

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Derek Slade a prisoner at HMP Norwich on 2 March 2016

**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 Derek Slade died of long-term liver and heart disease in hospital, while a prisoner at HMP Norwich, on 2 March 2016. He was 66 years old. I offer my condolences to Mr Slade's friends.

Mr Slade had a number of serious health problems before he was sentenced to prison in 2010. Healthcare staff at Norwich managed his conditions well in conjunction with hospital specialists. I consider he received very good care at the prison, at least equivalent to that he could have expected to receive in the community.

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

July 2016

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Summary

Events

1. In February 2010, Mr Derek Slade was remanded to HMP Norwich, charged with sexual offences. On 6 September 2010, he was sentenced to 21 years in prison and remained at Norwich. Mr Slade had a number of serious and chronic health problems, including type 2 diabetes, liver and kidney disease, asthma, high blood pressure and high cholesterol.
2. In May 2012, hospital doctors diagnosed Mr Slade with anaemia, heart failure and gastric antral vascular ectasia (GAVE Syndrome - a condition in which the blood vessels in the lining of the stomach become fragile and prone to rupture and bleeding). As a result, he had frequent blood transfusions. On 1 September, Mr Slade was moved to the specialist unit for older prisoners at Norwich, with 24-hour healthcare cover.
3. Over the following years, specialist consultants managed Mr Slade's diabetes, liver and kidney conditions. During his time at Norwich, he was admitted to hospital 28 times. Prison healthcare staff used appropriate care plans to monitor his medical conditions. They reviewed him daily and took weekly blood tests.
4. Mr Slade's health declined over time. On 11 February 2016, a prison doctor recommended he should be admitted to hospital, but Mr Slade refused to go. On 16 February, he changed his mind as he was in severe pain. His condition improved slightly in hospital and doctors planned to discharge him on 2 March. That morning, he lost consciousness and died in hospital from long-term liver damage and ischaemic heart disease.

Findings

5. Prison healthcare staff managed Mr Slade's chronic medical conditions effectively over many years and referred him to secondary care when necessary. The clinical reviewer considered that the care Mr Slade received at Norwich was at least equivalent to that he could have expected to receive in the community. We are satisfied that Mr Slade received good care at the prison.

The Investigation Process

6. The investigator issued notices to staff and prisoners at HMP Norwich informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
7. The investigator visited Norwich on 8 March 2016. He obtained copies of relevant extracts from Mr Slade's prison and medical records.
8. NHS England commissioned a clinical reviewer to review Mr Slade's clinical care at the prison.
9. We informed HM Coroner for Greater Norfolk District of the investigation, who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
10. One of the Ombudsman's family liaison officers contacted a friend of Mr Slade, who he had named as his next of kin. She explained the investigation process and asked if he had any matters he wanted the investigation to consider. Mr Slade's friend did not have any concerns about his treatment and asked that the investigation should reflect how well the prison had cared for Mr Slade, particularly during the last two years of his life.
11. Mr Slade's friend received a copy of the initial report. He did not make any comments.
12. We shared the initial report with the Prison Service and there were no factual inaccuracies.

Background Information

HMP Norwich

13. HMP Norwich is a multi-function prison, which predominantly serves the courts of Norfolk and Suffolk. The prison holds up to 769 men. Virgin Care provides healthcare services. There is a healthcare centre, which provides 24-hour nursing cover and a dedicated unit for older prisoners.

HM Inspectorate of Prisons

14. The most recent inspection of Norwich was in August 2013. Inspectors reported that the prison had progressed since the last inspection. Relations between staff and prisoners were mostly positive and the inpatient and older prisoner units provided good care. However, although the nurse practitioner service was very good, there was a concern about the high use of locum GPs, which could lead to inconsistencies in treatment, care and prescribing.

Independent Monitoring Board

15. 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 February 2015, the IMB reported that Norwich continued to improve. The IMB considered that the healthcare centre was outdated and lacked facilities but noted that the older prisoner unit continued to improve. The level of staff care was commendable but the use of agency staff compromised continuity of care.

