

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Rhys Willis, on 29 April 2024 following his release from HMP Cardiff

A report by the Prisons and Probation Ombudsman

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OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



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Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.
2. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
3. Since 6 September 2021, the PPO has investigated post-release deaths that occur within 14 days of the person's release from prison.
4. Mr Rhys Willis died from nitrous oxide suffocation on 29 April 2024, following his release from HMP Cardiff on 23 April. He was 37 years old. We offer our condolences to those who knew him.
5. Mr Willis had a history of substance misuse. He was appropriately referred and supported for this while in prison and in the community. We did not identify any significant learning relating to the pre-release planning or post-release supervision of Mr Willis.
6. We make no recommendations.

The Investigation Process

7. HMPPS notified us of Mr Willis' death on 11 September 2024.
8. The PPO investigator, Ms Hannah Wallis, obtained copies of relevant extracts from Mr Willis' prison and probation records.
9. The investigation was suspended between February and May 2025, while we waited for the cause of death.
10. We informed HM Coroner for South Wales of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
11. The Ombudsman's office contacted Mr Willis' next of kin to explain the investigation and to ask if they had any matters they wanted us to consider. Mr Willis' next of kin wanted to know if Mr Willis smoked spice (synthetic cannabinoids) in prison and why he looked so unwell when he was released from prison. They also asked for a copy of our report. Their questions have been addressed in our report and in separate correspondence.
12. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.
13. Mr Willis' family received a copy of the initial report. They did not make any comments.

Background Information

HMP Cardiff

14. HMP Cardiff is a category B reception and resettlement prison which holds convicted and remanded adult male prisoners. It is managed by HMPPS. Dyfodol provides substance misuse treatment and Cardiff & Vale University Health Board provides physical and mental health.

Probation Service

15. The Probation Service works with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, prepare reports to advise the Parole Board and have links with local partnerships to which they refer people for resettlement services, where appropriate. Post-release, the Probation Service supervises people throughout their licence period and post-sentence supervision.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Cardiff was in January-February 2024. Inspectors reported 40% of prisoners said it was easy to access drugs, this was confirmed by mandatory testing which suggested a quarter of prisoners were active drug users at the time of the inspection. However, they did report good quality staff-prisoner relationships, prisoners were treated respectfully, and they trusted staff because they were reliable. The Governor and her senior team were visible, approachable and set clear standards.

Key Events

Background

17. On 20 December 2023, Mr Rhys Willis was convicted of causing affray and was remanded to HMP Cardiff.
18. That day, a Nurse completed Mr Willis' initial health screen. He tested positive for benzodiazepine and cannabinoids. Mr Willis told the Nurse that he was epileptic, had been hit over the head with a hammer and was run over by a car a few days prior to his arrest. He said that he hurt his leg, and while in hospital he had a CT scan (results were normal), but he had since suffered seizures. The Nurse reviewed the police notes about his seizures and prison staff completed checks on Mr Willis every half an hour.
19. Mr Willis arrived at Cardiff with other medications including levetiracetam (to treat epilepsy) diazepam (for anxiety, seizures and alcohol withdrawal) and pregabalin (for epilepsy and anxiety). A Nurse noted his medication needed to be reviewed.
20. That day, a General Practitioner (GP) at the prison, saw Mr Willis about his recent seizures. Mr Willis said that prior to his arrest, he was prescribed keppra (anti-epileptic drug) but had not taken this medication for two days. The GP arranged for Mr Willis to be given keppra, be observed overnight and for a GP to review him in the morning. A Nurse tried to give Mr Willis keppra, but he refused to take it. He was more concerned about not being given his diazepam. The Nurse told Mr Willis that a GP would review his medication.
21. On 21 December, a Nurse Practitioner from the substance misuse team assessed Mr Willis. He said that he had used 16mg of buprenorphine every day since he was released from prison in May 2023. The last time he took buprenorphine was two days earlier, and his alcohol use had also increased. Mr Willis started a methadone detoxification programme starting on 20ml and increasing to 40ml and was also placed on an alcohol detoxification programme.
22. That day, a GP at the prison, reviewed Mr Willis' medication and she re-prescribed 5mg of diazepam.
23. A Nurse saw Mr Willis and he told her he had no warning signs prior to a seizure, and they had been managed well by his medication in the past. Mr Willis said he had a seizure a few years previously and was placed into a coma, developed nerve damage and was prescribed pregabalin (150mg) to manage this. After his head injury, this was increased to 300mg. A Doctor informed Mr Willis that prescribing pregabalin with methadone was not suitable.
24. On 29 January 2024, Mr Willis was sentenced to 36 weeks in prison. He stayed at Cardiff. He was due to be released in April.
25. On 2 February, a Nurse Practitioner saw Mr Willis after he requested to speak with someone from the substance misuse team about buvidal (an injection used to treat opioid dependence). Mr Willis said he wanted to change medication so that he did not have to collect it every day, however after some discussion, he decided that he would not cope with changing his medication while in prison and decided to discuss

this with his recovery worker in the community. Mr Willis asked if his methadone could be increased to 50ml because he was still experiencing withdrawal symptoms. This was increased the following day.

26. On 14 March, staff reported Mr Willis was under the influence of drugs. Healthcare staff were notified and a GP at the prison informed the substance misuse team so that a member of their team could discuss this with Mr Willis.
27. The following day, a Nurse from the substance misuse team, gave Mr Willis a verbal warning and told him that he would not receive his methadone until the following day. Mr Willis admitted to using spice (a synthetic cannabinoid) a few times per week. They discussed the risks.
28. Mr Willis' methadone was reduced from 50ml to 40ml due to him testing positive for buprenorphine and synthetic cannabinoids.

