Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Andriejus Kostiajevas, a prisoner at HMP Woodhill, on 25 April 2021

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*

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.

Mr Andriejus Kostiajevas, a prisoner at HMP Woodhill, was found hanged in his cell on 25 April 2021. He was 48 years old. I offer my condolences to his family and friends.

Mr Kostiajevas had a history of epileptic seizures and complex mental health issues. He also had difficulty speaking English. Despite his significant health issues, Mr Kostiajevas appeared to settle at Woodhill and lived in the prison's healthcare unit, with access to 24-nursing care.

The clinical review into Mr Kostiajevas's death concluded that his care was generally of a good standard and equivalent to that which he could have expected to receive in the community and that he was treated appropriately and compassionately during his time in prison.

Although Mr Kostiajevas appeared to have found his situation frustrating and his behaviour was often described as bizarre during his time at Woodhill, he consistently denied thoughts of self-harm and there is no evidence that he had ever self-harmed during the 22 months he spent in prison. I am satisfied that staff at Woodhill could not reasonably have prevented his death.

I am, however, concerned about the emergency response. Although it is unlikely to have had an impact on the outcome for Mr Kostiajevas, it may be critical in another emergency.

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 **February 2022**

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Summary

Events

1. On 4 July 2019, Mr Andriejus Kostiajevas, a Lithuanian national, was remanded to HMP Peterborough, charged with murder. It was his first time in prison.

2. Mr Kostiajevas had had epileptic seizures since childhood. The seizures continued while Mr Kostiajevas was in prison custody.

3. Mr Kostiajevas was transferred to HMP Woodhill on 16 October 2020. He lived in the prison's healthcare unit, where he had access to 24-hour nursing support. During this time, Mr Kostiajevas was also supported by the prison's mental health team, and he had frequent assessments with prison and hospital neurology and psychiatric consultants to establish the cause of his seizures. Despite his significant health issues, Mr Kostiajevas appeared to have settled at Woodhill.

4. However, staff often described Mr Kostiajevas's behaviour as bizarre, and he had difficulty communicating in English, which is likely to have been compounded by cognitive issues. Although Mr Kostiajevas had previously harmed himself and had been monitored under suicide and self-harm prevention procedures, known as ACCT, he consistently denied thoughts of self-harm at Woodhill.

5. At around 5.02am on 25 April, an officer found Mr Kostiajevas in his cell with a ligature tied around his neck. Officers tried to resuscitate him, but the prison's emergency response nurse told them to stop as Mr Kostiajevas was clearly dead. Paramedics confirmed Mr Kostiajevas's death at around 5.24am.

Findings

6. Although Mr Kostiajevas had several risk factors for suicide and self-harm, we consider that staff reasonably concluded that he did not need to be monitored under ACCT procedures.

7. The clinical reviewer concluded that the healthcare Mr Kostiajevas received at Woodhill was generally of a good standard and equivalent to that which he could have expected to receive in the community, and that he was treated appropriately and compassionately during his time at the prison.

8. However, the clinical reviewer reported that hospital consultants were not able to assess Mr Kostiajevas fully as they did not have access to a summary of his treatments in prison.

9. We are concerned about the delay in entering the cell when Mr Kostiajevas was found hanged.

Recommendations

- The Governor of Woodhill should ensure that all staff are reminded that they should radio a medical emergency code without delay when a prisoner appears to be hanging.

- Where a secure hospital has been identified as the best environment to deliver appropriate care for a prisoner, the NHS England Specialist Commissioning Team should take all possible steps to ensure this takes place within the 14-day target set out in the Department of Health's good practice guide of 2011.
- The Head of Healthcare should ensure that a summary of current treatments in prison is supplied to support hospital appointments.

The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Woodhill informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

11. The investigator obtained copies of relevant extracts from Mr Kostiajevas's prison and medical records.

12. NHS England commissioned a clinical reviewer to review Mr Kostiajevas's clinical care at the prison.

13. The investigator interviewed eight members of staff at Woodhill, some jointly with the clinical reviewer. All the interviews were conducted remotely by telephone because of the restrictions imposed as a result of the COVID-19 pandemic.

14. We informed HM Coroner for Milton Keynes of the investigation. He provided us with a copy of the post-mortem report. We have sent him a copy of this report.

15. We contacted Mr Kostiajevas's next of kin to explain the investigation and to ask if they had any matters they wanted us to consider. They did not raise any questions.

16. Mr Kostiajevas's next of kin received a copy of the initial report. They did not make any comments

Background Information

HMP Woodhill

17. HMP Woodhill in Milton Keynes is a complex prison known as a 'core local' prison. It combines a local prison function for just over 600 men with a high security responsibility, holding a small number of Category A prisoners, most of whom are going through the court process or have been recently convicted.