Previous deaths at HMP Norwich

16. As Norwich has a special unit for older prisoners, there are a relatively high number of deaths from natural causes at the prison. Mr Slade was the thirteenth prisoner to die from natural causes at the prison since the beginning of 2014. There were no significant similarities between his and other deaths.

Key Events

17. In February 2010, Mr Derek Slade was charged with sexual offences and remanded to HMP Norwich. On 6 September 2010, he was sentenced to 21 years in prison.
18. When he arrived at Norwich, Mr Slade had multiple medical problems, including type 2 diabetes, liver and kidney disease, asthma, high blood pressure, high cholesterol and incontinence. He also had limited mobility due to problems with his knees and staff assessed him for a wheelchair. Healthcare staff contacted Mr Slade's community GP to obtain his medical record and details of his medication. They assessed him and continued to monitor his various conditions, which were sometime difficult to manage effectively. Mr Slade frequently attended hospital appointments.
19. Between October and December 2010, Mr Slade reported coughing blood. Specialists at the hospital conducted tests and noted permanent damage to his nerves and kidneys resulting from his diabetes. They did not find a cause for him coughing blood.
20. In June 2011, a prison doctor referred Mr Slade to the hospital's gastroenterology department for tests, after he reported passing blood from his bowel. In August, a specialist diagnosed gallstones but advised no further action. In December, Mr Slade again reported passing blood from his bowel. Hospital tests showed he had anaemia and doctors arranged further bowel investigations.
21. In February 2012, staff called an ambulance when Mr Slade reported shortness of breath and chest pains. He spent five days in hospital, where a doctor diagnosed a heart attack due to anaemia.
22. On 4 May, Mr Slade was admitted to hospital again with chest pains and bleeding from his bowel. Doctors diagnosed extreme anaemia, heart failure and gastric antral vascular ectasia. (GAVE Syndrome - a condition in which the blood vessels in the lining of the stomach become fragile and prone to rupture and bleeding. Symptoms may include chronic anemia, acute gastrointestinal bleeding, vomiting of blood and dark, tarry stools.) Mr Slade had a blood transfusion and a biopsy of his liver confirmed cirrhosis (progressive liver damage). He continued to take steroids to slow the progression of the damage to his liver. The hospital discharged him on 16 May. Mr Slade had further episodes of shortness of breath, chest pains and bleeding and was admitted to hospital a number of times, usually for blood transfusions.
23. On 1 September, Mr Slade moved to L Wing, a specialist unit for older prisoners with 24-hour healthcare cover. Staff drew up appropriate care plans, which included reviewing him every day. He had weekly blood tests and blood transfusions, as necessary. Specialist consultants continued to oversee his diabetes, liver and kidney conditions.
24. On 24 September, when Mr Slade was in hospital, a consultant cardiologist diagnosed chronic angina and coronary artery disease. Doctors prescribed medication to help protect his heart.

