

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Cuthbert Jn-Louis a prisoner at HMP Leyhill on 11 January 2018

**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*



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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 Cuthbert Jn-Louis died on 11 January 2018 of lung cancer while a prisoner at HMP Leyhill. He was 55 years old. I offer my condolences to Mr Jn-Louis' family and friends.

Mr Jn-Louis was diagnosed with widespread cancer shortly after presenting with symptoms of persistent vomiting and weight loss. Healthcare staff managed his condition appropriately and communicated well with secondary services.

I am satisfied that the care Mr Jn-Louis' received was equivalent to that which he could have expected to receive in the community, and that the palliative care he received at Leyhill was very good.

Overall Leyhill demonstrated excellent practice in their sympathetic caring for Mr Jn-Louis.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

**Elizabeth Moody**  
**Acting Prisons and Probation Ombudsman**

**June 2018**

## **Contents**

Summary .....	1
The Investigation Process .....	2
Background Information .....	3
Findings .....	4

# Summary

## Events

1. Mr Jn-Louis was serving an Indeterminate Sentence for Public Protection for sexual offences and had been in custody since 2006. He was transferred to Leyhill in June 2015. Mr Jn-Louis had been deaf from birth, had diabetes and heart disease, which were appropriately managed.
2. Mr Jn-Louis first complained to a prison GP of persistent vomiting on 19 September 2017. He had some blood tests, the results of which were within the normal range.
3. On 3 October, Mr Jn-Louis told another prison GP that he was still vomiting and she referred him for an endoscopy. He had the procedure later that month and the results were normal.
4. Mr Jn-Louis' symptoms did not improve and on 26 October another prison GP referred him for an urgent abdominal scan. On 1 November, a prison GP noted that he was frail, unsteady on his feet and had blurred vision. The GP sent Mr Jn-Louis straight to hospital.
5. While in hospital, Mr Jn-Louis had investigative tests and was diagnosed with widespread cancer, which had originated in his lung. The cancer was advanced and there were no active treatment options for him.
6. Mr Jn-Louis returned to Leyhill on 10 November, where he had a strong support network. Healthcare staff treated his symptoms appropriately. He remained in a normal cell until 10 January 2018, when he was moved to the palliative care suite. He died the next day, on 11 January 2018.

## Findings

7. Healthcare staff treated Mr Jn-Louis' symptoms of persistent vomiting appropriately and referrals for tests were made within NHS guidelines. Healthcare staff provided compassionate care and had good communication with secondary services. We are satisfied that Mr Jn-Louis received a good standard of care while at Leyhill, equivalent to that which he could have expected to receive in the community.
8. Mr Jn-Louis' wife was also deaf and prison staff facilitated an interpreter and ways of enabling Mrs Jn-Louis to communicate with the prison to ask questions if needed. She also attended healthcare meetings about his condition and care. Mr Jn-Louis' family and his wife were able to visit him regularly. The prison showed evidence of good practice and provided a good level of support to Mr Jn-Louis' wife and family.
9. We make no recommendations.

## The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Leyhill informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
11. The investigator obtained copies of relevant extracts from Mr Jn-Louis' prison and medical records.
12. NHS England commissioned an independent clinical reviewer to review Mr Jn-Louis' clinical care at the prison.
13. We informed HM Coroner for Avon of the investigation who gave the cause of death as metastatic lung cancer. We have sent the coroner a copy of this report.
14. The investigator wrote to Mr Jn-Louis' wife to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond to our letter.
15. The investigation has assessed the main issues involved in Mr Jn-Louis' care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.
16. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies and this report has been amended accordingly.

# Background Information

## HMP Leyhill

17. HMP Leyhill is an open prison in South Gloucestershire, holding up to 515 prisoners who require minimum security. Some are life sentence prisoners preparing for release.
18. Inspire Better Health, a partnership of eight health care providers led by Bristol Community Health, provides all health and substance misuse services. Primary care services are available from 8am to 4pm, Monday to Friday. A local NHS centre, Hanham Health, provides GP and out of hours services.