18. Central and North-West London NHS Foundation Trust provides health services at the prison. There is an inpatient unit with twelve beds, which provides mental and physical healthcare, including end-of-life and palliative care. As part of HM Prison and Probation Service's estate transformation, HMP Woodhill was due to become a Category B training prison in 2018. At the time of writing, this has not yet happened.

HM Inspectorate of Prisons

19. HM Inspectorate of Prisons (HMIP) carried out an unannounced inspection of Woodhill in February 2018. Inspectors reported that overall outcomes for prisoners were mixed, but that some very good work at the prison continued. Inspectors reported that incidents of self-harm remained high but that improvements had been made to the way prisoners at risk of self-harm were assessed and supported and that ACCT support processes were generally better than they saw at other prisons. They noted some frailties, especially in relation to understanding triggers. Inspectors also reported that the prison used interpreting services to good effect, and they reported that they saw no isolated non-English speaking prisoners. Inspectors reported that health services had improved, most notably in the redesign and delivery of mental health services and that these services were well integrated and involved in suicide and self-harm monitoring procedures and in prison-wide meetings to support patients with complex needs.

20. HMIP carried out a short scrutiny visit of Woodhill in May 2020 to look at the prison's response to the COVID-19 pandemic. Inspectors reported that support for prisoners with vulnerabilities, including those at risk of self-harm, was good at Woodhill. They reported that prisoners were offered weekly wellbeing checks in person by mental health staff, which meant that those experiencing the negative impacts of prolonged COVID-19 lockdown measures had an opportunity to receive support. It was also reported that the number of recorded self-harm incidents at Woodhill had reduced since the start of COVID-19 restrictions in March 2020.

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 latest annual report for the year ending May 2020, the IMB reported their concern about the inconsistent and often poor quality of ACCT documentation. The IMB reported that the introduction of the keyworker scheme was beginning to have effect, but that the COVID-19 lockdown and subsequent introduction of a more restricted regime, had interrupted the operation of the

scheme, which had been replaced by weekly welfare check telephone calls. The IMB reported that since the introduction of the COVID-19 regime the prison had gone to great effort to relieve boredom by increasing in-cell activities.

Previous deaths at HMP Woodhill

22. Mr Kostiajevas was the sixth prisoner to take his life at Woodhill since January 2019. There were no similarities between Mr Kostiajevas's death and the previous deaths.

Assessment, Care in Custody and Teamwork

23. ACCT is the Prison Service care-planning system used to support prisoners at risk of suicide or self-harm. The purpose of ACCT is to try to determine the level of risk, how to reduce the risk and how best to monitor and supervise the prisoner. As part of the process, a risk reduction plan, also known as a caremap (a plan of care, support and intervention) should be put in place. The ACCT plan should not be closed until all the actions of the risk reduction plan have been completed. After closure, a follow-up interview should take place within seven days. All decisions made as part of the ACCT process and any relevant observations about the prisoner should be written in the ACCT booklet, which accompanies the prisoner as they move around the prison. Prison Service Instruction (PSI) 64/2011 on safer custody sets out how staff should operate ACCT procedures

COVID-19 restrictions

24. On 24 March 2020, in response to the COVID-19 pandemic and in line with Government advice, HM Prison and Probation Service (HMPPS) issued an instruction to all prisons to introduce social distancing and a restricted regime for staff and prisoners, wherever possible. On 27 March, HMPPS issued operational guidance to prisons on exceptional regime and service delivery, which reflected Government restrictions following the national lockdown of 23 March. This guidance resulted in significantly restricted prisoner activities. Prison visits were suspended, education and non-essential work was cancelled, and healthcare delivery was also affected. This meant that prisoners spent much of their day locked behind their cell doors. Mr Kostiajevas spent around two hours a day out of his cell during this time.

Keyworker scheme

25. The keyworker scheme aims to improve safer custody by engaging with prisoners, building better relationships between staff and prisoners and helping prisoners settle into life in prison. It provides that all adult male prisoners will be allocated a key worker who will spend an average of 45 minutes a week on key worker activities, including having meaningful conversation which each of their allocated prisoners. The key worker scheme was suspended across the prison estate on 24 March 2020, due to the COVID-19 pandemic. To ensure that meaningful interaction continued for priority prisoners, such as those who were at risk of suicide or self-harm, the Prison Service introduced the Exceptional Delivery Model for keywork in May 2020. This provides that an officer will have a weekly conversation with prisoners identified as vulnerable.

Key Events

Background

26. Mr Andriejus Kostiajevas was born in Lithuania and moved to the United Kingdom in around 2010.

27. He had a long history of epileptic seizures. In 2014 and 2016, Mr Kostiajevas had several CT scans to assess a possible head injury after alleged assaults, a road traffic accident and a fall while under the influence of alcohol, but no significant abnormalities were detected.

28. In September 2016, Mr Kostiajevas was prescribed anti-epileptic medication as he had seizures and "difficulty finding the right words", but the seizures continued to increase in frequency. In September 2017, his medication was changed.

