

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Ms Lee-Ann Stent on 5 July 2025, following her release from HMP Downview**

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

Third Floor, 10 South Colonnade  
Canary Wharf, London E14 4PU

Email: [mail@ppo.gov.uk](mailto:mail@ppo.gov.uk)  
Web: [www.ppo.gov.uk](http://www.ppo.gov.uk)

T | 020 7633 4100

## 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



© Crown copyright, 2026

This report is licensed under the terms of the Open Government Licence v3.0. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3)

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

## 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 investigated 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 Lee-Ann Stent died from sudden adult cardio-respiratory failure caused by fatal blood concentration of morphine and its metabolites (heroin) and cocaine use (drugs overdose), on 5 July 2025, following her release from HMP Downview on 26 June. She was 35 years old. We offer our condolences to those who knew her.
5. Ms Stent had a long history of substance use, including heroin and cocaine use. She was supported well in prison with her substance use issues, including through opiate maintenance. Probation and healthcare staff prepared Ms Stent for release by adjusting her prescription, providing her with and training her in the use of naloxone, and referring her to community support agencies. Probation staff also arranged appropriate housing for Ms Stent ahead of her release.
6. The clinical reviewers found that Ms Stent received commendable support from the substance use team at Downview. We make no recommendations.

## The Investigation Process

7. HMPPS notified us of Ms Stent's death on 10 July 2025.
8. The PPO investigator obtained copies of relevant extracts from Ms Stent's prison and probation records.
9. We informed HM Coroner for North London of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
10. NHS England commissioned two independent clinical reviewers to review Ms Stent's clinical care at HMP Downview. The clinical reviewers' report was attached as Annex 1.
11. The Ombudsman's office contacted Ms Stent's sister to explain the investigation and to ask if she had any matters she wanted us to consider. Ms Stent's sister said that there was a delay by probation staff informing the family that Ms Stent was in hospital, which has been addressed in the report. She also raised concerns not within our remit and these have been addressed in separate correspondence.
12. We also shared the initial report with Ms Stent's family. They did not make any comments.
13. We shared the initial report with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

## **Background Information**

### **HMP Downview**

14. HMP Downview holds sentenced women. Central and North West London NHS Foundation Trust provides healthcare services, and the Forward Trust provides substance use services.

### **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.

## Key Events

16. On 7 March 2025, Ms Lee-Ann Stent was convicted of motor vehicle interference, theft, and assault by beating.
17. On 10 March, Ms Stent was sentenced to 30 weeks in prison, suspended for 18 months (a supervision order).
18. On 24 March, Ms Stent was convicted of a breach of her supervision order (motor vehicle interference) and her 30-week sentence was therefore activated. She was sent to HMP Bronzefield.
19. At the reception screening, healthcare staff recorded that Ms Stent had a history of crack cocaine and heroin use. Staff placed Ms Stent on methadone maintenance therapy (used to treat opiate dependence) and prescribed a dose of 30mls.
20. On 25 March, healthcare staff advised Ms Stent on harm minimization and addressed the risks associated with the use of psychoactive substances (PS). The next day, they created a care plan for Ms Stent.
21. On 28 March, Ms Stent told healthcare staff that she felt unwell with her current methadone dose and was still having withdrawal symptoms. She asked to see the substance use GP at the prison for a review. On 31 March, Ms Stent's dose was subsequently increased to 40mls.
22. On 4 April, Ms Stent was transferred to HMP Downview. On arrival, Ms Stent said she would like to engage with Forward Trust (substance use support).
23. On 5 April, Ms Stent asked to be referred to the mental health team, due to previous post-traumatic stress disorder and depression.
24. On 7 April, healthcare staff completed an initial substance use assessment. They discussed drug therapy and treatment and advised Ms Stent to collect a naloxone kit upon release. (Naloxone temporarily reverses the effects of opioid overdoses.)
25. On 11 April, Ms Stent's community offender manager (COM) made accommodation referrals for her. They also referred her to Forward Trust in the community. Ms Stent had attended her pre-release assessment and probation staff said she engaged about areas of her life that needed further interventions. She continued to be prescribed of the same dose of methadone.
26. On 13 April, healthcare staff referred Ms Stent to a psychologist for trauma therapy. A subsequent referral was accepted for Step 2 triage within psychological services.
27. On 17 April, healthcare staff developed a treatment plan for Ms Stent, who shared past traumatic events with them. They discussed treatment options and identified needs for psychological therapy. Ms Stent did not start therapy before her release.
28. On the 21 April, Ms Stent completed a two-week review with substance use staff. She said that she wished to remain on the same dose of methadone and that she had settled well on her wing. No issues were identified.

