# **ACTION PLAN: HMCIP REPORT**

## **ESTABLISHMENT: HMP DOVEGATE**

TIMETABLE	DATE	STATUS OF THIS RETURN
Full Unannounced inspection	22 May-8 June 2017	
Report published	3 October 2017	
Action Plan Submitted	1 December 2017	Attached

## **ACTION PLAN - HMCIP REPORT**

## **ESTABLISHMENT: HMP DOVEGATE**

## **POSITION AS AT: NOVEMBER 2017**

1. Rec. no	2 Recommendation  Main recommendations To	3. Accepted/ Rejected/ Partially Accepted / Accepted Subject to Resources	4. Response Action Taken/Planned	5. Function Responsible/ Policy Lead	6. Target Date
5.1	The focus on violence and drug supply reduction should continue with a thorough analysis of violent incidents. The current violence and drug reduction plans should be developed further. Outcomes should be reviewed and evaluated and, where necessary, actions should be	Accepted	A drug strategy manager and safer custody manager will be appointed to focus on violence and drug supply reduction. Minuted monthly meetings will be scheduled for both drug strategy and violence reduction and within these meetings a thorough analysis of violent incidents will be included. Outcomes of the analysis from these meetings will be converted into actions and these will be reviewed at the following meeting.  The current violence and drug reduction plans will be	Head of Safer Custody	28 February 2018
	adapted to ensure maximum impact. (S59)		reviewed, refreshed and published.  In accordance with a Director's Rule, body worn cameras (BWCs) are now worn by staff in the segregation unit to deescalate violent incidents. Spot checks take place daily to ensure that this happens. In addition, there are officers assigned to wearing BWCs on the wings and the Custodial Operations Managers (COMs) ensure that they wear them. Safer Custody has recently assigned which wing staff must wear a BWC depending on identified hotspots.  HMP Dovegate has embedded the national violence reduction		
			framework into its violence reduction strategy. Training/awareness sessions with the managers are scheduled and the designated Safer Custody COM will ensure that processes are followed robustly. A new Violence Management		

			plan has been developed based on psychological research around motivators for violence.		
5.2	Levels of segregation and use of force should be monitored and managerial oversight improved to provide robust governance and assurance. (S60)	Accepted	The management structure has been reviewed to ensure better communication with the senior management team. Two team co-ordinators are now in place within the segregation unit and report any concerns to the Assistant Director.  The Use of Force instructor collates the Use of Force paperwork and ensures this is completed to the required standards and the Report F213 (record of Use of Force) is completed.  Control and Restraint committee meetings are also being held.  A monthly Use of Force meeting will be implemented to analyse and review the levels of use of force.  Quarterly Segregation Monitoring and review Group (SMARG) meetings will include analysis of the levels of use of segregation.  All planned removals are filmed on the camcorder and a member of staff on each wing is encouraged to ensure they are wearing a body worn camera. The duty Director and duty manager will be present during the planned removals.  Generic management plans will be used for those in the segregation long term. Targets set will be aimed at reintegration out of the segregation onto normal location and be focusing on the individual and their unique circumstances for segregation.	Head of Residence (Cat B)	31 December 2017
5.3	The number of purposeful activity places should be increased, to enable all prisoners to engage in education, skills or work activities that are of a good standard and promote personal development and employability. (S61)	Accepted	HMP Dovegate is working on increasing the number of activity spaces and they are being reviewed monthly; this has followed an in-depth piece of work which has been jointly approached by Serco and HMPPS. To deliver improved capacity existing allocation to available work places will be reviewed and maximised.  Work will be undertaken to ensure that current partnerships with companies that Serco work with and produce products for (with prisoner labour) are maintained and new partnerships are	Head of Reducing Reoffending	30 April 2018

