

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Ms Angela Burkitt, a prisoner at HMP New Hall, on 17 April 2020

**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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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.

Ms Angela Burkitt died in hospital from respiratory failure and COVID-19 pneumonia on 17 April 2020 while a prisoner at HMP New Hall. She also had chronic COPD, hepatitis C and was a former intravenous drug user, all factors which did not cause but contributed to her death. Ms Burkitt was 55 years old. I offer my condolences to her family and friends.

The clinical reviewer found that overall, the standard of healthcare that Ms Burkitt received was equivalent to that which she could have expected to receive in the community.

We are satisfied that she was given the opportunity to shield during the COVID-19 pandemic, but that she refused to do so, despite being advised of the risks to her health. We are also satisfied that she was sent to hospital promptly when her condition deteriorated.

However, we consider the prison should have acted sooner to isolate Ms Burkitt when she displayed symptoms of COVID-19, in order to reduce the risk of her infecting other prisoners and staff.

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

**Sue McAllister CB**  
**Prisons and Probation Ombudsman**

**October 2020**

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## Summary

1. Ms Angela Burkitt was sentenced to life in prison for murder in December 2017. She had several chronic physical health conditions, including lung disease and asthma. These conditions were regularly reviewed and well managed.
2. Ms Burkitt was in the high-risk category if she contracted COVID-19 because of her health conditions. She was given appropriate advice about shielding but refused to do so. Despite senior managers encouraging her to shield, Ms Burkitt refused and continued to work as a cleaner until the day before she was admitted to hospital.
3. On 5 April, Ms Burkitt had a high temperature but as the day progressed, it returned to within normal range after she had taken paracetamol. The next day, she tested negative for COVID-19.
4. On 8 April, Ms Burkitt's temperature and blood pressure were within normal ranges but she had very low oxygen levels and she felt very unwell. The prison doctor examined her and arranged for her to be taken to hospital by an emergency ambulance.
5. When she arrived at the hospital, Ms Burkitt tested positive for COVID-19. On 14 April, she was moved to the intensive care unit and treated with high flow oxygen, but she did not recover and died on 17 April.

## Findings

6. The clinical reviewer concluded that overall, the clinical care that Ms Burkitt received was equivalent to that which she could have expected to receive in the community.
7. We are satisfied that from 29 March, the prison offered to move Ms Burkitt to a different wing which they were using to shield vulnerable prisoners (which would have reduced her chances of contracting the infection), but that Ms Burkitt refused and opted to remain in her own cell, despite being advised of the risks.
8. We are satisfied that Ms Burkitt was taken to hospital promptly when she became unwell.
9. We consider that the prison should have required Ms Burkitt to stop working and self-isolate from 5 April when she presented with one of the three major symptoms of COVID-19 (a high temperature). Not doing so put other prisoners and staff at risk – although it did not affect the outcome for Ms Burkitt herself.

## Recommendations

- The Governor and Head of Healthcare should ensure that prisoners or members of staff who develop symptoms associated with COVID-19 follow Public Health England's guidance and self-isolate for 14 days.

## The Investigation Process

10. The PPO investigator issued notices to staff and prisoners at HMP New Hall informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
11. The PPO investigator obtained copies of relevant extracts from Ms Burkitt's prison and medical records.
12. The PPO investigator has investigated non-clinical issues, including the prison's response to COVID-19 and shielding prisoners, the security arrangements for Ms Burkitt's hospital escorts, liaison with her family and whether compassionate release was considered.
13. NHS England commissioned an independent clinical reviewer to review Ms Burkitt's clinical care at the prison, including her diagnosis and treatment. The clinical reviewer's report is attached as Annex 1.
14. The PPO investigator interviewed two members of staff at New Hall. She was joined by the clinical reviewer on 28 May, and a prison manager on 29 May. The clinical reviewer also interviewed the prison doctor on 3 June. All the interviews were conducted by telephone because of the restrictions imposed in response to COVID-19.
15. We informed HM Coroner for West Yorkshire of the investigation. He confirmed the cause of death. We have sent the Coroner a copy of this report.
16. One of the Ombudsman's family liaison officers contacted Ms Burkitt's next of kin, her daughter, to explain the investigation. Ms Burkitt's daughter did not have any specific questions.
17. Ms Burkitt's daughter received a copy of the initial report. She did not identify any factual inaccuracies.
18. The prison also received a copy of the report and did not identify any factual inaccuracies. An action plan for the recommendations is annexed to the report.

# Background Information

## HMP New Hall

19. HMP New Hall is a local prison, holding up to 425 women and young offenders who are on remand or have been sentenced. Healthcare is available 24 hours a day. Care UK provides healthcare services for all physical and mental health needs, and South Staffordshire and Shropshire Foundation Trust are sub-contracted to provide psychiatric and psychological services. Inclusion provide psychosocial substance misuse services, supported by Care UK.

