appointment letter reflects the specialism or treatment that was declined which is then scanned onto the system. Clinical audit monitoring monthly at clinical governance and partnership board and bi monthly Audit Planning Group

2. The Head of Healthcare should review the process for managing referrals to outside hospital, by engaging with the Medway Maritime Hospital, to ensure that discharge letters and treatment advice is promptly received so that prison doctors can make timely documented clinical decisions.

   Accepted

   All medical referrals are logged and chased on the referral tracking system. All referrals are sent recorded delivery. The discharge summary process involves the use of an email functional mailbox through which the hospital send discharge summaries. This is part of the infrastructure arranged with the IT Team in partnership with Medway. Clinical audit monitoring monthly at clinical governance and partnership board and bi monthly Audit Planning Group

3. The Head of Healthcare should ensure that all healthcare staff comply fully with the requirements for accurate and contemporaneous record keeping in accordance with the required standards of the General Medical Council and the Nursing and Midwifery Council.

   Accepted

   All Staff have been reminded that they must maintain GMC and NMC standards.

4. The Head of Healthcare should review the protocol for the management and treatment of prisoners with diabetes and ensure that treatment is well documented to ensure effective communication between medical staff.

   Accepted

   New policies published, in line with Nice guidance and National service Frameworks. Lead nurse identified for this specialism, and provides weekly clinics. Links are in place with community diabetic nurse specialists for support and input.