		1	normed enouging that all evallable workeness is will and others		_
			perused ensuring that all available workspace is utilised where possible.		
			This will then allow the numbers to be monitored and analysed at the monthly resettlement meeting, and ensure that wherever possible the prison is forging suitable links to personal development and employability for prisoners.		
5.4	In partnership with outside agencies, comprehensive risk management plans should be developed for all high-risk prisoners due for release. (S62)	Accepted	All high risk prisoners will be highlighted eight months prior to release in the High Risk Pre-Release Meeting. This will ensure that the Offender Management Unit (OMU) alerts the community Offender Manager to the pending release of a prisoner and starts the pre-release process including Multiagency Public Protection Arrangements (MAPPA) as appropriate.  Comprehensive risk management plans will be produced for all	Head of Reducing Reoffending	30 November 2017
			high risk prisoners in partnership with the Probation Service. All MAPPA level cases and those cases of concern (not MAPPA) will be discussed and reviewed in the High Risk Pre-Release Meeting, which takes place monthly.		
5.5	The quality of prisoners' resettlement plans should be improved, and all prisoners should have their needs reviewed before release. All prisoners should have access to good-quality help to address their finance and debt problems and find sustainable accommodation and employment on release. (S63)	Accepted	Pre-Release Boards will be set up for all prisoners 12 weeks prior to release. Boards to be chaired by the Throughcare Manager (SERCO) and the Resettlement Manager (Community Rehabilitation Company - CRC).  The Basic Custody Screening Tool, Part 2 (BCST 2), a Resettlement Plan, will be updated with relevant quality information following the Pre-Release Board.  The quality of the BCST2 will be audited by the CRC management team and reported to the Head of Reducing Reoffending through the Partnership Meetings.	Head of Reducing Reoffending	31 March 2018
			Resettlement Pathway Monthly Meetings review the provision to address prisoners finance and debt problems and find sustainable accommodation and employment on release. Outcomes will be monitored through the resettlement data pack produced monthly by the CRC. The settled accommodation data is verified by the accommodation provider for those prisoners who are housed in supported accommodation. There is no verification process for those prisoners returning to family homes. The data produced monthly by the CRC details the reasons for any No Fixed		

			Abode and these are shared with the authority. The CRC team is now fully staffed.  In terms of support to find training or employment, since the inspection Ingeus has committed to attending Dovegate monthly to hold a candidate pool. An employers' event has been held to increase the Education, Training and Employment (ETE) provisions for prisoners ready for their release and further events will be planned. In addition, HMP Dovegate has Job Centre Plus delivering job club sessions three times a weeks (job searches and supporting CV writing) and the prison		
	Recommendations To HMPPS		is planning the delivery of an employability course.		
	Offender management and planning				
5.6	All high-risk and long-term prisoners should have an upto-date offender assessment system (OASys) and sentence plan. (Error! Reference source not found.)	Accepted	Initial Start of Custody Assessments should be completed within agreed timescales by local establishments or National Probation Service dependant on the risk of the offender. HMPPS continues to review the Offender Assessment System (OASys) backlog and has engaged with HMPS and NPS to ensure that reporting on the OASys backlog is improved and communicated to NPS areas. The prioritisation criteria remains in place to support establishments ensure the highest priority cases are completed in full, with a reduced assessment for lower risk cases, ensuring all cases have some form of risk assessment and sentence plan.  There has been a review of Offender Management in Custody (OMiC) and this will address the issues which prisons currently face around completing OASys reports. The new model will move the resource for OASys report completion into the training / resettlement estate and away from local / reception prisons, where there is more time for engagement with the offender and for the plan to be produced.  Roll-out of the new OM model has commenced within the 10 pathfinder sites and HMP Berwyn. We are currently working through the roll out schedule into the wider estate, but the new OM model will be in place in all closed prisons by September 2019.	HMPPS Safer Custody and Public Protection Group	September 2019