25. On 3 May 2013, Mr Slade was admitted to hospital with heart failure and discharged two days later. On 30 May, a prison GP discussed resuscitation with Mr Slade, who said that he wanted staff to attempt resuscitation if he suffered further heart failure.
26. Between 2013 and 2015, Mr Slade's medical problems persisted and his treatment remained unchanged, although no specific treatment was available to improve his heart function or repair his liver. He had frequent hospital outpatient appointments for congestive heart failure, cirrhosis, GAVE syndrome and blood transfusions. Prison healthcare staff continued to monitor him and he was admitted to hospital a number of times. On 18 June 2015, he again told the prison GP that he wanted staff to try to resuscitate him if his heart or breathing stopped.
27. On 25 June, the prison GP and a nurse reviewed Mr Slade, who reported swelling in his legs and feet and some discomfort in his lower chest. The results of a recent chest X-Ray were normal and Mr Slade did not have any symptoms of angina or shortness of breath. The GP recorded chronic renal impairment, pitting oedema (fluid retention) in his legs and feet, diabetic nephropathy (diabetic kidney disease) and chronic liver disease. He increased Mr Slade's furosemide medication (used to treat fluid build-up due to heart failure, liver scarring or kidney disease).
28. On 26 January 2016, the prison GP examined Mr Slade after a blood test identified further significant abnormalities. The GP noted he had chronic anaemia and chronic renal failure. He requested a consultant review and a blood transfusion, which took place on 3 February. Despite some temporary improvement, Mr Slade's condition continued to decline. He suffered nausea and vomiting over the next week.
29. On 11 February, the prison GP noted Mr Slade's poor condition and planned to send him to hospital for further assessment, but Mr Slade refused to go. He told a nurse that he would receive better care on L Wing. The GP noted that Mr Slade had the mental capacity to make this decision. He increased healthcare observations to every four hours and the Head of Healthcare and a senior prison manager agreed that Mr Slade's cell door should remain unlocked at all times to allow staff to monitor him more easily and frequently.
30. On 15 February, Mr Slade agreed to move nearer to the nurse's station, where there was a cell equipped with a hoist to assist staff moving him. However, the next day, he was in severe pain and agreed to be admitted to hospital. As with all his previous hospital appointments and admissions, two prison officers accompanied him but did not use restraints.
31. Prison healthcare staff contacted the hospital for updates and Mr Slade showed some signs of improvement. On 1 March, hospital staff said that they planned to discharge him the next day. However, on 2 March, Mr Slade lost consciousness and, at 2.49pm, a hospital doctor recorded that he had died.

Contact with Mr Slade's family

32. Mr Slade had no contact with his family and he frequently told prison and healthcare staff that he did not want them informed of his death. He nominated a friend as his next of kin. His friend visited him regularly.
33. A prison manager acted as the prison's family liaison officer. On 22 February, he spoke to Mr Slade and arranged for his friend to visit him.
34. At 5.05pm on 2 March, the prison manager telephoned Mr Slade's friend, who lived some distance from Norwich, and told him that Mr Slade had died. He and a senior manager remained in contact with Mr Slade's friend and involved him in the funeral arrangements. The prison arranged and paid for Mr Slade's funeral, which was held on 29 March.

Support for prisoners and staff

35. After Mr Slade's death, a senior manager debriefed the staff present at the hospital and offered his support. The prison chaplain also offered support.
36. The prison posted notices informing staff and other prisoners of Mr Slade'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 Slade's death.

Post-mortem report

37. A post-mortem examination found that the immediate cause of Mr Slade's death was liver cirrhosis (long-term liver damage) and ischaemic heart disease (a condition that affects the supply of blood to the heart), with a background of chronic renal failure and diabetes.

Findings

Clinical care

38. Mr Slade received appropriate treatment, for his numerous health conditions, many of which were difficult to manage and undoubtedly time consuming. In total, during his time at Norwich, he was admitted to hospital 28 times, mostly for blood transfusions. Staff at Norwich monitored him closely and facilitated his reviews with gastro/hepatology specialists at the hospital.
39. The clinical reviewer considered that the standard of healthcare Mr Slade received at Norwich was at least equivalent to that he could have expected to receive in the community. We are fully satisfied that Mr Slade received a good standard of care at Norwich.

Family liaison

40. Prison Service instructions usually require someone from the prison to inform the next of kin of a prisoner's death in person where this is possible, or to use staff from another prison when the distance is too far. The prison manager who acted as family liaison officer was experienced and aware of the national policy. Mr Slade's friend lived a long distance from the prison and he considered asking someone from a prison near to his friend to inform him of Mr Slade's death. However, he believed it would be better coming from him, even by telephone, as the two had spoken previously and built a rapport. Though he did not strictly comply with the directions of the PSI, we are satisfied that he used his discretion appropriately in the best interests of Mr Slade's friend.

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