## HM Inspectorate of Prisons

19. The most recent inspection of HMP Leyhill was in September 2016. Inspectors reported that Leyhill was, overall, a safe and decent establishment. In terms of the healthcare provision, the inspection found that a small team of experienced nurses ran effective clinics for most long-term conditions and GPs ran one for heart disease. Healthcare staff were easily identifiable and their interactions with prisoners were professional and compassionate. They were in date with all mandatory training and had good access to appraisals and clinical supervision.

## Independent Monitoring Board

20. 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 their latest annual report, for the year to January 2017, the IMB reported that Leyhill was, overall, a safe and decent establishment. The Board considered that healthcare services provided were at least as good as those available in the outside community.

## Previous deaths at HMP Leyhill

21. Mr Jn-Louis is the third prisoner to die from natural causes at Leyhill since January 2017. There are no similarities with the other deaths.

## Findings

### The diagnosis of Mr Jn-Louis' terminal illness and informing him of his condition

22. Mr Cuthbert Jn-Louis had been in custody since November 2006 and was serving an Indeterminate Sentence for Public Protection for sexual offences. He had been at HMP Leyhill since 23 June 2015. Mr Jn-Louis had suffered poor health since September 2017 and was diagnosed with lung cancer in November 2017.
23. Mr Jn-Louis had been deaf from birth. He could lip read well and used sign language to communicate. Communication with staff does not appear to have been an issue. Mr Jn-Louis had diabetes and heart disease and these were appropriately managed.
24. On 19 September 2017, Mr Jn-Louis saw a prison GP and said he had been vomiting shortly after food for about a week, although not every day. On examination, Mr Jn-Louis' abdomen was soft, but his upper abdomen was tender. The GP thought he had inflammation of the lining of the stomach. She referred him for a blood test and said she would review him in two weeks.
25. Mr Jn-Louis had the blood test on 25 September. The serum electrolyte results (relevant to kidney function) were borderline and the test needed to be repeated. All other results were within the normal range.
26. On 2 October, Mr Jn-Louis told a nurse that he continued to be sick every day. She told him to rest in his cell and that he had a GP appointment the next day.
27. A prison GP reviewed Mr Jn-Louis on 3 October. He said he was still being sick and felt sick, but was managing to eat. He said he had a burning sensation in his abdomen. The GP noted that Mr Jn-Louis had lost about five kilograms in six months, but she could not feel any masses in his stomach. She made an urgent referral to gastroenterology at Southmead Hospital, Bristol, under the NHS pathway that requires patients with suspected cancer to be seen by a specialist within two weeks.
28. On 16 October, Mr Jn-Louis attended the gastroenterology department for an endoscopy (procedure where the inside of the body is examined using a long, thin flexible tube with a light and camera at the end). The results indicated mild stomach inflammation, but were otherwise normal.
29. On 17 October, Mr Jn-Louis had a repeat blood test, the results of which were normal.
30. Mr Jn-Louis saw a prison GP on 25 October. He said he was still vomiting, had lost more weight, but did not have any pain. Mr Jn-Louis was using a wheelchair because he said he felt very weak. The GP noted that the endoscopy was relatively normal and that there was no record of a gastroenterology appointment coming up, so he would chase the appointment.
31. On 26 October, a prison GP reviewed Mr Jn-Louis because nursing staff were concerned that he had lost eight kg in six months. The GP noted that he was not

in pain, had no palpable masses and did not have a cough or diarrhoea. She made an urgent referral for a computerised tomography (CT) scan (detailed images of the body are made using X-rays and a computer).