Pre-release planning

29. On 22 March, a Community Offender Manager (COM) was allocated to Mr Willis and on the 26 February, a Senior Probation Officer noted in his probation record that she had discussed Mr Willis with his COM and they were both aware he was medicated for his epilepsy, had a history of mental health linked to substance misuse, and that he had previously reported he self-medicated. An initial plan was made for the COM to monitor his mental health, keep interventions focused on his risk factors (thinking skills) and support him to maintain abstinence in the community and refer him to Dyfodol in the community if necessary.
30. On the 9 April, the substance misuse team referred Mr Willis to the community Dyfodol team. Mr Willis was given an appointment at 11am on 23 April.
31. On 18 April, the COM had booked a video conference meeting with Mr Willis, however she was running late, and Mr Willis did not want to wait, so he returned to his cell. The COM was not able to re-book another video conference meeting prior to his release. The COM wanted to use the meeting to discuss Mr Willis' release plans.
32. On 22 April, a resettlement worker at Cardiff completed a pre-release catch up with Mr Willis. He said that he had no concerns with his release. He was returning to his own accommodation that he had lived in prior to custody, and he had an appointment arranged with Dyfodol and the job centre.
33. Mr Willis was subject to additional licence conditions including to attend appointments and comply with requirements set by his probation officer to address his substance misuse.

Post-release management

34. On 23 April, Mr Willis was released from Cardiff with a naloxone kit (to reverse the effects of an opioid overdose). Mr Willis was given his methadone that morning, and his methadone script was sent directly to the community pharmacy.

35. That day, Mr Willis attended his initial appointment with a Probation Practitioner (covering the appointment for the COM). Mr Willis completed his induction paperwork and he did not raise any concerns. The Probation Practitioner gave Mr Willis his next appointment for 26 April.
36. Later that day, Mr Willis attended Dyfodol, even though his appointment was for the following day. Mr Willis' recovery worker was not available to see him, so a colleague completed the appointment instead. Mr Willis said that he had taken three illicit benzodiazepine tablets earlier that day. They discussed harm minimisation, overdose and reduced tolerance and the risks of contaminated street valium and heroin. Mr Willis said that he would like to speak to the doctor to discuss his clinical treatment because he wanted to change from methadone to buprenorphine. He was given another appointment for the following day to discuss this with a Doctor.
37. On 24 April, Mr Willis did not attend his appointment at Dyfodol, however Dyfodol received a call from the pharmacy who said Mr Willis was not happy that his methadone script had not been sent yet. He was advised it would be there later that afternoon and he should come back then.
38. Mr Willis called the recovery worker, and she noted he sounded intoxicated. He told her that he was going to get 'those dodgy valiums and take loads.' She advised him not to do that and made him aware of the risks associated with illicit substances (particularly that they could have traces of very strong synthetic opioids – nitazene – in) and the risk of overdose.
39. On 26 April, Mr Willis attended his probation appointment with his COM. However, he was an hour and a half late and appeared under the influence of substances when he arrived. The COM noted his pupils were dilated and his speech was slurred so he was asked to leave the office and was given another appointment for 29 April.
40. That day, the COM spoke to the recovery worker about Mr Willis' presentation. They agreed to see Mr Willis together at his next appointment on 29 April. Mr Willis did not attend his probation appointment on 29 April.

Circumstances of Mr Willis' death

41. At 5.23am on 29 April, paramedics arrived at an address occupied by Mr Willis' friend. His friend told the police and paramedics that they had both been inhaling nitrous oxide and his friend then went to sleep. When he woke up around two hours later, he said that Mr Willis had a plastic bag over his head and inside the plastic bag was a canister of nitrous oxide. Mr Willis was unresponsive so his friend began CPR. When the paramedics arrived, Mr Willis was cold to touch, had visible pale skin and there was evidence of hypostasis (pooling of the blood after death). At 5.31am, the paramedics pronounced life extinct.

Post-mortem report

42. The post-mortem report gave Mr Willis' cause of death as nitrous oxide suffocation. The toxicology report showed the presence of a large number of other illicit drugs in his system, including amphetamine, benzodiazepine, cocaine and opiates. However, these were at levels below the range associated with fatal outcomes.

Inquest

43. At the inquest held on 16 June 2025 the coroner concluded Mr Willis died from misadventure.

Findings

Substance misuse

44. Mr Willis had a history of substance misuse. While he was in prison, he was promptly referred to substance misuse services and was appropriately supported to manage his substance misuse issues. The substance misuse team saw him regularly and he was warned about the risks and dangers of taking drugs.
45. The substance misuse service at Cardiff is responsible for identifying prisoners at risk from opiate overdose. These prisoners should be offered a supply of naloxone upon their release from prison, and they should be trained in its use. Mr Willis was correctly identified and trained in the use of naloxone. He was released with a supply of this.
46. The substance misuse team ensured Mr Willis would receive support upon release and appropriately referred him to the community drug and alcohol team. An appointment was arranged for him, and his methadone prescription was sent to the community pharmacy in preparation for his release. There was evidence of good collaboration between Mr Willis' probation officer and substance misuse worker.
47. We are satisfied that both the prison and probation services did all they could to manage the risks associated with his substance misuse.
48. We make no recommendations.

Adrian Usher
Prisons and Probation Ombudsman

August 2025

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