Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Giovanni Pridding a prisoner at HMP Wakefield on 13 September 2016

A report by the Prisons and Probation Ombudsman
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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*

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.

The 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 Giovanni Pridding died on 13 September 2016 while a prisoner at HMP Wakefield of pneumonia caused by oesophageal cancer. He was 65 years old. I offer my condolences to Mr Pridding's family and friends.

Mr Pridding received a good standard of clinical care at Wakefield. All of Mr Pridding's care needs were met in the prison's palliative care suite. His family were appropriately supported and compassionate release was considered at the earliest opportunity.

However, healthcare staff did not have sufficient input into the decision to use restraints when Mr Pridding went to hospital in August. The use of restraints was disproportionate to the risk posed by Mr Pridding and it is disappointing to have to raise this matter with Wakefield again.

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

Richard Pickering
Deputy Prisons and Probation Ombudsman **March 2017**

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Summary

Events

1. On 29 July 2011, Mr Giovanni Pridding was sentenced to life imprisonment for sexual offences and sent to HMP Manchester. He transferred to HMP Wakefield on 15 July 2015.

2. At his initial health screen at Wakefield, a nurse noted that Mr Pridding had chronic back pain, chronic obstructive pulmonary disease (COPD – the name for a collection of lung diseases including chronic bronchitis and emphysema) and arthritis, all of which were treated with medication.

3. Between July 2015 and June 2016, there were few significant entries in Mr Pridding's medical record. During a COPD review in September 2015, Mr Pridding suspected he had a chest infection. A respiratory consultant referred him for a chest X-Ray, which produced a normal result, and prescribed a more effective inhaler. In July 2016, Mr Pridding began a smoking cessation clinic but suffered an allergic reaction to champix (nicotine addiction medication). A prison GP referred him to the healthcare wing for five days.

4. A prison GP examined Mr Pridding on 8 August. He told her he felt exhausted, had struggled to keep food down, suffered abnormal bowel movements and had lost weight. Upon examination, she noted he was unable to relax his abdominal muscles. She diagnosed possible upper gastrointestinal cancer and referred him to hospital under the NHS pathway, which requires patients with suspected cancer to be seen within two weeks.

5. On 16 August, a different prison GP examined Mr Pridding. He looked unwell, could not swallow and had severe abdominal pains. The GP referred him to hospital immediately. Hospital investigations identified advanced cancer of the oesophagus, liver and stomach and doctors gave him a prognosis of six weeks.

6. Mr Pridding returned to the palliative care suit at Wakefield on 19 August. Healthcare staff created a comprehensive palliative care plan and Mr Pridding agreed that he did not want to be resuscitated if his heart or breathing stopped.

7. Mr Pridding's health rapidly declined and he died at 1.23am on 13 September.

Findings

8. We are satisfied that prison GPs appropriately referred Mr Pridding for specialist investigation so there was no delay in his diagnosis and treatment. Once diagnosed, healthcare staff provided personal palliative care plans, which meant that the care Mr Pridding received at Wakefield was equivalent to that he could have expected to receive in the community. We are also satisfied that the prison supported Mr Pridding's family appropriately and considered compassionate release at the earliest opportunity.

9. When Mr Pridding went to hospital in August, he required a wheelchair. We are not satisfied that there was sufficient medical input into Mr Pridding's risk

assessment, based on which a senior manager authorised the use of an escort chain.

Recommendation

- The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints 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

10. The investigator issued notices to staff and prisoners at HMP Wakefield informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

11. The investigator obtained copies of relevant extracts from Mr Pridding's prison and medical records

12. NHS England commissioned a clinical reviewer to review Mr Pridding's clinical care at the prison.

13. We informed HM Coroner for West Yorkshire of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

14. One of the Ombudsman's family liaison officers contacted Mr Pridding's ex-wife to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She asked us to consider whether Mr Pridding's illness could have been diagnosed sooner, and whether he received the same standard of care at Wakefield that he would in the community.

15. The investigation has assessed the main issues involved in Mr Pridding'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.

16. Mr Pridding's ex-wife received a copy of the initial report. She did not make any comments.

17. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

Background Information

HMP Wakefield

18. HMP Wakefield is one of eight high security prisons in England and Wales. It holds up to 750 men. There are four main residential wings, a healthcare centre, a segregation unit and a close supervision centre (a small unit aiming to provide a supportive, safe, structured and consistent environment for some of the most challenging offenders).