29. In November 2017, Mr Kostiajevas became increasingly aggressive, complained of hallucinations, harmed himself by cutting his wrist and attacked his wife. He was treated in hospital for a month, where he was sedated to control his aggression and manage his seizures. Throughout 2018 and 2019, neurology services reviewed Mr Kostiajevas, but he did not comply with treatment and his seizures continued.

HMP Peterborough

30. On 4 July 2019, Mr Kostiajevas was remanded to HMP Peterborough, charged with the murder of his wife and attempted murder of two others. It was his first time in prison. It was noted that he was confused about why he was in prison, that he said his medication caused him to have a "bad memory" and that he "struggled" to speak English. Mr Kostiajevas had a seizure soon after he arrived, and he was treated in hospital and referred to neurology services. He subsequently returned to the prison's healthcare unit.

31. Mr Kostiajevas told staff at Peterborough that he heard voices and would take his own life. He was monitored under suicide and self-harm monitoring procedures, known as ACCT. At an ACCT review and having been assessed by the prison's mental health team, staff decided that Mr Kostiajevas should remain in the healthcare unit.

32. On 10 July, a prison psychiatrist assessed Mr Kostiajevas. He denied thoughts of self-harm and the psychiatrist concluded that there was no clear indication that Mr Kostiajevas needed psychiatric treatment or medication. Mr Kostiajevas had several seizures during this time, and he continued to be prescribed his epilepsy medication.

33. After an unsettled start at Peterborough, Mr Kostiajevas became more settled, but his behaviour was sometimes described as bizarre. It was noted that his lack of English appeared to be a barrier, but that he probably spoke more of the language than he let on. At an ACCT review on 29 July, Mr Kostiajevas continued to deny thoughts of self-harm, his risk was assessed as low and ACCT monitoring was stopped.

34. Mr Kostiajevas remained settled and continued to have neurological assessments. His lack of communication skills continued to be an issue and his understanding of English was described as challenging. Interpreters were used during some keyworker sessions, but he did not always want to use them. During this time, Mr Kostiajevas mixed with other prisoners and worked as a wing cleaner.

35. On 7 August, a consultant forensic psychiatrist concluded that Mr Kostiajevas's presentation was likely due to a personality disorder or substance misuse. The psychiatrist did not consider that he needed further psychiatric assessment.

36. Mr Kostiajevas continued to have seizures. On 4 November 2019, a consultant neurologist assessed Mr Kostiajevas again. The neurologist did not have access to a summary of Mr Kostiajevas's prison medication and was not aware that he had been re-prescribed topiramate, an anti-epileptic medication. He questioned if Mr Kostiajevas's seizures were due to epilepsy, and a brain scan in January 2020 cast further doubts on this.

37. On 25 February 2020, Mr Kostiajevas was convicted of murder and received a life sentence, with a minimum tariff of 28 years. Although staff noted that he was stable and well when he returned from court, they started ACCT procedures. They stopped ACCT monitoring several days later.

38. In March 2020, Mr Kostiajevas was admitted to hospital after he had further seizures. He had further scans, but no abnormalities were identified.

39. The COVID-19 pandemic delayed further neurological assessments for his seizures as hospital clinics were cancelled. Although an appointment was made for Mr Kostiajevas to see the consultant neurologist on 8 October, the neurologist referred him to a colleague for a second opinion as he was not sure of the cause of Mr Kostiajevas's seizures. (Mr Kostiajevas was transferred to HMP Woodhill before he was seen.)

HMP Woodhill

40. On 16 October, Mr Kostiajevas was transferred to HMP Woodhill. When he arrived, it was noted that he struggled to speak English and appeared distressed. He told staff that his medication affected his ability to speak English.

41. A nurse completed a reception healthcare screen. The nurse noted that Mr Kostiajevas engaged well and denied thoughts of self-harm. Although the nurse did not use an interpreter, she noted that one was needed for further assessments. She identified Mr Kostiajevas's history of epilepsy and referred him to the mental health team.

42. On 18 October, another nurse carried out a secondary health screen using an interpreter. A prison GP re-prescribed Mr Kostiajevas's epileptic medication.

43. That day, an officer from the safer custody team introduced herself to Mr Kostiajevas. He told her that he had no thoughts of self-harm. He said he had no support from his family as he had killed his wife but was aware of the support available to him at Woodhill.

44. On 21 October, a mental health nurse assessed Mr Kostiajevas, using an interpreter. The nurse noted that he presented with bizarre thoughts and possible perceptual abnormalities. He described the events leading to his offence, how he went "crazy" after drinking a bottle of oil and how he thought his brother was the devil. He told the nurse that this had never happened before and that he had no family history of mental illness. Mr Kostiajevas said he had tried to harm himself in 2013 as he was ashamed that he could not support his family. The nurse referred him for a full mental health assessment, and he was accepted onto the mental health team's caseload.

