

Action Plan – Mr Daley Thomas at HMP Dovegate – Other Non-Natural Death on 20/07/2020

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	The Director should ensure that the prison's local drugs strategy is reviewed to ensure that the key issues are regularly being addressed.	Accepted	<p>A full review of the drug strategy is currently underway and is due to be completed by April 2021. Following the review, all actions will be documented and discussed during the monthly drug strategy meetings to monitor progress.</p> <p>From July 2020, additional resources have been implemented in order to reduce the availability of illicit substances. These include increased levels of searching all those, including staff, entering the prison. There is now a designated search team (DST) operating on a 24 hour shift pattern to increase the number of target searching. Additional drug detection dogs are also now used to allow greater coverage throughout the week and a body image scanner was installed in reception. Where there is intelligence to suggest any risk of contaminated mail, a photocopy is issued and the original mail is retained.</p>	Security, Assistant Director for Rehabilitative Culture and Recovery April 2021
2	The Director should ensure that staff conducting welfare checks obtain a response from the prisoner if they cannot be sure he is alive and breathing.	Accepted	<p>All staff are routinely provided with training on the requirements of welfare checks during the initial training course. In addition to this, from August 2020, all Prison Custody Officers (PCOs) were reminded of the importance of obtaining a clear response when conducting welfare checks during monthly briefings. This was also reiterated to staff during the monthly tool box talks which focus on key areas of safety.</p> <p>A notice to staff (NTS) was also sent out in August 2020 which outlined the importance of obtaining a response from all prisoners during welfare checks if breathing or movement are not clearly seen.</p>	Assistant Director Residential and Safety Completed

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3	<p>The Director and the Head of Healthcare should ensure that staff manage prisoners at risk of suicide and self-harm in line with PSI 64/2011, including that prison and healthcare staff:</p> <ul style="list-style-type: none"> • share all information that affects risk; • start ACCT monitoring procedures when a prisoner discloses suicidal thoughts or self-harms; and • review the prisoner's level of risk whenever there is an event or change of circumstances that could impact on risk. 	Accepted	<p>A notice to staff (NTS) was issued and a staff briefing took place in September 2020 around identifying risk and how changes of circumstances could impact on a prisoner's level of risk. Staff were also reminded to start ACCT procedures when a prisoner discloses suicidal thoughts or self-harms.</p> <p>Suicide and Self-Harm (SASH) training is delivered to all staff and provides guidance on the ACCT process, including identifying risk factors and when an ACCT should be opened. By February 2021 over 90% of staff had received the most recent SASH training package and over 90% of the management group had received ACCT case management training.</p> <p>A new system to increase the sharing of risk information was introduced in February 2021 and known trigger dates are now collated by the safer custody team and shared with other staff. This ensures that staff have conversations with prisoners to check on their welfare and to help to identify whether or not the trigger has affected mood, demeanour and potentially risk.</p> <p>All staff have received briefings and further guidance on identifying and sharing risk factors, including all healthcare staff, who have been reminded to document all relevant information on the SystemOne database. The Head of Healthcare also reminded all staff during briefings in February 2021 of the importance of sharing all relevant information and the importance of opening an ACCT when required.</p>	Assistant Director Safety and Head of Healthcare Completed

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4	The Head of Healthcare should ensure that all staff understand the administrative process to refer a prisoner to mental health services.	Accepted	All staff were reminded of the local mental health referral process in February 2021 through staff briefings, and staff were also reminded to ensure that a mental health referral is made when required.	Completed Head of Healthcare
5	The Head of Healthcare should continue to share updated PHE guidance on use of PPE during the COVID-19 pandemic and assure herself that all staff have access to appropriate PPE.	Accepted	The Head of Healthcare will continue to share all updated national guidance with the team, and seek assurances that appropriate PPE is available at all times. Staff are encouraged to escalate any concerns regarding the availability of PPE to the Head of Healthcare or other senior managers.	Completed Head of Healthcare
6	The Director and Head of Healthcare should ensure that staff are given clear guidance about the circumstances in which resuscitation is not appropriate, in line with national and European guidelines.	Accepted	<p>Guidance is issued to all staff during the initial training course to ensure that they are aware of the Royal College of Nursing and Royal College of General Practitioners directions on when it is appropriate and not appropriate to perform cardiopulmonary resuscitation (CPR).</p> <p>Further training on CPR was delivered to all staff in February 2021 through presentations during staff briefings. Staff were also reminded of the circumstances in which resuscitation is not appropriate.</p> <p>Guidance around the decision of when not to perform CPR was also shared with Healthcare staff and the Serco Manager by Head of Healthcare in February 2021.</p>	Head of Healthcare and Assistant Director of Safety Completed