29. On 29 April, healthcare staff referred Ms Stent to Living Safely drugs and harm reduction 1-2-1's and her release plan was completed, including to attend community appointments and to reduce the methadone prescription. They provided Ms Stent with further harm minimisation advice.
30. On 2 May, Ms Stent asked healthcare staff to reduce her methadone by 5mls per week until she reached 20mls, so that she could then switch to buprenorphine (an alternative substitution treatment for opioid dependence that is usually provided as a tablet or dissolving wafer) for her release from prison. This was agreed. Healthcare staff also asked Ms Stent to engage with the psychosocial team and themselves for support and interventions. Staff discussed harm minimisation with Ms Stent and the dangers of using PS and new synthetic opioids such as nitazenes.
31. On 29 May, prison staff spoke with incentivised substance free living (ISFL) staff, as Ms Stent believed that moving to ISFL would support her work with Forward Trust and her detox process. (Ms Stent subsequently moved to the ISFL on 6 June.)
32. On 3 June, healthcare staff saw Ms Stent for a care plan review. They noted that she had been attending the psychosocial substance use group and would commence taking buprenorphine on 9 June in preparation for her release.
33. On 5 June, Ms Stent told her COM that she had spoken to her prison offender manager (POM) about her living situation and was waiting to be allocated housing. Ms Stent suggested two areas where she would like to be placed. No other issues or concerns were raised.
34. On 11 June, healthcare staff provided Ms Stent with naloxone training. Staff also provided further harm minimisation advice to her.
35. On 18 June, Ms Stent told healthcare staff she would like to increase her dose of buprenorphine in preparation for release. This was implemented the next day, and staff noted that the increase was due to the risk of relapse and a drug related overdose/death on release.
36. On 20 June, probation staff arranged a community probation appointment for Ms Stent in Harrow on the 27 June (the day after her release date). Ms Stent was still waiting for confirmation of her release accommodation. Healthcare staff provided harm minimisation advice to her.
37. On 24 June, probation staff confirmed that they had arranged a bed in community accommodation service tier 3 (CAS3, providing temporary accommodation for up to 84 nights for people leaving prison who are at risk of homelessness) for Ms Stent on release.
38. On 25 June, probation staff arranged an appointment for Ms Stent with Change, Grow, Live (CGL - support for people with drugs or alcohol issues) in her release area. The appointment was made for 27 June, and Ms Stent was informed of this verbally and in writing.
39. The COM said that prior to release, referrals for Ms Stent were also made to Advance Charity (women's organisation delivering community-based support for women and girls affected by domestic abuse, including those in contact with the

criminal justice system) for emotional wellbeing, and drug dependency and recovery support.

40. On 26 June, healthcare staff saw Ms Stent before she was released. They said she looked fine and confident and they reminded her of harm reduction and the dangers of PS use. Staff provided Ms Stent with a naloxone pack and recommended that she attend narcotics anonymous (NA) meetings in the community. A GP prescribed a supply of release medication, and details of Ms Stent's buprenorphine prescription were shared with CGL. Ms Stent was released from prison on licence.

