

Coroner ME Hassell
Senior Coroner
Inner North London
St Pancras Coroner's Court
Camley Street
London
NC1 4PP

27 January 2017

Dear Madam,

Regulation 28: Prevention of Future Deaths report
The inquest touching the death of Tedros Habtom Kahssay Deceased
HMP Pentonville
Date of death: 19th January 2016

Thank you for your Regulation 28 Prevention of Future Deaths Report dated 6 December 2016 issued to Care UK following the inquest into the death of Mr Tedros Kahssay.

Care UK is the provider of primary healthcare and mental health services at HMP Pentonville.

The matters of concern to you in so far as they relate to healthcare are highlighted in bold with the response set out below each concern.

Concern 1. The person escort record (PER) and appended report of the forensic medical examiner (FME) that accompanied Mr Kahssay to HMP Pentonville did not accompany him to nurse reception screening.

As you heard in evidence at the inquest, the reception screening template has been changed. The change that has been implemented is a control question in the first reception screen which is a mandatory field so the nurse needs to stop and answer the question. It asks if the nurse has seen the PER. All nursing staff have been instructed and are aware that they are not to screen any prisoner without a CSRA and PER as minimum requirement to aid screening.

Concern 3. The general practitioner records were never obtained (an issue that I have raised in the past), despite there being a system in place for Pentonville healthcare administrative staff to do this. Whilst that did not impact upon Mr Kahssay's care, it might for another prisoner.

As you heard in evidence, consent for the obtaining of general practitioner records is now sought as part of the reception screen and it is also a mandatory field that needs to be completed by the member of healthcare prior to finishing the screen. When consent is taken, the screening tool requires a task be sent to the Administrative staff to make them aware that

consent has been gained and that a request for notes needs forwarding to the patient's general practitioner. There is now an auditable process as it is sent by task on SystmOne.

Whilst we have a system in place to request medical records and follow up, it is important to highlight that we cannot ensure that a GP practice will send records to us. It is anticipated that this is an issue which will be eased once the new clinical IT system is in place providing access to the NHS spine and patients Summary Care Records.

Concern 4. The first reception screen template contained questions that carried an inherent ambiguity, in that they related to a change in personal and family circumstances, which must always be the case when a person is incarcerated and therefore does not assist in determining which prisoners are at an increased risk.

You heard evidence at the inquest as to how the first night reception template and part 2 reception template have been completely changed. There is now a referral pathway which is task driven and can be audited and gives more accountability to the person undertaking the screening. These changes to the Reception templates took place in early December 2016.

You referred to evidence you heard at the inquest that any prisoner on a charge of murder will now be the subject of a psychiatric assessment. I can confirm this requirement is posted on the opening page of the First Night Reception Screen. The psychiatric assessment will take the form of an assessment with both a member of the prison mental health in-reach team and a psychiatrist. The need for an assessment will be identified via a task on SystmOne which can be audited.

Concern 5. Both nurses conducting reception screening talked often in evidence about not being able to do anything other than accept the answers given by the prisoner. They did not seem to bring any objective analysis to the screening. The process of nurse screening appeared at times to be a tick box exercise.

Both members of nursing staff, who were not directly employed by Care UK no longer work at HMP Pentonville or any Care UK establishment.

You heard evidence with regard to the new reception screening template and process. The scoring system in relation to the risk of self-harm and or suicide has now gone as this was found to be too prescriptive. The focus is now placed on the member of healthcare who is screening the patient to explore the presentation and look into factors that may be relevant to suicide and or self-harm.

To support this, a new risk assessment is currently in development by the national team and is based on learning from previous deaths in custody, concerns raised by the Learned Coroner, national reports and best available evidence. In addition training has been delivered to clinical leads across the country on suicide and self-harm risk assessment and the materials from this training are available on the Care UK Health in Justice intranet pages.

Concern 6. The second reception (well man) screening nurse did not explore the history of depression recorded, he said because the prison general practitioner had not prescribed any medication for depression. On reflection, the nurse thought that he should have asked about it.

We accept that the nurse could have explored the history of depression in greater detail. Our secondary reception screening process provides more time for this and we are in process of rolling out our wellbeing wheel assessment to support this assessment. The wellbeing wheel provides a structure for clinical staff to explore mental health issues in more depth alongside

their physical health and substance misuse issues. Training, both online and face to face, has been developed to support the use of the wellbeing wheel and the Pentonville team are expected to have completed the implementation by end of March 2017.

Concern 7. The resuscitation led by the two nurses occupying the positions of primary (Hotel 7) and secondary (Hotel 12) leads for emergency healthcare in the prison that night, was significantly lacking.

The Hotel 7 agency nurse no longer works in any Care UK establishment. The Second Nurse who was designated Hotel 12 is subject to an investigation which is being undertaken locally within the organisation in the first instance.

You heard that all nursing staff are given training by senior nurses who discuss scenarios and staff are issued with a card as an aide memoir. Both Nurses had attended that training which was delivered in July 2016.

The use and meaning of Code Red and Code Blue has again been strongly reinforced to the nursing staff. Training sessions have taken place for all the staff and attendance sheets have been collected. Posters re-affirming the criteria of Code Red and Code Blue were displayed in clinical areas in December 2016. Furthermore, Safer Custody have been requested to re-order 250 of the aide-memoire cards for distribution across the establishment

All clinical staff that are employed by Care UK have ILS as a mandatory training requirement. A check has been undertaken to ensure that all Care UK clinical staff are receiving the ILS training. This has been confirmed to be the case.

Guidance from NHSE regarding the resuscitation of patients where there is rigor mortis present has been circulated to staff and is accessible on the Care UK Health in Justice intranet pages. Where staff are not confident in recognising rigor mortis they should proceed with resuscitation until someone arrives who is competent to recognise life extinct. Recognition of Life Extinct (ROLE) training is being considered by the Care UK resuscitation committee as an 'add on' to the ILS training.

In addition to this, the healthcare team plan to discuss issues relating to resuscitation and use of emergency bags regularly in their Friday afternoon training sessions. A SOP for emergency response is in development by the national team and is due for circulation shortly.

We trust that the above response provides the information that you require but please do not hesitate to contact us if Care UK can be of any further assistance.

Yours faithfully.




Head of Healthcare