	Recommendations To The Director				
	Courts, escort and transfers				
5.7	Prisoners' property should arrive with them or within a reasonable period after their arrival. (1.5, repeated recommendation 1.3)	Accepted	The requirement for the transportation of property is governed by Prison Service Instruction (PSI) 12/2011 and PSI 72/2011. It is measured against two volumetric sized boxes and a single outsized item or bag which, must not exceed 15kg. In addition to this, the escort contractor will take legal documentation. The escort contractor is aware that property established within these limits must be taken to the facility to which the person is to be transported. If items exceed the agreed limits, this will detract from the ability of the contractor to transport all persons with their property to the required destination. The vehicle fleet is designed to carry the number of prisoners it is intended, together with their property to the volumetric limit. In all circumstances the contractor will decline to transport any property that exceeds the volumetric limit due to exact storage space upon the vehicle. It remains the responsibility of the sending establishment to make arrangements for excess property to be forwarded at their expense.  During the 12 month period (June 2016 to July 2017) there have been a total of 422 inter-prison transfers (IPTs) into HMP Dovegate and a further 1360 IPT moves out of the establishment. The escort contractor has received five complaints from prisoners at HMP Dovegate during the last 12 months regarding property, which equates to 0.3% of all moves in and out of the establishment. For this same period, PECS have not received any complaints from HMP Dovegate or complainants regarding this area of service.  PECS continue to monitor all aspects of the contractors' performance and on occasions where it fails to meets the agreed levels will be raised with the contractor for improvement.  In instances where the level of property is in excess of that which can be transferred with the prisoner the property should be forwarded as soon as possible as stated in the current policy (PSI 12/2011).	The Prison Escort Custody Services (PECS)  Operational Guidance Team – Equalities, Interventions and Operational Practice Group	Completed and ongoing
	Early days in custody				

5.8	Reception interviews should be conducted in private.(1.15)	Accepted	A full review of the prisoner journey – from bus to bed – including the reception process will take place. The review will look at prisoner's experiences with regards to reception interviews and will ensure that reception interviews are conducted in private.	Head of Residence (Local)	31 March 2018
5.9	Orderlies should be closely supervised while in reception., (1.16, repeated recommendation 1.13)	Accepted	Staff briefings will include the management of orderlies. The risk assessment and job description for Reception Orderlies will be reviewed. Orderlies working in reception are supervised and only allowed access to certain areas. They will only work in areas that are staffed permanently.	Head of Residence (Local)	30 November 2017
5.10	All first night cells should be free of graffiti and fully equipped (1.17)	Accepted	All first night cells will be cleaned prior to the arrival of a new reception prisoner and the appropriate kit will be ready for the first night of custody. This will be monitored by the relevant Custodial Operations Manager.	Head of Residence (Local)	31 October 2017
5.11	Self-harm and suicide  Action plans developed following death in custody investigations and serious near-fatal incidents of self-harm should be reviewed periodically to ensure that changes in practice and lessons learned are sustained over time. (1.33, repeated recommendation 1.29)	Accepted	Upon receipt of Prisons and Probation Ombudsman (PPO) recommendations or lesson learnt bulletins following a death in custody or a serious near-fatal incident of self-harm, the Safer Custody team will include this into the monthly Safer Custody meeting and develop an action plan. The Healthcare team attend this meeting and contribute to the action plans.  The action plan will be reviewed at the monthly Safer Custody meeting to record progress, completion and sustainability of actions.  PPO reports and lesson learnt action plans will be a standard agenda item at each meeting.  There is a Death in Custody and Serious Incident action plan in place which is managed by the Care UK - Head of Healthcare. This action plan is reviewed and updated on a monthly basis and monitored through the local Quality Assurance (QA) Meeting and agreed assurances are then monitored through the Regional Governance Manager and Regional Manager. The Residential Assistant Director for SERCO will attend the QA meeting going forward to ensure this links in with the prison.	Head of Safer Custody Head of Healthcare – Care UK	31 December 2017
5.12	Listeners should be able to meet prisoners in crisis in an appropriately furnished and supportive environment. (1.34)	Accepted	A Prisoner Listener Suite will be implemented on Houseblock 3. The prison is in the process of purchasing agreed items for the Listener Suite cells. Discussions are taking place regarding the rotation of Listeners into these suites. The policy for access	Head of Safer Custody	31 March 2018

