

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Neville Feasey a prisoner at HMP Exeter on 23 January 2018

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

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## 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*

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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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Neville Feasey died of bronchopneumonia (an inflammation of the lungs) as a result of pancreatic cancer on 23 January 2018 while a prisoner at HMP Exeter. He was 78 years old. I offer my condolences to his family and friends.

The standard of care that Mr Feasey received at HMP Channings Wood and Exeter was equivalent to that which he could have expected to receive in the community.

However, we are concerned that staff did not tell Mr Feasey of his probable diagnosis. We note scope to improve record keeping, the administering of medication and engagement with families.

We are also concerned that Mr Feasey was unnecessarily restrained on two occasions when taken to hospital.

This version of my report, published on my website, has been amended to remove the names of the staff and prisoners involved in my investigation.

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

**March 2019**

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# Summary

## Events

1. On 9 January 2015, Mr Neville Feasey was convicted of historic sex offences, and was sent to HMP Bullingdon. On 3 June 2016, he was transferred to HMP Channings Wood.
2. Mr Feasey had a history of Type 2 diabetes and stable angina (chest pain caused by reduced blood supply to the heart).
3. In August 2016, Mr Feasey became jaundiced, and was referred to hospital, where he underwent the first of many tests to determine the cause of his jaundice.
4. On 15 August, a gastroenterologist wrote to the prison's healthcare department to tell them that Mr Feasey had probable pancreatic cancer. At a multidisciplinary meeting on 16 August, healthcare staff decided that further investigation was needed to determine the nature of a nodule in his lung. Mr Feasey's medical records do not say when the nodule was first identified.
5. On 31 August, a prison GP told Mr Feasey about his probable diagnosis, two weeks after the prison were told.
6. Over the following months, Mr Feasey had further tests, and was diagnosed with pancreatitis (a condition where the pancreas becomes inflamed), as opposed to cancer. However, the gastroenterologist stated that this diagnosis should be reviewed as it was difficult to see cancerous lesions in an inflamed pancreas.
7. On 29 June 2017, Mr Feasey had a coronary artery bypass graft. On 7 September, he had a biopsy, and on 28 September, it was confirmed that he had cancer in the lung nodule, that this was consistent with cancer spreading from his pancreas and could only be treated palliatively.
8. After diagnosis, a management and falls prevention plan was put in place, and Mr Feasey was allocated a helper on the wing to assist with his daily care. He decided that he did not want to be resuscitated, and signed an order to that effect.
9. In November 2017, when Mr Feasey was in pain at Channings Wood, no GP was available which resulted in a delay in him receiving his medication. This happened again at Exeter in January 2018.
10. As Mr Feasey's health declined throughout January, he was appropriately supported and his family were able to visit him as often as was possible.
11. On 23 January, Mr Feasey died of bronchopneumonia as a result of pancreatic cancer, with his family by his side.

## Findings

12. We are satisfied that overall, Mr Feasey's care at both Channings Wood and Exeter was equivalent to that which he could have expected to receive in the community. When he first showed signs of jaundice, he was appropriately referred for investigation.

13. We are concerned though that healthcare staff at Channings Wood did not tell Mr Feasey about his probable diagnosis of cancer, and at both Channings Wood and Exeter, Mr Feasey was not prescribed medication in a timely manner. When nursing staff expressed concern that Mr Feasey was not in a suitable location at Channings Wood, it is not clear that this matter was addressed.
14. When Mr Feasey's daughter contacted HMP Channings Wood to obtain consent from her father for the prison to speak to her on his behalf about his care, they did not inform her that it was her responsibility to make sure that this happened. This led to an unnecessary delay in Mr Feasey's daughter being provided full information about his care.
15. We are also concerned that Mr Feasey was unnecessarily restrained on two occasions when taken to hospital.

## **Recommendations**

- The Head of Healthcare at HMP Channings Wood should ensure that prisoners with serious illnesses are promptly informed of and understand their diagnosis.
- The Head of Healthcare at HMP Channings Wood and HMP Exeter should ensure that when a patient is in pain, particularly in terminal care, healthcare staff prioritise the administration of medication to address their symptoms.
- The Head of Healthcare at HMP Channings Wood should ensure that all healthcare staff accurately record actions and decisions, in accordance with the required standards of the General Medical Council and the Nursing and Midwifery Council.
- The Governor at HMP Channings Wood should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints and that assessments are proportionate, fully take into account a prisoner's health, and are based on the actual risk a prisoner presents at the time.
- The Governor and the Head of Healthcare at Channings Wood should ensure that when families request medical information, correct information is given to them, and that their request is processed in a timely manner.

