

Action Plan – Mr Carl Scott- HMP Dovegate- Self Inflicted on 27/05/2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
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:</p> <ul style="list-style-type: none"> • Prison and healthcare staff share all information that affects risk, and make appropriate entries in the ACCT ongoing record. • Managers consider all relevant information that affects risk when completing the immediate action plan, and set appropriate levels of observations. • All newly arrived prisoners who are managed under ACCT procedures and assessed as standard risk on their Cell Sharing Risk Assessment (CSRA) are allocated a shared cell, whenever possible. • First night and ACCT observations are carried out as directed, with ACCT 	Accepted	<p>All Healthcare and prison staff have been informed that they must share all risk related information in relation to a prisoner. All staff receive ACCT training and refresher training on an annual basis. In November 2019 guidance was provided to staff in the reception healthcare room, as an aide memoire, to ensure that the appropriate processes are followed.</p> <p>In November 2019 the Head of Healthcare informed all staff that they must record all risk related information on all ongoing ACCT records so that this information is readily available in order for a prisoner's risk to be managed appropriately. This information has been shared again with all staff via a Staff Notice issued in December 2019. Staff briefings were also conducted during this time to reinforce this requirement.</p> <p>The Staff Notice also informed managers that they must consider all relevant risk related information that is available to them when completing immediate action plans. Managers have been reminded of this requirement so they can determine how to manage a prisoner's risk appropriately by setting the correct levels of observations required.</p> <p>In December 2019 The Head of Healthcare issued a notice to staff and conducted briefings during the Residential meeting informing managers that when a new ACCT document is opened in reception, at the time an Immediate Action Plan is completed, staff must set observations to a minimum of three observations per hour. This is to reduce the risk of self-harm or suicide for first night in custody. These observations will be completed in addition to the observations of the first night checks.</p>	<p>Head of Healthcare/ Safer Custody</p> <p>Completed</p>

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	<p>observations carried out at unpredictable intervals.</p>		<p>In August 2019 all staff were informed during refresher training of SASH that if an ACCT is opened then the concern and keep safe form must be discussed with Healthcare and likewise. This process will be monitored by the duty manager working in Reception when completing the Immediate Action Plan to ensure that all information is shared with both prison and Healthcare staff whenever a new ACCT has been opened. Safer Custody PCO's will also attend Reception if concerns are raised with a new arrival or if they have been entered on a suicide and self-harm (SASH) warning form. The Head of Healthcare/Safer Custody team has confirmed that all staff will continue to receive ongoing ACCT training and refresher training sessions on an annual basis.</p> <p>All staff were informed in the same staff notification in December 2019 and during staff briefings that if a prisoner is on an ACCT and is assessed as standard risk on their Cell Sharing Risk Assessment (CSRA) staff should if possible allocate a shared cell.</p> <p>In December 2019 house block managers reminded all staff during staff briefings that welfare checks must be conducted for all first night prisoners to ensure that crucial risk related information is not missed and is known at the earliest opportunity. This is completed by the staff on the First Night Centre when completing the First Night Interview Pack on the following day.</p> <p>In December staff were also informed that they must conduct welfare checks once every hour and that the information noted must be recorded on an observation sheet. The observations for the ACCT document and</p>	

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			<p>First Night checks will remain separate and will be completed as separate observations. All staff are trained during SASH to make observation checks at unpredictable intervals. All staff have been provided clarity during their SASH training in 2019 on how to carry out observations for prisoners on ACCT.</p> <p>In November 2019 The Safer Custody team/Head of Healthcare agreed in that if a new ACCT has been opened in reception, the observations will automatically be set as a minimum of three observations per hour until the initial review has taken place. All staff have been informed of this requirement in 2019.</p>	
2	The Director should ensure that the COM receives refresher training in ACCT procedures.	Accepted	The member of staff completed the relevant ACCT training on 18th July 2019.	Safer Custody Completed
3	The Director should ensure that all prisoners are given the opportunity to speak to an Insider on their first night in custody.	Accepted	<p>From December 2019, a dedicated team of first night centre officers have been in post to ensure that Insiders remain unlocked on the first night wing until the last reception comes through, and that this process is carried out appropriately.</p> <p>Insiders have been trained and must deliver Induction packages to New Receptions within the first 48 hours of their arrival. Insiders are trained by the Resettlement team.</p>	Residential AD Completed

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4	The Director should ensure that a local protocol is developed and shared with staff to instruct them on what to do if they find a cell observation panel obscured.	Accepted	A local protocol will be developed by the Safer Custody COM in February 2020 which will set out the appropriate actions that staff are expected to take when they find a cell observation panel to be obscured. The protocol will be published to all operational staff upon its completion.	Safer Custody February 2020
5	The Director should ensure that, subject to a risk assessment, staff enter cells as quickly as possible if there is reason to consider that the prisoner may be at risk.	Accepted	All staff have received training as part of the SASH course in relation to carrying out risk assessments prior to entering a cell. This is delivered by trained staff who are also part of the Safer Custody team. Staff are aware, subject to risk that they must enter a cell promptly if there is reason to consider that the prisoner may be at risk. This action has been completed prior to June 2019. All such incidents are reviewed by the duty manager and staff have been given appropriate feedback to ensure that they fully understand the mandatory requirement.	Safer Custody Completed
6	The Director and Head of Healthcare should ensure that a copy of this report is shared with the relevant members of staff so that they are aware of the Ombudsman's findings.	Accepted	The report has been shared with all named staff.	Head of Healthcare/ Safer Custody Completed