

Prisons &  
Probation

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Ms Kim Chapman, following her release from HMP Send, on 6 January 2024**

**A report by the Prisons and Probation Ombudsman**

## 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. Since 6 September 2021, the PPO has been investigating post-release deaths that occur within 14 days of the person's release from prison.
3. 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.
4. Ms Kim Chapman died of breast cancer, which had spread to other parts of her body, on 6 January 2024, following her early release on compassionate grounds from HMP Send on 29 December 2023. She was 64 years old. We offer our condolences to Ms Chapman's family and friends.
5. On 4 December 2023, Ms Chapman was sent to hospital after reporting ongoing pain and other symptoms. Ms Chapman remained in hospital, during which time she was diagnosed with breast cancer which had spread to her liver.
6. On 20 December, hospital staff concluded that Ms Chapman was now suitable for palliative care only. Prison staff began an application for early release on compassionate grounds, which was approved. On 29 December, Ms Chapman was released from her sentence.
7. On 4 January 2024, a nurse noted that Ms Chapman was too unwell to transfer to a hospice.
8. On 6 January, Ms Chapman died in hospital, with her family present.
9. Prison staff made a timely and appropriate application for early release on compassionate grounds. They might have given further consideration for release on temporary licence – which would have allowed Ms Chapman to be unaccompanied in hospital by prison staff – while the application was being considered.

## The Investigation Process

10. HMPPS notified us of Ms Chapman's death on 8 January 2024.
11. The PPO investigator obtained copies of relevant extracts from Ms Chapman's prison and probation records.
12. We informed HM Coroner for Surrey of the investigation. He gave us the cause of death. We have sent the Coroner a copy of this report.
13. The Ombudsman's office contacted Ms Chapman's daughter to explain the investigation and to ask if she had any matters she wanted us to consider. Ms Chapman's daughter asked how Ms Chapman's cancer had time to spread to her liver. She asked why it took so long for her to be released, given her diagnosis on 11 December 2023, and why it had not been possible to transfer her to a hospice before she became too ill to travel. Ms Chapman's daughter asked why she had prison officers with her in hospital when she could hardly walk.
14. We shared the initial report with HM Prison and Probation Service. They did not identify any factual inaccuracies.
15. We also shared the initial report with Ms Chapman's daughter. She did not make any comments.

# Background Information

## HMP Send

16. HMP Send is a closed training prison for female prisoners. Central and Northwest London (CNWL) NHS Foundation Trust provide primary care, pharmacy and mental health services. Primary care services operate a seven-day service from 7.30am to 6.30pm, with slightly reduced hours at weekends.

## HM Inspectorate of Prisons

17. The most recent inspection of HMP Send was in May 2021. Inspectors reported that the Governor had a very positive vision for the prison and a clear set of priorities that included among other aspects, release on temporary licence (ROTL).

## Key Events

18. On 29 July 2009, Ms Kim Chapman was remanded to HMP Peterborough. On 5 February 2010, she was convicted of murder and was sentenced to life in prison. On 26 April 2017, Ms Chapman was transferred to HMP Send.
19. On 26 October 2023, Ms Chapman told a nurse at Send her that she had experienced abdominal pain and constipation for three days. The nurse tasked a GP at Send to see Ms Chapman. On 2 November, at a GP appointment, Ms Chapman reported worsening right sided abdominal pain and sluggish bowels despite taking laxatives. The GP noted that Ms Chapman had 'a soft abdomen, mild left upper quadrant tenderness, with no masses felt and no abnormal enlargement of organs'. The GP suspected that the pain and swelling was due to faecal loading and changed Ms Chapman's laxative.
20. On 9 November, Ms Chapman told an officer that she had chest pain. A nurse then saw Ms Chapman and noted that the chest pain had been worsening for several days. The nurse carried out an electrocardiogram (ECG) and sent Ms Chapman to hospital. In hospital, Ms Chapman had a chest X-ray, which was normal. A GP at Send noted that hospital staff said Ms Chapman had pleurisy (inflammation of the membrane of the chest cavity). She returned to Send on the same day.
21. On 16 November, Ms Chapman told a GP that, despite having increased bowel movements, she still remained bloated and had ongoing pains in her chest and back. The GP asked for urgent blood tests and planned for Ms Chapman to have an ultrasound scan (a detailed image of the internal body structure).
22. On 17 November, Ms Chapman went to hospital for the ultrasound. The results showed that she had a mass on her liver which needed further investigation. After the scan, the GP at Send completed a referral to gynaecology under the two-week-wait NHS pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks. The GP saw Ms Chapman and told her that she had a tumour on her liver which could be cancerous.
23. On 4 December, a nurse at Send saw Ms Chapman to give her morning medication and noted that Ms Chapman had been unable to open her bowels, was in pain, sweating and looked jaundiced. Ms Chapman was admitted to hospital. In hospital staff, carried out further tests which showed that Ms Chapman had breast cancer which had spread to her liver.
24. Two prison officers accompanied Ms Chapman in hospital. Ms Chapman had previously attended work in the community and hospital appointments on release on temporary licence (ROTL – meaning she was not accompanied by prison officers). However, in June 2023, her right to access ROTL was withdrawn because she had left her work in the community to purchase a car without authorisation. Prison staff did not therefore consider Ms Chapman for ROTL in hospital.
25. On 15 December, the Head of Safety reduced the number of staff at the hospital to one, who would not wear uniform.
26. On 20 December, healthcare staff had a multidisciplinary team meeting (MDT) at the Royal Surrey County Hospital. They noted that Ms Chapman was now suitable

for palliative care and wanted to move to a hospice near her family in Peterborough, with her second choice a move to Woking hospice. They noted that Ms Chapman had signed a do not resuscitate order and that staff had begun to complete an application for early release on compassionate grounds. At the time, Ms Chapman had a prognosis of days to two weeks. A nurse planned a referral to the Sue Ryder Hospice in Peterborough and to the Woking Hospice and noted that prison staff would complete the application for compassionate release.