## HM Inspectorate of Prisons

20. The most recent inspection of New Hall took place from February to March 2019. Inspectors reported that New Hall was safe, respectful and purposeful, with good working relationships between staff and prisoners. Inspectors found healthcare services were good, although staff shortages affected mental health provision. They noted that substance misuse services were reasonable.

## 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 annual report for the year to February 2019, the IMB noted that the prison remained a safe place to live and a full range of healthcare services were available. They noted that prisoners' main healthcare concerns related to medication, the length of time it took to get an appointment and that hospital appointments were cancelled due to a lack of prison escort staff.

## Previous deaths at HMP New Hall

22. Ms Burkitt was the second prisoner to die at New Hall since April 2018. The cause of the previous death in June 2019 was unknown, although it was probably related to previous drug use. There were no similarities between our findings in our investigations into these two deaths.
23. There have been no other COVID-19 related deaths at New Hall.

## COVID-19 (coronavirus)

24. COVID-19 is an infectious, viral disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs or sneezes. The first reported case of COVID-19 in the UK was in February 2020. On 11 March, the World Health Organisation (WHO) declared COVID-19 as a worldwide pandemic.
25. COVID-19 can make anyone seriously ill but the risk is higher for some people. There are two levels of higher risk: high-risk (clinically extremely vulnerable) and moderate risk (clinically vulnerable). People at high risk include those who have had an organ transplant, have a severe lung condition, are having certain types of treatment for cancer or have a condition with a very high risk of getting infections. Those at moderate risk include people over 70, people with a lung condition or a chronic medical condition, such as diabetes, heart,

liver, or chronic kidney disease or those who are very obese (this list is not exhaustive).

26. To reduce the spread of the virus, the Government introduced voluntary and mandatory actions, such as 'social distancing' and 'lockdown' (on 16 and 23 March, respectively). Public Health England (PHE), HM Prison & Probation Service (HMPPS) and NHS England worked together to devise measures to contain the outbreak, achieve social distancing, reduce the risk to the most vulnerable in prisons in England and protect the NHS (by reducing the number of people requiring specialist care in community-based hospitals).
27. On 13 March, PHE's National Health and Justice team issued an interim notice providing advice on preventing and controlling outbreaks of COVID-19 in prisons. HMPPS issued further instructions over the following weeks with guidance on the appropriate use of personal protective equipment (PPE), hygiene, cleaning schedules and stock checks. The guidance set out the importance of effective preventative measures and that methodical cleaning would help prevent infection spread.
28. On 24 March and in line with Government advice, HMPPS issued an instruction to all prisons to introduce social distancing and to implement a restricted regime and supported enforcement of social distancing of two metres for staff and prisoners, wherever possible. The most vulnerable prisoners were identified and put into protective isolation.
29. On 31 March HMPPS, in consultation with PHE, issued an order to significantly reduce transfers between prisons. Other measures, known as 'compartmentalisation' were also announced. These measures were designed to be implemented at local level, depending on the needs of individual prisons, and included:
  - protective Isolation Units to accommodate known or probable COVID-19 cases, ideally in single-cell accommodation; and
  - shielding Units to protect the most vulnerable identified through collaboration with NHS England, with enhanced levels of bio-security, including dedicated staff.

## Key Events

30. On 20 July 2017, Ms Angela Burkitt was remanded to HMP New Hall, charged with murder. On 7 December, Ms Burkitt was sentenced to life in prison with a minimum tariff of 20 years. It was not her first time in prison.
31. When Ms Burkitt arrived at New Hall, a nurse completed an initial health screen. She had several long-term physical health conditions, including asthma and chronic obstructive pulmonary disease (COPD, a serious lung disease). She also had depression and bipolar disorder, a long history of drug and alcohol misuse. She was prescribed methadone (an opiate substitute) and appropriate care plans were put in place for her long-term conditions.
32. Ms Burkitt worked as a cleaner on Holly House, the complex needs unit.
33. On 12 February 2020, a nurse examined Ms Burkitt as she had a cough, a high temperature and a fast pulse, and felt breathless. The nurse diagnosed a chest infection and prescribed Ms Burkitt antibiotics. Ms Burkitt continued to work as a cleaner.
34. On 21 February, blood tests revealed that Ms Burkitt had hepatitis C and she started treatment soon afterwards. She declined to be referred to a support group.
35. On 9 March, a healthcare assistant examined Ms Burkitt as her legs were red, hot and swollen and her pulse was raised. He referred her to a prison GP, who requested urgent blood tests to determine if Ms Burkitt was developing a blood clot (thrombosis). The blood tests showed Ms Burkitt was at medium risk of thrombosis and she was given injections to thin her blood. The next day, several healthcare staff saw Ms Burkitt. Although she told them that she felt tired, Ms Burkitt declined to rest in her cell and continued to work.
36. On 29 March, New Hall identified those prisoners who were at high risk of developing complications if they contracted COVID-19 and advised them to shield. They also identified two small units as shielding units. Ms Burkitt was identified as a high-risk prisoner because of her physical health conditions.
37. On 31 March, Ms Burkitt had a high temperature and tested positive for a urine infection. A healthcare assistant referred her to the prison GP for the urine infection. The next day, a nurse practitioner and prescriber started Ms Burkitt on a three-day course of antibiotics for the urine infection.
38. On 2 April, two senior officers visited all prisoners on the shielding list to encourage them to shield. Ms Burkitt refused to do so, saying she did not want to move from C Wing and wanted to continue working as she thought this would be better for her mental health. She signed a disclaimer to confirm she understood the medical advice.
39. On 3 April, the acting healthcare manager and New Hall's COVID-19 co-ordinator visited all the prisoners on the shielding list who had refused to move to the shielding units, including Ms Burkitt. They reiterated the medical advice and the importance of shielding, but Ms Burkitt again refused to move and said she

