

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Investigation into the death of Mr Peter Wigg, a prisoner at HMP Bullingdon on 27 July 2015

**A report by the Prisons and Probation Ombudsman  
Nigel Newcomen CBE**

## 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*



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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 Peter Wigg died at HMP Bullingdon on 27 July 2015, of a pulmonary embolism and aspiration pneumonia caused by pancreatic cancer. He was 74 years old. I offer my condolences to Mr Wigg's family and friends.

Mr Wigg had been at HMP Stafford when he was first diagnosed with cancer in June 2015. I am satisfied that the standard of healthcare Mr Wigg received at Stafford and Bullingdon was equivalent to that he could have expected to receive in the community. Throughout his illness, staff did their best to meet Mr Wigg's physical and emotional needs. I am pleased to note that in Mr Wigg's final days, he was moved to Bullingdon so that he could be closer to his family and that prison staff appropriately took into account his health when assessing his security risk and did not use restraints when he went to hospital or transferred between prisons.

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

**Nigel Newcomen CBE**  
**Prisons and Probation Ombudsman**

**December 2015**

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# Summary

## Events

1. On 11 November 2013, Mr Peter Wigg was remanded to HMP Norwich. On 22 December 2014, he was sentenced to two years and eight months in prison for a sexual offence. He transferred to HMP Stafford on 4 March 2015. An initial health screen found Mr Wigg was fit and well and had no health concerns.
2. On 19 March, Mr Wigg reported constipation and abdominal pain. A doctor prescribed a laxative and took a blood test, which was normal. On 17 April, a doctor referred Mr Wigg to hospital with suspected cancer, after he complained of further constipation. On 28 April, Mr Wigg's bowel was examined and a polyp was removed.
3. On 22 June, Mr Wigg told a doctor he felt unwell, had no energy and had lost weight. The doctor arranged for Mr Wigg to be admitted to hospital where scans revealed he had a tumour at the base of his pancreas. An operation confirmed he had advanced terminal pancreatic cancer, which had spread to his liver. Hospital doctors informed him of his terminal diagnosis. No active treatment was possible.
4. On 14 July, Mr Wigg returned to the prison for palliative care. He moved to a cell near to the healthcare centre. Nurses and officers monitored him at all times and the prison allocated a prisoner carer and a family liaison officer. Mr Wigg's condition declined and his prognosis was three to six months. On 24 July, Mr Wigg was moved to HMP Bullingdon, which was nearer his family and admitted to the prison's impatient unit.
5. Shortly after 8.00am on 27 July, a nurse found Mr Wigg unconscious. The prison called an emergency ambulance. Paramedics assessed Mr Wigg but they and a prison doctor agreed it was better for Mr Wigg to remain where he was as nothing more could be done for him. The prison informed Mr Wigg's wife. Nurses made Mr Wigg comfortable and he died at 10.30am. His wife was with him at the time.

## Findings

6. The clinical reviewer found that the clinical care Mr Wigg received at Stafford and Bullingdon was equivalent to the care he could have expected to receive in the community. We consider that prison healthcare staff managed Mr Wigg's care well and appropriately moved him to a prison with 24-hour health care and closer to his family, when his condition began to deteriorate. Stafford properly took into account Mr Wigg's health when considering security arrangements and did not use restraints when Mr Wigg went to hospital or when he moved to Bullingdon. We make no recommendations.

## The Investigation Process

7. The investigator, issued notices to staff and prisoners at HMP Bullingdon informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
8. The investigator obtained copies of relevant extracts from Mr Wigg's prison and medical records.
9. NHS England commissioned a clinical reviewer to review Mr Wigg's clinical care at the prison.
10. We informed HM Coroner for the County of Oxfordshire of the investigation who gave us the results of the post-mortem examination and the cause of death. We have sent the coroner a copy of this report.
11. One of the Ombudsman's family liaison officers contacted Mr Wigg's wife, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Wigg's wife said she could not fault the care provided by Stafford and Bullingdon. She said that the prison had offered to assist with funeral expenses but she had declined the offer.
12. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.
13. Mr Wigg's wife received a copy of the initial report and indicated that she was satisfied with the findings.
14. The investigation has assessed the main issues involved in Mr Wigg's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

## Background Information

### HMP Bullingdon

15. HMP Bullingdon is a training and local prison, serving the courts of Oxfordshire and Berkshire. It holds up to 1,114 men. Virgin Care provides healthcare services. There is 24-hour healthcare cover and 21 inpatient beds.