## The Investigation Process

16. The investigator issued notices to staff and prisoners at HMP Exeter informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
17. The investigator obtained copies of relevant extracts from Mr Feasey's prison and medical records.
18. NHS England commissioned a clinical reviewer to review Mr Feasey's clinical care at the prison.
19. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found one factual inaccuracy and their action plan is annexed to this report.
20. The investigation has assessed the main issues involved in Mr Feasey's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

## Background Information

### HMP Channings Wood

21. HMP Channings Wood is a medium security prison near Newton Abbot in Devon. It holds over 700 men. Dorset NHS University Trust provides health services at the prison. There is one permanent GP, with locum GPs running additional clinics. Nurses are on duty every day and there is an out of hours GP service.

### HMP Exeter

22. HMP Exeter is a Category B local prison, and holds up to 561 men. It currently has 4 residential wings. F Wing provides social care. The Jubilee Suite located on F Wing provides palliative care for terminally ill prisoners. Care UK provides health services at the prison.

### HM Inspectorate of Prisons: HMP Channings Wood

23. The most recent inspection of HMP Channings Wood was in February 2017. Inspectors reported that healthcare staff were available from 7.30am to 6pm. They said that healthcare staff were clearly identifiable, and the interactions they observed were conducted in a caring and professional manner.

### HM Inspectorate of Prisons: HMP Exeter

24. An unannounced inspection of HMP Exeter took place in May 2018, the results of which have not yet been published. However, on 30 May, HM Chief Inspector of Prisons put the Justice Secretary publicly on notice that he must explain how conditions at HMP Exeter will be improved as a matter of urgency. Inspectors found disturbingly high levels of violence and self-harm and a serious failure to tackle safety issues.

### Independent Monitoring Board: HMP Channings Wood

25. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report for the year to August 2017, the IMB reported that, despite staff shortages and poor morale, prisoners were generally treated fairly and humanely. The IMB recognised that since the change in healthcare provider in March 2017, there had been a gradual but marked improvement in healthcare provision.

### Independent Monitoring Board: HMP Exeter

26. In its latest annual report for the year to December 2016, which was published in June 2017, the IMB reported that healthcare staff cared for elderly, chronically ill and disabled prisoners in the Social Care Unit very well. They commended prison staff on F Wing for their exceptional care and professionalism, especially in caring for a terminally ill prisoner.

### **Previous deaths at HMP Channings Wood**

27. There have been 10 previous deaths at Channings Wood, in the three years that preceded Mr Feasey's death, 8 of which were from natural causes. The prison agreed to implement our previous recommendations to address the unjustified use of restraints, twice in 2015, and once in 2016.

### **Previous deaths at HMP Exeter**

28. There have been 33 deaths at Exeter since January 2015, 16 of which were from natural causes. There are no similarities between these cases and the circumstances of Mr Feasey's death.

