

**Prisons &
Probation**

Ombudsman
Independent Investigations

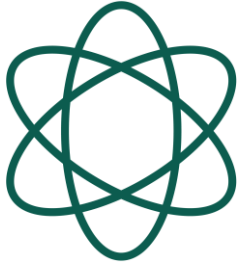
Independent investigation into the death of Mr Damian Rzeszowski, a prisoner at HMP Full Sutton, on 31 March 2018

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

OGL

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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.

Mr Damian Rzeszowski was found hanged in his cell at HMP Full Sutton on 31 March 2018. He was 37 years old. I offer my condolences to Mr Rzeszowski's family and friends.

Mr Rzeszowski was being managed under the Care Programme Approach (for people with complex mental health needs). Between 7 January and 7 February 2018, he was managed under Prison Service suicide and self-harm procedures (known as ACCT) after he attempted to overdose on his medication. A psychiatrist assessed him on 6 February and considered he had symptoms of paranoid schizophrenia.

Mr Rzeszowski was moved to the prison's segregation unit on 10 February, after he damaged his cell. He spent 45 days there before returning to a standard residential wing on 27 March. He was found hanged in his cell four days later.

I have a number of serious concerns about the way Mr Rzeszowski was managed at Full Sutton.

There were several failings in the management of Mr Rzeszowski's time in the segregation unit. Managers failed to record that Mr Rzeszowski was in the ACCT post-closure phase and should therefore only have been segregated if there were exceptional reasons for doing so. Healthcare staff failed to take account of the fact that he was awaiting an assessment for a transfer to a secure psychiatric hospital, and wrongly concluded that there were no healthcare reasons to advise against segregation. In addition, staff did not create a mental health care plan for Mr Rzeszowski, as required for anyone held in segregation for over 30 days.

I also consider that there were deficiencies in staff's management of the ACCT procedures. Staff did not hold ACCT case reviews in response to apparent increases in Mr Rzeszowski's risk and there were discrepancies between prison and healthcare staff's assessment of his level of risk.

I am also concerned that the prison's control room did not immediately call for an ambulance when an officer called a medical emergency code after discovering Mr Rzeszowski.

Finally, I am concerned that prison staff did not use an interpreter when they informed Mr Rzeszowski's family in Poland that he had died. I consider that this was inappropriate and insensitive.

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

November 2020

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Summary

Events

1. In 2011, Mr Damian Rzeszowski, a Polish national, was remanded into custody on a charge of multiple murders. He was admitted to a secure psychiatric hospital where he was diagnosed with a psychiatric disorder. On 29 October 2012, he was sentenced to 30 years imprisonment for manslaughter. He was moved to HMP Full Sutton on 30 January 2013.
2. From February 2013, prison healthcare staff placed him on the Care Programme Approach (CPA – a package of measures for people with complex mental health needs) and he saw a psychiatrist regularly.
3. On 7 January 2018, staff began Prison Service suicide and self-harm monitoring (known as ACCT) after Mr Rzeszowski told them he had taken 50 paracetamol and 20 sertraline (antidepressant) tablets. Prison healthcare staff treated him successfully and he remained at the prison. Staff stopped ACCT monitoring on 7 February and scheduled a post-closure interview for 13 February
4. On 6 February, a psychiatrist saw Mr Rzeszowski and considered that his symptoms, including auditory hallucinations, persecutory beliefs and thought insertion, were suggestive of paranoid schizophrenia.
5. On 10 February, Mr Rzeszowski was moved to the segregation unit after damaging his cell.
6. On 9 March, a psychiatrist examined Mr Rzeszowski and considered that he was psychotic. The psychiatrist referred Mr Rzeszowski to a secure psychiatric hospital.
7. On 27 March, after 45 days in the segregation unit, Mr Rzeszowski was moved back to a standard residential wing.
8. At 7.28pm on 31 March, during a roll check, an officer looked into Mr Rzeszowski's cell and saw his feet poking out from behind a large locker with a strip of bedding over the top of the locker. The officer was worried that Mr Rzeszowski had hanged himself so he called a medical emergency code.
9. Two prison staff and two nurses responded and attempted to resuscitate Mr Rzeszowski. Ambulance paramedics reached Mr Rzeszowski at 7.47pm and took over the resuscitation attempt. However, they were unable to resuscitate him and at 8.01pm, declared that he had died.

Findings

Segregation

10. We do not consider that the 45 days Mr Rzeszowski spent in segregation were managed well or in line with Prison Service Order (PSO) 1700.

11. There was no recognition that Mr Rzeszowski was in the ACCT post-closure phase or that his complex mental health needs were being managed under the CPA.
12. Prisoners who are in the post-closure phase of ACCT monitoring must be segregated only in exceptional circumstances. Mr Rzeszowski was segregated on 10 February, three days after his ACCT was closed and three days before his post-closure interview was due to take place. There is no evidence that prison managers considered whether there were exceptional reasons to segregate him or what alternatives were available.
13. Although Mr Rzeszowski was being managed under the CPA and was waiting for an assessment for transfer to a secure psychiatric hospital from 9 March, the nurses who completed the segregation health screens concluded that there were no clinical reasons against segregating Mr Rzeszowski, and do not appear to have raised any concerns about his mental health when they attended Segregation Review Boards.
14. A Segregation Review Board should be held every 14 days. There is no record that a Segregation Review Board was held between 13 February and 7 March.
15. The Review Boards that were held failed to record any concerns about Mr Rzeszowski's mental health.
16. A mental health care plan should be created for anyone in segregation after 30 days. We found no evidence of one for Mr Rzeszowski, even though he was in the segregation unit for 45 days.
17. Mr Rzeszowski was moved abruptly to an ordinary wing after 45 days in segregation without any planning or support.

Assessment of Mr Rzeszowski's risk of suicide and self-harm

18. We found that ACCT case reviews were not held when Mr Rzeszowski's level of risk appeared to have increased, and that there were discrepancies between prison and healthcare staff's assessments of the level of risk that he presented.
19. In addition, the Immediate Action Plan was not completed within one hour, the ACCT was closed with incomplete caremap actions and staff did not observe him as frequently as specified.

Mental health

20. As Mr Rzeszowski's mental health deteriorated, he received increased mental health support and there was clear continuity of care. The clinical reviewer found that the mental health care that Mr Rzeszowski received was equivalent to that which he could have expected to receive in the community.

Substance misuse

21. In mid-January, Mr Rzeszowski told an officer that he had taken drugs and he refused a mandatory drug test as he thought it would be positive. We are concerned that no one referred Mr Rzeszowski to the prison's substance misuse team and there was a missed opportunity to address his drug use.

Emergency response

22. We are concerned that, after the officer called a code blue emergency, the prison's control room did not call an ambulance for at least three minutes.

