

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr John Whiddett a prisoner at HMP Wandsworth on 20 November 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 John Whiddett died on 20 November 2015 of sepsis and an infection in his gall bladder, while a prisoner at HMP Wandsworth. He was 76 years old. I offer my condolences to all who knew Mr Whiddett.

Mr Whiddett was in poor health from the time he was sent to prison in 2012 and, although he did not always comply with treatment, I consider that he received good care at Wandsworth. However, I am concerned that Mr Whiddett was restrained by handcuffs when he was taken to hospital, the evening before he died. As Mr Whiddett had had both legs amputated and was dependent on a wheelchair to get about, it is very difficult to see how this could be justified. The senior manager who took the decision accepts this should not have happened but the unjustified use of restraints is a matter I have raised with Wandsworth a number of times before. The Governor needs to be sure that all staff taking such decisions understand the legal position.

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**

**May 2016**

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# Summary

## Events

1. On 6 March 2012, Mr John Whiddett was remanded to HMP Wandsworth and on 26 October 2012 he was sentenced to six years in prison for sexual offences. Mr Whiddett was 73 at the time and suffered from diabetes. Surgeons had amputated his right leg (because of poor diabetes control) some time before he went to prison. He also had high blood pressure, heart disease, chronic kidney disease and a venous thrombo embolism (a blood clot in a vein).
2. Mr Whiddett frequently refused treatment for any of his conditions. Clinicians considered he had the mental capacity to take such decisions. From 2012, his main health issue was an ulcerated left leg for which he also refused treatment. In 2014, his left leg was also amputated. After this, Mr Whiddett lived in the prison's Jones Unit, for prisoners who need a high level of physical care.
3. In November 2015, Mr Whiddett complained of abdominal pain and became incontinent. On 19 November, his condition deteriorated; his blood pressure was low and he was dehydrated. He was taken to hospital. A manager decided that officers should use handcuffs to restrain him. Hospital staff were unable to insert a cannula to help rehydrate him. Mr Whiddett denied having abdominal pain and refused any further treatment so the hospital discharged him.
4. Nurses monitored Mr Whiddett when he got back to the prison. At 1.00am on 20 November, a nurse was concerned about him and when she assessed him found he had no pulse. She asked for an ambulance and began to try to resuscitate him, helped by other nurses. Paramedics arrived at approximately 1.20am, and took over emergency treatment. Mr Whiddett did not respond and at 2.09am, paramedics recorded that he had died. A post-mortem examination found that Mr Whiddett had died from sepsis as a result of a gall bladder infection, with a background of heart disease and diabetes.

## Findings

5. We are satisfied that Mr Whiddett received good care for his multiple health conditions but his frequent refusal to accept treatment did not allow healthcare staff to monitor and treat him as effectively as possible. Although he was taken to hospital the evening before his death, he said he did not have abdominal pain and the hospital staff did not identify that he had a gall bladder infection.
6. Although Mr Whiddett had had both legs amputated and was very ill, a prison manager decided that officers should restrain him with double handcuffs and an escort chain when he went to hospital the evening before his death. This was not justified.

## Recommendation

- The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

## The Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Wandsworth informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
8. The investigator visited and obtained copies of relevant extracts from Mr Whiddett's prison and medical records.
9. NHS England commissioned a clinical reviewer to review Mr Whiddett's clinical care at the prison.
10. The investigator and clinical reviewer interviewed six members of staff at HMP Wandsworth on 21 December 2015.
11. We informed HM Coroner for Inner West London of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
12. Mr Whiddett was not in contact with any family or friends and had named his probation officer as his next of kin. His probation officer did not have any issues for the investigation to consider.
13. The prison considered our initial report and raised one factual inaccuracy which has been amended. They submitted an action plan addressing our recommendation.

# Background Information

## HMP Wandsworth

14. HMP Wandsworth is a local prison in London and holds up to 1,658 men in eight residential wings. St George's Healthcare Trust provides healthcare services at the prison. There is an inpatient unit for up to six prisoners (The Jones Unit), which caters for prisoners with a wide range of general medical, rehabilitative and health-related respite needs.

## HM Inspectorate of Prisons

15. The most recent inspection of HMP Wandsworth was in March 2015. Inspectors reported that primary care service had deteriorated due to staffing pressures. The management of long-term conditions was reasonable but health promotion was weak. Medicines management was adequate. The regime in the physical health inpatient unit (The Jones Unit) was unnecessarily restrictive and not individualised for the men held there. There was no regular review of the needs of prisoners with disabilities in the prison and insufficient activities for older prisoners, many of whom spent a lot of time locked in their cells.

