

**Action Plan – Mr Michael Dobson at HMP Dovegate – SID on 24/11/2019**

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	<p>The Director should ensure that staff manage prisoners at risk of suicide and self-harm in line with PSI 64/2011, including that:</p> <ul style="list-style-type: none"> <li>•prison and healthcare staff share all information that affects risk, and make appropriate entries in the ACCT ongoing record;</li> <li>•staff consider all relevant information that affects risk when completing the immediate action plan, and set appropriate levels of observations and caremap objectives; and</li> <li>•staff review the prisoner's level of risk whenever there is an event or change of circumstances that could impact on risk.</li> </ul>	Accepted	<p>Over 90% of the management group have been trained in ACCT case management and over 90% of staff have received Suicide and Self Harm (SASH) training.</p> <p>Custodial Operations Managers (COM) have been briefed on managing risk factors and a monthly quality assurance check is carried out to ensure that ACCTs are being case managed well, with appropriate observations set in line with risks and triggers as well as caremap actions focused on reducing risk.</p> <p>Staff have been briefed through 'Tool Box' talks on ensuring that risk is considered when completing the immediate action plan and prompt sheets have been sent to all case managers as a visual reminder of risk factors to consider when setting levels of observation and care map actions. Prompt 'crib' sheets have been created by psychology so that case managers can use these in reviews if required.</p> <p>Known trigger dates are monitored by the Safer Custody team and welfare checks are completed. A new system is being embedded where trigger dates are identified on arrival into custody so that a report can be pulled off the local IT system and shared with keyworkers. This will ensure that keyworkers are aware of potential trigger dates and can 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>A Notice to Staff (NTS) was issued and a staff briefing took place in September 2020 around identifying risk and how changes of circumstances</p>	Head of Safer Custody Completed

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			could impact on a prisoner's level of risk. Staff were reminded to consider whether observations should be increased in such instances.	
2	The Director should ensure that: <ul style="list-style-type: none"> <li>•there is an effective keyworker scheme which provides consistent and meaningful support to prisoners, in line with national policy;</li> <li>•keyworkers record their interactions in the ACCT record; and</li> <li>•keyworkers are able to have input into ACCT reviews.</li> </ul>	Accepted	<p>The keyworker scheme was signed off by HMPPS in late 2019.</p> <p>In October 2019 keyworkers were instructed to record interactions following keyworker sessions with those on open ACCTs within the ACCT documents. The standard of keywork sessions are quality checked by the key work hub weekly at 10% and by the HMPPS controller at 10%.</p> <p>ACCT case managers are now responsible for inviting keyworkers to attend scheduled ACCT reviews and the ACCT quality assurance process identifies if this has not happened so appropriate action can be taken.</p>	Head of Residential Completed
3	The Director should share this report with the COM and discuss the Ombudsman's findings with them.	Accepted	A copy of this report has been shared and the findings have been discussed with the member of staff.	Head of Safer Custody Completed
4	The Director and the Head of Healthcare should ensure that, whenever possible, care coordinators from mental health and substance misuse	Accepted	Scheduling of ACCT reviews takes place daily, overseen by the Safer Custody team. The Safer Custody team conduct and schedule all initial reviews so that the mandatory multi-disciplinary team are present including a healthcare professional. Healthcare attendance at ACCT reviews is audited monthly and the findings shared with the prison and NHS England commissioners.	Head of Safer Custody and Head of Healthcare Completed

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	are invited to ACCT reviews to ensure continuity of care.		ACCT review times are sent out each day for all multi-disciplinary departments to review so that if a department has a contribution or an ongoing relevant involvement with the prisoner they can attend and contribute to the review. This includes healthcare, chaplaincy, psychology, programmes, keyworkers and other COMs.	
5	The Head of Healthcare should ensure that all staff are aware of the requirements of PSI 64/2011 and the importance making entries in the ACCT record after any intervention with prisoners to ensure continuity of care.	Accepted	All staff have been made aware of the requirement to document entries in the ACCT record after any intervention. This has been shared at the daily 'Buzz' meetings and via email. Appropriate documentation is also part of the ACCT training provided by the prison.	Head of Healthcare Completed
6	The Head of Healthcare should ensure that all staff are aware of the requirement to maintain a full, contemporaneous record, documenting all relevant information.	Accepted	All staff have been reminded of the requirement to maintain a full, contemporaneous record, documenting all relevant information, in line with Nursing and Midwifery Council (NMC) guidelines, which all registered nurses are responsible for adhering to, as part of their registration status. Records are audited, in line with a national audit schedule.	Head of Healthcare Completed
7	The Head of Healthcare should share a copy of this report with the nurse involved	Accepted	The named nurse no longer works at HMP Dovegate and was employed by a subcontractor through the mental health providers. The report has been shared with the mental health team leader for learning and discussion with the mental health team.	Head of Healthcare Completed

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	and discuss its findings with her.			
8	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, in line with PSI 24/2011.	Accepted	A NTS and a local policy regarding entering a cell were produced in December 2019 following this incident. Staff are encouraged to enter a cell as soon as possible particularly where there is a risk to life. The policy includes information about making a dynamic risk assessment and defensible decision making.	Head of Safer Custody Completed
9	The Director should ensure that a copy of this report is shared with PCO's involved so that they are aware of the Ombudsman's findings.	Accepted	A copy of the report has been shared with the staff named.	Director Completed
10	The Director should: •initiate an investigation into the allegation that the NOO entered Mr Dobson's cell on 1 November and threatened to assault him if he kept asking for a Listener, including interviewing the NOO, the Head of Safer Custody and prisoners in adjacent cells; and	Accepted	An investigation has taken place and a letter was sent to the PPO in August 2020 with the outcome.	Director Completed

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	•write to the Ombudsman to inform her of the outcome of the investigation.			