	Safeguarding		to this suite will be written and incorporated into the Suicide and Self-Harm Strategy.		
5.13	Comprehensive adult safeguarding procedures should be introduced and embedded across the prison, and the prison should be represented on the local safeguarding adults board. (1.38)	Accepted	A partnership will be created with the Staffordshire Safe Guarding Panel, with a view to attending the safeguarding adults' boards. Attendance will be documented in the minutes of the board.  Comprehensive adult safeguarding procedures will be introduced and embedded across the prison by incorporating adult safeguarding as an agenda item to the minuted weekly Safer Dovegate Meeting that is attended by all relevant departments and partner agencies at HMP Dovegate.  The Head of Healthcare will attend Safeguarding level 4 training.  Care UK will provide a healthcare safeguarding lead and all healthcare staff have safeguarding level 1 training.	Head of Reducing Reoffending Care UK	31 January 2018
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5.14	Prisoners in reception should only be strip-searched following an individual risk assessment and prisoners should not be routinely handcuffed between reception and escort vehicles. (1.47)	Partially Accepted	There are circumstances in which prisoners are required to be full-searched as a matter of routine, as set out in PSI 07/2016, "Searching of the Person" – this includes full-searching of prisoners on initial entry to prisons. All prisons must comply with the PSI's minimum requirements.  Full searching is an essential method used to find items of contraband secreted on the person and to prevent its importation into establishments. HMPPS has a duty of care to prevent and deter illicit items from entering establishments which could be used by a prisoner to harm themselves or others.  The procedure of handcuffing prisoners between reception and escort vehicles has now ceased.	HMPPS Security Group Head of Residence (Local)	31 December 2017
5.15	The prison should implement a prison-wide, coordinated and action-planned approach to reduce the supply of illicit drugs. (1.48)	Accepted	A new Supply Reduction Strategy will be written, resourced and implemented. The strategy will include Terms of Reference for regular, well attended, multi-disciplinary meetings that will analyse trends, discuss themes and document well thought out actions. Actions will be logged, tracked and critically analysed by the committee on completion. Required attendees will include representatives from the Security and Residence departments, as well as	Head of Security & Intelligence	28 February 2018

	Discipling		members of the senior management team (SMT), where required. This strategy will work in conjunction with the overall Drug Strategy.		
5.16	Discipline  A consistent and appropriate response to poor behaviour and punishments should be introduced. (1.54)	Accepted	The new incentives and earned privileges (IEP) system has been introduced and staff have familiarised themselves with its content. There is still some work and improvement around this area to be completed, particularly in the disparity between those on enhanced through to those on basic regime. HMP Dovegate will ensure that being enhanced is a privilege that prisoners strive for and want to aim for; the prison will then look at extra privileges for this compliant group of prisoners. Work around this is currently being undertaken.  The quarterly SMARG meeting incorporates the adjudication standardisation information. This reviews the consistency of HMP Dovegate's approach to poor behaviour and punishment. The meeting minutes evidence this.	Head of Residence (Cat B)	31 December 2017
	Substance misuse				
5.17	Prisoners arriving at the prison with opiate dependency should have access to first night prescribing of opiate substitutes and not just symptomatic relief. (1.69)	Accepted	All patients will be seen by a nurse on arrival to the prison; their needs will be assessed and they will be given opiate substance therapy or alcohol detoxification if necessary.  A Task and Finish group will be conducted to review the process and monitoring of first night Integrated Drug Treatment System (IDTS) patients. This will be monitored through the QA Meeting and operational issues will be escalated to the prison.	Head of Healthcare (Care UK)	31 December 2017
	Residential units				
5.18	Cells designed for single occupancy should not be used for shared occupancy. repeated recommendation 2.11)	Rejected	The occupancy of prison cells is determined by establishments and certified by Prison Group Director (PGD) in accordance with PSI 17/2012, which provides clear guidelines for determining cell capacities. Cells will only be shared where a PGD has assessed them to be of adequate size and condition for doing so. All accommodation is compliant with the certified cell certificate.	Prison Group Director	
5.19	Prisoners should have timely and reliable access to their property. (2.9)	Accepted	A review will be held of the policy in relation to the distribution of property to ensure that the access is reliable and consistent. The outcome of the review will be circulated in the form of a Notice to Staff and a Notice to Prisoners.	Head of Residence (Local)	31 December 2017
5.20	Residential managers should routinely monitor delays in cell call alarms being re-set and	Accepted	The cell call bell system is being refreshed and managers will ensure a prompt response is maintained via the communications room. A written process will be put in place to	Head of Residence	28 February 2018

