Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Colin Beilby, a prisoner at HMP Moorland, on 16 November 2020

A report by the Prisons and Probation Ombudsman

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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*

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 Colin Beilby died on 16 November 2020, at HMP Moorland. He was 73 years old. He died from COVID-19 pneumonitis. He also had underlying asthma, coronary atheroma and diabetes. I offer my condolences to Mr Beilby's family and friends.

4. The clinical reviewer concluded that the clinical care Mr Beilby received at Moorland was of a good standard and equivalent to that he could have expected to receive in the community. She made two recommendations about health screens and welfare checks for COVID-19 positive patients.

5. The investigation found that Moorland followed the national guidance on COVID-19 risk management and implemented the cohorting procedures advised to help prevent the spread of the infection. In spite of this, Mr Beilby appears to have contracted the virus in prison, as he had not left the prison during the accepted incubation period for the virus. When his condition deteriorated, staff immediately arranged for him to be taken to hospital.

6. There was a delay in notifying Mr Beilby's wife that he was seriously ill and in hospital. However, once appointed, the prison's family liaison officer was supportive and efficient.

7. We found good examples of information sharing between operational staff during Mr Beilby's illness and after he went into hospital.

Recommendations

- The Head of Healthcare should ensure that COVID-19 positive prisoners receive a daily welfare check and that this is recorded in their medical records.

- The Governor should ensure that, in line with national policy, staff notify a prisoner's next of kin as soon as possible when a prisoner becomes seriously ill.

The Investigation Process

8. NHS England commissioned an independent clinical reviewer to review Mr Beilby's clinical care at HMP Moorland.

9. The PPO's investigator reviewed Mr Beilby's personal records, as well as HMPPS and local policy documents. She investigated non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Beilby's location; liaison with his family; and whether early release was considered.

10. The PPO family liaison officer wrote to Mr Beilby's next of kin, his wife, to explain the investigation. Mr Beilby's wife and daughter wanted to know the cause of Mr Beilby's death; what healthcare he had received, as he had mentioned feeling unwell for around two weeks before he died; and whether he had been diagnosed with pneumonia while in prison.

11. Mr Beilby's wife received a copy of our initial report. She made no comments.

12. The initial report was shared with HM Prison and Probation Service (HMPPS). They accepted our recommendations and found no factual inaccuracies.

Previous deaths at HMP Moorland

13. Mr Beilby was the sixth prisoner to die at Moorland since November 2018 and there have since been four further deaths. One is provisionally drug-related, and the remainder were from natural causes. There are no similarities between our findings in this investigation and those of the previous deaths and there have been no other deaths from COVID-19 among prisoners at Moorland.

COVID-19 (coronavirus)

14. 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.

15. 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.)

16. 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

17. Mr Colin Beilby was convicted of sexual offences. He was sentenced to 12 years 8 months imprisonment and sent to HMP Leeds on 22 August 2015. After several transfers, Mr Beilby moved to HMP Moorland on 1 March 2018.

18. Mr Beilby had several chronic medical conditions, including high blood pressure, diabetes, ischaemic heart disease, angina, asthma, urology problems and his gall bladder had been removed. He used a walking aid due to reduced mobility. Between 16 and 20 January 2020, Mr Beilby was in hospital with pneumonia.

19. Mr Beilby lived in the prison's Social Care Unit for older men and those with poor mobility, or social care needs. On 19 March 2020, a unit meeting was held with prisoners to offer advice and information on the implications of the COVID-19 pandemic. On 24 March, healthcare staff identified Mr Beilby as being clinically vulnerable to serious illness if he contracted COVID-19, due to being immunosuppressed. He chose to shield, in line with government advice and shared a double cell with another high-risk prisoner.

20. Over the following months, Mr Beilby had weekly COVID-19 welfare checks by healthcare staff, as well as frequent meetings with his key worker. Entries in his personal record indicated that he was fully compliant and coped well with the restrictions. From time to time, his wishes about shielding were reviewed and he confirmed that he wished to continue.

21. On 22 October, Mr Beilby's cellmate had a high temperature, and a swab was taken for testing. Mr Beilby and his cellmate were both required to isolate in their cell while awaiting the result.

22. During a COVID-19 welfare check on 24 October, Mr Beilby said he felt well and did not need anything from healthcare staff, although he "had a sweat on". The nurse advised him to contact healthcare if he had any further concerns and noted that he should be checked daily.

23. On 25 October, Mr Beilby's cellmate was confirmed as positive for COVID-19. He was moved to the segregation unit, which had been designated as the prison's protective isolation unit (and later that day to hospital). Healthcare staff checked Mr Beilby several times that day. He reported flu-like symptoms such as a high temperature, body aches and a cough, which he said had started on 22 October. A swab was taken, which returned as positive for COVID-19 on 27 October, and he remained in isolation. (As 10 of the 23 men on the unit had tested positive at that time, it was decided they should remain in isolation in their cells, as there were not enough cells in the segregation unit.)

24. Mr Beilby continued to be checked daily (although no check was recorded on 31 October) and staff gave advice on managing his symptoms.