45. A mental health nurse was allocated as Mr Kostiajevas's key mental health nurse. She had numerous contacts with him over the following months. She assessed and supported him frequently and created detailed mental health plans.

46. On 22 October, a prison GP referred Mr Kostiajevas to the hospital neurology department.

47. On 28 October, a mental health nurse arranged for Mr Kostiajevas to be transferred to the prison's clinical assessment unit (which provides 24-hour nursing care) as she was concerned that his mental state had deteriorated and that he needed further assessment. Mr Kostiajevas moved the following day. At the time of Mr Kostiajevas's death, the unit was being refurbished and had temporarily moved from the healthcare unit to a wing next to the prison's segregation unit. Prisoners in the clinical assessment unit had a higher level of interaction with staff than in other areas of the prison.

48. In her subsequent contacts with Mr Kostiajevas, the nurse noted that he had fixed delusional thoughts about Satan, the Hill of Crosses in Lithuania and a "toxic Bible" at HMP Peterborough. (Healthcare staff at Woodhill subsequently noted these references.) She said Mr Kostiajevas presented as having a psychotic illness, and that she felt it was unclear how much of his condition was due to his epilepsy or due to a physical cause. While in the clinical assessment unit, Mr Kostiajevas spent time out of his cell and mixed with other prisoners.

49. On 3 December, a consultant forensic psychiatrist documented a comprehensive summary of Mr Kostiajevas's medical history from 2012 onwards. He told the investigator that in his opinion Mr Kostiajevas's presentation was extremely complex and unusual and that there was a pattern of atypical seizures (not always following the expected pattern in epilepsy). He said he was unsure if there was an organic cause and noted that Mr Kostiajevas had had nineteen CT scans over a five-year period, with the only issue identified being asymmetry (differing sizes) to the amygdala in the brain (the part of the brain linked to memory, decision making and emotional response), which the consultant neurologist thought may be the cause of the epilepsy. He said at interview that he believed further assessment was required to confirm whether Mr Kostiajevas's seizures were due to epilepsy or if there was an alternative organic cause. He said he was unsure if Mr Kostiajevas had a personality disorder, secondary to epilepsy, or if there was an impact from historical heavy alcohol abuse.

50. The hospital neurology department cancelled two telephone appointments for Mr Kostiajevas on 9 December and 13 January 2021 and rescheduled one for 22 February.

51. On 15 December, a nurse met Mr Kostiajevas, as she did regularly. She noted that he had denied thoughts of suicide or self-harm, and told her, "What good will that do? It won't change what has happened". The nurse noted several risk triggers for Mr Kostiajevas, including life stresses, financial difficulties, no support structure in the community, language issues and his physical health concerns. She noted that Mr Kostiajevas might be concealing his medication. She noted that, although there was no evidence that Mr Kostiajevas had ever harmed himself in prison, healthcare staff were to give him the opportunity to express his thoughts and feelings, and identify triggers, early warning signs and identify adaptive coping strategies should he need them, and that Mr Kostiajevas was to be educated on the risks of self-harm.

52. On 21 December, Mr Kostiajevas had a further seizure. Paramedics were called, but he did not need hospital treatment.

53. Mr Kostiajevas remained settled in the clinical assessment unit. He had contact with the prison's chaplaincy, and he engaged well and mixed with other prisoners. On 24 December, a mental health nurse noted that Mr Kostiajevas presented as stable and had made a phone call, showered and continued to interact well with officers and other prisoners. The mental health team continued to support him, and the nurse encouraged engagement with him through Language Line, a telephone interpretation service.

54. On 30 December, a mental health nurse noted that Mr Kostiajevas appeared frustrated at not being able to interact with staff properly due to the language barrier.

2021

55. After further assessment in the clinical assessment unit, a prison GP agreed to refer Mr Kostiajevas to a medium secure psychiatric hospital for assessment. A referral was completed on 21January 2021 for assessment in a specialist neuropsychiatry unit.

56. On 22 January, Mr Kostiajevas had another seizure. He received medical attention and his observations were increased. On 25 January, a prison GP noted his concern that Mr Kostiajevas was being prescribed several anti-epileptic medications, particularly topiramate, which might have contributed to his "bizarre" presentation. The GP noted that it might be sensible to reduce the medication before Mr Kostiajevas saw the neurologist. The medication was finally stopped on 9 March.

57. On 24 January, Mr Kostiajevas told a mental health nurse that his mental health was deteriorating due to ongoing stresses but that he had felt less anxious since he had been in the clinical assessment unit.

58. On 25 January 2021, the mental health team started ACCT procedures even though Mr Kostiajevas did not express any thoughts of self-harm, as his mental state had deteriorated, his behaviour was bizarre, and he was banging on his cell door. The psychiatrist told us that Mr Kostiajevas had not made any threats of suicide or self-harm, but that given his general agitation, difficulty in finding words,

persistent bizarre thoughts and previous self-harm while distressed in the community, it was thought appropriate to start ACCT procedures.