## **Post Release**

41. At around 2.00pm on 26 June, Ms Stent had a telephone discussion with Advance Charity, who said she engaged well.
42. At 4.40pm, Ms Stent attended a probation induction. She was seen by a probation colleague of her COM (who was on annual leave). Probation staff informed Ms Stent of her appointments in the community. Probation staff noted that Ms Stent went to her release accommodation.
43. On 27 June, Advance Charity staff prepared a care plan for Ms Stent. They noted that Ms Stent said that she had not been referred for community drug support following her release, and therefore noted an action to refer Ms Stent for support around drug use. The caseworker also noted that they had signposted Ms Stent to access community mental health support.
44. Ms Stent did not attend her pre-arranged appointment with CGL on 27 June.
45. On 2 July, CAS3 staff spoke with Ms Stent on the phone. They said she was positive and upbeat. Ms Stent told staff she would not like any additional referrals at the moment.
46. On 4 July, Ms Stent did not attend an appointment with her COM. The COM called Ms Stent but received no answer. She emailed CAS3 staff and asked if they knew whether Ms Stent was staying at her placement. Staff said Ms Stent had moved in and a welfare check was scheduled with her at the address that week. (Ms Stent died before this welfare check was completed.)

## **Circumstances of Ms Stent's death**

47. On 5 July, Ms Stent was admitted to hospital following a cardiac arrest. Hospital staff made further attempts to resuscitate Ms Stent which failed. She died in hospital at 7.53am. Ms Stent's friend, who was with her when she collapsed, said that he had been with Ms Stent the night before and that she had smoked heroin.

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

48. Ms Stent's family said that they heard from an acquaintance of Ms Stent that she had died. Probation staff told us that they did not inform Ms Stent's family of her death – this would usually be the responsibility of the police.

## **Post-mortem report**

49. The post-mortem report concluded that Ms Stent died from sudden adult cardio-respiratory failure caused by fatal blood concentration of morphine and its metabolites (heroin) and cocaine use (drugs overdose).

## Findings

### Substance use support

50. The clinical reviewers concluded that the clinical care Ms Stent received at Downview was of the required standard and equivalent to that which she could have expected to receive in the community. In particular, they found that Ms Stent received good support for her substance use and that the team should be commended for their engagement with her. Prior to Ms Stent's release, staff arranged a discharge prescription and referral to community drug and alcohol service (which Ms Stent did not attend).
51. The clinical reviewers made recommendations about recording continuity of care plans and the use of opiate withdrawal assessment tools that the Head of Healthcare will wish to consider and address.

### Ms Stent's mental health support in Downview

52. On 13 April, healthcare staff referred Ms Stent to a psychologist for trauma therapy. A subsequent referral was accepted for Step 2 triage within psychological services. The clinical reviewers found that the average waiting time for this was typically two to three weeks, however Ms Stent waited for six weeks. This delay, combined with her limited remaining sentence, meant there was insufficient time to commence any meaningful group or one-to-one therapy before Ms Stent's release.

### Release arrangements

53. Ms Stent was at Downview for around 12 weeks. During this time, prison and probation staff arranged for referrals to mental health and substance support services for Ms Stent in prison. They also secured appropriate housing for her ahead of release.
54. Ms Stent's original COM was on annual leave so did not see or engage with Ms Stent on release. However, the COM said there was no formal expectation of contact with people who are under 12 months supervision and not under multi-agency public protection arrangements (MAPPA). Therefore, probation staff had indirect contact with Ms Stent through the POM before she was released. We found evidence of this on 5 June, when Ms Stent was waiting to be allocated housing.
55. On 4 July, there was good practice by the COM on her return from leave. When Ms Stent did not attend her probation appointment that day, the COM promptly liaised with Ms Stent's housing provider to try to establish her whereabouts.
56. We are satisfied that prison, probation and healthcare staff made sufficient efforts to support Ms Stent in prison and the community.

## Inquest

57. The inquest into Ms Stent's death concluded on the 17 March 2026. The coroner confirmed that Ms Stent's death was drugs related.

**Adrian Usher**  
**Prisons and Probation Ombudsman**

**April 2026**

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

Third Floor, 10 South Colonnade  
Canary Wharf, London E14 4PU

Email: [mail@ppo.gov.uk](mailto:mail@ppo.gov.uk)  
Web: [www.ppo.gov.uk](http://www.ppo.gov.uk)

T | 020 7633 4100