wanted to continue working. Ms Burkitt signed another disclaimer to say she understood the medical advice she had been given. She also signed a disclaimer to say she understood social distancing measures and would adhere to them.

### Events of 5 April onwards

40. On the morning of 5 April, a nurse noted that Ms Burkitt had a high temperature (38.8°C) and a fast pulse and that her oxygen level was just within the normal range. She was given paracetamol. About 90 minutes later, the nurse noted that Ms Burkitt's temperature had reduced but was still high (38°C), and she was advised to continue taking paracetamol. The nurse recorded a National Early Warning Score (NEWS) score of 2. (The NEWS tool determines clinical deterioration and prompts critical care intervention. A score between 0 and 4 indicates low to medium clinical risk and requires that a patient is monitored.) Later that morning, a nurse noted Ms Burkitt's temperature had reduced further but remained high (37.7°C), and she revised the NEWS score to 1.
41. On the morning of 6 April, a nurse recorded in Ms Burkitt's medical record that her temperature was within the normal range (36.7°C), and that she had tested negative for COVID-19. Because she was in the high-risk category, Ms Burkitt was again encouraged to shield but declined to do so.
42. That afternoon, an officer recorded in Ms Burkitt's prison records that she had completed a routine welfare check and discussed the COVID-19 guidance. The officer noted that Ms Burkitt was aware of the two-metre social distancing rule and had no immediate concerns.
43. On the morning of 7 April, a nurse recorded in Ms Burkitt's medical record that she had seen her while she "was mopping the floor of the servery. States she is well now and expressed no concerns at this time".
44. That afternoon, a nurse spoke to Ms Burkitt while she collected her medications. At the request of a prison GP, the nurse asked Ms Burkitt why she was not shielding. Ms Burkitt said she understood the health risks and had signed a disclaimer to say she refused to shield. She said she felt well and wanted to continue working. Ms Burkitt told the nurse that she had back pain, and she was asked to provide a urine sample.
45. On 8 April, Ms Burkitt's health deteriorated. A healthcare assistant observed Ms Burkitt at the medication hatch and asked the prison GP for urgent assistance. The GP went immediately to Ms Burkitt's cell, wearing personal protective equipment (PPE). The GP said she was able to "tell straight away from door way that Ms Burkitt was very unwell", and that, although she was alert and talking, "she was blue [and] looked like she was just about to arrest".
46. The GP noted that Ms Burkitt's blood pressure and temperature were normal. However, her pulse was rapid and her oxygen level was extremely low at 44% and only improved to about 61% even when she was given oxygen. At 9.16am, the GP requested an emergency ambulance. She stayed with Mr Burkitt keeping her talking.

47. The Ambulance Service Emergency Care Record (ECR) completed by the paramedics recorded that Ms Burkitt was “grey and clammy” when they arrived and that she was struggling to talk in full sentences. Their “working impression” was that Ms Burkitt had sepsis (a life-threatening condition caused by an infection).
48. At 10.10am, Ms Burkitt was taken to hospital by emergency ambulance, escorted by two prison officers. The Head of Security authorised that Ms Burkitt should be restrained by an escort chain (a two-metre-long chain with a cuff at each end with one attached to the prisoner and the other attached to an officer).
49. At hospital Ms Burkitt was taken to the hospital’s ‘COVID area’ where she was diagnosed with pneumonia and tested positive for COVID-19. Restraints were removed at 3.40pm the next day and were not reapplied.
50. Ms Burkitt received oxygen therapy through a CPAP machine (which is used for patients who can breathe on their own but need help keeping their airways open). On 14 April, Ms Burkitt was moved to the intensive care unit. She refused to have more invasive oxygen therapy, and at times, she refused medication. Ms Burkitt was deemed to have the mental capacity to make these decisions.
51. On 16 April, Ms Burkitt’s condition worsened and hospital staff told New Hall that she was not expected to live. Ms Burkitt was pronounced dead at 4.30pm on 17 April.