Family liaison

23. Mr Rzeszowski's family lived in Poland and had very limited English. We are concerned that staff who contacted the family did not use an interpreter, which meant there were delays and difficulties in communicating his death. We do not consider that this was appropriate or sensitive.

Funeral expenses

24. The prison paid to repatriate Mr Rzeszowski's body to Poland but did not make any contribution towards the cost of his funeral.

Recommendations

- The Governor and Head of Healthcare should ensure that staff manage prisoners held in the segregation unit in line with national guidelines, including ensuring that they:
 - do not hold prisoners on open ACCT plans or those in post-closure unless all other options have been considered and excluded and the exceptional circumstances are fully documented and explained;
 - hold an ACCT review within 24 hours of segregation for prisoners on an open ACCT or in the post-closure phase;
 - complete Initial Segregation Health Screens accurately and fully;
 - hold Segregation Review Boards every 14 days;
 - consider a prisoner's mental health during a Segregation Review Board;
 - complete mental health care plans for prisoners who have been segregated for longer than 30 days;
 - encourage prisoners to attend Segregation Review Boards and record the reasons for non-attendance if applicable;
 - set realistic, specific and time-bound behaviour targets at Segregation Review Boards; and
 - consider whether it is necessary to plan for the return to normal location when prisoners have been in segregation for a long period.
- The Governor should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including ensuring that they:
 - complete an Immediate Action Plan within one hour of the ACCT being opened;
 - review the level of risk and frequency of observations immediately if the prisoner's circumstances and/or presentation change, rather than waiting for the next ACCT review;

- do not close ACCTs until the caremap actions have been completed; and
 - adhere to the frequency of observations set out in the ACCT document.
- The Governor and Head of Healthcare should ensure that staff inform the substance misuse team when prisoners admit to using drugs or refuse mandatory drug tests so that it can provide prompt substance misuse support.
- The Governor should ensure that control room staff call an ambulance as soon as a medical emergency code is called.
- The Governor should ensure that staff use appropriate interpretation services when contacting the next of kin of a foreign national prisoner.
- The Governor should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including ensuring that they:
 - following a death in custody of a foreign national prisoner, the prison offers up to £3,000 towards reasonable funeral expenses and a separate amount for reasonable repatriation costs; and
 - the prison now offers to pay reasonable funeral expenses to Mr Rzeszowski's family.
- The Governor and Head of Healthcare should ensure that any staff named in this report are given the opportunity to read the report at the draft stage in line with paragraph 1.11 of PSI 58/2010.

The Investigation Process

25. The investigator issued notices to staff and prisoners at HMP Full Sutton informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
26. The investigator visited Full Sutton on 25 April 2018. He obtained copies of relevant extracts from Mr Rzeszowski's prison and medical records.
27. NHS England commissioned an independent clinical reviewer to review Mr Rzeszowski's clinical care at the prison.
28. The investigator and clinical reviewer jointly interviewed 12 members of staff at Full Sutton on 5 and 6 June 2018.
29. We informed HM Coroner for East Riding and Kingston Upon Hull of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
30. One of the Ombudsman's family liaison officers contacted Mr Rzeszowski's next of kin, using an interpreter, to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They wanted to know:
 - They understood that Mr Rzeszowski had complained several times about not getting his medication and asked for details of what had happened.
 - How was Mr Rzeszowski managed when he self-harmed before 31 March 2018?
 - What happened on the day Mr Rzeszowski died? (They said that he had called the family that day to pass on Easter greetings and had seemed his normal self.)
 - Why did Full Sutton not pay funeral expenses as well as the costs of repatriating of Mr Rzeszowski's body?
31. 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.
32. Mr Rzeszowski's next of kin received a translated copy of the initial report. They did not raise any further issues, or comment on the factual accuracy of the report.

Background Information

HMP Full Sutton

33. HMP Full Sutton is a high security prison near York, which holds up to 626 men. Spectrum Community Health CIC provides a range of integrated health services. Healthcare staff are on duty for twenty-four hours a day. An inpatient healthcare unit, with six beds, provides full nursing care for patients, including a palliative care suite.

HM Inspectorate of Prisons

34. The most recent inspection of HMP Full Sutton was in January 2016. Inspectors reported that the number of self-harm incidents was low and that the quality of ACCT documents had improved, with more consistent case management, multidisciplinary reviews and good use of observations. However, they found that the management of prisoners at risk of self-harm was poor in the segregation unit and that holding prisoners on ACCTs was not always appropriately authorised.
35. Inspectors found that the mental health pathways were generally adequate, though staff faced many demands so prioritised prisoners in crisis. Inspectors found that mental health nurses engaged in ACCT reviews and performed daily visits to the segregation unit. They also found that staff responses to medical emergencies was good.

Independent Monitoring Board

36. 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 to December 2018, the IMB reported that acts of self-harm had reduced compared with the previous year and that staff dealt with any acts quickly and seriously. They found that ACCT reviews were properly conducted.
37. The IMB found that the prison was taking steps to reduce the time that a prisoner stayed in the segregation unit and that segregation exit strategies were integrated with other sources of information.
38. The IMB also found that staff shortages had affected the provision of mental health services and there were occasions when only an emergency service was available. They also found that there were occasions when healthcare staff were not able to attend ACCT case reviews.

Previous deaths at HMP Full Sutton

39. Mr Rzeszowski's death was the fourth at Full Sutton since March 2016. The three previous deaths were all from natural causes. There have been five deaths since, all from natural causes.

Assessment, Care in Custody and Teamwork

40. Assessment, Care in Custody and Teamwork (ACCT) is the Prison Service care-planning system used to support prisoners at risk of suicide and 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.
41. After an initial assessment of the prisoner's main concerns, levels of supervision and interactions are set according to the perceived risk of harm. Checks should be irregular to prevent the prisoner anticipating when they will occur. There should be regular multidisciplinary review meetings involving the prisoner. As part of the process, a caremap (plan of care, support and intervention) is put in place. The ACCT plan should not be closed until all the actions of the caremap have been completed.
42. 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. Guidance on ACCT procedures is set out in Prison Service Instruction (PSI) 64/2011, *Management of prisoners at risk of harm, to self, to others and from others (Safer Custody)*.

Key Events

43. In 2011, Mr Damian Rzeszowski, a Polish national, was remanded into custody on a charge of multiple murders. He was admitted to a high secure psychiatric hospital for assessment where he was diagnosed with an organic affective disorder (a psychiatric mood disorder caused by damage to the brain) with auditory hallucinations. (Mr Rzeszowski had suffered a head injury in 2009 as a result of an assault and was subsequently diagnosed with a lesion in the frontal lobe of his brain.)
44. On 29 October 2012, Mr Rzeszowski was acquitted of murder on the grounds of diminished responsibility and sentenced to 30 years imprisonment for manslaughter. After sentencing he was moved to HMP Belmarsh and on 30 January 2013, he was moved to HMP Full Sutton.
45. From February 2013, healthcare staff placed Mr Rzeszowski on a Care Programme Approach (CPA – a package of care for people with complex mental health needs) that was designed to monitor his mental health and his compliance with medication. As part of the CPA, Mr Rzeszowski regularly saw a psychiatrist. Doctors treated his condition with mirtazapine, risperidone and sertraline (all antidepressants), though Mr Rzeszowski did not always take his medication as he believed, incorrectly, that it caused him serotonin syndrome (a potentially fatal condition caused by excessive serotonin in the body).