# Findings

## The diagnosis of Mr Feasey's terminal illness and informing him of his condition

### HMP Channings Wood

29. On 15 September 2015, Mr Neville Feasey was convicted of historical sex offences and remanded to HMP Bullingdon. On arrival, Mr Feasey met a nurse as part of his initial healthcare induction. A prison GP reviewed him the next day. The prison GP recorded that Mr Feasey had a history of Type 2 diabetes and stable angina.
30. The prison GP contacted Mr Feasey's community GP to obtain a list of the medications that he was taking. She prescribed them that day. On 9 November, he was sentenced to 7 years in prison, and returned to HMP Bullingdon. On 3 June 2016, Mr Feasey was transferred to HMP Channings Wood.
31. On 4 August 2016, Mr Feasey presented with possible symptoms of cancer, and a prison GP referred him to hospital with jaundice. Mr Feasey was admitted the next day and remained in hospital for diagnostic testing until 12 August, when he was returned to the prison. Mr Feasey was discharged with oramorph for pain relief. However, there was no discharge summary to confirm that he had received this at hospital. A prison GP contacted the hospital and requested that the prescription be written up, so that he could prescribe it.
32. On 15 August, the prison received a letter from the hospital's consultant gastroenterologist, which confirmed that Mr Feasey had a probable malignancy due to pancreatic cancer, which required further investigation.
33. On 16 August, a multidisciplinary team meeting took place, and noted that Mr Feasey had a nodule in the lower lobe of his right lung. The nature of the nodule could not be determined from the initial scan, and further investigation was required.
34. On 22 August, a prison GP reviewed Mr Feasey after he complained of abdominal pain. He noted that Mr Feasey was not aware of the probable diagnosis that was confirmed on 15 August. There is no record to indicate what Mr Feasey was told before or at this appointment.
35. On 31 August, a prison GP assessed Mr Feasey fully. She ensured that he understood the outcome of the CT scan, and told him that he would have to attend hospital again for further investigation. The prison GP also advised Mr Feasey of symptoms that he should report immediately to healthcare staff.
36. On 14 September, a nurse met Mr Feasey to make sure that he understood what to expect at his hospital appointment the next day.
37. On 15 September, Mr Feasey was admitted to hospital, and underwent an endoscopy (a camera is inserted in the food pipe), the outcome of which suggested that there was lump pressing on his stomach. Biopsies were taken from the lump, which showed no cancer. However, the consultant noted that pancreatic cancer could not be ruled out. The hospital considered removing the

- lump. Mr Feasey was waiting for a coronary artery bypass graft (surgery that can create new routes around narrowed and blocked coronary arteries, permitting increased blood flow to deliver oxygen and nutrients to the heart muscle) for a pre-existing heart condition. A surgeon decided that this should happen before the tumour was removed to reduce the risk of complications when under anaesthetic. Mr Feasey was returned to the prison on 16 September.
38. On 18 October, Mr Feasey went to hospital for a repeat scan of the lung nodule, which showed signs of growth. Doctors at the hospital noted that the nodule might indicate the spread of suspected pancreatic cancer, and a further CT scan was booked. This was completed on 18 November, and doctors considered that there might be cancerous deposits on the lungs.
  39. Throughout the latter part of 2016 and early 2017, Mr Feasey underwent further investigations to formalise a diagnosis for his stomach pain. A scan, taken on 30 January 2017, suggested that the appearance of Mr Feasey's pancreas was consistent with pancreatitis, rather than cancer. However, the consultant gastroenterologist wrote to the prison GP stating that Mr Feasey would need a repeat CT scan in two to four months because it was difficult to see small lesions in an inflamed pancreas.
  40. On 30 May, a prison GP reviewed Mr Feasey, after he reported increased pain in his upper abdomen and back, and decided to transfer him to hospital. During this admission, Mr Feasey had a pre-existing stent in his heart replaced, and his pancreas was examined, which again showed no sign of pancreatic cancer. Doctors then considered whether Mr Feasey might have lung cancer, as opposed to a spread from pancreatic cancer. A plan was put in place for Mr Feasey to have a biopsy of the lung nodule, once he had recovered from the coronary artery bypass graft. He was discharged on 6 June.
  41. On 29 June, Mr Feasey had a coronary artery bypass graft. He was discharged from hospital with no medication and no discharge summary. Mr Feasey was deemed fit for surgery after a two-month period, and he had a biopsy of the lung nodule on 7 September 2017.
  42. On 28 September, Mr Feasey met the consultant to discuss the results of the biopsy. He was told that the biopsy confirmed that he had cancer. When he returned to prison that day, a nurse saw him to discuss the diagnosis. He recorded that Mr Feasey was fully aware of his diagnosis, and believed that he could only be treated palliatively.
  43. A prison GP discussed this with Mr Feasey again on 29 September. Records indicate that the cancer found in the lung nodule was consistent with a spread from a primary tumour in the bile duct or pancreas. Hospital doctors concluded that as there was evidence of cancer that had spread, surgery on the pancreas was no longer an option, and Mr Feasey could only receive palliative care.
  44. The clinical reviewer concluded that referrals were timely and appropriately made in line with NHS guidelines. Despite this, he has made a number of recommendations about diagnosis, which the Heads of Healthcare at Channings Wood and Exeter will need to address.