59. The psychiatrist said he was also concerned that the topiramate medication might have had a detrimental effect. He was concerned that it had been re-prescribed at HMP Peterborough without hospital neurology doctors seeing Mr Kostiajevas, and that he agreed with a prison GP that the topiramate should be stopped.

60. On 26 January, an officer completed an ACCT assessment, using a Russian interpreter, as a Lithuanian one was not available. Mr Kostiajevas said he was hearing voices and seeing things in his cell, which kept him awake at night, and that he had recently refused to take some of his medication. Mr Kostiajevas said he had no thoughts of self-harm.

61. At an ACCT review with members of the mental health team present and a Russian interpreter, it was noted that Mr Kostiajevas struggled to find words, that his conversation was disjointed and described as "bizarre" and that he spoke about Satan. His risk was assessed as being low. Mr Kostiajevas remained on hourly observations and plans were made for healthcare staff to encourage him to take his medication.

62. On 29 January, a further ACCT review was held, and an officer acted as an interpreter as staff were unable to access Language Line. It was noted that Mr Kostiajevas continued to talk bizarrely but reiterated to staff that he had no intention of harming himself or anyone else and again asked for it to be made clear that he had never harmed himself. Despite this, staff continued ACCT monitoring and Mr Kostiajevas remained on hourly observations.

63. At an ACCT review on 5 February, which healthcare staff and an interpreter attended, it was noted that Mr Kostiajevas engaged well and had told staff he felt great and had been sleeping well since his medication had been reduced, but he still had a "dizzy" head. It was noted that he was taking his medication regularly again. Mr Kostiajevas praised a mental health nurse for her support and denied ever having thoughts of self-harm. However, it was noted that he continued to talk bizarrely, for example, talking about collecting a "toxic Bible" from Peterborough. The review considered that as Mr Kostiajevas had not expressed or acted on any thoughts of self-harm and received ongoing support from the mental health team, ACCT monitoring should stop. The nurse said that Mr Kostiajevas's presentation was much more settled, following the reduction in his medication, but that he still presented with the same bizarre, fixed ideas.

64. The psychiatrist considered starting Mr Kostiajevas on aripiprazole, an antipsychotic, but decided it made clinical sense to monitor the effect of stopping one medication before introducing another.

65. On 12 February, at an ACCT post-closure review, Mr Kostiajevas said he was getting on well and was happy to be on the unit. A mental health nurse noted that Mr Kostiajevas appeared well kempt, but he had again spoken about vaccines, a Lithuanian Bible and a cross. When she asked him if he had any thoughts of self-harm, Mr Kostiajevas expressed concern about the question.

66. On 17 February and 22 March, staff from St Andrew's (a medium secure psychiatric hospital) saw Mr Kostiajevas to consider his admission to their acquired brain injury unit. Although they accepted him for assessment, they believed that he would have been too vulnerable to go to their acquired brain injury unit and instead suggested a bed on their older people unit. The psychiatrist said that he did not think this was suitable and specialist commissioners at NHS England were asked to look for an alternative acquired brain injury unit. In an email dated 10 April 2021, a case manager for the NHS England Specialist Commissioning Team reported that they were still looking for an alternative bed for Mr Kostiajevas.

67. On 18 February, a mental health nurse noted that Mr Kostiajevas presented as stable. He had showered, cleaned his cell and continued to interact appropriately with others. He told staff that he was doing well.

68. On 22 February, Mr Kostiajevas attended his neurology appointment with a consultant neurologist. He was over an hour late for the appointment, which meant that the Lithuanian interpreter who had been arranged was not available. The consultant did not see Mr Kostiajevas and a further appointment was made for 15 March.

69. On 26 February, a mental health nurse reviewed Mr Kostiajevas. She noted that his mood was flat, and his speech again appeared to be bizarre, he stuttered a lot, and jumped from topic to topic. Mr Kostiajevas said that he had had a bad day three days earlier but was feeling better. She noted that Mr Kostiajevas's mental state appeared to be deteriorating.

70. On 28 February, Mr Kostiajevas had another seizure, and an ambulance was called but was later stood down.

71. Over the following weeks, Mr Kostiajevas continued to have daily contact with healthcare staff and members of the mental health team. He denied thoughts of self-harm. It was noted that he continued to struggle to communicate in English and reported some delusional thoughts. On 9 March, he had another seizure.

72. On 10 March, a Catholic chaplain noted that Mr Kostiajevas sounded incoherent and was using words out of context. She said that Mr Kostiajevas otherwise presented well. She said that he never talked about self-harm, but she had noticed a "sadness" about him on one occasion. (She said she was very shocked when she learnt of Mr Kostiajevas's death.)

