

**Prisons &
Probation**

Ombudsman
Independent Investigations

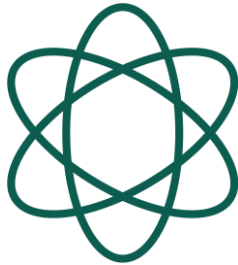
Independent investigation into the death of Ms Maxine Oliver, a prisoner at HMP Send, on 1 May 2021

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



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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. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Ms Maxine Oliver, who was 53 years old, died in hospital of sepsis on 1 May 2021, while a prisoner at HMP Send. We offer our condolences to Ms Oliver's family and friends.
4. The clinical reviewer concluded that the clinical care Ms Oliver received at Send was of a good standard and equivalent to that which she could have expected to receive in the community. He noted that there was evidence of good continuity of care between the prison and the hospital. The clinical reviewer has made a recommendation about the need for a pathway when prisoners are discharged from hospital, and the holding prison is unable to meet their healthcare needs. We repeat the recommendation below.
5. We did not find any non-clinical issues of concern.

Recommendation

- The Governor and the NHS England Health and Justice Commissioner should ensure that there is a pathway in place to address prisoners' needs when they are ready to return to prison after hospital discharge, but the holding prison is unable to meet the prisoner's healthcare requirements.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Ms Oliver's clinical care at HMP Send.
7. The PPO investigator has investigated the non-clinical issues in Ms Oliver's care, including her location, the security arrangements for her hospital escorts, liaison with her family and whether compassionate release was considered.
8. Our family liaison officer wrote to Ms Oliver's next of kin, her sister, to explain the investigation. Ms Oliver's sister did not have any specific questions or concerns but asked for a copy of our report.
9. Ms Oliver's family received a copy of the initial report. They did not make any comments.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Previous deaths at HMP Send

11. Ms Oliver was the first prisoner to die at Send in the last 11 years.

Key Events

12. In October 2012, Ms Maxine Oliver was sentenced to life imprisonment for murder and received a minimum term of 17½ years. In June 2015, she transferred to HMP Send.

2015-2019

13. Ms Oliver had several long-term health conditions including hepatitis C, liver cirrhosis, end stage liver disease, chronic kidney disease, morbid obesity, leg ulcers, insomnia, cellulitis (a bacterial skin infection), drug and alcohol misuse and depression. She was prescribed appropriate medication for her conditions.
14. Prison staff arranged for hospital staff to monitor Ms Oliver's conditions every six months with an ultrasound scan, blood tests and hepatology clinic reviews. As she was a smoker and morbidly obese, staff offered her smoking cessation and weight loss advice. In 2017, hospital specialists considered that her conditions were stable, but she had advanced liver disease.
15. In June 2018, Ms Oliver was diagnosed with end stage liver disease, with progressive oedema (swelling caused by excess fluid) and recurrent cellulitis (a bacterial skin infection) in August 2018.

2020

16. In March 2020, restrictions began to be imposed in response to the COVID-19 pandemic.
17. Ms Oliver's health began to deteriorate. She had leg ulcers and used compression bandages to help them to heal, and fluid build-up on both knees and in the lungs. She also had episodes of confusion. On 22 March, prison healthcare staff sent her to hospital for further care and treatment. While in hospital, Ms Oliver was diagnosed with decompensated liver disease and end stage liver failure. She returned to Send the next day once her conditions had stabilised.
18. On 23 March, a national lockdown was imposed. Prison regimes were severely curtailed and face-to-face services were reduced or stopped. In line with NHS guidelines and HMPPS national policy, the prison offered shielding to prisoners identified as clinically vulnerable. In August, Ms Oliver was identified as being at high risk of contracting COVID-19, and she was advised to shield. Ms Oliver decided not to shield and signed a disclaimer to that effect.

2021

19. In January 2021, Ms Oliver was granted permission to visit her mother. During her visit, she removed her personal protective equipment (PPE). In line with HMPPS guidelines, Ms Oliver self-isolated for 14 days when she returned to Send and was checked daily until 15 January.

20. On 29 January, Ms Oliver had a COVID-19 test, and the result was positive. She self-isolated in her cell.
21. On 25 February, Ms Oliver received her first dose of the COVID-19 vaccination. She had another COVID-19 test on 18 March, and the result was negative.
22. On 30 March, Ms Oliver was admitted to hospital again for care and treatment of her conditions. She was diagnosed with kidney dysfunction, liver disease and cellulitis. She had swollen limbs with marked inflammation and blisters on her right leg. Specialists prescribed antibiotics, and a tissue viability nurse created a dressing management plan. Ms Oliver's health continued to deteriorate in hospital.
23. On 6 April, the hospital started to plan for Ms Oliver's discharge from hospital to prison. At this point, she needed an occupational health assessment, a tissue viability nurse to assess and assist with her leg ulcers, a larger prison cell along with appropriate equipment. By 19 April, she had not been assessed by occupational therapy or the tissue viability nurse. Hospital specialists noted that Ms Oliver's kidney function and severe leg cellulitis had worsened.
24. On 22 April, prison healthcare staff, hospital specialists and social care managers discussed the most appropriate location for Ms Oliver as she needed 24 hour care and Send was unable to provide this level of care.
25. Release on temporary licence (ROTL) can be granted for precisely defined and specific activities which cannot be provided in the prison. A risk assessment is completed to ensure that the prisoner's temporary release does not present unacceptable risks. The governor of the prison is able to grant the temporary licence and will decide on whether the prisoner is to be accompanied by staff. On 27 April, the deputy governor approved an application for special purpose licence. This meant that one prison officer stayed with Ms Oliver in hospital.
26. A handover meeting had been arranged for 5 May for Ms Oliver's discharge from hospital to HMP Bronzefield. However, on 1 May Ms Oliver was placed on the end of life pathway.
27. The prison appointed a family liaison officer who contacted Ms Oliver's next of kin, to let her know she was seriously ill in hospital and arranged for her family to visit her. Later that day, it was confirmed that Ms Oliver had died.

Post-mortem report

28. The pathologist gave Ms Oliver's cause of death as sepsis caused by cellulitis of leg, hepatitis C, liver cirrhosis and morbid obesity.

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