

**Prisons &
Probation**

Ombudsman
Independent Investigations

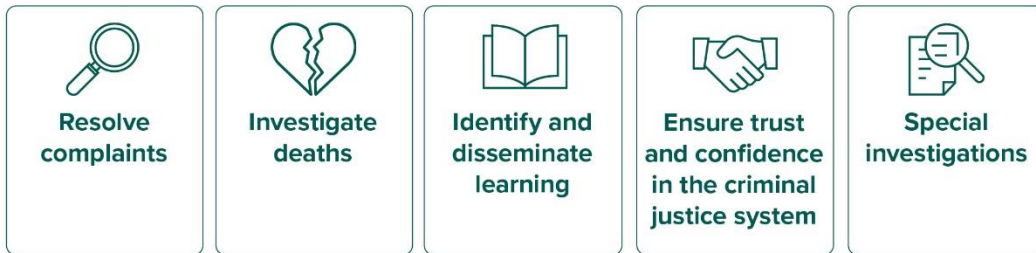
Independent investigation into the death of Mr Roy Jacobs, a prisoner at HMP Winchester, on 27 September 2020

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. 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 Roy Jacobs, who was 77 years old, died from a haemorrhagic stroke (a bleed within the brain) and hypertension (high blood pressure) on 27 September 2020, while a prisoner at HMP Winchester. We offer our condolences to Mr Jacobs' family and friends.
4. Mr. Jacobs suffered from significant chronic diseases, most notably chronic kidney disease, raised blood pressure (hypertension), cardiovascular disease and chronic obstructive pulmonary disease (COPD).
5. The clinical reviewer concluded the care Mr Jacobs received at HMP Winchester was equivalent to that which he could have expected to receive in the community. He did, however, note that there is no evidence of a care plan approach to Mr Jacobs' chronic medical conditions, resulting in inconsistent care. He has made one recommendation about clinical issues.
6. We did not find any non-clinical issues of concern.

Recommendation

- The Head of Healthcare should review the policy on the use of a care planning approach for patients with chronic diseases, and ensure that care plans are formulated, recorded in the SystemOne notes and are followed by clinical staff.

Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Winchester informing them of the investigation and asking anyone with relevant information to contact him. No-one responded.
8. NHS England commissioned an independent clinical reviewer to review Mr Jacobs' clinical care at the prison.
9. We informed HM Coroner for Hampshire Central of the investigation. The Coroner gave us the cause of death. We have sent the Coroner a copy of this report.
10. We wrote to Mr Jacobs' next of kin, his wife, to ask if she had any issues, she wanted the investigation to consider. She did not respond.
11. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Previous deaths at Winchester

12. Mr Jacobs was the 12th prisoner to die at Winchester since September 2018. Of the previous deaths, four were self-inflicted deaths and seven were from natural causes. There has been one further death from natural causes since Mr Jacobs' death.

Key Events

13. On 23 August 2019, Mr Roy Jacobs was sentenced to 21 years in prison for sexual offences. He was sent to HMP Winchester.
14. During his initial health screen, a nurse noted that Mr Jacobs had been previously diagnosed with chronic obstructive pulmonary disease (COPD), ischaemic heart disease and high blood pressure, and that he used a walking stick to help him get around. She also noted that he had successfully undergone treatment for colon cancer in 1996 and was under the care of Southampton Hospital for chronic kidney failure. She referred Mr Jacobs to the long-term condition clinics at the prison to manage his conditions. His prescribed medications were reviewed and updated. No care plans were created to manage Mr Jacobs' long-term conditions.
15. The following day, on 24 August, Mr Jacobs was reviewed by a prison GP. Mr Jacobs' blood pressure was raised but she made no changes to his medication and did not request follow up blood pressure checks. She referred Mr Jacobs to secondary care providers to ensure the continuity of his care.
16. On 3 September, Mr Jacobs was reviewed by a pharmacy technician after he complained of a severe pain in his stomach. She suspected that he might have developed a urine infection. His blood pressure was raised, and she considered he needed to be reviewed in hospital. Mr Jacobs was taken to hospital by emergency ambulance. Following a review, hospital staff confirmed that Mr Jacobs did have a urine infection and he was admitted to hospital as an inpatient. Mr Jacobs was also diagnosed with orthostatic hypotension (a drop in blood pressure when standing up).
17. He was discharged back to Winchester on 11 September and located in the prison's healthcare inpatient unit for observation.
18. On 13 September, Mr Jacobs' blood pressure was raised. His medications were reviewed, but not adjusted. His blood pressure was raised again on 27 September and 17 October when his medication was increased.
19. Aside from regular reviews, Mr Jacobs had little significant contact with healthcare staff over the weeks that followed.
20. On 24 January 2020, during a routine review, Mr Jacobs' blood pressure was raised. His blood pressure was checked a further five times during the course the day. It remained consistently high. He was taken to hospital for further review. The hospital adjusted Mr Jacobs' medication and he was discharged back to Winchester later the same day.
21. A prison GP reviewed Mr Jacobs the next day and recorded that his blood pressure was stable. She noted that hospital staff had expressed concern about the ability of prison healthcare staff to manage Mr Jacobs' blood pressure and creatinine level adequately in prison. They suggested adjustments to his medication to help prison healthcare staff monitor his blood pressure more effectively.
22. In the months that followed, Mr Jacobs' creatinine and blood pressure levels were checked regularly.

23. In April, in response to the COVID-19 pandemic, Mr Jacobs was advised to self-isolate in his cell. His blood pressure was noted to be mildly elevated or normal.

Events of 27 September

24. At 2.50am on 27 September, an Operational Support Grade (OSG), the night patrol officer, responded to Mr Jacobs' emergency cell bell. He opened the observation panel and spoke with Mr Jacobs' cellmate. He told the OSG that he had been woken by a noise and had found Mr Jacobs on the floor on his knees trying to support himself with his left arm.
25. The OSG asked an officer, who was close to the cell, for assistance. Staff quickly arrived at the cell. They entered the cell and noted that Mr Jacobs had a cut on his nose and that, although he was responsive, he appeared dazed and confused. They helped him back onto his bed. An officer then used his radio to ask a nurse to attend the cell to review Mr Jacobs.
26. The nurse arrived at the cell within a matter of minutes. He took Mr Jacobs' observations and noted that although his pulse, breathing rate and blood oxygen levels were normal, he had a reduced level of consciousness, was sensitive to light, had slurred speech and right-sided weakness. He considered Mr Jacobs had had a stroke and asked control room staff to telephone for an emergency ambulance.
27. At 3.08am, paramedics arrived at the cell and took Mr Jacobs to hospital by emergency ambulance.
28. Mr Jacobs had a CT scan which showed that Mr Jacobs had suffered a catastrophic intracranial haemorrhage. Hospital staff planned to transfer him to Southampton Hospital for specialist care but considered he would not survive the journey. They told the prison staff accompanying Mr Jacobs that his prognosis was not good, and that he was unlikely to survive the night.
29. Mr Jacobs' condition continued to deteriorate and, at 9.04am, a hospital doctor confirmed that Mr Jacobs had died.

Cause of death

30. The coroner gave Mr Jacobs' cause of death as a haemorrhagic stroke caused by hypertension. Mr Jacobs also had renal artery stenosis, ischaemic heart disease, atrial fibrillation and chronic kidney disease which did not cause but contributed to his death.

Lisa Burrell
Assistant Ombudsman

May 2021

Inquest

The inquest, held on 7 September 2023, concluded that Mr Jacobs died from natural causes.

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