Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Mark Cooper, a prisoner at HMP Littlehey, on 29 March 2021

A report by the Prisons and Probation Ombudsman

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T | 020 7633 4100
F | 020 7633 4141

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 Mark Cooper died on 29 March 2021 from COVID-19, while a prisoner at HMP Littlehey. He was 64 years old. We offer our condolences to those who knew him.

4. Mr Cooper had no significant physical health problems until he tested positive for COVID-19 on 17 March.

5. The clinical reviewer concluded that the clinical care that Mr Cooper received at Littlehey was equivalent to that which he could have expected to receive in the community.

6. Littlehey was an outbreak site for COVID-19 when Mr Cooper contracted the virus. The clinical reviewer found that the prison healthcare team were proactive in managing and monitoring the risk of COVID-19, in line with national guidance. She said that Mr Cooper's health deterioration was monitored, and he was transferred to hospital appropriately.

7. However, the clinical reviewer said that healthcare staff did not use National Early Warning Score 2 (NEWS2 – a tool to detect acute illness and deterioration), which could have supported decisions about his healthcare. She made one recommendation, reflected below.

8. We did not identify any non-clinical issues of concern.

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

Recommendations

- **The Head of Healthcare should ensure that staff use the National Early Warning Score (NEWS) assessment tool and follow the recommended clinical escalation procedures.**

The Investigation Process

10. NHS England commissioned a clinical reviewer to review Mr Cooper's clinical care at Littlehey.

11. The PPO investigator has investigated the non-clinical issues in Mr Cooper's care, including aspects of the prison's response to COVID-19 and shielding prisoners, his location, the security arrangements for his hospital escorts and liaison with his family.

12. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Previous deaths at HMP Prison

13. There were 25 deaths at Littlehey in the two years before Mr Cooper's death. Twenty-four of the previous deaths were from natural causes (six of which were related to COVID-19) and one was self-inflicted. Since Mr Cooper died, there have been five deaths from natural causes, two of which were related to COVID-19.

14. We have previously made four recommendations about the use of the NEWS2 tool at Littlehey. In June 2019, February 2020 and June 2021 the Head of Healthcare accepted our recommendations and said that actions had been completed to ensure that all clinical staff consistently use and are aware of the triggers for escalation of care. We are concerned that we continue to make this recommendation and that the actions taken so far have not changed practice.

COVID-19 (coronavirus)

15. 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.

16. 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.)

17. 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 received prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

Key Events

18. On 8 August 2017, Mr Cooper was convicted of a sexual offence and was sentenced to five years in prison on 26 September. He was initially sent to HMP Pentonville and transferred to HMP Littlehey on 24 November.

19. Mr Cooper had no history of significant ill health.

20. Following the start of the COVID-19 pandemic, Mr Cooper was tested for the virus on 9 June 2020 and 25 February 2021. These tests were carried out routinely following outbreaks at Littlehey, in line with government guidance. Mr Cooper tested negative on both occasions.

21. Mr Cooper was located on a wing that became a shielding unit. He was not considered clinically vulnerable but chose to stay on the wing as he was comfortable there.

22. Mr Cooper had his first COVID-19 vaccination on 9 March. On 17 March, Mr Cooper saw a nurse because he had felt unwell and hot since having the vaccine. The nurse took Mr Cooper's pulse, temperature and oxygen levels and all were within normal limits. She did not record his blood pressure or respiratory rate. Neither did she record his NEWS2 score. Mr Cooper was tested for COVID-19 and appropriately isolated while waiting for the result.

23. The next day, on 18 March, officers contacted healthcare staff because Mr Cooper was looking unwell and having trouble breathing. When she got to his cell, a nurse noted that Mr Cooper was muddled and his skin was bluish, so she administered oxygen. She then completed his observations and was concerned that his oxygen saturation was low at 83% (a normal reading is between 95-100%) in spite of the oxygen therapy, so she arranged for him to go to hospital by ambulance. She did not record Mr Cooper's NEWS2 score following her assessment.

24. On 19 March, Mr Cooper's COVID-19 test results confirmed that he had the virus. Mr Cooper's health deteriorated dramatically in hospital.

25. On 23 March, the prison was notified that Mr Cooper had developed a blood clot - a recognised complication of COVID-19 - and he was transferred to Addenbrooke's Hospital, where his leg was amputated on 28 March. Following this operation, Mr Cooper developed multi-organ failure, and the hospital withdrew treatment on 29 March. Mr Cooper died later that day at 9.15pm.

Post-mortem report

26. The post-mortem examination took place on 8 April 2021, and the pathologist's report concluded that Mr Cooper died from COVID-19.

Clinical Findings

27. The clinical reviewer concluded that the care that Mr Cooper received was equivalent to that he could have expected to receive in the community. She said that when Mr Cooper reported symptoms of COVID-19 to the nurse, he was

tested immediately and was placed in protective isolation until he was appropriately transferred to hospital when his health deteriorated.

28. However, although the clinical reviewer was satisfied that Mr Cooper was sent to hospital in a timely manner, she recommended the consistent use of the NEWS2 tool for monitoring patients. She said that healthcare staff should have taken Mr Cooper's observations and recorded the NEWS2 score to support their clinical assessments when his condition deteriorated. The failure to use the NEWS tool is a matter we have brought to the Head of Healthcare's attention in other investigations.

Management of Mr Cooper's risk of infection from COVID-19

29. HM Inspectorate of Prisons conducted a Short Scrutiny Visit at Littlehey in June 2020, early in the pandemic. They found that the required health and safety protocols were in place but that, despite best efforts, social distancing was difficult to maintain in small offices and corridors.

30. Mr Cooper had no significant health concerns and was not identified as someone at high risk of serious illness if he contracted COVID-19. However, Mr Cooper's wing became a shielding unit and he wanted to stay there. There was a restricted regime with minimal contact between prisoners. Prison managers issued regular updates to staff and residents on Government advice and local policies.

31. Despite this, Mr Cooper appears to have contracted COVID-19 at Littlehey as he had not left the prison in the six months before he tested positive for the virus.

32. We are satisfied that Littlehey followed the national guidance on managing the risks associated with COVID-19 and promptly implemented the policies and measures expected. Infection control measures were in place and healthcare staff had access to appropriate personal protective equipment (PPE). As face-to-face visits with prisoners had been stopped, managers were aware that the infection could only get into the prison through staff, so it was made mandatory for all staff to wear face masks, before the national guidance on this was introduced.

33. We make no recommendations about these measures.

Karen Johnson
Assistant Ombudsman **October 2021**

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