### **Contact with Ms Burkitt’s family**

52. The prison appointed a Family Liaison Officer (FLO) when Ms Burkitt was first admitted to hospital. The FLO maintained regular contact with Ms Burkitt’s next of kin and provided ongoing support. The prison contributed towards funeral costs in line with national instructions.

### **Support for prisoners and staff**

53. After Ms Burkitt’s death, the duty governor and a custodial manager debriefed the staff who were with her in hospital to discuss any issues arising, and to offer support. The staff care team also offered support.
54. The prison posted notices informing other prisoners of Ms Burkitt’s death, offering support. Staff reviewed all prisoners assessed as at risk of suicide or self-harm in case they had been adversely affected by Ms Burkitt’s death. Due to the COVID-19 pandemic, New Hall was not able to hold a formal memorial service but prisoners who lived on Ms Burkitt’s unit held an informal remembrance service, while maintaining social distancing.

### **Cause of death**

55. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. An inquest hearing was held on 6 May, and the Coroner recorded that Ms Burkitt died from respiratory failure caused by COVID-19 pneumonia. She also had chronic COPD, hepatitis C and

was a former intravenous drug user, all factors which did not cause but contributed to her death.

# Findings

## Clinical care

56. The clinical reviewer found that overall, the standard of care provided to Ms Burkitt was equivalent to that which she could have expected to receive in the community. Ms Burkitt had several long-term health conditions. All risk assessments and care plans were in place and regularly reviewed. Healthcare staff managed Ms Burkitt's COPD and asthma in line with NICE guidance.
57. The clinical reviewer has made recommendations not directly related to Ms Burkitt's death, which we have not included in our report, but which the Head of Healthcare will need to address.

## Management of Ms Burkitt's risk of catching Covid-19

### *Shielding*

58. PHE issued guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19. They advised that those considered high risk should take extra steps to protect themselves by 'shielding', in addition to social distancing. On 31 March, in line with advice from PHE, HMPPS introduced 'compartmentalisation', which included the need for separate shielding units for those prisoners deemed at high-risk if they contracted the COVID-19 virus. New Hall followed HMPPS's 'compartmentalisation' guidance.
59. The Head of Residence and Services said that most women on the shielding list had refused to move to a shielding unit. He said the COVID-19 pandemic was a rapidly changing situation, that the prison had no authority to force prisoners to move cell and their role was to ensure that all the women identified as at high risk were given advice and guidance. He said that New Hall was operating a much-reduced regime during this time and that a maximum of four women were out of their cells at the same time to help with social distancing.
60. We are satisfied that from 29 March, New Hall offered to move Ms Burkitt to a different unit which they were using to isolate and shield vulnerable prisoners. This would have reduced her chances of contracting the infection. However, Ms Burkitt repeatedly refused and opted to remain in her own cell, despite being advised of the risk to her health. She had the mental capacity to make this decision.

### *Self-isolation*

61. Guidance from the Government and PHE around COVID-19 at that time was that anyone who had a new continuous cough, a loss of or change in their usual sense of taste or smell or a high temperature should self-isolate.
62. Ms Burkitt developed a temperature on 1 April which was considered to be caused by a urine infection. On 5 April, Ms Burkitt again presented with a high temperature. Although she tested negative for COVID-19 on 6 April, her temperature had fluctuated for days and this was one of the three key symptoms of the virus. The prisoner who lived next to Ms Burkitt had tested positive for

COVID-19 and it is possible that the test Ms Burkitt had on 6 April was a false negative.

63. At this point we consider that Ms Burkitt should have been considered as potentially infectious and should have self-isolated. We agree with the clinical reviewer that whether or not Ms Burkitt isolated was more about the risk of her infecting other prisoners than about a risk to her own health. Although she wanted to remain in her cell, we consider that she should not have been allowed to continue working as a cleaner, particularly in a unit where other vulnerable prisoners lived.
64. We note that the guidance provided by PHE at this time did not provide advice on the action prison staff should take if a prisoner declined to follow guidance or potentially put others at risk. However, although the prison could not force Ms Burkitt to *shield* (since that only affected her own health), we consider that they could – and should – have required her to *isolate* from 5 April to reduce the risk of her spreading COVID-19 to other prisoners and staff.
65. We therefore make the following recommendation:

**The Governor and Head of Healthcare should ensure that prisoners or members of staff who develop symptoms associated with COVID-19 follow Public Health England’s guidance and self-isolate for 14 days.**

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