2017

46. On 20 October 2017, Mr Rzeszowski asked to see a psychiatrist as he was concerned that he was becoming psychotic, but he did not want to see a psychiatrist.
47. On 27 October, the Home Office served Mr Rzeszowski with a Deportation Order and told him they were considering transferring him to a prison in Poland. There is no record that an agreement had been reached with the Polish Government before his death.
48. On 13 November, a prison GP saw Mr Rzeszowski, who appeared paranoid and believed there was a staff conspiracy against him. He planned for Mr Rzeszowski to see the psychiatrist and stopped his sertraline prescription.
49. On 21 December, a prison GP saw Mr Rzeszowski, who believed he had serotonin syndrome. The prison GP said that was not possible because his sertraline prescription had stopped. He thought that Mr Rzeszowski showed some mildly delusional beliefs and prescribed him zopiclone (a sleeping tablet used to treat insomnia).
50. Eight days later, a psychiatrist saw Mr Rzeszowski, who agreed to resume his sertraline prescription.

ACCT monitoring: 7 January to 7 February 2018

51. At 12.10am on 7 January 2018, an officer began Prison Service suicide and self-harm monitoring (known as ACCT) after Mr Rzeszowski said that he had taken 50 paracetamol and 20 sertraline tablets, because he had “had enough”. Healthcare staff took Mr Rzeszowski’s clinical observations and gave him activated charcoal (used to treat a paracetamol overdose), which caused him to vomit many undigested tablets.
52. At 1.27am, a custodial manager (CM) completed an Immediate Action Plan and noted that Mr Rzeszowski should be moved to the healthcare unit, although healthcare staff had already moved him. She set observations at two an hour.
53. At 12.00pm, an officer completed an ACCT Assessment Interview with Mr Rzeszowski, who said his sister-in-law had suffered a still birth, which reminded him of his children’s deaths. He felt that everyone was against him and his “head was gone”. He said that he had no thoughts of self-harm and did not want to die, though he had tried to take his life twice previously. The noted that Mr Rzeszowski needed mental health intervention, something to help him sleep, and credit for the prison’s PIN phone system.
54. At 2.20pm, a CM held the first ACCT case review with Mr Rzeszowski, an officer and a senior prison manager. Mr Rzeszowski said that he felt that his “head would explode” but that he had no further thoughts of self-harm. Mr Rzeszowski also said that he was stressed from being on the wing and about the death of his sister-in-law’s baby, and that he had stopped taking his medication as he felt this had contributed. The CM assessed that Mr Rzeszowski presented a raised risk of suicide and self-harm (on a scale of low, raised and high) and increased the level of observations to five an hour.
55. The CM also completed Mr Rzeszowski’s caremap (designed to identify the main areas of concern and the actions required to reduce risk) and added two actions: that Mr Rzeszowski needed to speak to a prison GP and that he needed to learn to engage with staff and other prisoners.
56. Following the ACCT review, a nurse made an entry in Mr Rzeszowski’s medical record that she had attended the review and that he presented a high risk of suicide. Mr Rzeszowski told her that he had problems with staff on the wing and had no one to talk to. She offered Mr Rzeszowski in-cell puzzles to occupy him.
57. At 11.00am on 8 January, a CM held the second ACCT case review with Mr Rzeszowski, a nurse and a member of the chaplaincy team. Mr Rzeszowski said that he often felt confused but did not want to hurt himself or take his own life. The CM assessed Mr Rzeszowski’s risk of suicide and self-harm as low and reduced the level of observations to three an hour.
58. On 9 January, a CM held the third ACCT case review with Mr Rzeszowski, the Recovery Team Manager and a chaplain. Mr Rzeszowski initially said that he did not want to hurt himself or take his own life but then refused to engage as he said he was confused. The Recovery Team Manager told Mr Rzeszowski that he had to move from the healthcare unit but that he would be supported by healthcare staff. Due to his lack of engagement, staff assessed that Mr Rzeszowski presented a raised risk of suicide and self-harm. They kept the level of observations the same.

The CM added an action to Mr Rzeszowski's caremap for wing staff to attend his next ACCT case review.

59. The following day, a CM held the fourth ACCT case review with Mr Rzeszowski, the Recovery Team Manager, a supervising officer (SO) and a member of the chaplaincy team. Mr Rzeszowski said that he wanted to go back to the wing. The attendees decided that he should be discharged from the healthcare unit to C Wing. They assessed Mr Rzeszowski's risk of suicide and self-harm as low and reduced the level of observations to two an hour. The Recovery Team Manager said he would arrange a follow-up healthcare appointment for Mr Rzeszowski.
60. At approximately 7.20am on 11 January, a CM found Mr Rzeszowski with significant cuts to both his wrists and took him to the healthcare unit. Mr Rzeszowski would not say why he had cut himself. The Recovery Team Manager treated and dressed Mr Rzeszowski's wounds, and Mr Rzeszowski said that he wanted to go to "a mental health hospital".
61. At 11.10am, a CM held the fifth ACCT case review with Mr Rzeszowski, a nurse, an SO and an IMB member. Mr Rzeszowski said that he wanted to progress in his sentence but he was confused about how to do so. The CM said that Mr Rzeszowski should speak to his personal officer. He also suggested he could speak to Listeners (prisoners trained by the Samaritans). Staff assessed that Mr Rzeszowski's risk of suicide and self-harm was raised and increased the level of observations to three an hour. The CM added an action to Mr Rzeszowski's caremap for his wing and personal officer to speak to him about sentence progression.
62. Following the ACCT review, a nurse noted in Mr Rzeszowski's medical record that he presented a low risk of suicide and self-harm and that she had given him cell workbooks to complete about intrusive thoughts.
63. At 9.25am on 12 January, an officer checked on Mr Rzeszowski and found that he had opened the wounds on his wrist and that his speech was very slurred. A healthcare assistant treated Mr Rzeszowski's wounds.
64. At 10.29am, the Recovery Team Manager and an SO saw Mr Rzeszowski, who again said he wanted to go to hospital. The Recovery Team Manager told him that he needed to be reviewed by a psychiatrist for this to happen and that an appointment had been arranged. He noted that there was a change in Mr Rzeszowski's presentation, which in his view, indicated an increased risk to himself and others, and that a further review was required. There is no record that an ACCT review was held before 15 January.
65. At 9.30am on 14 January, an officer checked on Mr Rzeszowski and found that he was pacing in his cell and talking incoherently. The officer then saw Mr Rzeszowski swallow an unidentified tablet. At 2.43pm, Mr Rzeszowski told an officer that he had used "Spice", a type of psychoactive substance (PS). The officer submitted an intelligence report.
66. At 9.57am on 15 January, a prison GP saw Mr Rzeszowski and diagnosed him with a depressive disorder. He assessed that Mr Rzeszowski presented a high risk of deliberately hurting himself but took no other action as he was due to see a consultant psychiatrist later that week.

