

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Richard Engley, a prisoner at HMP Elmley, on 26 December 2020

A report by the Prisons and Probation Ombudsman

Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



© Crown copyright 2021

This report is licensed under the terms of the Open Government Licence v3.0. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Richard Engley died in hospital from heart failure on 26 December, while a prisoner at HMP Elmley. He was 61 years old. I offer my condolences to Mr Engley's family and friends.

Mr Engley had complex health conditions, which were managed appropriately in partnership with hospital specialists. Each time his health worsened he was promptly sent to hospital for assessment. I am satisfied that Mr Engley's clinical care was of a good standard and equivalent to that he could have expected to receive in the community.

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

Sue McAllister CB
Prisons and Probation Ombudsman

August 2021

Contents

Summary	1
The Investigation Process	2
Background Information	3
Key Events	4
Findings.....	6

Summary

Events

1. Mr Richard Engley had been at HMP Elmley since 22 June 2016, serving a 15-year extended sentence for sexual offences.
2. Mr Engley was under the care of specialists for several chronic health conditions, including diabetes, high blood pressure, lung and heart problems. Due to abnormal heart rhythms, he had an implantable defibrillator. Mr Engley also had impaired sight and mobility.
3. In April 2020, Mr Engley began shielding, as he was at high risk of complications from COVID-19. Throughout the year, prison healthcare staff monitored and reviewed him, together with his hospital consultants.
4. On 28 October, Mr Engley was admitted to hospital with symptoms of a cough, breathlessness and confusion. He tested positive for COVID-19 and was provisionally diagnosed with COVID-19 pneumonia.
5. Mr Engley returned to Elmley on 27 November and was admitted to the healthcare inpatient unit. Two days later, he was short of breath and his blood oxygen levels were low. Against medical advice, he refused to go to hospital, or to receive oxygen and practiced breathing exercises instead.
6. At his own request, Mr Engley returned to a residential unit on 14 December. He received a daily welfare check, as well as monitoring of his blood oxygen saturation levels twice a day.
7. On 23 December, Mr Engley reported severe back pain. He again had difficulty breathing, with a high temperature and low oxygen levels. He was admitted to hospital, but his condition worsened. On 24 December, he was placed on end of life care.
8. Mr Engley died at 8.25pm on 26 December.

Findings

9. Healthcare staff at Elmley managed Mr Engley's complex health conditions in line with specialists' advice and best practice. They were responsive to symptoms and changes and promptly sent him to hospital for assessment. Mr Engley was not always compliant with medication and attending external appointments, and the hospital sometimes cancelled due to restrictions during the pandemic. However, where possible, healthcare staff rebooked missed appointments.
10. We agree with the clinical reviewer's conclusion that in spite of the challenging circumstances, Mr Engley received a good standard of care, equivalent to that he could have expected to receive in the community.

The Investigation Process

11. The investigator issued notices to staff and prisoners at HMP Elmley informing them of the investigation and asking anyone with relevant information to contact her.
12. The investigator obtained copies of relevant extracts from Mr Engley's prison and medical records.
13. NHS England commissioned an independent clinical reviewer to review Mr Engley's clinical care at the prison.
14. We informed HM Coroner for Mid Kent and Medway of the investigation. She gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
15. One of the Ombudsman's family liaison officers contacted Mr Engley's next of kin, his wife, to explain the investigation. She had no specific questions for us to consider.
16. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies.
17. We sent a copy of our report to Mr Engley's next of kin. They found no factual inaccuracies.

Background Information

HMP Elmley

18. HMP Elmley holds around 1,100 prisoners, remanded or sentenced, in six houseblocks, with a mixture of single and double cells. Integrated Care 24 Ltd provides 24-hour primary healthcare services, with input from Minster Medical Group. Oxleas NHS Foundation Trust provides mental health services.

HM Inspectorate of Prisons

19. The most recent inspection of HMP Elmley was in April 2019. Inspectors reported that health provision was reasonably good. There was a range of primary care services, although the wait for nurse triage appointments was considered to be too long and the inpatient unit was well-run. A GP was available every day. Inspectors also found that non-attendance for appointments had reduced since the previous inspection.
20. The inspectorate also carried out a short scrutiny visit at Elmley in April 2020, during the COVID-19 pandemic. Inspectors reported that there had been a good leadership and management response to a fast-changing situation and management oversight of healthcare was effective. Most routine health provision, such as external hospital appointments had stopped temporarily due to the risks of COVID-19, but there had been an increased focus on oversight and supporting those most at risk.

Independent Monitoring Board

21. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report for the year to 31 October 2020, the IMB reported that, given the conditions due to COVID-19, the treatment of prisoners was as fair as possible. They found that access to medical treatment, apart from dentistry, had continued routinely. However, many prisoners reported that they were unhappy with their medication regime and that it had become difficult to see a doctor.