73. On 15 March, Mr Kostiajevas was again late for his hospital neurology appointment with the consultant neurologist. Because no Lithuanian interpreter was available, a Russian one was used. The consultant wrote in a letter dated 17 March that the consultation was difficult due to the language problem and that Mr Kostiajevas was agitated. She was unable to take a full history from Mr Kostiajevas as she did not have access to his full prison medical records but noted that the rationale for prescribing multiple anti-epileptic drugs was unclear. She agreed with other clinicians that Mr Kostiajevas's presentation was unusual and recommended a psychiatric opinion due to his bizarre ideas. No follow-up appointment was arranged until she was able to review his history in more detail.

Further information was supplied to her on 12 April, but at the time of Mr Kostiajevas's death, no further appointment had been received.

74. On 17 March, the Catholic chaplain saw Mr Kostiajevas again. She described his speech as incoherent and that she could not understand what he was trying to say. The following day, it was reported that he engaged with staff, had said he was okay and mixed with other prisoners. On 30 March, Mr Kostiajevas had another seizure.

75. In early April, Mr Kostiajevas's behaviour continued much as it had over the previous months. On 3 April, his keyworker noted that he took exercise but did not want to clean his cell. The following day, she challenged him about his inappropriate behaviour towards her. She described Mr Kostiajevas as very polite and said that he spoke some Russian and Polish. She said that Mr Kostiajevas never talked about self-harm. On 9 April, she noted that Mr Kostiajevas had had a settled day.

76. On 14 April, a mental health nurse noted that Mr Kostiajevas was eating and sleeping well. On 20 April, it was noted that Mr Kostiajevas continued to engage with staff and other prisoners, and on occasion, demonstrated humour.

77. On 22 April, Mr Kostiajevas had another seizure, and healthcare staff treated him. That afternoon, a mental health nurse noted that Mr Kostiajevas had talked to his family by telephone. She noted that his mood and mental state was stable.

78. On 23 April, staff found that Mr Kostiajevas had not taken some of his medication and he gave no reason for not taking it. He acknowledged the impact it might have on his health if he did not take it and agreed to do so in future.

24 April 2021

79. On 24 April, a night nurse noted that Mr Kostiajevas had spent most of the previous night reading.

80. At 7.50pm, Officer A started his night shift on the clinical assessment unit. He carried out a roll check at around 8.05pm. He said that when he checked Mr Kostiajevas's cell, he appeared to be asleep.

81. The night nurse said that when she arrived for her night shift at around 8.30pm, she could not recall if Mr Kostiajevas was mentioned during the handover from nursing colleagues. She checked on Mr Kostiajevas at around 10.00pm and again at 12.30am on 25 April. She said that Mr Kostiajevas tended to watch television or read and remained awake for much of the night, as many prisoners did. She said that she had no concerns when she checked on him.

82. At around 11.05pm, Mr Kostiajevas rang his cell bell. Officer A answered it and Mr Kostiajevas asked him when he would get his COVID-19 vaccine. He told Mr Kostiajevas that he did not know, but that he would probably be given one in due course. He said that Mr Kostiajevas thanked him and said he seemed quite content, went to sit on his bed and continued to watch television. He had no further contact with Mr Kostiajevas that night.

25 April 2021

83. At around 5.02am, Officer A began his early morning roll check. At around 5.03am, the officer looked into Mr Kostiajevas's cell but could not see him in his bed. He then saw that Mr Kostiajevas had tied a ligature to the disability handrail beside his cell door. He said the cell was dark, and he could not see inside clearly. He ran to the segregation unit office nearby to seek assistance from his colleague, Officer B, and to get a second opinion.

84. At around 5.04am, both officers arrived at the cell. Officer B said he looked into the cell and saw Mr Kostiajevas on his knees, facing the window. He switched the cell light on, but he said it did not help him see more and at that point that he could not see a ligature. He left the cell, followed by Officer A, and returned to the wing office to switch on the landing lights, before they returned to the cell around 30 seconds later. When he looked through the observation panel again, he saw clearly that Mr Kostiajevas was hanging from a ligature, which appeared to be a cord from clothing, attached to the cell's disability rail.

85. Officer B asked Officer A to call a medical emergency code blue (used when a prisoner is unresponsive or has breathing difficulties). He did this at around 5.05am and the control room immediately called an ambulance. Officer A banged on the cell door to get a response from Mr Kostiajevas, but there was none. He radioed the Custodial Manager to say that he and Officer A were going to enter the cell as there was an immediate threat to life.

86. Officer A opened the cell door using his emergency cell key. The officers had some difficulty opening the door because Mr Kostiajevas was behind it. Once they had entered the cell, Officer B cut the ligature and they laid Mr Kostiajevas on the floor. They checked for signs of life but found none. Officer B started cardiopulmonary resuscitation (CPR). Officer A, who said he was shocked at what he had seen and who had checked for a pulse, told us that Mr Kostiajevas's body felt cold. Officer B said he believed that Mr Kostiajevas had already died.