67. At 11.20am, Mr Rzeszowski refused a mandatory drug test as he thought it would be positive. An officer placed him on a disciplinary charge.
68. At 2.15pm, an SO held the sixth ACCT case review with Mr Rzeszowski, a nurse, a member of the chaplaincy team and two officers. Mr Rzeszowski said that he had not had any more thoughts of hurting himself though he was confused. The SO said that he had understood their earlier conversation and that he needed to take personal responsibility for his progression. Staff assessed Mr Rzeszowski's risk of suicide and self-harm as low and reduced his observations to two an hour. The SO added two actions to Mr Rzeszowski's caremap: for him to write to his family and for him to work through an in-cell workbook.
69. At 9.42am on 19 January, a psychiatrist saw Mr Rzeszowski, who was not taking his antipsychotic medication. During the review, Mr Rzeszowski refused to answer the psychiatrist's questions so he noted that he would seek a second opinion on his treatment from another psychiatrist.
70. At 2.00pm, a CM held the seventh ACCT case review with Mr Rzeszowski, the Recovery Team Manager and an SO. The CM noted that Mr Rzeszowski presented as a different person as he made eye contact throughout and talked about wanting to progress through his sentence. Staff assessed Mr Rzeszowski's risk of suicide and self-harm as low and reduced observations to one an hour. The CM added an action to Mr Rzeszowski's caremap for him to speak with his personal officer and offender supervisor about sentence progression.
71. On 24 January, a CM held the eighth ACCT case review with Mr Rzeszowski, the Recovery Team Manager, an SO and a member of the chaplaincy team. Mr Rzeszowski did not contribute to the review and eventually left saying, "Do what you want." The CM noted that Mr Rzeszowski had seen a psychiatrist and that he had lost his job after trying to punch an officer. The SO said she was pursuing peer mentors for Mr Rzeszowski because he only spoke with wing staff. Staff assessed that Mr Rzeszowski's level of risk remained low and they kept the level of observations the same.
72. Following the ACCT review, the Recovery Team Manager, made an entry in Mr Rzeszowski's medical record that his risk to others and staff may have increased. Mr Rzeszowski said that he was hearing voices from the radio, but the Recovery Team Manager considered he did not present a convincing presentation of someone experiencing auditory hallucinations.
73. On 25 January, a nurse saw Mr Rzeszowski, who said that he saw hallucinations on the television and heard voices on the radio. Mr Rzeszowski said that he felt paranoid at Full Sutton and wanted to return to the high secure psychiatric hospital. The nurse told him that he would see another psychiatrist for a second opinion. Two days later, Mr Rzeszowski returned his television because "it was talking to him" and he could not cope with it.
74. During a disciplinary hearing (for refusing the drug test) on 29 January, the Head of Corruption, Prevention and Counter Terrorism, asked for Mr Rzeszowski's next ACCT case review, which was due to be held on 31 January, to be brought forward. This did not happen.

75. On 31 January, a CM held the ninth ACCT case review with Mr Rzeszowski, an SO, a nurse and a member of the chaplaincy team. Mr Rzeszowski asked for the ACCT to be closed but a nurse asked for it to be kept open until he had seen a psychiatrist on 6 February. Mr Rzeszowski said that he was ready to be moved to a secure psychiatric hospital or be repatriated to Poland, but a CM said these moves would take time. Staff assessed that Mr Rzeszowski's level of risk remained low and kept the level of observations the same.
76. On 6 February, a psychiatrist saw Mr Rzeszowski and found that he presented with several psychotic symptoms, including auditory hallucinations, persecutory beliefs and thought insertion. The psychiatrist thought that Mr Rzeszowski's symptoms were suggestive of paranoid schizophrenia, though it was not currently associated with negative symptoms and loss of insight. The psychiatrist prescribed Mr Rzeszowski risperidone and continued his sertraline prescription.
77. On the evening of 6 February, Mr Rzeszowski smashed the locker and hand basin in his cell. He was asked if he wanted to talk to staff or to speak to a Listener but he declined. He was moved to another cell for his own safety and placed on a disciplinary charge for damaging prison property.
78. At 3.50pm on 7 February, a CM held the tenth ACCT case review with Mr Rzeszowski, a nurse and an SO. Mr Rzeszowski said that he could not explain why he had smashed his cell but he asked to be moved to another wing. The CM told Mr Rzeszowski that he needed to build positive relationships with staff on the wing. The CM closed the ACCT and scheduled the post-closure interview for 13 February.
79. Following the ACCT review, a nurse noted in Mr Rzeszowski's medical record that he did not like the effects of his risperidone prescription. They told Mr Rzeszowski that this medication would not have had an effect because he had only taken one tablet.
80. Two days later, psychiatrist saw Mr Rzeszowski and noted that he had not been taking his risperidone prescription.

Segregation: 10 February to 27 March 2018

81. On 10 February, Mr Rzeszowski damaged his cell, for the second time in three days, and was abusive towards an officer. The Head of Small Units tried to speak to him and Mr Rzeszowski could be heard shouting about his anxiety and swearing. A control and restraint team wearing personal protection equipment entered the cell, restrained Mr Rzeszowski and took him to the segregation unit, where he was placed on a disciplinary charge.
82. At 6.28pm, a nurse completed an Initial Segregation Health Screen and recorded that there were no clinical reasons to advise against segregating Mr Rzeszowski. On the form, the nurse answered 'yes' to the question "Has the person self-harmed in this period of custody/are they on an open ACCT Plan OR is the person currently taking any anti-psychotic medication?" The nurse also noted that Mr Rzeszowski needed to see the mental health team about not taking his medication.
83. At 6.30pm, the Head of Small Units reviewed the Initial Segregation Health Screen and wrote "N/A" in the box marked "*If on an open ACCT Plan or in Post-Closure*

phase this section must be completed". He completed the Governor's Authority for Initial Segregation up to 72 hours.