### HM Inspectorate of Prisons

16. The report of the most recent inspection of Bullingdon in June 2015, has not yet been published. At the previous inspection in July 2012, inspectors reported there was a functional approach to palliative and end of life care. There were links to local hospices and Macmillan cancer support on a case-by-case basis.

### Independent Monitoring Board

17. 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 July 2014, the IMB reported that Virgin Care had striven to improve previous inadequate healthcare services. Staff training had improved but retention of staff continued to be a problem.

### Previous deaths at HMP Bullingdon

18. Mr Wigg was the first person to die of natural causes at Bullingdon since January 2013.

### HMP Stafford

19. HMP Stafford is a medium security prison, which holds more than 700 prisoners across seven wings. Staffordshire and Stoke-on-Trent Partnership NHS Trust provides healthcare services. There are no inpatient facilities. Nurses are on duty daily between 7.45am and 5.30pm and there is a weekday GP service backed up by an out of hours service.

### HM Inspectorate of Prisons

20. The most recent inspection of Stafford was in July 2011. At that time, inspectors found there was no specific policy for older prisoners or those with disabilities. Prisoners were able to access all health services reasonably quickly and there were no long waiting lists. Management of lifelong conditions was excellent.

### Independent Monitoring Board

21. In its report for the year ending April 2015, the IMB at Stafford noted that the change of function in the prison had had a significant impact on the demands for healthcare, as there was an increase in the number of older prisoners. This meant the prison GP was unable to see all appointments within a week. With no inpatient unit, there was a gap in provision for prisoners recently discharged from hospital or who became ill and were confined to a cell on their wing.

## Findings

### The diagnosis of Mr Wigg's terminal illness and informing him of his condition

22. Mr Peter Wigg was remanded to HMP Norwich on 11 November 2013. On 22 December 2014, he was sentenced to two years and eight months in prison. He moved to HMP Stafford on 4 March 2015. At an initial health screen, a nurse noted that Mr Wigg was fit and well and he reported no health concerns.
23. On 19 March, a prison GP prescribed a lactulose (a laxative), as Mr Wigg reported being constipated. On 25 March, Mr Wigg told a nurse he had abdominal pain. She advised him to reduce his laxative intake and referred him to the GP. Two days later, Mr Wigg told a GP that he had been constipated for five weeks. The GP requested full blood tests, prescribed a different laxative and noted that if Mr Wigg's constipation was not resolved within two weeks, he would consider a fast-track referral to hospital. On 31 March, a GP recorded that the blood test results were normal.
24. On 10 April, Mr Wigg told a GP that he had a few days of loose motions but still had abdominal pain. The GP noted Mr Wigg had impacted stools and put him on a three-day course of movicol (laxative).
25. On 17 April, Mr Wigg told a GP he still had constipation and the doctor made an urgent referral to a consultant surgeon at hospital, under the NHS pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks. On 28 April, the consultant examined Mr Wigg and arranged a colonoscopy (a flexible telescopic examination of the bowel) which took place on 11 May. Surgeons removed a small polyp and tissue from Mr Wigg's colon, and sent them for tests.
26. On 19 May, Mr Wigg told a GP that his pain was gone. The GP noted they were still waiting for a biopsy report on the polyp. On 26 May, Mr Wigg told the GP he felt low and lethargic. He had pain in his left hip and was could not sleep. The doctor planned to review Mr Wigg when the biopsy results arrived. (The hospital never sent the results of these tests, but the clinical reviewer was satisfied that this had no bearing on his eventual diagnosis.)
27. On 17 June, a GP prescribed an antibiotic to treat a urine infection and noted they were still awaiting the biopsy result from the hospital. The GP requested a fasting blood sugar test and a prostate-specific antigen test (PSA) which can give an early indication of prostate cancer.
28. On 18 June, a GP noted Mr Wigg's blood and PSA tests were normal. On Saturday 20 June, Mr Wigg told a nurse that he had been feeling unwell and had not eaten much for the past two weeks. The nurse contacted an out-of-hours doctor, who advised a GO review. The next morning, the nurse checked Mr Wigg who said he had had diarrhoea. She noticed slight jaundice in his eyes and made an appointment for him to see the doctor.
29. On 22 June, a GP examined Mr Wigg, who said he had felt unwell for a few months, with an ache in his upper abdomen, a yellow discolouration of his eyes, a reduced appetite and weight loss. The GP discussed Mr Wigg's case with the