27. On 21 December, the Head of Safety emailed a completed application for early release on compassionate grounds to a team leader at the Public Protection Group at HMPPS. In the application, a GP at Send noted that Ms Chapman was admitted to hospital on 4 December, and that hospital staff reported a significant deterioration in her condition over the last two and a half weeks. He noted that Ms Chapman had been diagnosed with breast cancer which had spread to other parts of her body and told that she was too unwell for active cancer treatment. The GP noted that the hospital medical team gave Ms Chapman a prognosis of days to maybe one to two weeks. The Governor and probation staff submitted evidence in support of the application.
28. On 27 December, the Head of Reducing Reoffending emailed the team leader and said that a bed had become available at a hospice in Peterborough, and that hospital staff were keen to move Ms Chapman to the hospice. The Head said that this was extremely time critical as Ms Chapman's condition was deteriorating.
29. On 28 December, the team leader emailed the completed compassionate release application to the Deputy Head of Reconsideration and Specialist Casework, Public Protection Group.
30. On 29 December, the Secretary of State authorised Ms Chapman's release from prison with immediate effect.
31. That day, a palliative care consultant at the Royal Surrey County Hospital advised healthcare staff that Ms Chapman was not transferred to the hospice that day because of an issue with hospital transport provision. The transfer was planned instead for 2 January 2024.
32. On 4 January 2024, a nurse at Send noted that Ms Chapman was too unwell to transfer to the hospice and would remain at the hospital.
33. On 6 January 2024, Ms Chapman died in hospital. Her family were present when she died.

### **Post-mortem report**

34. There was no post-mortem examination. A hospital doctor said that Ms Chapman died from metastatic breast cancer (cancer which had spread to other parts of her body).

### **Support for prisoners and staff**

35. On 8 December, after Ms Chapman's health deteriorated, the Governor posted a notice to staff informing them that she was in hospital and reminded them of the

available support services. On 15 December, the Governor reminded staff who may be asked to carry out bedwatch duties at the hospital with Ms Chapman that this duty may be emotional and difficult, and reminded them of the support services available.

36. On 2 January, the Governor posted notices informing prisoners and staff that Ms Chapman had been released on compassionate grounds. She advised them of the available support networks, Listeners and the Samaritans. The Governor posted further notices when Ms Chapman died.

#### **Contact with Ms Chapman's family**

37. On 5 December, the Head of Safety appointed a Supervising Officer (SO) as the family liaison officer. The SO arranged for Ms Chapman's family to visit her in hospital. After Ms Chapman died, the SO telephoned Ms Chapman's daughter and offered her condolences.

# Findings

## Early Release on Compassionate Grounds

38. Early release on compassionate grounds is the means by which prisoners who are seriously ill, usually with a life expectancy of less than three months, can be permanently released from custody before their sentence has expired. A clear medical opinion of life expectancy is required. The criteria for early release are set out in the Early Release on Compassionate Grounds Policy Framework. Among the criteria is that the risk of reoffending is expected to be minimal, further imprisonment would reduce life expectancy, there are adequate arrangements for the prisoner's care and treatment outside prison, and release would benefit the prisoner and his family. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of HM Prison and Probation Service (HMPPS).
39. On 20 December, at an MDT meeting, prison staff were told that Ms Chapman was fit for palliative care only, with a prognosis of days to maybe one to two weeks. Prison staff promptly completed and submitted a completed application for early release to the relevant HMPPS department. On 29 December, the Secretary of State authorised Ms Chapman's immediate release.
40. Obtaining a prognosis that might meet the criteria for early release is difficult and it is often the case that such a prognosis is only available close to death. We are pleased that prison staff at Send were able to make a timely, successful application before Ms Chapman died.

## Governor to Note

### Release on Temporary Licence

41. In submitting an application for early release, prison staff recorded that they were now satisfied that Ms Chapman's risk to the public was sufficiently reduced to allow her to be released from her sentence. She had previously been released on temporary licence (ROTL) to work in the community, a privilege which was withdrawn earlier in 2023 when Ms Chapman left her workplace to buy a car without authorisation.
42. The HMPPS Release on Temporary Licence Policy Framework identifies that prisoners may be suitable for special purpose ROTL for urgent medical attention. While Ms Chapman had previously been withdrawn from ROTL, her circumstances had now significantly changed, and her medical condition meant that her risk of reoffending was significantly reduced. It would have been appropriate for prison staff to consider ROTL for Ms Chapman at the same time that they submitted her application for early release on compassionate grounds.



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