

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Nicholas Copeland, a prisoner at HMP & YOI Norwich, on 21 January 2021

**A report by the Prisons and Probation Ombudsman**

## 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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## Summary

1. 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.
2. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr Nicholas Copeland died in hospital on 21 January 2021, while a prisoner at HMP Norwich. He was 59 years old. The cause of his death was COVID-19 pneumonia. I offer my condolences to Mr Copeland's family and friends.
4. The clinical reviewer concluded that the management of Mr Copeland's daily physical, mental and social needs and long-term conditions at Norwich was equivalent to the care he could have expected to receive in the community. However, she was concerned that he was not monitored in line with NICE guidelines after he tested positive for COVID-19.
5. Mr Copeland appears to have contracted the virus at Norwich, as he had not left the prison within the usual incubation period for COVID-19. We are satisfied that the prison implemented appropriate infection control measures. However, we share the clinical reviewer's concerns that Mr Copeland did not receive regular observations once diagnosed and that this may have been a missed opportunity for earlier intervention.
6. The clinical reviewer made two recommendations, one of which did not relate directly to the circumstances of Mr Copeland's death, but that the Head of Healthcare will want to address. The other recommendation is reflected below.

## Recommendation

- The Head of Healthcare should ensure that healthcare staff use a structured assessment tool, such as NEWS2, to help assess and monitor acute illness and that they respond appropriately to any deterioration in the patient's condition.

## The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Copeland's clinical care at HMP Norwich.
8. The PPO investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Copeland's location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.
9. The Ombudsman's family liaison officer wrote to Mr Copeland's next of kin, a friend, to explain the investigation and ask if she wanted any specific matters to be considered. She did not receive a response.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS highlighted two inaccuracies, which have been corrected in this final version of the report.

### Previous deaths at HMP & YOI Norwich

11. Mr Copeland was the eighth prisoner at Norwich to die since December 2018. One of the previous deaths was self-inflicted, and six were from natural causes. Mr Copeland was the first prisoner to die of COVID-19 at Norwich. Two prisoners have died of COVID-19 related causes since Mr Copeland.

### COVID-19 (coronavirus)

12. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, sneezes, speaks or breathes heavily. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a worldwide pandemic.
13. COVID-19 can make anyone seriously ill, but some people are at higher risk of severe illness and developing complications from the infection. People at high risk (clinically extremely vulnerable) include those who have had an organ transplant; have severe lung or kidney disease; or are having certain types of cancer or other treatment which significantly increases the risk of infection. Examples of those at moderate risk (clinically vulnerable) are people over 70; people under 70 with an underlying health condition, such as diabetes, or chronic respiratory, heart, liver or kidney disease; those with a weakened immune system; or who are very overweight. (These lists are not exhaustive.)
14. In response to the initial pandemic outbreak, HM Prison and Probation Service (HMPPS) introduced several measures to try and contain the outbreak - to be implemented at local level, depending on the needs of individual prisons. (An outbreak is defined as two or more prisoners, or staff, who are clinically suspected, or have tested positive for COVID-19 within 14 days.) A key strategy is 'compartmentalisation' to cohort and protect prisoners at high and moderate risk; isolate those who are symptomatic; and separate newly arrived prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

## Key Events

15. Mr Nicholas Copeland was convicted of grievous bodily harm in June 2018 and sentenced to five years imprisonment. He transferred to HMP Norwich in September 2019.
16. Mr Copeland had multiple health issues including high blood pressure, high cholesterol, Guillain-Barre syndrome (a neurological disorder affecting the immune system), diabetes and asthma. He was also diagnosed with a personality disorder. Mr Copeland lived on the Elderly and Palliative Care wing at Norwich, which was appropriate to meet his daily needs.
17. In line with national guidance on protecting those at most risk of complications from COVID-19, Mr Copeland's wing was a shielded unit during the pandemic.