45. While Mr Feasey was informed of all referrals and appointments, we are concerned that on 22 August, when Mr Feasey met the prison GP, he seemed unaware of the probable diagnosis, and the GP did not evidence whether he discussed this with him. It was not until 31 August 2016 that a prison GP ensured that Mr Feasey fully understood his likely diagnosis. We make the following recommendation:

**The Head of Healthcare at HMP Channings Wood should ensure that prisoners with serious illnesses are promptly informed of and understand their diagnosis.**

#### **Mr Feasey's clinical care**

46. Mr Feasey was given a presumptive diagnosis of pancreatic cancer in 2016. This section of the report looks at the clinical care that Mr Feasey received after diagnosis. As Mr Feasey was not diagnosed with cancer until September 2017, we have looked at the care he received from September 2017 at HMP Channings Wood until to his death at HMP Exeter. The clinical reviewer has looked at Mr Feasey's clinical care throughout the entirety of his time at Channings Wood, and this is evidenced in his report.
47. After Mr Feasey received a formal diagnosis and returned to Channings Wood, he was appropriately seen by a nurse and a doctor. A prison GP reviewed Mr Feasey on 29 September, and put in place a care management plan for Mr Feasey. To support Mr Feasey with his daily needs, he received support from nursing staff and was allocated a helper on the wing, a fellow prisoner.
48. On 13 October, Mr Feasey attended an appointment with his hospital oncologist. They discussed that his condition was inoperable and incurable, and that treatment should be aimed at improving the quality of his life. It was agreed that palliative chemotherapy would not be appropriate, as the side effects were likely be greater than any possible benefit. Mr Feasey was advised that his weight would likely drop, and that even with a good diet and weight supplements, his weight would be hard to maintain. Mr Feasey was returned to the prison that day, and appropriately, a prison GP saw him to discuss the outcome of the appointment.
49. A prison GP saw Mr Feasey again on 16 October, and completed a treatment escalation plan, which included an order not to attempt cardiopulmonary resuscitation if he stopped breathing or his heart stopped functioning. All other appropriate treatment and care was to continue.
50. On 9 November, a nurse completed a daily living plan for Mr Feasey, which included a plan to minimise his risk of falling due to his frailty. The nurse assessed his pain levels, and Mr Feasey agreed that it would be more beneficial to be on regular analgesia rather than to take pain relief medication "as required". No GP was available in the prison that day, and although the nurse tried to speak to a GP at HMP Exeter, he was not successful.
51. On 10 November, a prison GP saw Mr Feasey in his cell to review his pain relief medication. She assessed him thoroughly and recorded that Mr Feasey said he was not in any pain. However, as his pain could vary, she prescribed gabapentin

(to treat nerve pain). The prison GP reviewed this on 14 November. Mr Feasey said that he was only finding the gabapentin slightly helpful, and that he would like to increase the amount. The prison GP recorded that she was worried about Mr Feasey's vulnerability, as this drug was at risk of being stolen by other prisoners. However, Mr Feasey still wanted it to be increased so the prison GP prescribed it at an increased dosage. Mr Feasey's pain control continued to be monitored on a regular basis as part of his care plan.

52. On 20 November, Mr Feasey saw a hospice care consultant and a nurse. The consultant reported that he was happy with the care Mr Feasey was receiving but recommended a more appropriate mattress, as there were concerns of him forming pressure sores on his lower back. The consultant agreed to send a letter to the prison GP with all their recommendations.
53. Over the following month, Mr Feasey was reviewed daily, and when he showed signs of sickness, and or increased pain, healthcare staff acted appropriately.
54. On 12 December, a nurse created a care plan to treat a wound on the base of Mr Feasey's back. This was to be regularly monitored, and the area cleaned and dressed.
55. Mr Feasey was monitored throughout December, and on 4 January, a prison GP, a consultant and a palliative nurse saw him. They recorded that his health had declined over the last two weeks, that his pressure sore was worsening and that he might need a syringe driver soon. The prison GP noted that he would need a hospital bed at HMP Exeter, and if this was not available, that he should be cared for in a hospice setting.
56. As Mr Feasey was due to be transferred to HMP Exeter the next day, he asked to see a prisoner as he said that he had been very helpful in looking after him. The prison arranged this.
57. On 5 January 2018, Mr Feasey was transferred to HMP Exeter and was sent to F Wing (the social care unit). He was allocated two helpers to assist him with his daily needs. When he arrived, Mr Feasey was given an appropriate mattress, as the hospice care consultant at HMP Channings Wood had recommended. Healthcare staff encouraged Mr Feasey to re-position himself every two hours to minimise the pressure damage.
58. On 6 January, a nurse created a new care plan, and noted that Mr Feasey would become increasingly frail. Although he could still move, he was advised to wear an alarm around his neck as he was at risk of falling. On 10 January, Mr Feasey fell in his cell, and a healthcare assistant helped him to his feet. She advised him to press his alarm if he needed to use the toilet, and she would come to support him. A plan was put in place to monitor Mr Feasey every hour throughout the night.
59. On 11 January, a nurse completed a palliative, end of life care plan. She recorded that Mr Feasey still had capacity to make decisions and choices, although could sometimes be forgetful. She further noted that Mr Feasey often refused medication, and that staff should encourage him to take it. As his health was only getting progressively worse, she noted that he would likely need a