	be assured that urgent calls receive a prompt response. (2.10, repeated recommendation 2.13)		detail how the residential COMs routinely monitor delays in cell call alarms being re-set and be assured that urgent calls receive a prompt response.  This will be reviewed monthly and minuted at the Safer Custody Meeting.	(Cat B and Local)	
5.21	Staff-prisoner relationships Consistent and confident staff-prisoner relationships should be embedded which set clear expectations on behaviour. (2.16)	Accepted	All officers will have live, effective and relevant Personal Development Records (PDRs) under the new Offender Management model, HMPPS will ensure that every prisoner has a dedicated officer who can engage with them one-to-one. These dedicated officers will have a caseload of six prisoners and will act as mentors for their prisoners – listening out for problems, supporting changes in attitudes and behaviour, and defusing tension and frustration.  Locally at HMP Dovegate Development Record (PDRs) and will attend the Five Minute Intervention training. The Personal Officer Scheme will be reviewed in conjunction with the implementation of the keyworker role of the OM Model.  New staff are placed on wings with experienced staff where applicable and have a direct line and support with the houseblock COM who will ensure that that they are available to offer guidance and help when required. The PDR will be reviewed at regular intervals with the employee incorporating the departmental goals and objectives, alongside their own personal development. Daily team briefings take place and COMs also providing training and desktop exercises.	Head of Residence (Cat B and Local)	31 March 2018
	Equality and diversity				
5.22	Timely and comprehensive equality data should be analysed regularly, to ensure that the needs of minority groups are clearly identified and appropriate action planned as a result. (2.23)	Accepted	Data will be gathered and analysed at the monthly Diversity, Equality and Action Team (DEAT) meeting. Where issues of concern arise, remedial action will be taken. Actions will be entered onto the Equality Action Plan, which will be reviewed at the DEAT. An annual prisoner and staff survey will be conducted to ensure that needs of minority groups are assessed and met.	Head of People and Organisational Development	31 December 2017
5.23	All minority groups should be systematically identified, supported and consulted, to	Accepted	Minority groups are identified during the First Night Assessment process. The Equality Team will send the identified prisoners a letter of introduction signposting them to	Head of People and	31 December 2017

	ensure that their needs are assessed and met. Negative perceptions should be understood and any unequal treatment addressed. (2.33)		the relevant forums and the avenues of support that are available to the minority group that the individual belongs to. The letter will include details of how to address issues and provide a contact point that concerns and complaints regarding unequal treatment can be raised to.  The monthly forums will be championed by a functional head who will provide a report in the DEAT each month. Any issues or complaints which cannot be resolved will be escalated to the DEAT and then into the equalities action plan.	Organisational Development	
5.24	Individual care plans for prisoners with disabilities should be drawn up jointly by equality and health services staff, and should be accessible and appropriately communicated to all staff.(2.34)	Accepted	Prisoners with disabilities are identified during the First Night Assessment process. The Equality Team will conduct a face-to face interview with each prisoner identified. If the disability requires medical interventions then a care plan will be drawn up jointly with a member of healthcare staff. A copy of the care plan will be given to the prisoner and one to the wing manager to be filed and kept on the wing. Staff working in the area will have knowledge of which prisoners have a care plan in place. Prisoners that have a care plan in place are clearly marked on roll boards. Wing managers also include this information on their briefings.	Head of People and Organisational Development	31 December 2017
5.25	The prison should ensure all disabled prisoners have prompt access to mobility aids. (2.35, repeated recommendation 2.30)	Accepted	Prisoners with disabilities are identified during the First Night Assessment process. The Equality Team will conduct a face-to-face interview with each prisoner identified. If the disability requires it a member of the Equality Team will promptly complete a disability needs assessment for all prisoners identified as having a disability within the First Night Assessment. If required an occupational health assessment will be conducted by healthcare. Any mobility aids that are required will then be sourced and issued as soon as is possible.  Should a prisoner develop disabilities whilst in custody the same process is followed once a referral is received, commencing with a face to face interview.	Head of People and Organisational Development	31 December 2017
	Health services				
5.26	Custodial staff should have direct access to well-maintained and checked automated external defibrillators. (2.60, repeated recommendation 2.57)	Partially Accepted	A plan to roll out defibrillators across all residential units for custodial staff to use in a medical emergency will be explored with HMPPS. The main barrier to direct access automated defibrillators would be funding.	Head of Residence (Local)	30 September 2018