84. On the morning of 12 February, a CM carried out an Incentives and Earned Privileges (IEP) review and noted that apart from smashing fixtures and fittings in his cell on 6 and 10 February, Mr Rzeszowski had also thrown a punch at an officer on 14 January and threatened an officer with a pan on 27 January. She noted, "We have been more than tolerant as Damian has been on an open ACCT document", and she downgraded his IEP status to the basic regime. Shortly afterwards, Mr Rzeszowski was restrained after throwing his shoes at staff.
85. At 12.08pm on 12 February, a nurse completed an Initial Segregation Health Screen and recorded that there were no clinical reasons to advise against segregating Mr Rzeszowski. On the form, the nurse answered 'yes' to the question about whether Mr Rzeszowski was on an ACCT. The Head of Projects and Performance reviewed the Initial Segregation Health Screen and left the ACCT box blank.
86. The Head of Projects and Performance chaired a Segregation Review Board with a nurse, an SO and an IMB member, though Mr Rzeszowski did not attend due to his "refractory behaviour". The Head of Projects and Performance wrote "no issues" in the box marked "*Are there any specific concerns about the mental health of the prisoner / their risk of self-harm or suicide?*" and noted that Mr Rzeszowski could return to the wing once his behaviour was "deemed appropriate". She authorised Mr Rzeszowski's continued segregation, until 26 February, to allow a "full risk assessment + period of compliant behaviour". (The prison could not provide any paperwork to show that a Segregation Review Board took place on 26 February.)
87. At 1.53pm on 13 February, a nurse completed an Initial Segregation Health Screen and recorded that there were no clinical reasons to advise against segregating Mr Rzeszowski. On the form, the nurse answered 'yes' to the ACCT question. The Head of Small Units reviewed the Initial Segregation Health Screen and wrote "NA" in the ACCT box.
88. The Head of Small Units chaired a Segregation Review Board with two nurses, a CM and an IMB member. Mr Rzeszowski did not attend the Board and no reason was given for his absence. The Head of Small Units wrote "no" in the mental health box. He authorised Mr Rzeszowski's continued segregation until 27 February and noted that he could return to the wing once his behaviour was "deemed appropriate". (The prison could not provide any paperwork to show that a Segregation Review Board took place on 27 February.)
89. At approximately 4.30pm, a CM held an ACCT post-closure interview with Mr Rzeszowski, although he refused to participate. The CM decided that no further interview was required and that he did not need to reopen the ACCT as there had been no further instances of self-harm.
90. On 15 February, an officer noted that Mr Rzeszowski continued "to push boundaries and play on his lack of English".
91. On 16 February, Mr Rzeszowski refused to see a psychiatrist.
92. On the same day, Mr Rzeszowski refused to stand at the back wall of his cell when staff unlocked the door, and was restrained "due to his unpredictable behaviour".

- On 18 February, Mr Rzeszowski was again restrained when he dropped his hands, took a couple of steps and turned towards staff who were entering his cell.
93. On 19 February, a CM conducted Mr Rzeszowski's seven-day IEP review. She noted, "Damian is not grasping the concept of complying with the Seg regime and it would appear that he has been placed under restraint on at least four occasions since his arrival on 10 February." She concluded that Mr Rzeszowski should, therefore remain on the basic regime for a further 21 days with a review on 12 March.
 94. On the same day, it was noted that apart from his meals, Mr Rzeszowski had not applied for any of his regime entitlements (a shower, exercise, phone calls) and that this was not unusual.
 95. On 20 February, a noted that Mr Rzeszowski's unlock protocol had been reviewed and reduced as "despite his bizarre and challenging behaviour, [there had been] no specific verbal threats or attempts to threaten staff".
 96. On 22 February, a prison GP saw Mr Rzeszowski, who said that he was suffering with anxiety and wanted to be prescribed sertraline. He noted that he would discuss this with the mental health team, though there is no record that this discussion took place.
 97. On 25 February, an officer noted that Mr Rzeszowski remained very withdrawn and had little communication with staff.
 98. On 26 February, a prison GP saw Mr Rzeszowski and thought that his mental health was declining. He noted that he would discuss this with the mental health team.
 99. On 27 February, Mr Rzeszowski was again restrained after he turned and moved towards staff as they entered his cell.
 100. On 2 March, a nurse told Mr Rzeszowski that the psychiatrist had cancelled his clinic so his appointment had been rebooked for the following week. Mr Rzeszowski told the nurse that he did not like the segregation unit because it was cold and he felt that he was always in trouble. The following day, Mr Rzeszowski told a nurse that he was being experimented on in the segregation unit and that he wanted to see the psychiatrist.
 101. On 3 March, it was noted that Mr Rzeszowski was still on back wall unlock "due to his very poor and unacceptable attitude and bizarre behaviour". Later that day, a senior prison manager noted that Mr Rzeszowski was looking "a little dishevelled" and that he had encouraged him to start taking his medication.
 102. At 11.03am on 5 March, a nurse completed an Initial Segregation Health Screen and recorded that there were no clinical reasons to advise against segregating Mr Rzeszowski. On the form, the nurse answered 'yes' to the ACCT question. A senior prison manager completed a Reason for Initial Segregation Under this Rule and authorised Mr Rzeszowski's segregation until 7 March.
 103. On 6 March, Mr Rzeszowski's unlock protocol was reduced "due to a period of positive behaviour".

104. At 11.43am on 7 March, a nurse completed an Initial Segregation Health Screen and recorded that there were no clinical reasons to advise against segregating Mr Rzeszowski. On the form, the nurse answered 'yes' to the ACCT question. The Head of Security reviewed the Initial Segregation Health Screen.
105. The Head of Security chaired a Segregation Review Board with a nurse, an SO and an IMB member. Mr Rzeszowski refused to attend the Board. The Head of Security wrote "no" in the mental health box. He authorised Mr Rzeszowski's continued segregation until 21 March, and noted that he could return to the wing once his behaviour was "deemed appropriate".
106. On 9 March, a psychiatrist examined Mr Rzeszowski, who found it difficult to explain his paranoia or why he had damaged his cell. He thought that Mr Rzeszowski was not compliant with his risperidone prescription and was unlikely to be. He cancelled his risperidone prescription and noted that he would refer Mr Rzeszowski to the high secure psychiatric hospital as he considered him psychotic. (The psychiatrist sent a referral letter to the high secure psychiatric hospital on 19 March but had to re-send it to a medium secure psychiatric hospital on 23 March, as they assess patients on behalf of the high secure psychiatric hospital. At interview, the psychiatrist said that if had thought Mr Rzeszowski posed a serious risk to himself when he saw him on 9 March, he would have made a prompt referral to the high secure psychiatric hospital.)
107. On 10 March, an officer visiting Mr Rzeszowski from C wing noted that he was "saying he wanted to come back to the wing – but was also rambling in Polish".
108. On 12 March, an SO reviewed Mr Rzeszowski's IEP status. He noted that Mr Rzeszowski remained "non-compliant and hostile to the point where he has to be unlocked via [the back wall unlock] protocol" and that as a result he would remain on the basic regime for another 28 days.
109. At 3.20pm on 13 March, a nurse completed an Initial Segregation Health Screen and recorded that there were no clinical reasons to advise against segregating Mr Rzeszowski. On the form, the nurse answered 'yes' to the question "*Is the prisoner awaiting transfer to / being assessed for a bed in an NHS Secure setting?*" the Head of Small Units reviewed the Initial Segregation Health Screen.
110. The Head of Small Units chaired a Segregation Review Board with two nurses, an SO and an IMB member. Mr Rzeszowski did not attend the Board and no reason was given for his absence. He left the mental health box blank. He authorised Mr Rzeszowski's continued segregation until 27 March, and noted that he could return to the wing once his behaviour was "deemed appropriate".
111. On 14 March, an officer noted that Mr Rzeszowski was "still displaying a very bizarre attitude towards staff, doesn't make use of the facilities that are offered to him and won't interact with or speak to staff".
112. On 17 March, a senior prison manager noted that Mr Rzeszowski asked him if there was any way he could find out how his family was in Poland, and that wing staff would investigate. (We have not seen any evidence that they did.)
113. On 18 March, a chaplain spent an hour talking to Mr Rzeszowski at his request. Mr Rzeszowski said he wanted to get out of the segregation unit but did not know what he had to do. He said he was thinking about asking the Catholic priest to hear his

