

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Stephen Freeman, a prisoner at HMP Bure, on 5 January 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. Mr Stephen Freeman, who was 66 years old, died of COVID-19 on 5 January 2021, while a prisoner at HMP Bure. He also had an irregular heartbeat and rheumatoid arthritis which contributed to his death. We offer our condolences to Mr Freeman's family and friends.
4. Mr Freeman was diagnosed with chronic kidney disease (in 2018) and an irregular heartbeat (in 2019). He received treatment from secondary care providers and his condition improved. He also received care for psoriasis (a chronic skin disease) and arthritis.
5. In May 2020, a nurse told Mr Freeman that he had been identified as being at clinically high risk of complications if he contracted COVID-19. He was advised to shield but decided not to do so. He was considered to have the capacity to make that decision.
6. On 14 December, Mr Freeman complained of sickness and diarrhoea. A prison nurse reviewed him and advised that he should self-isolate for 48 hours.
7. On 16 December, he was seen again by a prison nurse who noted he had a raised temperature and was very weak. He was tested for COVID-19 and the result was positive. He continued to isolate in his cell.
8. However, his condition continued to deteriorate, and on 20 December, Mr Freeman was taken to hospital by emergency ambulance. He was admitted to the high dependency unit and placed on oxygen therapy. His condition deteriorated and he died in hospital on 5 January.
9. It is likely that Mr Freeman contracted the COVID-19 virus in prison as he had not left the prison for 14 days before he became ill.
10. The clinical reviewer concluded that the healthcare Mr Freeman received at HMP Bure was of a high standard and equivalent to that which he could have expected to receive in the community. She identified a number of examples of good practice including regular and proactive monitoring, management and mitigation of the threat of the COVID-19 virus spreading in the prison. Staff were also proactive in reducing Mr Freeman's risk of contracting the virus, and there was an appropriate response to the deterioration in his health. She made no recommendations.
11. We did not find any non-clinical issues of concern and we have made no recommendations.

## Investigation Process

12. NHS England commissioned an independent clinical reviewer to review Mr Freeman's clinical care at HMP Bure.
13. The PPO investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Freeman's location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.
14. One of the PPO's family liaison officers wrote to Mr Freeman's next of kin, his brother, to explain the investigation. He had no issues for us to consider but asked for a copy of our report.
15. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out a factual inaccuracy and this report has been amended accordingly.

## Previous deaths at Bure

16. Mr Freeman was the sixth prisoner to die at Bure since January 2019. Of the previous deaths, three were from natural causes and two were self-inflicted deaths. Since Mr Freeman's death, there have been five deaths, all from natural causes.
17. There are no similarities between our findings in the investigation into Mr Freeman's death and our investigation findings in the previous deaths, and there have been no other deaths from COVID-19.

## COVID-19 (coronavirus)

18. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, sneezes, speaks or breathes heavily. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a worldwide pandemic.
19. COVID-19 can make anyone seriously ill, but some people are at higher risk of severe illness and developing complications from the infection. People at high risk (clinically extremely vulnerable) include those who have had an organ transplant; have severe lung or kidney disease; or are having certain types of cancer or other treatment which significantly increases the risk of infection. Examples of those at moderate risk (clinically vulnerable) are people over 70; people under 70 with an underlying health condition, such as diabetes, or chronic respiratory, heart, liver or kidney disease; those with a weakened immune system; or who are very overweight. (These lists are not exhaustive.)
20. In response to the initial pandemic outbreak, HM Prison and Probation Service (HMPPS) introduced several measures to try and contain the outbreak - to be implemented at local level, depending on the needs of individual prisons. (An outbreak is defined as two or more prisoners, or staff, who are clinically suspected, or have tested positive for COVID-19 within 14 days.) A key strategy is 'compartmentalisation' to cohort and protect prisoners at high and moderate risk; isolate those who are symptomatic; and separate newly arrived prisoners