			HMP Dovegate does have 24 hour healthcare who have and maintain defibrillators and they attend all emergency responses.  All defibrillators are kept in emergency response bags located in every house block and healthcare. When an emergency response is called the bag will be used by the emergency response Nurse/paramedic and if the defibrillator is required then it will be used.  There is also a defibrillator available in Segregation Unit.		
5.27	Inpatients should have regular access to therapeutic activities. (2.69)	Accepted	Healthcare will appoint an Inpatients Team Leader for leadership and consistency. An Inpatients Action Plan will be developed through partnership working between the prison/South Staffordshire Shropshire Foundation Trust (SSSFT) and Healthcare. This will be monitored through the local delivery board and an operational steering group.  The report notes that it was not possible to offer a full therapeutic programme because of the lack of officers to unlock patients to attend activities. All PCOs carry keys and are therefore able to unlock prisoners to attend scheduled activities. PCOs are detailed to health care daily.	Head of Healthcare – Care UK Head of Safer Custody	31 March 2018
5.28	Nurses should have keys to enable unfettered access to their patients. (2.70)	Rejected	NHS England (NHSE) and Care UK are currently in discussions nationally regarding this matter. At present Care UK and NHSE do not support healthcare staff drawing cell keys to enable unfettered access to their patients.	Head of Healthcare – Care UK	
5.29	Patients should receive medications at the times prescribed. (2.77)	Accepted	The healthcare workforce plan will ensure that there are Nurses and Pharmacy Technicians available to deliver medication at the prescribed times and to fit around the prison regime.  Any patients that do not attend healthcare for their medication are referred to the prison operational team and if the patient then refuses this is clearly documented on SystmOne. All medication errors and missed doses are reported via Datix and monitored through the QA.  Healthcare has an onsite pharmacist who monitors this performance and a bi-monthly medication management meeting commenced in September 2017.	Head of Healthcare – Care UK	30 November 2017

