Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Kevin Grieveson a prisoner at HMP Frankland on 6 January 2017

**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*

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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 Kevin Grieveson died in hospital on 6 January 2016 from multiple organ failure caused by severe acute pancreatitis. He was 57 years old. I offer my condolences to those who knew him.

I am satisfied that Mr Grieveson received a high standard of care for his chronic health conditions at Frankland. I am also satisfied that the use of restraints when Mr Grieveson went to hospital was justified by a fully considered risk assessment and was reviewed promptly by senior managers.

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 **August 2017**

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Summary

Events

1. On 23 May 1988, Mr Grieveson was sentenced to life imprisonment for murder. He arrived at HMP Frankland since 29 September 2014, after spending time at numerous other establishments.

2. Mr Grieveson had a history of several medical conditions including diabetes, asthma, hypertension and hypothyroidism. He had also been wheelchair bound since 2003.

3. On 15 December 2016, a prison nurse saw Mr Grieveson. He said he had been vomiting and had stomach pain. She examined him, transferred him to the healthcare centre for observation, and referred him to the out of hours service. A different prison nurse reviewed Mr Grieveson that evening. Mr Grieveson said he had stopped vomiting and his pain was better. The nurse contacted a prison GP who told him to observe his condition.

4. On 16 December, a prison nurse reviewed Mr Grieveson again. Mr Grieveson said that his pain has increased and he was still vomiting. The nurse arranged for an emergency doctor's appointment. A prison GP saw Mr Grieveson and sent him to hospital for assessment.

5. Mr Grieveson was taken to hospital on 16 December. He remained in hospital until his death on 6 January 2016.

Findings

6. We agree with the clinical reviewer that the care Mr Grieveson received at Frankland was at least equivalent to that he could have expected to receive in the community.

7. We are satisfied that the use of restraints when Mr Grieveson went to hospital, was justified by a fully considered risk assessment. We are also satisfied that this was reviewed after he was admitted to hospital and as his condition declined.

The Investigation Process

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

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

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

11. We informed HM Coroner for Durham and Darlington of the investigation who provided the cause of death. We have sent the coroner a copy of this report.

12. We were unable to contact Mr Grieveson's family to inform them of the investigation as they had no contact with him.

13. The prison received a copy of the report and identified factual inaccuracies which have been amended.

Background Information

HMP Frankland

14. HMP Frankland is one of eight high security prisons in England and Wales. It holds up to 844 men. There is 24-hour inpatient care. G4S Forensic & Medical Services provide general nursing services and substance misuse services. Spectrum Healthcare provides GP and pharmacy services.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Frankland was in February and March 2016. Inspectors reported that, although health provision was reasonably good, staffing issues were impacting on care delivery. However, prisoners had access to a range of primary care services and visiting specialists. Prisoners with long-term conditions received regular reviews by appropriately trained staff and there were high-standard arrangements for palliative and end-of-life care for the terminally ill.

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 2015, the IMB said that the quality of healthcare provision was generally good and in some individual cases outstanding. However, the IMB was concerned about the affect of staffing vacancies on healthcare provision.

Previous deaths at HMP Frankland

17. Mr Grieveson was the sixth person to die from natural causes at Frankland since January 2015. There are no significant similarities to the previous deaths at HMP Frankland.

Key Events

18. On 23 May 1988, Mr Grieveson was sentenced to life imprisonment for murder. He spent time at a number of prisons and had been at HMP Frankland since 29 September 2014.

19. Mr Grieveson had a history of hypertension (high blood pressure), hypothyroidism (an over active thyroid gland), athsma, gastro intestinal disease, morbid obesity, sleep apnoea and type two diabetes.

20. A nurse saw Mr Grieveson on 29 September 2014 for his reception health screening. He told her that he suffered from type two diabetes, hypertension, hypothyroidism and asthma. He said he had not suffered from asthma symptoms since he had lost weight. Prison GPs monitored his co-morbidities, which were controlled by medication, and reviewed him annually.

21. The next significant incident occurred on 15 December 2016 at 5.19pm when Mr Grieveson saw a nurse. He told her he had been suffering from nausea, vomiting, and complained of abdominal pain. She examined him and noted that his abdomen was hard and swollen. She checked his temperature and blood pressure before transferring him to the healthcare department and referring him to the out of hours healthcare service.

