SHERIFFDOM OF TAYSIDE, CENTRAL AND FIFE AT DUNDEE

[2025] FAI 48

DUN-B478-25

DETERMINATION

BY

SHERIFF JILLIAN MARTIN-BROWN

UNDER THE INQUIRIES INTO FATAL ACCIDENTS AND SUDDEN DEATHS ETC (SCOTLAND) ACT 2016

into the death of

EDWARD SIMPSON

DUNDEE, 15 December 2025

The sheriff, having considered the information presented at an inquiry on 20 November 2025 and oral submissions thereon, under section 26 of the Inquiries into Fatal Accidents and Sudden Deaths etc (Scotland) Act 2016, finds and determines that:

Findings

Section 26(2)(a)

Edward Simpson died at 1920 hours on 18 March 2022 at Ninewells Hospital, Dundee.

Section 26(2)(b)

His death was not the result of an accident.

Section 26(2)(c)

The causes of Edward Simpson's death were:

I. (a) pneumonia;

I. (b) immunosuppression;

I. (c) myeloperoxidase vasculitis – myeloperoxidase positive;

II. severe emphysema; and

II. COVID-19 disease.

Section 26(2)(d)

His death was not the result of an accident.

Section 26(2)(e)

There were no precautions which could reasonably have been taken whereby his death might realistically have been avoided.

Section 26(2)(f)

There were no defects in any system of working which contributed to his death.

Section 26(2)(g)

There are no other facts which are relevant to the circumstances of Mr Simpson's death.

Recommendations

Section 26(4)(a)

There are no recommendations as to the taking of reasonable precautions which might realistically prevent other deaths in similar circumstances.

Section 26(4)(b)

There are no recommendations as to the making of improvements to any system of working which might realistically prevent other deaths in similar circumstances.

Section 26(4)(c)

There are no recommendations as to the introduction of a system of working which might realistically prevent other deaths in similar circumstances.

Section 26(4)(d)

There are no recommendations as to the taking of any other steps which might realistically prevent other deaths in similar circumstances.

NOTE

Introduction

[1] This was a mandatory inquiry held under section 2(4) of the Inquiries into Fatal Accidents and Sudden Deaths etc. (Scotland) Act 2016.

[2] Preliminary hearings were held on 29 August and 3 October 2025. The inquiry was held on 20 November 2025. All hearings took place by way of WebEx.

[3] Mr Neilson, procurator fiscal depute, represented the Crown. Mr Halley, solicitor, represented the Scottish Prison Service ("SPS"). Mr Ashkanani, solicitor, represented Tayside Health Board.

Facts and circumstances

[4] All of the facts were agreed between the parties and were contained in an extensive joint minute.

Responsibility for healthcare services

[5] Since 2011, each individual regional NHS health board has been responsible for the delivery of healthcare services within prisons in Scotland which fall within their geographical ambit for the provision of medical care.

Background

[6] Mr Simpson was born on 27 December 1966 and died on 18 March 2022. He was 55 years old when he died. He was sentenced to life imprisonment for murder on 26 March 2002 with a punishment part of 10 years. He was released on license but recalled to prison in 2016 after being found in possession of a knife. He was sentenced to 5 years' imprisonment for a contravention of section 49 of the Criminal Law Consolidation (Scotland) Act 1995 in October 2016.

Underlying health conditions

[7] Mr Simpson was transferred to HMP Castle Huntly, Longforgan, Dundee on 6 October 2020 and resided in a single cell within Murray House. In the months preceding his death, he had a number of hospital stays, both under temporary licence and under escort. His last admission to hospital before he tested positive for COVID-19 was on 1 February 2022, when he attended Ninewells complaining of pain in his left loin. He was discharged on 3 February 2022.

[8] Mr Simpson had serious underlying health conditions including: bronchiectasis; asthma; COPD (Chronic Obstructive Pulmonary Disease); renal vasculitis; and immunosuppression from rituximab and prednisolone. He was fully vaccinated for COVID-19.