Previous deaths at HMP Elmley

22. Mr Engley was the 9th prisoner at Elmley to die, since December 2018. Six of the previous deaths were from natural causes, one was self-inflicted and one was drug-related. There have been four further deaths: three from natural causes and one self-inflicted. There are no similarities between the findings in this investigation and those previously investigated.

Key Events

23. Mr Richard Engley was convicted of sexual offences. On 10 February 2016, he was given an extended sentence of 15 years (12 years in prison and 3 years in the community) and sent to HMP Lewes. On 22 June 2016, Mr Engley transferred to HMP Elmley.
24. Mr Engley had several chronic medical conditions, including diabetes, high blood pressure, heart disease and pulmonary and cardiac sarcoidosis (a condition in which small patches of swollen tissue develop in the heart and lung). Due to his heart condition, he had an implantable defibrillator to regulate abnormal heart rhythms. Mr Engley also had impaired vision and mobility.
25. Throughout his time in prison, healthcare staff managed Mr Engley's clinical care in partnership with several secondary care specialists. From June 2017, his diabetes was noted to be poorly controlled. This was partly due to his refusal to comply with advice about his treatment and medication.
26. On 2 April 2020, the Head of Healthcare and an operational manager informed Mr Engley that he was at high risk of serious illness if he contracted COVID-19 and he agreed to shield in his cell. They explained the changes to the regime for those shielding and that meals and medication would be brought to his cell.
27. Over the following months, Mr Engley's existing medical conditions continued to be monitored and reviewed. In addition, he was referred to a colorectal specialist for suspected lower gastrointestinal cancer and his implantable defibrillator was replaced. There were some difficulties with hospital appointments, sometimes because of the restrictions due to the pandemic. At other times, Mr Engley declined or was too poorly to attend. Wherever possible, healthcare staff rebooked missed appointments.
28. Mr Engley reported chest pain on 26 October. Against medical advice, he declined to go to hospital and signed a disclaimer. The next day, he explained to a member of healthcare that he had refused because he and his wife were afraid that he would be susceptible to COVID-19 in hospital. Having reflected, he felt he should have taken the advice and said he would go if he felt any further chest pain.
29. On 28 October, Mr Engley was unwell, with a cough that had developed overnight, shortness of breath, confusion and low blood oxygen saturation levels. He was sent to hospital as an emergency and admitted as an inpatient. On 30 October, Mr Engley tested positive for COVID-19 and he developed COVID-19 pneumonitis.
30. Mr Engley was discharged from hospital on 27 November and admitted to the prison's inpatient unit, under the reverse cohorting arrangements, which ensured he was isolated from other prisoners. He was managed under the complex case arrangements and checked regularly.
31. On 29 November, Mr Engley's oxygen saturation levels were low and he had difficulty breathing. He refused to go to hospital, as he was unhappy with his previous stay. He declined oxygen and used controlled breathing techniques to

manage his breathing, which then improved. Staff explained the risks of ignoring the medical advice, including the possibility that he might die. They could not persuade him to either go to hospital or sign a disclaimer, but he said he was happy with his care in the inpatient unit.

32. Mr Engley discharged himself from the inpatient unit on 14 December, to return to his residential wing. He had a daily welfare check and his oxygen saturation levels were monitored twice a day.
33. On 23 December, Mr Engley attended a hospital appointment to check his defibrillator. On his return to prison that afternoon, he felt ill with severe back pain, difficulty breathing, low oxygen levels, and a high temperature. He was therefore taken back to the hospital. Two prison officers escorted Mr Engley and they did not use restraints. Hospital doctors initially thought he might have sepsis as a result of COVID-19
34. On 24 December, the hospital stopped active treatment and began end of life medication and care. Mr Engley died at 8.25pm on 26 December.

Contact with Mr Engley's family

35. The prison's family liaison officer telephoned Mr Engley's wife on 24 December, to inform her that the hospital had started end of life care, but she already knew. The family liaison officer kept in touch with Mr Engley's wife and arranged for her to visit him on 26 December.
36. In line with national policy, the prison met the costs of Mr Engley's funeral.

Support for prisoners and staff

37. The prison posted notices informing other staff and prisoners of Mr Engley's death and offering support.

Post-mortem report

38. The post-mortem report concluded that the cause of Mr Engley's death was cardiac failure due to cardiac and pulmonary sarcoidosis (a rare inflammatory condition). He also had underlying diabetes mellitus which did not cause his death but contributed to his death.

Findings

Clinical care

39. The clinical reviewer concluded that Mr Engley's clinical care was good and equivalent to that he could have expected to receive in the community. He commented that management of his care was challenging due to episodes of non-compliance, as well as hospitals' capacity to book appointments during the pandemic. However, the clinical reviewer found that staff managed Mr Engley in line with specialist advice and best practice and were responsive when changes in his condition required further assessment. He made no recommendations.

**Prisons &
Probation**

Ombudsman
Independent Investigations