confession. He offered to sit in on healthcare appointments if Mr Rzeszowski wanted him to as he said he felt he was not being listened to.

114. At 4.00pm on 27 March, a nurse completed an Initial Segregation Health Screen and recorded that there were no clinical reasons to advise against segregating Mr Rzeszowski. On the form, a nurse answered 'yes' to the question about whether Mr Rzeszowski was awaiting transfer to or assessment for a secure hospital. The Head of the Offender Management Unit reviewed the Initial Segregation Health Screen.
115. The Head of the Offender Management Unit chaired a Segregation Review Board with three nurses, an SO and an IMB member. Mr Rzeszowski did not attend the Board and no reason was given for his absence. The Head of the Offender Management Unit left the mental health box blank and authorised Mr Rzeszowski's continued segregation until 10 April. He also noted that a risk assessment had been completed, which had concluded that it would be appropriate to move Mr Rzeszowski to B or C Wing when a cell became available.
116. Later that day, Mr Rzeszowski was moved from the segregation unit to B Wing where a cell had become free. An officer on B Wing noted that Mr Rzeszowski "seemed confused and was shambling along". In the evening he tried to make a phone call but could not because the telephone number was not on his approved list of contacts.
117. On 28 March, Mr Rzeszowski made a phone call in Polish at about 3.22pm which lasted just over four minutes. According to his electronic phone records, he did not make any phone calls after this.
118. On 30 March, an officer introduced himself to Mr Rzeszowski as his new personal officer and noted that Mr Rzeszowski was disorientated, confused and wanted to return to the segregation unit.

Events of 31 March 2018

119. There is no record of what Mr Rzeszowski did or how he behaved during the day on 31 March. At approximately 7.20pm, an officer started a roll check (a count of prisoners) on B Wing. When the officer reached Mr Rzeszowski's cell, he could not see him so called his name. The officer noticed Mr Rzeszowski's feet poking out from behind a large locker with a strip of green bedding lying over the top of the locker. He was worried that Mr Rzeszowski had hanged himself so he called a code blue medical emergency (which indicates that a prisoner is unconscious or having difficulty breathing) at 7.28pm. The officer decided that it was not safe for him to enter the cell by himself, as Mr Rzeszowski had recently moved from the segregation unit.
120. A CM and an SO responded to the code blue and they entered the cell. The officers found that Mr Rzeszowski was hanging from a ligature so the SO cut the ligature and they lowered him to the floor. The CM and the SO immediately started cardiopulmonary resuscitation (CPR) while the officer collected a defibrillator and an oxygen tank. They attached the defibrillator but it did not detect a shockable heart rhythm and advised to continue CPR. The SO also asked that the control room call an ambulance.

121. Two nurses responded to the code blue and they helped with the resuscitation attempt. They also inserted an airway and gave Mr Rzeszowski oxygen.
122. The incident log sheet noted that the SO asked for an ambulance at 7.31pm. Paramedics reached Mr Rzeszowski at 7.47pm. They took over the resuscitation attempt but they were unable to resuscitate him and at 8.01pm, they declared that Mr Rzeszowski had died.

Contact with Mr Rzeszowski's family

123. At 9.30pm on 31 March, the Head of Safer Custody telephoned Mr Rzeszowski's parents in Poland but was unable to get through. At 10.56pm, the Head of Safer Custody tried again but was again unable to get through.
124. At 8.40am on 1 April, the Head of Safer Custody spoke with Mr Rzeszowski's mother on the telephone and tried to break the news of Mr Rzeszowski's death. However, Mr Rzeszowski's mother could not speak English and the Head of Safer Custody did not use an interpreter service so she did not understand the purpose of the call. At 9.18am, the Head of Safer Custody spoke with Mr Rzeszowski's sister in Poland and tried to break the news of his death to her. However, Mr Rzeszowski's sister spoke limited English and the Head of Safer Custody had to rely on her husband to break the news of his death. The Head of Safer Custody offered his condolences, support and further information around the repatriation of Mr Rzeszowski's body back to Poland. Mr Rzeszowski's sister broke the news of his death to their parents.
125. Later that day, the prison appointed an officer as the prison's family liaison officer. He contacted Mr Rzeszowski's next of kin and offered his condolences and support. He did not use a translation service and relied upon Mr Rzeszowski's sister's husband to act as an interpreter.
126. On 11 April, Mr Rzeszowski's body was repatriated back to Poland. The prison paid for the costs of repatriation in line with national instructions but did not contribute towards the funeral expenses.

Support for prisoners and staff

127. After Mr Rzeszowski's death, a CM 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.
128. The prison posted notices informing other prisoners of Mr Rzeszowski's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Rzeszowski's death.

Post-mortem report

129. The post-mortem examination found that Mr Rzeszowski's death was caused by hanging. A toxicological analysis detected a very low level of alcohol in Mr Rzeszowski's urine, which could have been drunk before his death or produced by bacteria following his death. The toxicological analysis did not identify any other substances.