## Independent Monitoring Board

16. 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 May 2015, the IMB reported that prison healthcare facilities were substandard. Nursing staffing levels were low, with many vacancies and too great a reliance on agency nurses. A shortage of officers had led to some hospital appointments being cancelled and prisoners in the Jones Unit being confined to their cells for long periods.

## Previous deaths at HMP Wandsworth

17. Mr Whiddett was the fifth prisoner to die of natural causes at Wandsworth since the start of 2014. We have made previously made recommendations about the unjustified use of restraints, including using double handcuffs to restrain prisoners in wheelchairs.

## Key Events

18. On 6 March 2012, Mr John Whiddett was remanded to HMP Wandsworth charged with sexual offences. On 26 October 2012, he was sentenced to six years in prison.
19. Mr Whiddett suffered from diabetes and some time before his prison sentence surgeons had amputated his right leg, because of poorly controlled diabetes. He also had high blood pressure, heart disease, chronic kidney disease and a venous thrombo embolism.
20. Mr Whiddett frequently refused treatment. Clinicians assessed him and considered he had capacity to take decisions about his treatment. Mr Whiddett's left leg became ulcerated but he refused treatment. In March 2014, he developed gangrene and surgeons amputated his left foot and then his left leg from above the knee. After this, Mr Whiddett lived in the Jones Unit, the prison's unit for prisoners needing high levels of physical care. Staff had to use a hoist to move Mr Whiddett between the bed, his chair and the toilet.
21. Over the next twenty months, Mr Whiddett was treated with antibiotics for a number of urinary tract infections.
22. On 10 November 2015, Mr Whiddett told a prison GP that he had abdominal pain and urinary incontinence. A urine test indicated another urinary tract infection and the doctor prescribed antibiotics.
23. Nurses monitored Mr Whiddett closely over the next few days. On 11 November, a nurse noted that he seemed much better, although he was still incontinent of urine. On 12 November, a prison GP noted that he seemed generally well.
24. Over the next week nurses monitored Mr Whiddett frequently. On 18 November, he was doubly incontinent. By the afternoon of 19 November, Mr Whiddett's condition had deteriorated. His blood pressure was low, he was dehydrated, drowsy and remained doubly incontinent. He agreed to be admitted to hospital. Two officers escorted him and a manager decided they should use handcuffs and an escort chain to restrain him.
25. Hospital staff were unable to insert a cannula to help rehydrate Mr Whiddett. Mr Whiddett then said he did not have any abdominal pain and refused further treatment. Hospital staff considered that he had capacity to make this decision. Because Mr Whiddett said he had no pain, had no fever, no blood in his stool and was tolerating fluids, the hospital discharged him back to the prison at 5.15pm.
26. A nurse checked Mr Whiddett at about 8.30pm, but he would not allow her to take his clinical observations. She tried twice more to take Mr Whiddett's observations but he refused. After the last attempt at 9.30pm, she left him to sleep, but checked on him through the cell door hatch every half hour.
27. At midnight, the nurse went into Mr Whiddett's cell and he allowed her to take his observations. She noted all were within normal range except for his temperature

which was high at 39.4C. She gave him paracetamol. She checked him again at 12.30am and noted he was asleep and breathing normally.

28. At approximately 1.00am, the nurse checked Mr Whiddett again. She wanted to take his observations and called to him from the cell door hatch but he did not respond. She could see his chest was moving and asked for another nurse to attend and for officers to open the cell. A prison manager and two officers immediately went to Mr Whiddett's cell and opened the door.
29. The nurse assessed Mr Whiddett and found his chest was still moving but he had no pulse. She asked officers to call an ambulance and the prison manager radioed a code blue medical emergency. (This indicates circumstances such as when a prisoner is unresponsive or having breathing difficulties and alerts the control to call an ambulance immediately.) The nurse began cardiopulmonary resuscitation and the control room called an ambulance.
30. Two nurses arrived just after the code blue was called and helped with the resuscitation attempt. They attached an automatic external defibrillator but this found no shockable heart rhythm, so the nurses continued with resuscitation. At approximately 1.20am, paramedics arrived and took over emergency treatment. Mr Whiddett did not respond and, at 2.09am, a paramedic recorded that he had died.