from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

## Key Events

21. On 3 May 2011, Mr Stephen Freeman was remanded to HMP Belmarsh, charged with sexual offences. On 15 July, he received an indeterminate sentence for public protection (IPP). He returned to HMP Belmarsh.
22. On 7 November 2016, Mr Freeman transferred to HMP Bure.
23. A prison nurse carried out an initial health screen and noted his pre-existing health conditions which included chronic kidney disease and arthritis. She also noted he had been suffering from migraines. He continued to have routine reviews.
24. On 15 April 2019, Mr Freeman was seen by a prison paramedic after reporting a feeling of fluttering in his chest. The paramedic considered Mr Freeman might have developed an irregular heartbeat. He referred Mr Freeman to the cardiology department at Norfolk and Norwich Hospital for further review. A care plan was created, and his care was managed by the prison's specialist cardiac care clinic.
25. Mr Freeman attended a hospital appointment on 13 July. They diagnosed him with left ventricular impairment (a condition in which a chamber in the heart is damaged or defective) and left mitral valve regurgitation (a condition which causes the blood to flow the wrong way in the heart caused by the mitral valve not closing sufficiently). Hospital staff considered he would benefit from cardioversion treatment (electric shocks administered to the heart through electrodes on the chest to restore a normal rhythm). The procedure was carried out on 11 September, at Norfolk and Norwich Hospital and Mr Freeman was discharged back to Bure the same day. His care plans were updated, and his care continued to be managed by the cardiac clinic at the prison.
26. Following the procedure, his condition improved. He only experienced one further instance of an irregular heartbeat on 21 August. However, his symptoms quickly improved without any intervention from healthcare staff.
27. On 31 May 2020, a nurse informed Mr Freeman that he was clinically extremely vulnerable and at higher risk of complications if he contracted COVID-19. They discussed the risks and the options for shielding but Mr Freeman made the decision not to shield. The nurse advised him that he could change his mind at any time. Healthcare staff regularly reviewed his decision not to shield.
28. On 14 December, Mr Freeman was reviewed by a nurse after he complained of sickness and diarrhoea for the previous two days. She assessed him and advised him to isolate in his cell for 48 hours, which he agreed to do.
29. On 16 December, Mr Freeman was reviewed by a nurse after prison officers were concerned that his condition had not improved and that he was complaining of feeling lethargic and generally unwell. She assessed him and he had a raised temperature, a typical symptom of COVID-19. Mr Freeman was tested for COVID-19 and the result was positive. He continued to self-isolate. Staff completed daily welfare checks to monitor his condition.

30. However, his condition continued to deteriorate, and on 20 December he was taken to Norfolk and Norwich Hospital by emergency ambulance. He was escorted by two officers and was not restrained. Mr Freeman was admitted to the high dependency unit and placed on oxygen therapy.
31. His condition continued to worsen and on 31 December, hospital staff told the staff accompanying Mr Freeman, that although his death was not considered to be imminent, he was unlikely to survive.
32. The prison appointed a family liaison officer and he telephoned Mr Freeman's next of kin, his brother, to introduce himself and offer support. The family liaison officer kept in touch throughout Mr Freeman's illness.
33. On 5 January 2021, due to a further decline in Mr Freeman's condition, the hospital withdrew all active treatment. His condition continued to deteriorate and at 11.24am, it was confirmed that Mr Freeman had died.
34. As agreed with Mr Freeman's next of kin, the prison arranged Mr Freeman's funeral, which was held on 11 January 2021. In line with national policy, the prison met the funeral expenses.

#### **Cause of death**

35. No post-mortem examination was held, as the coroner accepted the cause of death certified by the hospital as COVID-19 infection. Mr Freeman also had atrial fibrillation (irregular heartbeat) and rheumatoid arthritis, which did not cause but had contributed to his death.

**Sue McAllister CB**  
**Prisons and Probation Ombudsman**

**December 2021**

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