on-call surgical registrar at hospital, and the hospital admitted Mr Wigg as an inpatient that evening.

30. Scans performed on 23 and 24 June revealed that Mr Wigg had a large tumour in his pancreas. On 30 June, surgeons operated on Mr Wigg, inserted a stent to unblock the bile duct and obtained a liver biopsy, which confirmed Mr Wigg had advanced pancreatic cancer that had spread to his liver. On 1 July, a hospital doctor told Mr Wigg his cancer was terminal. No active treatment was possible.
31. The clinical reviewer considered that Mr Wigg's symptoms were properly assessed and he was appropriately referred to a specialist and then to hospital. We are satisfied that there was no delay with Mr Wigg's diagnosis and he was appropriately informed.

### **Mr Wigg's medical treatment**

32. On 1 July, the hospital informed the prison healthcare manager that Mr Wigg would remain in hospital for immediate acute care, but would need longer-term palliative care. On 7 July, the manager visited Mr Wigg in hospital and discussed his care with a Macmillan nurse. They began to plan his ongoing care. On 14 July, the hospital discharged Mr Wigg back to the prison.
33. On 15 July, a GP and a nurse talked to Mr Wigg about his diagnosis. The GP prescribed tramadol (pain relief medication). A nurse created a care plan, which required wing staff and nurses to log all interventions with Mr Wigg and record hourly observations. The prison gave him a wrist alarm to alert staff, a pressure-relieving mattress and a comfortable armchair. On 16 July, a GP prescribed Mr Wigg metoclopramide (an anti-sickness medication).
34. On 20 July, a multidisciplinary team meeting discussed Mr Wigg's care needs. Macmillan nurses gave a prognosis of three to six months and plans were made to transfer him to Bullingdon for 24-hour healthcare. Mr Wigg had access to ice cubes and ice-lollies to help him stay hydrated in spite of his mouth sores and staff made a referral for social care.
35. On 23 July, a GP and a nurse examined Mr Wigg, who said he had vomited and was no longer able to tolerate oral medication. The doctor gave him fentanyl pain relief patches and the nurse gave him an anti-sickness injection. Mr Wigg had not made a decision about whether he wanted to be resuscitated if his heart or breathing stopped and wanted to discuss this with his wife. The nurse noted that resuscitation should be attempted if he had a cardiac or respiratory arrest.
36. On 24 July, Mr Wigg transferred to Bullingdon's healthcare inpatient unit for 24-hour palliative care. On 26 July, a nurse noted Mr Wigg had not slept well during the night and had vomited. Staff arranged for him to have a high-back chair, which he sat in during the morning. The chaplain visited him.
37. Just before 7.00am on 27 July, a nurse recorded that Mr Wigg was spending most of his time sitting on his bed and his legs appeared swollen. She thought he looked in discomfort but Mr Wigg said he was not in pain.
38. At 8.03am, a nurse found that Mr Wigg had vomited, was cold and appeared unconscious. She called for help and officers and healthcare staff attended. At

8.05am, an officer called a code blue emergency (which indicates a prisoner is unconscious, not breathing or has breathing difficulties and prompts the control room to call an emergency ambulance). A nurse gave Mr Wigg oxygen and took his clinical observations. Mr Wigg roused and tried to remove his oxygen mask.