87. The night nurse, who was on the floor above, immediately responded to the code blue and took an emergency bag with her. She said that when she arrived at the cell, the officers were standing outside so she returned to collect further medical equipment. She said that when she returned, the officers had entered the cell and were cutting Mr Kostiajevas down. She checked for signs of life, but there were none. She noted that he was cold and there was evidence of cyanosis. Officer B considered that Mr Kostiajevas had already died. The nurse agreed and attempts to resuscitate Mr Kostiajevas stopped.

88. Paramedics arrived at the cell at around 5.22am and, at 5.24am, they pronounced that Mr Kostiajevas had died.

89. A note written by Mr Kostiajevas was found in his cell and was subsequently translated. Mr Kostiajevas wrote that he had been dwelling on bleak thoughts, that things were getting worse for him, that he was worthless and that no one would miss him if he was dead. He also wrote that his memory was "shot", that he made too many mistakes, thought himself a failure, did not look forward too much to anything, and the world would be a better place without him.

Contact with Mr Andriejus Kostiajevas's family

90. On the afternoon of 25 April, an operational support officer and family liaison officer, and a police officer from Cambridgeshire Police, visited Mr Kostiajevas's next of kin to break the news of Mr Kostiajevas's death. Prison staff-maintained contact with Mr Kostiajevas's family and, in line with national instructions, contributed to the costs of his repatriation to Lithuania and funeral.

Support for prisoners and staff

91. The Deputy Governor debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support. Staff subsequently reviewed all prisoners assessed as at risk of suicide or self-harm in case they had been adversely affected by Mr Kostiajevas's death.

Post-mortem report

92. A post-mortem examination found that Mr Kostiajevas died from hanging. The toxicological examination found traces of prescribed anti-epileptic medication at therapeutic levels and confirmed that he had not taken any substances that could be expected to have caused or contributed to his death.

Findings

Assessment of risk

93. Prison Service Instruction (PSI) 64/2011 on safer custody, which governs ACCT suicide and self-harm prevention procedures, requires all staff who have contact with prisoners to be aware of the risk factors and triggers that might increase prisoners' risk of suicide and self-harm, and take appropriate action. The PSI lists several risk factors and states that potential triggers should be continually assessed. It notes that any member of staff, who observes behaviour which may indicate a risk of suicide or self-harm, must start ACCT procedures.

94. Mr Kostiajevas was not being monitored under ACCT procedures at the time of his death and had last been subject to them in February 2021. Mr Kostiajevas never harmed himself at Woodhill. Records show that he had last done so in November 2013 and, despite expressing thoughts of self-harm on his arrival at Peterborough in July 2019, there is no evidence that he ever acted on them in prison.

95. None of the staff we interviewed considered that Mr Kostiajevas was at an increased risk of suicide or self-harm in the weeks leading to his death and, when asked, Mr Kostiajevas always denied thoughts of suicide and self-harm. A nurse, who knew Mr Kostiajevas well, had no concerns about ACCT monitoring being stopped in February and was shocked when she learnt of Mr Kostiajevas's death.

96. Although staff often described Mr Kostiajevas's behaviour as bizarre, there is no indication that this changed significantly or that his demeanour worsened in the weeks before his death. We consider that there was no evidence to indicate that his risk of self-harm had increased significantly enough to be monitored under ACCT procedures. We therefore consider that overall, prison staff could not reasonably have prevented Mr Kostiajevas's death. Overall, we consider that staff on the clinical assessment unit at Woodhill supported Mr Kostiajevas well, despite the challenging circumstances and restrictions resulting from the COVID-19 pandemic.

Emergency response

97. When Officer A found Mr Kostiajevas in the early hours, he left the cell and ran to the segregation office to obtain assistance from Officer B. Officer A told the investigator that he did not know why he did not call the code blue straight away. He said that he "slightly panicked at that point" and that his main thought was to find a colleague to help him open Mr Kostiajevas's cell door. He said that although he could see the ligature, he was not comfortable with opening the door without a colleague in case it was a ruse to get him to enter the cell.

98. PSI 24/2011 on management and security at nights gives national guidance about entering cells at night. The PSI says that under normal circumstances, the night orderly officer must give authority to unlock a cell at night and a cell must be opened with a minimum of two or three staff present. However, the PSI says that preservation of life must take precedence over this. Where there is, or appears to be, immediate danger to life, cells may be unlocked without the authority of the night orderly officer and an individual member of staff can enter

the cell on their own. However, night staff should not take action that they consider would put themselves or others in unnecessary danger. What they observe and any knowledge of the prisoner should be used to make a rapid and dynamic risk assessment.

99. We recognise that it can be difficult for staff to make instant decisions in difficult and unknown circumstances. However, when there is a potentially life-threatening situation, it is essential that staff act quickly and exercise good judgement. While we understand the need for staff not to put themselves in danger or risk the security of the prison, we would normally expect staff to go into a cell as soon as possible in case there is a chance of saving someone's life.