syringe driver, for when he was unable to take medications orally. The nurse noted that Mr Feasey did not want to be resuscitated, and that a document was completed to that effect. The nurse booked a review for 18 January.

60. On 11 January, a prison GP saw Mr Feasey as he was constipated. The prison GP began to assess Mr Feasey but needed to attend an emergency elsewhere in the prison, and did not return to him. A nurse attended to Mr Feasey on 14 January, noted that he had not opened his bowels for nine days, and rang an out of hours doctor for a prescription to manage his constipation.
61. As Mr Feasey's health declined, his intake of food became minimal. Healthcare staff liaised directly with the kitchen to make sure that Mr Feasey was given food that he liked and was easy to swallow.
62. Mr Feasey's medical records indicate that HMP Exeter made arrangements so that his family could be with him as often as it was possible. On 17 January, a prison GP met Mr Feasey, with his daughter present. They discussed his pain relief, and felt that he should stop oral medication, and start taking pain relief through a syringe driver. This was requested and put in place the next day.
63. That day, a nurse recorded that Mr Feasey's health had deteriorated, and she had explained to his daughter that her father was dying.
64. The prison healthcare team continued to support Mr Feasey as his health declined, and on 23 January at 3.32am, Mr Feasey died, with his family by his side.
65. The clinical reviewer concluded that Mr Feasey received a good standard of care in prison, and that it was equivalent to the care which he could have expected to receive in the community. He found that on some occasions, the level of monitoring, including the GP and nursing care he received, would not have been possible in the community.
66. We are, however, concerned that there was no GP available on 9 November 2017 when Mr Feasey was in pain, and that he had to wait until the next day to be prescribed pain relief. When Mr Feasey was nearing the end of his life, and would have undoubtedly been in a lot of pain, there was also a delay in providing him medication to manage his constipation. While we acknowledge that the doctor assessing him was called to an emergency, Mr Feasey should not have had to have waited three days before he was prescribed medication. We make the following recommendation:

**The Head of Healthcare at HMP Channings Wood and HMP Exeter should ensure that when a patient is in pain, particularly in terminal care, healthcare staff administer medication to address their symptoms as a priority.**

### **Mr Feasey's location**

67. In July 2017, Mr Feasey saw the Healthcare Manager. She reviewed Mr Feasey and concluded that as he could move, a hospital bed was not necessary on the wing. He was, however, provided with a wheelchair, which he used when tired.

68. On 3 October 2017, a nurse noted in Mr Feasey's medical records that his current environment was not suitable to provide optimal care. He noted that a transfer to HMP Exeter was appropriate as it had better social care facilities. He also noted that the primary care team would be informed about this. However, there are no further entries in his medical records about his move to HMP Exeter until 5 January 2018, when he was moved.
69. On 16 January, as Mr Feasey was nearing the end of life, an administrator referred Mr Feasey to Hospiscare Exeter (a hospice charity which offers a range of end of life services).
70. While arrangements were put in place at HMP Exeter for his family to be with him as often as possible, the clinical reviewer concluded that until October 2017, there were no concerns about his location, and that appropriate comfort aids were sought. However, it is not clear what the nurse did after his entry in his medical records on 3 October as there are no further entries about this. We make the following recommendation:

**The Head of Healthcare at HMP Channings Wood should ensure that all healthcare staff accurately record actions and decisions, in accordance with the required standards of the General Medical Council and the Nursing and Midwifery Council.**