Findings

Segregation

Segregation and ACCT

130. Prison Service Order 1700, *Segregation*, sets out the processes for segregating prisoners. It says that prisoners on an open ACCT or in the ACCT post-closure phase, should be segregated only in exceptional circumstances, and only “when they are such a risk to others that no other suitable location is appropriate and where all other options have been tried or are considered inappropriate”.
131. The PSO says that a mental health assessment must be undertaken by healthcare/Mental Health In-Reach staff of all prisoners on an open ACCT or in the post-closure phase of ACCT who are placed in a segregation unit. This must take place within 24 hours as should an ACCT case review.
132. The PSO also says that within two hours of a prisoner being segregated an Initial Segregation Health Screen should be completed by a doctor or nurse, who will determine whether there are healthcare reasons to advise against segregation.
133. We are concerned that there was no recognition that Mr Rzeszowski was in the ACCT post-closure phase and that an ACCT review did not take place within 24 hours.
134. When the Head of Small Units reviewed the Initial Segregation Health Screen on 10 February, he wrote “N/A” against “*If on an open ACCT Plan or in Post-Closure phase this section must be completed*”. This was incorrect as Mr Rzeszowski was in the post-closure phase and this had been indicated on the form by the nurse. (The ACCT post-closure phase lasts for seven days and in Mr Rzeszowski’s case, ACCT monitoring had been stopped on 7 February, only three days before.) He therefore authorised Mr Rzeszowski’s continued segregation without considering whether there were exceptional reasons to justify his segregation. He told the investigator that he was quite concerned that he had not been told that Mr Rzeszowski was in the ACCT post-closure phase and that, while this information may not have changed his decision, he would have looked at the ACCT document.
135. When the Head of Projects and Performance reviewed the Initial Segregation Health Screen on 12 February, she left the ACCT section blank. This meant that she too failed to consider whether there were exceptional reasons to continue to segregate Mr Rzeszowski.
136. On 13 and 27 March, a nurse completed two Initial Segregation Health Screens and noted that Mr Rzeszowski was awaiting a transfer to the high secure psychiatric hospital. This should have automatically led the nurse to conclude that there were healthcare reasons to advise against segregating Mr Rzeszowski, yet she recorded that there were no healthcare reasons to advise against segregation.
137. The Head of Small Units told the investigator that if he had been told Mr Rzeszowski was awaiting transfer to a secure hospital it may have affected his decision on whether it was appropriate to keep Mr Rzeszowski in the segregation unit. We are concerned that this information appears to have been overlooked and

did not trigger a review of Mr Rzeszowski's suitability to remain in the segregation unit.

138. We find it difficult to understand how the managers who authorised Mr Rzeszowski's segregation over a period of 45 days were not aware of his ACCT status, mental health issues and referral to the high secure psychiatric hospital. The nurses who completed the Segregation Health Screens knew because they said so on the forms which the managers apparently reviewed. The nurses also attended the Segregation Review Boards where Mr Rzeszowski's continued segregation was apparently discussed. We consider that they should have drawn managers' attention to the case against segregation.

Segregation Review Boards

139. PSO 1700 says that a Segregation Review Board should be held every 14 days and that a prisoner should attend part of the Board. The Board must consider additional steps to safeguard the mental health of a segregated prisoner, including creating a care plan for those prisoners who have been segregated for over 30 days, and set specific and time bound behaviour targets.
140. The prison has provided paperwork to show that Segregation Review Boards were held on 12 and 13 February, and on 7, 13 and 27 March, though it has been unable to provide any paperwork to show that a board was held on 26 or 27 February. We are concerned that there is no record that a Segregation Review Board took place in late February or that a senior manager had considered and authorised Mr Rzeszowski's continued segregation.
141. During these five Segregation Review Boards, the managers chairing them did not record any concerns about Mr Rzeszowski's mental health on any of the paperwork. During this period, however, healthcare staff were noting a decline in his mental health. Again, we find it difficult to understand why prison managers were apparently not aware of these concerns and why healthcare staff did not share their concerns. We cannot see any mention of the fact that Mr Rzeszowski was being managed under the CPA because of his complex mental health needs and that he was seen regularly by a psychiatrist.
142. We are also concerned that the managers who visited the segregation unit every day to check on prisoners' wellbeing simply recorded that Mr Rzeszowski "seemed well" and had not raised any issues. This is despite the fact that there are numerous references by prison staff in Mr Rzeszowski's electronic prison record about his "bizarre" behaviour in the segregation unit and that he often did not take his regime entitlements and sometimes refused meals.
143. We are concerned that there is no record that anyone created a mental health care plan for Mr Rzeszowski despite him having been in the segregation unit for 45 days.
144. During his time in the segregation unit, Mr Rzeszowski did not attend any of the Segregation Review Boards. On two occasions, "refractory behaviour" and "refused to attend" are given as reasons for Mr Rzeszowski's absence, but for the remaining Boards, no reason is given. By failing to encourage Mr Rzeszowski to attend his Segregation Review Boards, we are concerned that the attendees missed an opportunity to consider and address his mental state.

145. During his time in the segregation unit, the Boards decided that Mr Rzeszowski could return to the wing once “his behaviour is deemed appropriate”. We are concerned that the Boards did not set specific and time-bound behaviour targets, which would have allowed Mr Rzeszowski to demonstrate that his behaviour had improved.

Return to normal location

146. PSO 1700 says that Segregation Review Boards should consider a phased return to an ordinary wing for prisoners who have been in segregation for a long period (which it describes as over a month). Mr Rzeszowski had been in segregation for 45 days and there are numerous references to his failure to engage with other people during this time. When he was moved to B Wing two officers described him as “confused” and “disoriented”. We are concerned that there is no evidence that any thought was given to helping Mr Rzeszowski adapt to normal location after so long in segregation and that he was simply moved abruptly to B Wing without any additional support.
147. We make the following recommendation:

The Governor and Head of Healthcare should ensure that staff manage prisoners held in the segregation unit in line with national guidelines, including ensuring that they:

- **do not hold prisoners on open ACCT plans or those in post-closure unless all other options have been considered and excluded and there are fully documented reasons to explain the exceptional circumstances;**
- **hold an ACCT review within 24 hours of segregation for prisoners on an open ACCT or in the post-closure phase;**
- **complete Initial Segregation Health Screens accurately and fully;**
- **hold Segregation Review Boards every 14 days;**
- **consider a prisoner’s mental health during a Segregation Review Board;**
- **complete mental health care plans for prisoners who have been segregated for longer than 30 days;**
- **encourage prisoners to attend Segregation Review Boards and record the reasons for non-attendance if applicable;**
- **set realistic, specific and time-bound behaviour targets at Segregation Review Boards; and**
- **consider whether it is necessary to plan for the return to normal location when prisoners have been in segregation for a long period.**

Assessment of Mr Rzeszowski’s risk of suicide and self-harm

148. PSI 64/2011 sets out the processes that should be followed when an ACCT has been opened. This includes that an Immediate Action Plan must be completed within an hour of the ACCT being opened; that in addition to planned case reviews, other case reviews must be held if other concerns are raised or information is received from external parties; that staff must follow the planned frequency of

observations; and that an ACCT can only be closed once all caremap actions have been completed.