### January 2021

18. On 7 January 2021, Mr Copeland said he felt generally ill. Healthcare staff took his oxygen level and blood pressure, which were within the normal range, and his pulse, which was high. There is no record that healthcare staff measured Mr Copeland's respiratory rate in line with COVID-19 guidance, or that they assessed him using the National Early Warning Score (NEWS2 - a tool to monitor clinical deterioration in patients). Healthcare staff gave Mr Copeland an inhaler and tested him for COVID-19.
19. The next day, it was confirmed that Mr Copeland had tested positive for COVID-19. He was already isolating in his cell on the shielding unit. NICE guidance on COVID-19 states that older patients with comorbidities have a higher risk of deteriorating and therefore need monitoring or more intensive management. The Head of Healthcare at Norwich told the clinical reviewer that prisoners with COVID-19 should have their observations taken and NEWS2 score assessed at least twice a day.
20. Healthcare staff took some observations for Mr Copeland over the next week but did not follow up abnormal results. They did not take Mr Copeland's observations properly or use the NEWS2 tool until 15 January, when he was taken to hospital.
21. On 13 January, because Mr Copeland had tested positive for COVID-19, the prison assigned him a family liaison officer (FLO). Mr Copeland nominated a friend as his next of kin, and the prison contacted her about Mr Copeland's condition.
22. On 15 January, healthcare staff were concerned about Mr Copeland's low oxygen levels, reduced mobility, slight confusion and high temperature, so they monitored him throughout the day. At 9.29pm, Mr Copeland was struggling to breathe and had a high temperature. A nurse assessed his NEWS2 score as 13, which meant that he needed to go to hospital urgently, and an ambulance was called.

23. At 11.05pm, the paramedics arrived and took Mr Copeland to hospital. Healthcare staff contacted the hospital daily for updates on Mr Copeland's condition, and the FLO kept Mr Copeland's next of kin updated.
24. Mr Copeland did not respond to hospital treatment for COVID-19 and died at 2.10am on 21 January. The FLO notified his next of kin and offered support and guidance on funeral arrangements.
25. Notices were issued to staff and prisoners, informing them of Mr Copeland's death and offering support.
26. In line with national policy, the prison arranged and paid for Mr Copeland's funeral, which was held on 25 February 2021.

### **Post-mortem examination**

27. The coroner agreed with the cause of death given by the hospital doctor and confirmed that Mr Copeland had died from COVID-19 pneumonia. He also had Guillain-Barre syndrome, hypertension and diabetes, which did not cause but contributed to his death.

# Findings

## Management of Mr Copeland's risk of contracting COVID-19

28. The prison implemented appropriate infection control measures during the pandemic and Mr Copeland was appropriately located in the prison's shielding unit. Nevertheless, he appears to have contracted the virus at Norwich, as he had not left the prison within the usual incubation period for COVID-19.

## Clinical Findings

29. The clinical reviewer concluded that the management of Mr Copeland's daily physical, mental and social needs and long-term conditions at Norwich was equivalent to the care he could have expected to receive in the community.
30. She was satisfied that Norwich took the appropriate steps to identify that Mr Copeland had the COVID-19 virus and acted promptly to ensure that he isolated to protect other prisoners and staff.
31. However, when Mr Copeland tested positive for COVID-19, the advice was for full observations to take place at least twice a day. The clinical reviewer said that healthcare staff should have used the NEWS2 tool to assess Mr Copeland's health over that time and escalated his care at the appropriate time. By the time NEWS2 was used, Mr Copeland's condition was so serious as to warrant an immediate transfer to hospital. We cannot say whether routine monitoring in line with guidance would have picked up an earlier deterioration in his condition and led to earlier treatment.
32. We share the clinical reviewer's concerns that the failure to monitor Mr Copeland's condition after his COVID-19 diagnosis could have been a missed opportunity for earlier intervention. We make the following recommendation:

**The Head of Healthcare should ensure that healthcare staff use a structured assessment tool, such as NEWS2, to help assess and monitor acute illness and that they respond appropriately to any deterioration in the patient's condition.**

**Sue McAllister CB  
Prisons and Probation Ombudsman**

**October 2021**

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