#### **Contact with Whiddett's family**

31. Mr Whiddett had no contact with any family or friends and had named his probation officer as his next of kin. The prison arranged and paid for Mr Whiddett's funeral in line with national policy.

#### **Support for prisoners and staff**

32. After Mr Whiddett's death, a prison manager debriefed the staff involved in the emergency response and offered his support and that of the staff care team.
33. The prison posted notices informing staff and prisoners of Mr Whiddett's death, and offering support. Staff reviewed all prisoners assessed as at risk of suicide and self-harm, in case they had been adversely affected by Mr Whiddett's death.

#### **Post-mortem report**

34. The coroner gave the cause of death as sepsis resulting from gall bladder empyema (the presence of pus containing bacteria) with a background of Ischaemic heart disease and diabetes mellitus.

# Findings

## Clinical care

35. The clinical reviewer was satisfied that Mr Whiddett received good care for his various health conditions in prison, although he frequently refused treatment. Staff at Wandsworth sought advice from specialists at hospital and other specialist nurses in the community to help them look after him properly. However, Mr Whiddett was often abusive to staff trying to treat him or he refused treatment. Healthcare staff assessed his mental capacity and found that he had the ability to make decisions about his treatment.
36. The clinical reviewer noted that staff at Wandsworth did not diagnose his empyema or sepsis, and treated Mr Whiddett's symptoms as a urinary tract infection. The clinical reviewer considered that this was reasonable, given his symptoms and history of urinary tract infections. One symptom of gall bladder empyema is abdominal pain. Although Mr Whiddett had initially complained of abdominal pain, he later denied having it and hospital staff were also unable to make a diagnosis. The clinical reviewer said that empyema of the gall bladder is uncommon and hospital investigation is necessary to diagnose it. In Mr Whiddett's circumstances, prison healthcare staff would not have been able to identify the condition.
37. When Mr Whiddett returned to Wandsworth on 19 November, a nurse monitored him regularly throughout the evening. When the nurse became concerned about his condition, there was no delay in officers opening the cell and calling a code blue. The clinical reviewer considered that the emergency response was good, and cardiopulmonary resuscitation efforts were timely and appropriate.
38. We are satisfied that the care Mr Whiddett received in prison was equivalent to that he could have expected to receive in the community.

## Restraints, security and escorts

39. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.
40. Mr Whiddett was a double leg amputee, needed a wheelchair to move and a hoist to get from his bed. When he went to hospital on 19 November, an administration officer from the security department completed the escort risk assessment and noted that Mr Whiddett's risk to the public, of hostage taking, escape and likelihood of outside assistance was 'medium' with no history of absconding, drug or alcohol abuse or violence. The administration officer also

completed the medical section and stated there was no information on the medical notes to prevent the use of handcuffs but highlighted that Mr Whiddett was a double amputee. The deputy governor agreed that two officers should accompany Mr Whiddett and restrain him with double handcuffs and an escort chain. She added that restraints could be removed only in an emergency.

41. Double handcuffing means that the prisoner's hands are handcuffed in front of him and one wrist is then also attached to a prison officer by an additional set of handcuffs. This is usually required for moving category A or category B prisoners in good health. An escort chain is a long chain with a handcuff at each end; one is attached to the prisoner and the other to an officer. When, exceptionally, double cuffs are used for a category C prisoner like Mr Whiddett, the Prison Service requires that reasons should be recorded in writing. There was no evidence to support this decision.
42. The investigator asked for clarification about what restraints were actually used. One of the escorting officers told us that a prison manager had changed the instructions just before the ambulance left and decided they should use just an escort chain. The prison manager told us he would not have done this. The deputy governor said she could not remember why she had agreed to double handcuffs, but was not clear whether both double handcuffs and/or an escort chain was used.
43. Public protection is fundamental, but security measures must be proportionate to a prisoner's individual circumstances which must be fully considered, taken into account and balanced against the security risks. Mr Whiddett had had both legs amputated, was a category C prisoner and needed a wheelchair and a hoist to mobilise. He was also clearly very unwell when he was taken to hospital and it is difficult to see how any level of mechanical restraint could have been justified. We are concerned that Mr Whiddett's risk was not assessed using the tests required by the High Court judgment and that a senior manager agreed to the use of double handcuffs, which would not normally be justified for a fit and healthy category C prisoner. We make the following recommendation:

**The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.**

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