39. Paramedics arrived at 8.28am, followed by an ambulance crew and a prison GP, at 8.35am. The GP and the paramedics agreed that Mr Wigg should stay where he was, as there was little to gain by taking him to hospital.
40. An officer immediately telephoned Mr Wigg's wife to let her know of her husband's deterioration and arranged for her to come to the prison as soon as possible. A prison chaplain sat with Mr Wigg. Mr Wigg's wife arrived shortly after 10.00am and told the GP that Mr Wigg had decided that he did not want resuscitation. Mr Wigg's wife and two nurses stayed with him and made him comfortable. At 10.30am, the GP recorded that he had died.
41. A post-mortem examination found that Mr Wigg died from a pulmonary embolism (blood clot in the lung) and aspiration pneumonia (infection of the lungs caused by food, fluid or vomit) linked to disseminated carcinoma of the pancreas. The clinical reviewer said that pulmonary embolism and aspiration pneumonia are common in terminal cancers.
42. The clinical reviewer considered that Mr Wigg's symptoms were largely well controlled. Doctors prescribed oral pain control, and when this was unreliable (due to vomiting), it was changed to a pain relief patch. Similarly, when Mr Wigg's nausea and vomiting became less controlled by oral medication, this was changed to injections. We are satisfied that Mr Wigg received commendably good care at Stafford and Bullingdon, equivalent to that he could have expected to receive in the community.

### **Mr Wigg's location**

43. After Mr Wigg was discharged from hospital on 14 July, staff moved him to a single cell at Stafford on a wing closer to the healthcare unit. A prisoner carer (trained to help with day-to-day tasks) was assigned to assist him. He had a wrist alarm to allow him to contact staff easily if he needed them.
44. Mr Wigg's wife asked if he could move to a prison nearer their home. The prison contacted Bullingdon on 16 July, and the healthcare manager at Bullingdon agreed to accept Mr Wigg on 21 July. Mr Wigg moved to Bullingdon on 24 July.
45. We are satisfied that Mr Wigg was appropriately located after his terminal diagnosis. The move to Bullingdon in his final days allowed his wife to see him more easily and be with him when he died.

### **Restraints, security and escorts**

46. When prisoners have to travel outside of the prison to a hospital or hospice, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity and maintain their dignity. The level of restraints used should be necessary in the circumstances and based on a risk assessment which considers

the risk of escape, the risk to the public and which takes into account factors such as the prisoner's health and mobility.

47. On 22 June, when Mr Wigg went to the hospital, two officers accompanied him and did not use restraints. On 24 July, when Mr Wigg went to Bullingdon, two officers accompanied him and again did not restrain him. We are satisfied that Stafford appropriately took into account Mr Wigg's health, age and mobility, when reaching these decisions.

### **Liaison with Mr Wigg's family**

48. Mr Wigg's offender supervisor at Stafford was in contact with his family throughout his illness. The prison formally appointed her as the family liaison officer on 14 July, when Mr Wigg was discharged from hospital. She arranged family visits, discussed care plans with his family and helped with his wife's request for him to be transferred nearer to their home. She visited Mr Wigg on the wing and kept his wife updated about his condition.
49. At Bullingdon, a prison manager acted as Mr Wigg's family liaison officer. An officer was the deputy family liaison officer. On 27 July, when it became clear that Mr Wigg was close to death, the officer contacted his wife and suggested she attend urgently. The officer stayed with his wife to support her after her husband had died and later arranged for other family members to see him. The prison offered a contribution towards Mr Wigg's funeral, in line with national instructions, but his family declined.
50. We are satisfied that both prisons arranged appropriate family liaison.

### **Compassionate release**

51. Prisoners can be released before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months.
52. On 7 July, the prison's healthcare manager visited Mr Wigg while he was in hospital and told him that the possibility of compassionate release was being considered. On 20 July, a GP examined Mr Wigg and supported compassionate release as Mr Wigg was incapable of further criminal acts, was very weak and now had a prognosis of three to six months. Sadly, Mr Wigg died before the application was completed. However, we are satisfied that Stafford progressed this application appropriately.

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