SPSO decision report



Case:201508127, Dumfries and Galloway NHS BoardSector:healthSubject:clinical treatment / diagnosisOutcome:not upheld, recommendations

Summary

An arrangement was in place whereby Mr C received his meals in his prison cell. This was as a result of the anxiety Mr C experienced in attending the prison dining hall due to post-traumatic stress disorder (PTSD). However, the board advised the Scottish Prison Service (SPS) that Mr C could return to the dining hall to have his meals. Mr C complained about the board's decision that he was fit to do so.

We took independent medical advice from a consultant forensic psychiatrist who noted that the in-cell dining arrangement did not appear to have been a significant feature of Mr C's historic clinical assessments. They also noted that there was no indication that PTSD was felt to have been a major ongoing issue for Mr C. They considered that Mr C was appropriately reviewed by clinicians before deciding that he was fit to attend the dining hall and that this decision was reasonable. We did not uphold the complaint.

However, the adviser considered that the psychiatrist who reviewed Mr C's fitness to attend the dining hall should have provided clearer and more definitive advice to the SPS. As they were still in training, they should have discussed the situation with their supervising consultant if they were unclear on what to advise. There was no evidence that this happened. We noted that the psychiatrist had indicated they would leave it for the SPS to make the final decision, rather than focusing on providing clear and specific advice upon which they could base their decision. We considered that the board's role in such decision-making could benefit from being clarified through the provision of guidance to mental health staff and we made recommendations accordingly.

Recommendations

We recommended that the board:

- take steps to ensure that any non-consultant-grade psychiatric staff providing input to the SPS are appropriately supervised;
- remind prison mental health staff to ensure that they provide clear and specific advice and/or recommendations to the SPS when they receive a reasonable request for clinical input into a decision; and
- consider introducing written guidance for prison mental health staff on dealing with requests from the SPS for clinical input into decisions relating to the management of prisoners, taking account of the psychiatric adviser's comments.