19. Care UK took over all healthcare provision at Wakefield on 1 April 2016. Prior to this, Spectrum CIC (Community Interest Company) provided primary healthcare services during normal working hours and Humber NHS Foundation Trust (intermediate care) employed the nurses in the inpatient unit, which provides overnight and weekend care for prisoners with physical health problems. There is a dedicated palliative care suite in the healthcare unit.

HM Inspectorate of Prisons

20. The most recent inspection of HMP Wakefield was in July 2014. Inspectors found that health services were good overall but some parts of the healthcare environment, including the inpatient unit, were poor. Primary care services were very good and had an appropriate emphasis on the care of patients with long-term conditions.

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 April 2016, the IMB reported that weekly visits to the healthcare departments found the care and treatment of prisoners to be of a very high quality, and they continued to be impressed by the professionalism of the staff.

Previous deaths at HMP Wakefield

22. Mr Pridding was the tenth prisoner to die from natural causes at Wakefield since January 2016. There has been one death since.

23. Although generally our investigations have found a high standard of end of life care at the prison, we have made previous recommendations about the inappropriate use of restraints without comprehensive risk assessments to justify their use.

Findings

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

24. On 29 July 2011, Mr Giovanni Pridding was sentenced to life imprisonment for sexual offences and sent to HMP Manchester. He transferred to HMP Wakefield on 15 July 2015.

25. At his initial health screen, a nurse assessed Mr Pridding. He noted that Mr Pridding was taking paracetamol regularly for long-term chronic back pain and used inhalers. Mr Pridding smoked and declined smoking cessation advice. He had a history of chronic obstructive pulmonary disease (COPD – the name for a collection of lung diseases including chronic bronchitis and emphysema) and arthritis. Mr Pridding said he felt fit and well and was allocated a normal cell. Mr Pridding took seven medications to treat his arthritis and COPD and the pharmacy gave him a 48-hour supply of paracetamol every two days for his back pain.

26. On 8 September, during an annual COPD review, Mr Pridding told a nurse that he had a cough and suspected that he had a chest infection. She referred him to a respiratory consultant. The consultant ran a regular clinic at the prison and examined Mr Pridding on 23 September. He referred him for a chest X-Ray, a review of his inhalers and a further review in six weeks. He asked Mr Pridding about his weight loss and he said that it was caused by a change in his diet. On 4 November, he noted that the X-Ray results were normal and, on 27 November, that Mr Pridding felt significantly better using a different inhaler. He planned a review in six months.

27. Between December 2015 and June 2016, Mr Pridding attended healthcare for routine check-ups and there were no significant entries.

28. On 11 July, Mr Pridding attended a smoking cessation clinic and a prison GP prescribed champix to treat his nicotine addiction and noted a two to four week review of his weight loss. On 25 July, Mr Pridding started taking champix and developed an allergic reaction in the form of a rash. On 29 July, the GP referred him to the healthcare wing. He returned to normal location on 2 August and attended outreach appointments for two weeks until he fully recovered. He continued to smoke, but reduced his intake to ten cigarettes per day.

29. A prison GP assessed Mr Pridding on 8 August. He told her that he felt generally exhausted and asked to be signed off work. He said he had struggled to keep food down, suffered abnormal bowel movements and told her he had lost almost two and half stone since he arrived at Wakefield. Nurses had weighed Mr Pridding on 4 August 2015 (10st 3lbs), 2 October 2015 (9st 12lbs), and 31 July 2016 (9st 6lbs) – a total loss of 11lbs. During the examination, she noted that Mr Pridding became short of breath and that he could not relax his abdominal muscles. She diagnosed possible upper gastrointestinal cancer and made an urgent referral to hospital under the NHS pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks.

30. On 16 August, a nurse noted that Mr Pridding was not able to keep fluids down. He told her that he felt nauseous and his skin was itchy. He asked for

medication. Later that day, a prison GP examined Mr Pridding and noted that he could not swallow, had severe abdominal pains, and an unhealthy pale appearance. He referred him to hospital. Mr Pridding was placed in a wheelchair and a senior manager authorised the use of an escort chain.

31. In hospital, investigations identified that Mr Pridding had cancer of his oesophagus, liver and stomach. The respiratory consultant noted that Mr Pridding's cancer was widespread, and he was too frail for chemotherapy treatment. He gave a prognosis of less than six weeks. Mr Pridding returned to the palliative care suite at Wakefield on 18 August.