32. On 1 November, a prison GP reviewed Mr Jn-Louis. He had deteriorated a lot in the past weeks and was struggling with his balance, which was causing him to fall. He was having headaches and blurred vision in his left eye. The GP noted that his CT scan was not for another two weeks, so referred him for admission to hospital.
33. While in hospital, Mr Jn-Louis had investigative tests. On 2 November, a hospital doctor told him he had lung cancer, which had spread to his brain, liver, adrenal gland and bones. Mr Jn-Louis was to remain in hospital to be seen by the oncology team. It was noted that he appeared calm following the diagnosis.
34. Mr Jn-Louis presented with symptoms of persistent vomiting and weight loss. Prison GPs appropriately reviewed him and made prompt referrals for investigation, which ensured that Mr Jn-Louis received a prompt diagnosis. The clinical reviewer found that the initial gastroenterology referral and the second referral made by the prison GP, despite the endoscopy results being normal, were appropriate and in line with current guidelines.

#### **Mr Jn-Louis' clinical care**

35. On 6 November, the healthcare manager spoke to a hospital nurse for an update on Mr Jn-Louis' condition. He had a prognosis of weeks to live and was not suitable for treatment. Mr Jn-Louis was very frail and a multi-disciplinary team (MDT) meeting with prison and hospital staff was scheduled for the following day to discuss his needs, and to ensure the prison were ready to facilitate his care.
36. On 7 November, the healthcare manager, the clinical team lead, the social care manager and the safer custody manager attended the MDT meeting at hospital. Mr Jn-Louis was independent with his personal care, but was unsteady on his feet and needed assistance with mobilising. Mr Jn-Louis was referred to a local hospice for care if needed.
37. While in hospital, Mr Jn-Louis told a hospital doctor that he did not want anyone to resuscitate him if his heart or breathing stopped and signed a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order (which means that, in the event of cardiac or respiratory arrest, no attempt at resuscitation will be made). All other appropriate treatment and care would continue to be provided. A copy of the order was faxed to Leyhill.
38. Mr Jn-Louis was discharged from hospital and was transferred back to Leyhill on 10 November. He was independent in his care and used a zimmer frame to mobilise short distances, but relied on a wheelchair for longer journeys. Prior to his discharge, prison healthcare staff obtained a hospital bed, air mattress, high backed chair and commode for Mr Jn-Louis and implemented a care plan.
39. On 14 November, the healthcare manager visited Mr Jn-Louis in his cell. She noted that he appeared well in himself and was comfortable. He was able to meet his own care needs and was sleeping well.

40. Healthcare staff and Mr Jn-Louis were being supported by specialist nurses from the local hospice. Aside from some back pain, which was appropriately managed with medication, Mr Jn-Louis' condition remained relatively stable.
41. On 14 December, a prison GP reviewed Mr Jn-Louis. He said he had no nausea and his pain was well managed. The GP noted that he appeared cheerful and alert.
42. On 2 January 2018, the healthcare manager reviewed Mr Jn-Louis in his cell. She made a note to increase his pain relief and to start antibiotics for a urinary infection. Mr Jn-Louis' appetite was good and he was eating well.
43. On 4 January, Mr Jn-Louis reported break through pain during the night. As his pain relief patch had recently been increased, prison GPs and healthcare staff monitored him closely over the next two days.
44. On 7 January, a prison GP reviewed Mr Jn-Louis due to increasing pain and incontinence. She noted he looked frailer and had lost weight, his condition was deteriorating. Mr Jn-Louis accepted pain relief, but declined a move to the palliative care unit as he was satisfied his pain was being managed adequately.
45. On 8 January, the healthcare manager discussed Mr Jn-Louis with a nurse specialist at the hospice. They advised to increase his pain relief patch and his morphine dose.
46. On 9 January, Mr Jn-Louis was experiencing increased pain and was frequently asking for pain relief, which healthcare staff administered.
47. The following day, Mr Jn-Louis' condition deteriorated further and he was having episodes of unconsciousness. When conscious, he was alert and could communicate. Later that day, he was moved to the palliative care unit.
48. Mr Jn-Louis' condition continued to deteriorate. On 11 January, he suffered multiple seizures and a syringe driver was started. Mr Jn-Louis died at 1.30pm that day.
49. The clinical reviewer concluded that the clinical care Mr Jn-Louis received while at Leyhill was equivalent to that which he could have expected to receive in the community. Communication between healthcare staff and secondary services was very good. The care healthcare staff provided was compassionate and evidence of good practice.