25. On 2 November, Mr Beilby appeared confused and said he did not feel right. Clinical observations indicated a high temperature and low oxygen levels, so he was given oxygen and an ambulance was requested. (The ambulance call handler initially refused to send an emergency ambulance based on Mr Beilby's symptoms, but the prison escalated this as he worsened.)

26. Mr Beilby was escorted to hospital by two prison officers in full PPE, and no restraints were used. Healthcare staff regularly contacted the hospital for updates.

27. On 5 November, the prison was told that Mr Beilby had been diagnosed with COVID-19 pneumonia and that he had agreed not to be resuscitated if his heart or breathing stopped.

28. The prison assigned a family liaison officer on 7 November. On the same day, he informed Mr Beilby's wife that Mr Beilby was in hospital and gave details of his condition and treatment. The family liaison officer provided regular, detailed updates and when Mr Beilby's condition worsened, he discussed end of life issues with Mr Beilby's wife.

29. Mr Beilby died at 10.10pm on 16 November. The family liaison officer immediately notified his wife and provided support during the following weeks. A prison manager debriefed the escort staff and offered support.

30. In line with national policy, the prison contributed to the costs of the funeral, which was held on 24 December.

Post-mortem report

31. The report of the post-mortem examination concluded that Mr Beilby had died from COVID-19 pneumonitis. He also had underlying asthma, coronary atheroma [build-up of fatty deposits, narrowing the arteries] and diabetes mellitus which did not cause but contributed to his death.

32. Pneumonitis is a general term for inflammation of the lung tissue. It is not a specific disease, but a sign of an underlying problem. The pathologist noted that COVID-19 can interact adversely in those with background lung conditions and that diabetes is associated with increased risk of death from COVID-19 infection.

Findings

Clinical Findings

33. The clinical reviewer concluded that Mr Beilby received a good standard of clinical care at Moorland, equivalent to that he could have expected to receive in the community. However, she found that Mr Beilby's initial and secondary health screens at Moorland had been completed on the same day, which was contrary to national guidance. She made a recommendation on this, which the Head of Healthcare will need to address.

Management of Mr Beilby's risk and monitoring his COVID-19 infection

34. Mr Beilby lived in the social care unit and was promptly identified as clinically vulnerable. He opted to shield at an early stage, and this was kept under review. Following an outbreak of COVID-19, the whole unit was effectively placed in isolation and the opening of cells was restricted to meals and healthcare needs. All staff wore full PPE.

35. The *HMPPS Cohorting & Compartmentalisation Strategy* requires symptomatic prisoners to be placed in protective isolation for a minimum of 10 days, until it can be verified that they are symptom-free. A key aim is to separate the symptomatic and those most vulnerable. Prisons are expected to create a local isolation plan for each case and there is discretion as to whether a symptomatic prisoner (or their cellmate) is moved, or both kept in their existing shared cell, depending on capacity and the local environment.

36. The Head of Healthcare said that when Mr Beilby's cellmate became symptomatic, both men were required to remain in isolation in their cell until the outcome of tests. The rationale for this was that if one was positive, the chances were that both had already been infected and staff needed to prevent further transmission. After Mr Beilby was confirmed as positive, he remained in isolation in his cell until he went into hospital.

37. We are satisfied that Moorland followed the shielding and cohorting policies and did their best to protect Mr Beilby. However, it is likely that he contracted COVID-19 within Moorland, either from his cellmate or someone else in the unit, as he had not left the prison during the accepted incubation period for the virus.

38. The clinical reviewer found that healthcare staff had either missed or failed to document Mr Beilby's daily welfare check on 31 October. Although this appears to have been an isolated omission, it is important that checks are consistent for early detection of deterioration. We recommend:

    The Head of Healthcare should ensure that COVID-19 positive prisoners receive a daily welfare check and that this is recorded in their medical records.

Notifying Mr Beilby's family of his illness

39. HMPPS guidance on contacting a prisoner's next of kin during the pandemic states that if a prisoner is symptomatic, or has contracted COVID-19, they should be given the opportunity for someone to be informed and, with consent, the

prison should make arrangements to do this. Additionally, prisons are expected to comply with the existing policy (set out in Prison Rule 22 and Prison Service Instruction 64/2011) that a prisoner's next of kin should be informed immediately if they become seriously ill, or if there is unpredicted or rapid deterioration in their physical health.

40. The prison did not comply with these policies. Mr Beilby's wife was notified five days after his admission to hospital and two days after he had agreed not to be resuscitated in the event of heart or respiratory failure. We recommend:

The Governor should ensure that, in line with national policy, staff notify a prisoner's next of kin as soon as possible when a prisoner becomes seriously ill.

41. This omission on the part of the prison is no reflection on the family liaison officer, who informed Mr Beilby's wife as soon as he was appointed. He kept in close contact throughout Mr Beilby's illness and after his death. He made himself available while off duty and the family liaison log was well-documented.

Record keeping and information sharing

42. As with another recent case at Moorland, we found a high standard of record keeping and information sharing between operational staff, showing genuine care and concern about Mr Beilby while in prison and during his hospital admission.

Sue McAllister CB
Prisons and Probation Ombudsman **November 2021**

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