February 2022

[9] On 6 February 2022 Mr Simpson began displaying symptoms of breathlessness and vomiting and was admitted to Ninewells Hospital. He was confirmed as COVID-19 positive on admission. On 8 February 2022 he was discharged from hospital. He was clinically stable. On his return to HMP Castle Huntly, he was isolated in Bruce Wing. He left isolation in Bruce Wing and returned to Cell B11 in Murray House on 16 February 2022.

[10] On 22 February 2022 Mr Simpson was seen by the prison GP and noted to be coughing and breathless. Nursing staff attempted to take his bloods the following day

but were unable to do so. He was seen by a prison nurse on 24 February. His observations were taken and he was prescribed steroids. He reported feeling better and was managing to eat small amounts and keep liquids down. Nurses observed that he was looking better in appearance, less fatigued and with a good colour.

March 2022

[11] On 1 March 2022 Mr Simpson reported having difficulty breathing. Nursing staff observed that he had low oxygen saturation levels and exacerbation of COPD despite ongoing antibiotic and steroid therapy. He was conveyed by ambulance to Ninewells Hospital and admitted to ward 42.

[12] On admission to hospital, medical staff noted he was breathing very fast and wheezy. His oxygen saturations were low at 80% and he was breathless doing simple tasks of daily living. He was retested for COVID-19 and confirmed to be positive. The working diagnosis was bacterial pneumonia. Following a course of antibiotics, oxygen was weaned using a new target oxygen saturation of 88% - 92%.

[13] On 4 March 2022, Mr Simpson was discharged back to HMP Castle Huntly. He was described by the discharging doctor as feeling well. He was breathless but at his baseline, apyrexial and his oxygen saturations were at 89% on air. His NEWS score was zero.

[14] On 5 March 2022 Mr Simpson was seen by prison nursing staff who gave him a nebuliser machine. He was re-tested for COVID-19 and remained positive. He had a fever and his oxygen saturation levels were recorded at 90%.

[15] By 7 March 2022, Mr Simpson's health appeared to be improving, and his oxygen saturations levels were recorded at 94% on air.

Admission to hospital

[16] Mr Simpson was reviewed by Dr Mohamed Elscedawy on 8 March 2022. He reported that his symptoms were worsening. Dr Elscedawy noted that Mr Simpson had widespread wheeze and right sided crackles in his mid to lower lungs. His oxygen saturations were recorded as 88%. Dr Elscedawy advised Mr Simpson that he should be admitted to hospital.

[17] On admission to hospital Mr Simpson stated he was feeling awful. He was feeling hot, had a fever and worsening breathlessness. His oxygen saturations were 88% on air. He was treated for pneumonia in the context of immunosuppression. Laboratory tests suggested that active COVID-19 was not the issue. Dr Andrew Goudie suspected Mr Simpson had an atypical infection in the context of severe lung disease (emphysema) and the immunosuppression required to suppress his vasculitis.

DNACPR form

[18] On 15 March 2022 Mr Simpson was gravely unwell. He was transferred to ward 14 High Dependency Unit as he required increased oxygen and end of life care. Doctors thought that reactivation of his vasculitis was unlikely. He was noted to have poor oral intake, had lost weight and was delirious. It was clear that cardio-pulmonary resuscitation would not be successful and was not an option. A DNACPR (Do Not

Attempt Cardio-Pulmonary Resuscitation) form was completed and explained to Mr Simpson. The DNACPR form was appropriate and justified.

Death

[19] On 17 March 2022, the hospital phoned prison GP Dr Fiona Erskine and Mr Simpson's wife to advise that he was unlikely to survive. He was not fit enough to be transported to a local hospital.

[20] By 18 March 2022 Mr Simpson had developed terminal agitation and was distressed. GeoAmey officers were permitted to leave on compassionate grounds. He was prescribed a syringe driver and family attended. At around 1920 hours Mr Simpson died. A postmortem was not carried out.