22. A nurse reviewed Mr Grieveson at 5.51pm. She checked his temperature and recorded his appearance as cold to the touch and sweaty. She checked his blood pressure and pulse. These were in the normal range apart from his blood pressure which was recorded as slightly above ideal.

23. A nurse examined Mr Grieveson three hours later. He recorded that Mr Grieveson had stopped vomiting and the pain in his abdomen had subsided. Mr Grieveson said he thought his symptoms were due to constipation. The nurse encouraged him to drink lots of water and gave him a laxative (lactulose). He then contacted the out of hours doctor, who told him to observe Mr Grieveson's condition as no further action was required at present.

24. The next morning, the nurse reviewed Mr Grieveson. Mr Grieveson said that he had not slept, was nauseous and his pain had returned and worsened. He said that after taking the laxative he had urges to use the toilet but had not been able to since the previous day. The nurse recorded that Mr Greiveson was vomiting bile. He referred Mr Grieveson for an emergency doctor's appointment.

25. A prison GP saw Mr Grieveson on the morning of 16 December. Mr Grieveson told her he was in constant pain, vomiting and had not slept. She examined him and recorded that his abdomen was bloated and hard, he looked pale and his blood sugar levels were high. She noted that Mr Grieveson vomited bile during the examination and she was unable to get a blood pressure reading despite several attempts. She sent him to hospital for assessment.

26. Mr Grieveson was taken to hospital on 16 December. The prison contacted staff at the hospital regularly for information on Mr Greiveson's condition. The prison started an application for Mr Grieveson's compassionate release, but he died

before the application was considered. He remained at hospital until his death on 6 January 2017.

Contact with Mr Grieveson's family

27. On 17 December, Frankland appointed an officer as the family liaison officer. After locating Mr Grieveson's next of kin, he contacted them on 20 December and offered his condolences and support. They informed him that they did not want any involvement and to only contact them in the event of Mr Grieveson's death.

28. Mr Grieveson's funeral was held on 14 March 2017, and Frankland contributed towards the costs in line with national policy.

Support for prisoners and staff

29. After Mr Grieveson's death, a senior manager debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

30. The prison posted notices informing other prisoners of Mr Grieveson's death and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Grieveson's death.

Cause of death

31. HM Coroner for Durham and Darlington gave the cause of death as multi organ failure due to severe pancreatitis.

Findings

Clinical care

32. Mr Grieveson arrived at Frankland with a range of medical conditions. He had previously been diagnosed and treated for diabetes, hypothyroidism and asthma. Mr Grieveson informed the nurse of these conditions at his health screening. During his time at Frankland Mr Grieveson's diabetes, hypothyroidism and asthma were reviewed regularly and controlled through prescribed medication. His cause of death was different to any of his known illnesses, and unexpected.

33. After Mr Grieveson told a nurse that he felt nauseous, was vomiting and in pain he was moved to healthcare in order to be observed and reviewed regularly. While in the healthcare unit, staff reviewed him regularly and appropriately referred him to a prison GP. When his condition failed to improved Frankland transferred him to hospital, where he remained until his death.

34. We agree with the clinical reviewer that the care provided by Frankland was the equivalent to the care Mr Grieveson could have expected to receive in the community.

Restraints, security and escorts

35. When prisoners have to travel outside of the prison, a risk assessment determines the nature and level of security arrangements, including 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. Any restraints used should be necessary and decisions should be based on the security risk taking into account factors such as the prisoner's health and mobility.

36. On 16 December, a governor authorised escort officers to restrain Mr Grieveson on his transfer to hospital. Mr Grieveson had been a wheelchair user since 2003 but was considered high risk to the public, prison and hospital staff. He had previously bitten an escorting officer on the hand in 2014 and assaulted a member of staff on 4 March 2016. The Governor authorised escorting staff to restrain Mr Grieveson using an escort chain. An escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer.

37. On 17 December, the Head of Residence reviewed the risk assessment after Mr Grieveson's admittance to hospital. He authorised the removal of restraints due to the decline in Mr Grieveson's medical condition. Mr Grieveson remained uncuffed until his death.

38. We are satisfied that Frankland appropriately considered Mr Grieveson's risk when authorising the use of restraints. After the hospital admitted Mr Grieveson to the Intensive Therapy Unit , we are satisfied that prison managers reviewed the level of restraint used and took into consideration how his health and mobility had diminished, which reduced his risk of escape to the point where restraints were no longer necessary or appropriate.

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