

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Edwin Hillier, a prisoner at HMP Littlehey, on 22 March 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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## 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. On 22 March 2020, Mr Edwin Hillier, who was 84 years old, died in hospital of COVID-19, while a prisoner at HMP Littlehey. We offer our condolences to Mr Hillier's family and friends.
4. Mr Hillier was tested for COVID-19 on 20 March, the day after his admission to hospital. He tested positive. It appears he contracted the virus at Littlehey, though this was not identified by staff there.
5. The clinical reviewer concluded that the clinical care Mr Hillier received in prison was of a reasonable standard and equivalent to that which he could have expected to receive in the community. However, she considered that opportunities to identify COVID-19 were missed. She made two recommendations.

## Recommendations

- The Governor and Head of Healthcare should ensure that staff recognise the symptoms of COVID-19.
- The Head of Healthcare should ensure that healthcare staff monitor prisoners in accordance with clinical instructions.

## **Investigation Process**

6. NHS England commissioned an independent clinical reviewer to review Mr Hillier's clinical care at the prison.
7. The PPO investigator investigated non-clinical issues, including the prison's response to COVID-19 and shielding prisoners, the security arrangements for his hospital escorts and liaison with his next of kin.
8. The Ombudsman's family liaison officer contacted Mr Hillier's next of kin, his partner, to explain the investigation. Mr Hillier's partner raised concerns about the treatment Mr Hillier received for his chest infections and the level of medical attention he received in prison.
9. Mr Hillier's family received a copy of the initial report. They raised a number of questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies and their action plan is annexed to this report.
11. This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

## **Previous deaths at Littlehey**

12. Mr Hillier was the 14<sup>th</sup> prisoner to die at Littlehey since March 2018. Of the previous deaths, 12 were from natural causes and one was self-inflicted. There have been four deaths from natural causes since, two of which were from COVID-19.

## **COVID-19 (coronavirus)**

13. COVID-19 is an infectious disease that affects the lungs and airways. On 11 March, the World Health Organisation (WHO) declared COVID-19 as a worldwide pandemic.
14. COVID-19 can make anyone seriously ill, but the risk is higher for some people. People at high risk include those who 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).
15. 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).

16. 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.

## Key Events

17. On 26 September 2016, Mr Edwin Hillier was sentenced to eight years and six months in prison for sexual offences and sent to HMP Bedford. On 13 October, he was moved to HMP Littlehey.
18. Mr Hillier had several long-term health conditions, including heart disease, chronic obstructive pulmonary disease (COPD – the term for a group of serious lung diseases including emphysema and chronic bronchitis) and type 2 diabetes. He had also had a kidney removed due to kidney cancer. He was registered blind in 2015 and had poor hearing. Mr Hillier also had poor mobility and used a walking stick.
19. On 7 February 2020, Mr Hillier was sent to a hospital with severe breathlessness. On 13 February, he was moved to another hospital to have a stent inserted (to open up the valves of his heart). He returned to Littlehey on 21 February.
20. On 11 March, Mr Hillier complained of shortness of breath. A prison nurse recorded his temperature as 37.5°C (normal body temperature is around 37°C; a high temperature is considered to be above 38°C). The next day, a prison GP diagnosed Mr Hillier with a chest infection and prescribed antibiotics. His temperature was recorded as 36.4°C.
21. On 16 March, a prison GP noted that Mr Hillier should be isolated and monitored twice daily for symptoms of COVID-19. Healthcare staff did not see Mr Hillier until 18 March.
22. On 18 March at 11.57am, prison staff called a code blue (a medical emergency code used to indicate a prisoner who is unconscious or having breathing difficulties, which alerts healthcare staff and tells the prison control room to call an ambulance immediately). Healthcare staff attended and found that Mr Hillier was hot to touch and he complained of abdominal pain. His temperature was recorded as 37.4°C and his blood oxygen saturation level was 84% (the normal range is 95-100%). Healthcare staff did not record his National Early Warning Score (NEWS – a tool used to assess the clinical deterioration of patients). When ambulance paramedics arrived, they recorded Mr Hillier's temperature as 38.4°C and diagnosed an underlying infection. COVID-19 was not considered. A prison GP prescribed antibiotics.
23. A nurse reviewed Mr Hillier at 3.26pm, and noted that he was 'looking better' and that his temperature 'appears slightly down', but she did not record his temperature.
24. On 19 March at 8.15am, prison staff called a code blue. Mr Hillier was shaking vigorously, appeared confused and was grey in colour. His NEWS was recorded as 11, which showed that he needed an emergency response. Mr Hillier was taken to hospital. He was accompanied by two prison officers but not restrained.
25. Mr Hillier was tested for COVID-19 in hospital on 20 March. He was treated with high levels of oxygen and antibiotics but his condition deteriorated.
26. On 22 March, at 3.00pm, Mr Hillier was pronounced dead. His COVID-19 test results were received later that day, and showed that Mr Hillier had tested positive

27. There was no post-mortem examination as the coroner accepted the cause of death provided by the hospital. The hospital doctor recorded the cause of death as COVID-19. The doctor listed chronic kidney disease, severe heart failure and frailty as contributing factors.

# Findings

## Clinical Findings

28. The clinical reviewer concluded that the clinical care Mr Hillier received in prison was of a reasonable standard and equivalent to that which he could have expected to receive in the community. However, she considered that opportunities to identify COVID-19 had been missed. She noted that as Mr Hillier had not left Littlehey since 21 February 2020, and the incubation period for COVID-19 is up to 14 days, he must have contracted COVID-19 at Littlehey, probably between 27 February and 6 March.
29. Mr Hillier had several long-term health conditions that increased his risk of becoming seriously ill if he contracted COVID-19. On 16 March, a prison GP instructed that Mr Hillier was required to shield and should be monitored twice daily. While Mr Hillier did not show the two main symptoms of COVID-19, a high temperature and a new, continuous dry cough, he exhibited other symptoms which may have indicated the virus (shortness of breath and feeling unwell).
30. Healthcare staff did not monitor Mr Hillier as directed. They did not see him again until 18 March, when they responded to the code blue call. They did not record a NEWS. When ambulance paramedics arrived, they recorded his temperature as 38.4°C, which reached the threshold for COVID-19 symptoms, but he was not sent to hospital. When a nurse reviewed him later that day, she did not record his temperature. We make the following recommendations:

**The Governor and Head of Healthcare should ensure that staff recognise the symptoms of COVID-19.**

**The Head of Healthcare should ensure that healthcare staff monitor prisoners in accordance with clinical instructions.**

**Sue McAllister CB  
Prisons and Probation Ombudsman**

**October 2020**