32. The clinical reviewer concluded that there was no delay in referring Mr Pridding to hospital. He showed few symptoms early on, and was diagnosed at the earliest opportunity.

Mr Pridding's clinical care

33. When Mr Pridding returned to Wakefield, a detailed palliative care plan ensured that he was as comfortable as possible. It included regular assessment of his pain relief medication, bladder and bowel function, diet, sleeping environment, assistance with washing and dressing, and spiritual and psychological care. The respiratory consultant spoke with Mr Pridding about his prognosis in further detail and his resuscitation wishes. Mr Pridding said that he did not want staff to attempt to resuscitate him if his heart or breathing stopped and he signed an order to that effect.

34. Mr Pridding remained in the palliative care suite where healthcare staff monitored him several times a day and gave him morphine to manage his pain. His condition rapidly deteriorated and he died at 1.23am on 13 September.

35. The post-mortem concluded that Mr Pridding died of pneumonia caused by oesophageal cancer.

36. We are satisfied that Mr Pridding received a good standard of healthcare at the prison, equivalent to that he could have expected to receive in the community, particularly his last few weeks in the palliative care suite. The clinical reviewer concluded that healthcare staff provided personal care plans with comprehensive and holistic assessments of Mr Pridding, which were adapted as his needs developed.

Mr Pridding's location

37. When he arrived at Wakefield, Mr Pridding was allocated a standard cell. When he became unwell, he moved to the palliative care suite where he received regular supervision. We are satisfied that Mr Pridding was appropriately located throughout his time at Wakefield.

Restraints, security and escorts

38. 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.

39. On 16 August, when a prison GP referred Mr Pridding to hospital, he required a wheelchair because he was unsteady on his feet. A nurse completed the medical section of the escort risk assessment. She ticked a box stating that Mr Pridding's mobility was not affected and she did not object to the use of restraints. His requirement to use a wheelchair was recorded elsewhere in the risk assessment. A senior manager authorised the use of an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer). He said that he had considered that Mr Pridding needed to use a wheelchair and considered that an escort chain was an appropriate level of restraint. The escort chain remained in place throughout the visit apart from being removed once so that Mr Pridding could have a CT scan. When he returned to Wakefield two days later, an officer recorded that Mr Pridding almost passed out.

40. Mr Pridding used a wheelchair and was suspected of having upper gastrointestinal cancer. The nurse's statement that his mobility was not affected was inaccurate. The senior manager noted Mr Pridding's use of a wheelchair and says that this influenced his decision on the appropriate level of restraint. We do not believe the decision was in line with the High Court judgement and 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 on the use of restraints 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.

Liaison with Mr Pridding's family

41. On 17 August, the prison appointed an officer as the family liaison officer. Two officers were appointed as deputy family liaison officers. Later that day, the officer telephoned Mr Pridding's ex-wife to explain that he had been taken to hospital. Four days later, Mr Pridding told a prison chaplain that he was worried about telling his ex-wife of his illness and that he was still coming to terms with it. With Mr Pridding's permission, a prison GP telephoned his ex-wife and explained his illness to her.

42. Mr Pridding regularly spoke with his ex-wife on the telephone and she visited him before he died. On 12 September, the officer told Mr Pridding's ex-wife that his condition had rapidly declined and she confirmed that she was happy to be telephoned when he died.

43. The following day at 1.22am, the officer informed Mr Pridding's ex-wife that he had died. He telephoned Mr Pridding's ex-wife that afternoon to offer her condolences and ongoing support.

44. Mr Pridding's funeral was held on 13 October. The prison contributed towards the costs in line with national policy.

45. We are satisfied that Mr Pridding and his ex-wife were appropriately supported throughout his illness, and after his death.

Compassionate release

46. Prisoners can be released from custody 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.

47. The prison GP and an officer started the application for Mr Pridding's early release on compassionate grounds on 17 August.

48. On 1 September, Mr Pridding's offender manager stated that he did not support the application due to the length of Mr Pridding's sentence and the fact that he had not completed any risk reduction work. The officer continued the application process but Mr Pridding died before it could be completed.

49. We are satisfied that the prison appropriately prioritised Mr Pridding's compassionate release application once they knew of his short prognosis.

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