[21] A death certificate was issued by Dr Margaret Whyte, Doctor, Ninewells Hospital in the following terms:

I. (a) pneumonia;

I. (b) immunosuppression;

I. (c) myeloperoxidase vasculitis – myeloperoxidase positive;

II. severe emphysema; and

II. COVID-19 disease.

[22] Mr Simpson had advanced lung disease and the additional burden of immunosuppression and the additional burden of immunosuppression increased his chances for a more severe outcome. His death was not unexpected and doctors treating Mr Simpson doubted anything could have been done differently to prevent his death.

[23] COVID-19 had a minimal impact, if any, on Mr Simpson. There is no conclusive evidence that Mr Simpson died of COVID-19 related complications.

SPS pandemic planning

[24] SPS published Version 0.33 of their pandemic plan on 4 April 2021 detailing infection prevention and control measures, including: handwashing; catering; cleaning; physical distancing; ventilation; PPE; visits; transfers and movements; waste management; linen and laundry; and guidance for staff.

HMP Castle Huntly

[25] HMP Castle Huntly produced a Standard Operating Procedure for the management of prisoners held in COVID-19 isolation as well as infection prevention and control measures, including: an isolation area in Bruce Wing; social distancing; and PPE.

[26] Throughout January and February 2022, nine prisoners in HMP Castle Huntly were isolated because of COVID-19. One prisoner residing in Mr Simpson's wing spent time in COVID isolation from 29 December 2021 until 6 January 2022. He stayed in Murray House B Wing, where Mr Simpson resided, after his isolation ended. No other prisoners within Mr Simpson's residential area tested positive for or displayed symptoms of COVID-19 in the weeks before Mr Simpson tested positive himself.

[27] A DIPLAR (Death in Prison Learning, Audit & Review) is completed after the death of any person in prison custody in Scotland and provides a system for SPS and the

applicable NHS Board to record any learning and identify actions following a death. The following were noted as areas for learning and development for Tayside Health Board after the death of Mr Simpson:

- further development and training for all staff on long term conditions;
- the use of the SBAR (Situation, Background, Assessment and Recommendation) format for recording long term condition assessments and monitoring consultations;
- embed clinical supervision model for nursing staff within primary care team; and
- further development of nursing staff in clinical skills such as chest auscultation and interpretation of blood results.

[28] Further development and training for all NHS staff on long term conditions was listed as a DIPLAR learning point because of the fluctuation in Mr Simpson's overall health in the months leading up to his death. It was identified that NHS staff training on chronic illnesses would help in identifying indicators of deterioration and need for escalation. NHS staff within HMP Castle Huntly have now implemented that training.

[29] The SBAR format keeps records easy to navigate, precise and easy to manage. The SBAR format is now more widely used by NHS staff in HMP Castle Huntly.

[30] Following the DIPLAR review, NHS staff possessing the skills and competence to complete chest auscultation and interpret blood results were identified. Prison healthcare staff set up a chronic diseases register to help manage prisoners with long

term health conditions. Prison medical staff believe there is nothing they could have done differently that could have prevented Mr Simpson's death.

Submissions

[31] All of the parties submitted that only formal findings should be made. No findings in terms section 26(2)(e), (f) or (g) were sought, nor any recommendations.

Findings and recommendations

[32] Having considered all of the evidence in this inquiry, my findings are in line with the conclusions of the DIPLAR. Mr Simpson had an extensive history of physical health problems. There was good information sharing between SPS and Tayside Health Board and Mr Simpson received compassionate care as well as extensive clinical examination and testing whilst in hospital to aid his care and treatment. There was no evidence to suggest any precautions which could reasonably have been taken whereby his death might realistically have been avoided; nor any defects in any system of working which contributed to his death.

Conclusions

[33] I am grateful to the solicitors involved for their professionalism in investigating matters without delay, seeking agreement of evidence and preparing focussed submissions.

[34] Finally, I wish to express my sincere condolences to Mr Simpson's family and friends, which were echoed in the submissions made by all parties.