#### **Restraints, security and escorts**

71. When prisoners have to travel outside of the prison, a risk assessment determines the nature and level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk, taking into account factors such as the prisoner's health and mobility.
72. The investigator reviewed all of Mr Feasey's escort risk assessments from January 2017 onwards. On each occasion, a risk assessment was completed with clear medical input and decision making. On each occasion, Mr Feasey was assessed as a standard level risk to the public, risk of hostage taking, escaping and likelihood of outside assistance.
73. Mr Feasey was not restrained for most of the transfers to, and time spent in hospital. However, on 10 August 2017 and 25 September 2017, in addition to the presence of two escorting officers, staff applied a single cuff on Mr Feasey. There is no indication why it was considered that he posed an increased risk, and there was no explanation about why he was cuffed on these occasions and not on others.
74. HMP Channings Wood generally completed thorough risk assessments, which acknowledged that Mr Feasey was a frail, older man with limited mobility and therefore did not restrain him on most occasions.
75. However, there is no evidence that his risk had increased in August and September of 2017, and we find the inconsistency in the use of restraints unjustified. It is hard to see that Mr Feasey posed a real risk of escape, to the

extent that mechanical restraints were necessary in addition to two escorting officers. We make the following recommendation:

**The Governor at HMP Channings Wood should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints and that assessments are proportionate, fully take into account a prisoner's health, and are based on the actual risk a prisoner presents at the time.**

### **Liaison with Mr Feasey's family**

76. On 27 September, 7 October and 26 October 2016, Mr Feasey's daughter contacted the healthcare department at Channings Wood to ask about getting her father's consent for healthcare staff at the hospital to discuss his medical care directly with her. The healthcare team at Channings Wood agreed to deal, but it was not until January 2017, when Mr Feasey's daughter pursued the matter further, that the prison informed her she had to put her request in writing. Mr Feasey signed the consent form on 16 January 2017 after his daughter put her request in writing.

77. We are concerned that Mr Feasey's daughter was not told what she had to do to obtain consent to discuss his medical care until after more than a month after she had first asked about it, and that her request was not dealt with more quickly. We make the following recommendation:

**The Governor and the Head of Healthcare at Channings Wood should ensure that when families request medical information, correct information is given to them, and that their request is processed in a timely manner.**

78. On 5 January 2018, an officer was appointed as the family liaison officer and a second officer, as her deputy. The family liaison officer met Mr Feasey's family when they arrived at the prison on 5 January. The family liaison officer discussed the role of the family liaison officer, and explained that the prison would contribute towards the funeral costs.

79. The family liaison officer continued to offer support, and put arrangements in place, so that other members of Mr Feasey's family could visit him the week before he died.

80. Mr Feasey died on 23 January, with his son and daughter at his side.

81. On 21 January, the deputy family liaison officer contacted Mr Feasey's family to offer the prison's condolences. Mr Feasey's daughter explained that she had felt very let down by the prison, and explained that after her father had died, they were constantly removed from his bedside. While his daughter acknowledged that all the professionals involved had to undertake their duties, she felt that that the prison's response was disorganised and chaotic.

82. Mr Feasey's funeral took place on 1 February, and the prison contributed in line with national instructions.

83. While we acknowledge the family's concerns and the difficulty they experienced, we consider that healthcare and prison staff followed protocol after Mr Feasey's

death. The Head of Security, who was duty governor when Mr Feasey died, stated that she made sure that Mr Feasey's last journey was one of dignity and care, and we have seen no evidence to dispute this.

### Compassionate release

84. Release on compassionate grounds is a 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 for determinate sentenced prisoners are set out in Prison Service Order (PSO) 6000. Among the criteria is that the risk of re-offending 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 the Her Majesty's Prisons and Probation Service (HMPPS).
85. On 16 September 2016, while Mr Feasey was a prisoner at HMP Channings Wood, a prison GP requested that the process for early compassionate release was started as a matter of urgency. The prison took the appropriate steps to complete this application but the application was declined because it was considered that Mr Feasey continued to pose a risk of re-offending. The prison GP discussed the outcome of the application with Mr Feasey on 28 October 2016.
86. On 28 September 2017, after Mr Feasey was diagnosed with metastatic pancreatic cancer, the prison GP again raised the issue of early compassionate release. She noted that she would not be able to apply for it for Mr Feasey until he had a CT scan which would provide more insight about his prognosis. On 4 January 2018, the day before Mr Feasey was transferred to HMP Exeter, the process for early compassionate release was started. However, a safer custody administrator at HMP Exeter confirmed that Mr Feasey died before the process could be completed.

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