149. An officer started ACCT procedures at 12.10am on 7 January. To comply with PSI 64/2011, the Immediate Action Plan should have been completed within an hour but actually took place at 1.27am.
150. On 12 January, Mr Rzeszowski opened up the wounds on his arm and he needed to be treated by a healthcare assistant. Later that day, the Recovery Team Manager saw Mr Rzeszowski, decided that his presentation had changed and that a further review was needed. Similarly, on 29 January, the Head of Corruption, Prevention and Counter Terrorism asked for Mr Rzeszowski's next ACCT case review to be brought forward. Despite Mr Rzeszowski having hurt himself again and the Recovery Team Manager and the Head of Corruption, Prevention and Counter Terrorism having raised concerns about him, there was no record that ACCT reviews were held sooner than those planned, respectively, for 15 and 31 January. There is also no record that the information from the Recovery Team Manager or the Head of Corruption, Prevention and Counter Terrorism was specifically discussed during the planned ACCT reviews.
151. We are also concerned that there were three occasions, on 7, 11 and 24 January, where the records show that healthcare and prison staff disagreed about the level of risk that Mr Rzeszowski presented. There is no reflection of these disagreements in the records of the ACCT reviews.
152. We are also very concerned that throughout the ACCT process, staff failed to follow the level of observations set at ACCT case reviews. Following the first ACCT case review, when a CM set observations at five an hour, there were no instances when staff met this level of observation. They tended to observe Mr Rzeszowski just once an hour, on the hour. These failings continued until 19 January when staff reduced the level of observations to one an hour.
153. As part of Mr Rzeszowski's ACCT case reviews, managers had added eight different actions to his caremap. When a CM decided to close the ACCT, one of the caremap actions, about Mr Rzeszowski speaking with his personal officer and offender supervisor about his sentence progression, had not been completed.
154. We make the following recommendation:

The Governor should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including ensuring that they:

- **complete an Immediate Action Plan within one hour of the ACCT being opened;**
- **review the level of risk and frequency of observations immediately if the prisoner's circumstances and/or presentation change, rather than waiting for the next ACCT review;**
- **do not close ACCTs until the caremap actions have been completed; and**
- **adhere to the frequency of observations set out in the ACCT document.**

Mental health

155. While at Full Sutton, Mr Rzeszowski's mental health was managed under a CPA, which was reviewed every three months. As his mental health deteriorated, there was a clear increase in the mental health support that he received, including from a psychiatrist, and clear continuity of care as the same healthcare staff regularly saw him. We agree with the clinical reviewer that the mental health care that Mr Rzeszowski received was of a good standard and equivalent to that which he could have expected to receive in the community.

Substance misuse

156. On 14 January, Mr Rzeszowski told an officer that he had taken "Spice" (PS) and the following day he refused a mandatory drug test as he thought it would be positive. After this, staff placed Mr Rzeszowski on a disciplinary charge, submitted intelligence reports and noted this on his electronic medical record. However, there is no record that anyone referred him to the prison's substance misuse team.
157. We are concerned there was a missed opportunity to help him address his use of PS, which could have been having a negative impact on his mental health. We make the following recommendation:

The Governor and Head of Healthcare should ensure that staff inform the substance misuse team when prisoners admit to using drugs or refuse mandatory drug tests so that it can provide prompt substance misuse support.

Emergency response

158. PSI 03/2013, Medical Emergency Response Codes, contains a mandatory instruction that on hearing the code blue, control room staff must call an ambulance immediately.
159. An called a code blue emergency at 7.28pm but according to the prison's incident log, the prison's control room did not call for the ambulance until 7.31pm, a delay of three minutes. While we cannot say whether calling an ambulance immediately would have changed the outcome for Mr Rzeszowski, it could be critical in other cases. We make the following recommendation:

The Governor should ensure that control room staff call an ambulance as soon as an emergency code is called.

Family liaison

160. PSI 64/2011 sets out the processes that should be followed when there has been a death in custody. This includes that before meeting or contacting a family, the family liaison officer should gather as much information about the family as possible, which should include any communication requirements in terms of language.
161. Following Mr Rzeszowski's death, the Head of Safer Custody and an officer attempted to break the news of his death to his family, and to discuss the processes

that happen after a death in custody, without using an interpreter service. They did so - and continued to do so - despite knowing that Mr Rzeszowski's family lived in Poland and discovering that they spoke little or no English.

162. By failing to use an appropriate interpreter service, the prison delayed informing Mr Rzeszowski's parents of his death. They also risked providing them with inaccurate information and causing them unnecessary distress. It also meant that they did not liaise with Mr Rzeszowski's parents, who he had nominated as his next of kin, but with his sister, using her husband as an interpreter, even though an officer recorded in the family liaison log that he only spoke "broken English".
163. We do not consider that this was an appropriate or sensitive way to have liaised with Mr Rzeszowski's family. We make the following recommendation:

The Governor should ensure that staff use appropriate interpretation services when contacting the next of kin of a foreign national prisoner.

Funeral expenses

164. PSI 64/2011 sets out the processes that should be followed for funeral and repatriation costs. This includes that prisons must offer to pay a contribution towards reasonable funeral expenses of up to £3,000 and must offer to pay reasonable repatriation costs for a deceased foreign national prisoner. The PSI says that the average cost of a simple repatriation is £1,200, excluding freight charges.
165. On 11 April, Mr Rzeszowski's body was repatriated from England to Poland using a Polish funeral service. The funeral service's invoice shows that the prison paid £3,000 solely for repatriation and no other services. When our family liaison officer contacted Mr Rzeszowski's family, they said that they had paid the costs of his funeral in Poland themselves.
166. The investigator contacted a policy lead, who oversees PSI 64/2011, who confirmed that the funeral and repatriation costs are separate costs, so a prison must offer contributions to both. He said that as they had limited experience of repatriation, it was difficult to know what might be reasonable in any given case.
167. While Full Sutton paid £3,000 for repatriating Mr Rzeszowski's body to Poland and this was significantly more than the average repatriation cost given in PSI 64/2011, they did not make any contribution towards his funeral expenses. This was contrary to PSI 64/2011. We make the following recommendation:

The Governor should ensure that:

- **following a death in custody of a foreign national prisoner, the prison offers up to £3,000 towards reasonable funeral expenses and a separate amount for reasonable repatriation costs; and**
- **the prison now offers to pay reasonable funeral expenses to Mr Rzeszowski's family.**

Sharing PPO findings

168. We consider it important that the findings of our investigations are shared with the staff involved. We, therefore, recommend:

The Governor and Head of Healthcare should ensure that any staff named in this report are given the opportunity to read the report at the draft stage in line with paragraph 1.11 of PSI 58/2010.

Inquest

169. The inquest into Mr Rzeszowski's death concluded that Mr Rzeszowski died by suicide.

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