### **Mr Jn-Louis' location**

50. When Mr Jn-Louis was first diagnosed with lung cancer, he was located on the ground floor on SL landing. He chose to remain on the wing as he had a lot of peer support.
51. On 10 November, when Mr Jn-Louis was discharged from hospital, he was located in a double room on BS lower, to meet his mobility needs and to allow plenty of room for equipment.
52. Mr Jn-Louis was offered the opportunity to move to the palliative care unit on many occasions, but he refused and said he wanted to stay on the wing. Mr Jn-

Louis' condition continued to deteriorate and on 10 January 2018, he was moved to the palliative care suite.

53. We are satisfied that Mr Jn-Louis' location was appropriate at all times and his wishes were respected by staff.

### **Restraints, security and escorts**

54. When prisoners have to travel outside the prison, a risk assessment determines the nature and level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk taking into account factors such as the prisoner's health and mobility.
55. Leyhill is a minimum security open prison, which assesses and prepares prisoners for release. Therefore, Mr Jn-Louis was not restrained for any of his external hospital appointments. He attended his appointments released on temporary licence (ROTL, which can be granted for precisely defined and specific activities which cannot be provided in the prison).

### **Liaison with Mr Jn-Louis' family**

56. The prison's family liaison officer (FLO) met Mr Jn-Louis at the hospital on 4 November to introduce himself and to explain the FLO role. He explained that, as Mr Jn-Louis' wife was also deaf, they had set up a phone in the prison so that she could text them with any questions or concerns.
57. The FLO invited Mr Jn-Louis' wife to attend MDT meetings to ensure she was kept up-to-date on his condition. A sign interpreter also attended the meetings to ensure she fully understood the information.
58. The FLO and his deputy maintained regular contact with Mr Jn-Louis' wife and other family members. The prison facilitated regular visits in the family room, in the palliative care suite.
59. Mr Jn-Louis' family were present at the time of his death. Mr Jn-Louis' sister informed his wife of his death as previously agreed. In line with national policy, the prison offered a financial contribution to Mr Jn-Louis' funeral, which was held on 9 February 2018.
60. We are satisfied that the prison provided a good level of compassionate support to Mr Jn-Louis' wife and his family.

### **Compassionate release**

61. Prisoners can be released from custody before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months.
62. On 7 November, during an MDT meeting, Mr Jn-Louis said that he would like to apply for compassionate release. The safer custody manager contacted his offender supervisor to start the process.

63. All relevant sections of the application were completed and on 12 December, the prison Governor endorsed the application. She was satisfied that safeguarding risks could be managed within the licence conditions and additional checks for compliance were suggested by the offender manager, in order to support the management of Mr Jn-Louis' risk. The application was then submitted to Her Majesty's Prisons and Probation Service (HMPPS).
64. On 15 December, HMPPS rejected the application for compassionate release based on Mr Jn-Louis' level of risk and the medical report not detailing his condition in enough detail. They advised to keep the application under review and to resubmit it if his condition changed.
65. On 9 January 2018, the healthcare manager passed the application to his offender supervisor in light of Mr Jn-Louis' recent deterioration. However, his condition deteriorated rapidly and he died before the application could be formally resubmitted.
66. We are satisfied that the prison made a timely and appropriate application for compassionate release. The prison kept Mr Jn-Louis under review, but his condition deteriorated rapidly over a couple of days which meant the application was not resubmitted before he died.

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