100. In this case, we do not criticise Officer A for not entering the cell on his own, but we consider he should have called a medical emergency code immediately when he first suspected Mr Kostiajevas was hanging.

101. Officer B appropriately asked Officer A to radio an emergency code blue after entering the cell and seeing that Mr Kostiajevas had tied a ligature around his neck. However, this did not occur until around 5.05am, around two minutes after Officer A had initially raised concerns. This led to a delay in calling an ambulance. While the delay in entering the cell and calling a code blue did not affect the outcome for Mr Kostiajevas as he had clearly been dead for some time, a delay of even a few minutes could be critical in other emergencies. We therefore make the following recommendation:

The Governor of Woodhill should ensure that all staff are reminded that they should radio a medical emergency code without delay when a prisoner appears to be hanging.

Clinical care

102. The clinical reviewer concluded that the clinical care that Mr Kostiajevas received was generally of a good standard and equivalent to that which he could have expected to receive in the community. The clinical reviewer noted that Mr Kostiajevas was treated appropriately and compassionately in prison. The clinical reviewer also concluded that the emergency response was delivered well, with an appropriate decision by the night nurse to stop CPR in line with Resuscitation Council Guidelines.

103. The clinical reviewer reported that Mr Kostiajevas presented with a very complex picture and there appeared to be a very close interface between his physical and mental health presentation. He said that it was unclear whether Mr Kostiajevas's mental health presentation was because of his epilepsy or if there was an underlying mental illness. Mr Kostiajevas was appropriately referred for assessment at a specialist neuropsychiatry unit. He concluded that there was good evidence of responsive, compassionate care delivered by mental health staff at Woodhill and that a referral for a specialist opinion and transfer under the Mental Health Act was appropriate.

104. We note that Mr Kostiajevas was referred for a transfer to a psychiatric hospital on 21 January, but that the NHS England Specialist Commissioning Team had still not identified a suitable bed for him by the time he died three months later.

We appreciate that Mr Kostiajevas's complex mental health needs made it more difficult to find a suitable place, and we cannot say that the outcome would necessarily have been different if he had been transferred to hospital earlier. Nevertheless, we are concerned that Mr Kostiajevas had to wait so long for a transfer. We recommend:

Where a secure hospital has been identified as the best environment to deliver appropriate care for a prisoner, the NHS England Specialist Commissioning Team should take all possible steps to ensure this takes place within the 14 day target set out in the Department of Health's good practice guide of 2011.

105. Although the clinical reviewer considered that Mr Kostiajevas's care was generally of a good standard, he was concerned that Mr Kostiajevas was late for outpatient hospital appointments on two occasions. On both occasions, the consultations were compromised as there was no interpreter available because of the late attendance.

106. We appreciate that the arrangements for escorts to hospital have been affected during the COVID-19 crisis. However, although we make no recommendation, the Governor and Head of Healthcare should be mindful about the impact of late attendance on the treatment that prisoners receive. They should work closely to ensure that attendance for external appointments is timely, where possible.

107. The clinical reviewer also highlighted that hospital consultants were not able to assess Mr Kostiajevas fully due to not having access to a summary of his treatments in prison. This caused delays in assessment and subsequent treatment. The clinical reviewer concluded that healthcare should ensure that a summary of current treatment is supplied to inform hospital consultations. We recommend that:

The Head of Healthcare should ensure that a summary of current treatments in prison is supplied to support hospital appointments.

COVID-19 restrictions

108. On 24 March 2020, in response to the COVID-19 pandemic and in line with Government advice, HMPPS issued an instruction to all prisons to introduce social distancing and a restricted regime for staff and prisoners, wherever possible. On 27 March, HMPPS issued operational guidance to prisons on exceptional regime and service delivery, which reflected government restrictions following the national lockdown of 23 March.

109. This guidance resulted in significantly restricted prisoner activities. Prison visits were suspended, education and non-essential work was cancelled, and healthcare delivery was also affected. This meant that prisoners at Woodhill spent up to 22 hours a day locked behind their cell doors, allowed out of their cells only to exercise in the fresh air, have a shower and have limited association with other prisoners on their wing. When prisoners were locked behind their cell doors, officers checked on them during daily roll and welfare checks.

110. The Exceptional Regime and Service Delivery Operational Guidance required prisons to make every effort to ensure resources were available to support prisoners subject to ACCT procedures, on the basis that for many, the risk of self-harm could increase as a result of prolonged periods in cells. It is difficult to determine what effect the COVID-19 restrictions may have had on Mr Kostiajevas and how it affected his wellbeing and mental health. However, while he was located in the clinical assessment unit, Mr Kostiajevas had continued and significant interactions with officers and healthcare staff and made full use of the restricted regime offered to him, which included mixing with other prisoners.

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