

2 February 2015

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Dear Ms Harding

**Re: Inquest Alex Kelly - Regulation 28, Report to prevent further deaths**

Thank you for your letter and enclosed report dated the 30 December 2014, relating to your findings of the review into the death of Alex Kelly on the 25 January 2012.

As you have identified within your report, Oxleas NHS Foundation Trust was not the provider of healthcare at the time of this young man's death. We began to provide primary care services in HMPYOI Cookham Wood in April 2014. On the same date Central and North West London (CNWL) NHS Foundation Trust were awarded the contract to provide the Child and Adolescent Mental Health Service to Cookham Wood. I am therefore copying your report and this response to the chief executive of CNWL.

I would like to begin by confirming that every child who arrives at Cookham Wood is assessed by our staff using a Comprehensive Health Assessment Tool commonly known as the CHAT Tool. This is an evidence based assessment tool addressing physical health, substance misuse, and mental health issues. If indicated by this assessment, a key worker is allocated to the child with responsibility for care planning and ensuring the young person's needs are met.

All staff have been trained in the use of CHAT and we have implemented a series of standards to ensure that we monitor its use and implementation. All new admissions to the prison are offered these assessments and the take up rate is over 98%. Those who initially refuse are approached to be assessed at a later date.

I will now address the specific issues relating to healthcare listed in your report.

**Sharing of information.**

***Officers concerned with the management of the young person were not informed in terms of his non-compliance with medication and the potential effect of the failure to take the medication.***

Healthcare staff are aware of the need to inform all those involved in the management of a young person about their compliance with medication and to record such issues within the medical record and other prison documentation – ACCT, NOMIS and wing observation book. All healthcare staff complete mandatory trust and HMPS Information Governance training, which also includes information sharing guidelines. The process is embedded in established clinical and safer custody forums.

### **Medication Management**

***Medication was found stockpiled in the young person's cell; staff dispensing medication had not ensured it had been taken when it was probably recorded as having been taken.***

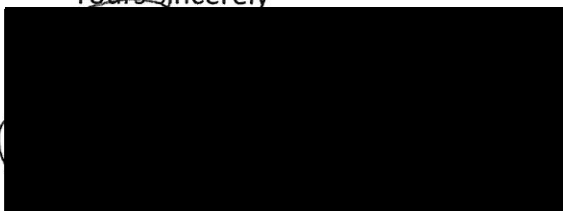
The majority of medications are now dispensed under supervised conditions and, where risk assessment deems it appropriate, in liquid form. Young people are asked to demonstrate the medication has been taken by opening their mouths. Staff will only then record that the medication has been administered using the electronic clinical record (SystemOne). If there are concerns about the possible diversion or failure to ingest medication, this is recorded and the relevant persons notified. This includes completing a security report and informing wing staff and other clinicians, such as CAMHS.

***Any failure to take medication was not sufficiently flagged for healthcare / prison staff to deal with the issue.***

Information is shared and recorded as detailed above. A young person's failure to take medication due to refusal or non-attendance generates a referral to the specialty which initiated the treatment. They, in turn, review and update the individual's care plan as well as providing further advice.

I hope this response adequately covers the points of concern you identified.

Yours sincerely



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Cc: [REDACTED] Director Forensic & Prison Services  
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