

## Action Plan in response to the PPO Report into the death of Mr Keith Williams on 12/07/2021 at HMP Dovegate

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	<p>The Director and Head of Healthcare should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including that staff:</p> <ul style="list-style-type: none"> <li>• set effective caremap actions that are specific and meaningful, aimed at reducing risk, and update them at each review;</li> <li>• encourage family engagement in the ACCT process, where appropriate, to assist in managing and reducing the risk of prisoners who self-harm;</li> <li>• consider all relevant information when identifying a prisoner's risk factors and do not rely solely on his behaviour and comments;</li> <li>• remove or restrict prisoners' access to items such as razors, when they present a risk of harm by cutting;</li> <li>• engage prisoners in meaningful conversation and record the</li> </ul>	Accepted	<p>The implementation of ACCT Version 6 (v6) began in 2021 and introduced changes to the process by which prisoners at risk of suicide and self-harm are managed. All staff have received ACCT training and one to one refresher sessions were held with case co-ordinators in March 2022.</p> <p>During the refresher training, case co-ordinators were reminded of the importance of setting effective support actions (formerly called caremap actions) that are specific, meaningful and aimed at reducing risk.</p> <p>Case co-ordinators were also reminded to encourage family engagement in the ACCT process, where appropriate, to assist in managing and reducing the risk of prisoners who self-harm.</p> <p>The training also provided guidance on supporting all prisoners at risk of suicide and self-harm through the ACCT process, including the importance of considering all relevant information when identifying a prisoner's risk factors and not relying solely on their behaviour and comments. Guidance on the importance of removing or restricting access to items, such as razors, when there is a risk of harm by cutting was also included.</p> <p>ACCT quality assurance checks are carried out every morning by the senior management team (SMT) and are</p>	<p>Assistant Director Serco</p> <p>Safety oversight HMPPS Learning &amp; Development</p> <p>Senior Management Team Assistant Directors Safety and Residential Serco</p>	Completed

	<p>outcome of the discussion in the ACCT ongoing record; and</p> <ul style="list-style-type: none"> <li>• complete all aspects of the ACCT document, including the daily supervisor check in the ongoing record.</li> </ul>		<p>entered on the ACCT v6 tool kit record for analysis. This is to ensure that the conversations are meaningful, fully documented, and that all required sections within the record are completed. The Contract Management Team (CMT) also carry out compliance and assurance checks of the ACCT processes and these findings are shared with managers.</p> <p>Any trends and areas of development that are identified are discussed at the monthly safer custody meetings and any actions are followed up. ACCT processes are also discussed both informally between the Director and Controller and also during formal Controller Director meetings.</p> <p>All healthcare staff have received briefings and further guidance on considering all available information when identifying risk factors and have been reminded to document all relevant information on the SystemOne database. The Head of Healthcare also reminded all staff during briefings in January 2022 of the importance of following the correct ACCT procedures at all times and completing the ACCT document in full by recording all required information.</p>	Head of Healthcare Practice Plus Group (PPG)	
2	The Director of Custodial contracts should write to the Ombudsman setting out what is being done to ensure that ACCT procedures at Dovegate improve.	Accepted	The Head of Custodial Contracts wrote to the Ombudsman in February and June 2022.	Head of Custodial Contracts HMPPS	Completed
3	The Head of Healthcare should: <ul style="list-style-type: none"> <li>• ensure that there is a robust system in place for conducting complex case reviews and that the process is communicated effectively to all relevant members of healthcare staff;</li> </ul>	Accepted	Multi Professional Complex Case Committee meetings have been introduced and are held weekly, chaired by the Clinical Lead. Patients with complex needs are also discussed at the weekly safety intervention meeting. Any issues are raised and actions tracked to ensure that patients with complex needs are in receipt of the right care and support.	HMP Senior Management Team and Healthcare Partners PPG	Completed

	<ul style="list-style-type: none"> <li>• improve communication between healthcare and mental health services and ensure that feedback and advice on how to manage complex cases is provided to those who make referrals;</li> <li>• conduct a review of the mental health risk assessment process for identifying prisoners at risk of death by self-harm to ensure that it is fit for purpose; and</li> <li>• ensure that the results of hospital investigations are promptly communicated to prisoners.</li> </ul>		<p>This is completed for all clients who are under Secondary Mental Health Care but not for Primary Mental Health Care which follows the community model. Primary Care clients should not present this level of risk and if that escalates consideration is made in terms of raising their level of care to Secondary. Staff are reminded during briefings to gather information from the client and records, and to also liaise with anyone else involved in the client's care so that it is comprehensive and covers all areas of concern.</p> <p>This should include all partner agencies in the establishment plus any community services the client is in contact with. Key partners should be OMU as this should also feed into OASys and the parole process.</p> <p>The Mental Health Team Leader works closely with the Offender Management Unit to develop the relationship between services to enhance risk management and formalise a process for sharing information. This will ensure a more robust approach to risk management as a whole.</p> <p>When prisoners attend for hospital investigations, they are informed by healthcare that they will be contacted for follow up if the results are abnormal. Prisoners are also informed that they will not routinely be seen by a nurse, psychiatrist or GP to discuss results which are normal, however they may make an appointment to discuss them if they wish, and may also request a copy of any results received.</p>		
4	The Head of Healthcare should ensure that all staff make an entry in the ACCT record after intervention with a prisoner to ensure continuity of care.	Accepted	All healthcare staff have received briefings in which they were reminded to document all relevant information on the SystemOne database. The Head of Healthcare also reminded all staff during briefings in January 2022 of the importance of following the correct ACCT procedures and completing the ACCT document in full by recording the required information, following all interactions with patients.	Head of Healthcare PPG	Completed

			Further training was also given to all nursing staff in April 2022 to remind them of the importance of recording all interactions and observations in the ongoing records. All staff were also reminded that ACCT documents should accompany prisoners on any movement about the establishment to facilitate this.		
5	The Director should ensure that a member of Prison Service staff informs a prisoner's next of kin of their death promptly, in line with national guidance.	Accepted	A notice was sent to all members of the Senior Management Team (SMT) in February 2022 to remind them of the instructions within PSI 64/2011 regarding informing the next of kin of a death promptly. The SMT were then tasked to liaise with all managers to ensure that all staff are aware of the process.	Assistant Director Safety Serco	Completed
6	The Director should ensure that a copy of this report is shared with the staff named in this report and that a senior manager discusses the Ombudsman's findings with them.	Accepted	The Assistant Director shared the report and discussed the findings with all named staff in March 2022.	Assistant Director Safety Serco	Completed