5.30	Professional counselling services should be available to prisoners with emotional needs. (2.85)	Partially Accepted	The healthcare service specification and contract does not exclude counselling from being offered. It makes reference to the service offering talking therapies, which currently includes the provision brief and solution focused therapies. The offer at HMP Dovegate does not currently include counselling. The rationale being that the talking therapies currently offered should achieve an equivalent outcome to what could be achieved by counselling. NHS England is keen to explore what gap counselling would be able to meet, and have recently commissioned a health needs assessment focusing specifically on mental health and substance use. It is hoped this will help to inform any future commissioning of counselling.	NHS England	Ongoing
5.31	Patients requiring transfer to hospital under the Mental Health Act should be assessed promptly and transferred within the current transfer guideline. (2.86, repeated recommendation 2.85)	Accepted	NHS England is working with partners across the criminal justice and Immigration removal system to improve services for offenders and detainees with mental health difficulties. NHS England has developed a comprehensive ten point plan that summarises all the work underway. This document, will be published towards the end of 2017, it describes a number of initiatives that will improve the pathway to and from prison to mental health hospitals. It includes specific reference to the timely transfer and remission of patients and information about how this will be implemented and sustained.	NHS England	Ongoing
	Learning and skills and work activities				
5.32	The learning and skills quality manual should be implemented, to provide a clear structure for reporting on all aspects of provision and driving forward further improvement.(3.10)	Accepted	A Quality Manual was introduced on the 4 September 2017. This incorporated the following:  a) Input from all staffing levels b) Input from prisoners c) Optimum use of data d) Self-assessment at all levels e) Outcomes from partner's quality assurance processes to be included in the Quality Improvement Group (QIG) and Self-assessment Report (SAR)  The Quality Manual will introduce a clear reporting structure by ensuring that meetings have an agreed terms of reference and agenda, a comprehensive self-assessment and course review process, a clear calendar of quality deadlines, and an escalation of action points that feed into management meetings.	Head of Learning and Skills	31 January 2018

5.33	The use of data should be improved, to analyse the performance of different learner groups and develop actions to address any underperformance identified. (3.11)	Accepted	A system of achievement data collection will be implemented in a format which enables any significant gaps in achievement for different groups of learners to be identified.  Agreement will be sought from the QIG of actions needed to lessen any such gaps.	Head of Learning and Skills	31 January 2018
5.34	Accreditation opportunities should be provided for prisoners working in horticulture and the laundry. (3.15)	Accepted	Opportunities for accredited course will be sourced and provided to the prisoners working in the laundry and horticulture departments.	Head of Learning and Skills	31 March 2018
5.35	Staff development for teachers should focus on meeting the needs of all learners, to ensure that they make progress to their potential, by increasing the range of methods employed by teachers and the use of interactive learning technology. (3.23)	Accepted	Education Managers will conduct classroom observations and classroom walk throughs. These will focus on:  • learner need • range of resources (including Information and Communication Technology) • written feedback to learners  Training needs will be identified and actions will be discussed through PDRs.	Head of Learning and Skills	31 January 2018
5.36	Quality monitoring of individual learning plans should be established, to focus on the setting of targets for personal development skills and ensure that learners understand the steps needed to achieve the targets set. (3.23)	Accepted	Education Managers will conduct classroom observations and classroom walk throughs. These will focus on the use of target setting in individual learning plans.  Training needs will be identified and actions will be discussed through PDR's.  SMART target setting training will be delivered to all tutors by College Leaders in curriculum team meetings.	Head of Learning and Skills	31 March 2018
5.37	Managers should ensure that teachers and trainers take note of the identified additional learning needs of their learners when planning their classes, so that learners can make progress according to their potential. (3.25)	Accepted	A Special Educational Needs (SEN) tutor will be appointed to provide increased support in classrooms, working with learner needs and empowering the tutors to enable learners to excel.  A review of resources used with learners with learning difficulties (LD) will take place in all areas in the prison, including the library. An action plan will be produced.  A robust LD assessment tool which can be used during the induction process will be identified.	Head of Learning and Skills	31 March 2018

			A policy will be introduced, under which, following referral of learners with learning difficulties, assessment will take place within a maximum of two weeks.		
5.38	A framework for the development and recording of learners' personal employability skills should be provided. (3.31)	Accepted	Training will be delivered on SMART targets and the recording of 'personal development' skills to all staff in industrial workshops and vocational areas, including the kitchen.	Head of Learning and Skills	31 March 2018
5.39	Pre-release activities should be improved, to prepare learners and help them to succeed in the job market. (3.32)	Accepted	Pre-release Boards will be implemented for all prisoners 12 weeks prior to release. These will be attended by the CRC and they will update the BCST 2 (resettlement plan). The pre-release boards allow the needs of individuals to be identified and interventions to be carried out, if available, and sourced, if not currently available.  A monthly Resettlement Pathway Meeting will be held to discuss and plan resettlement provision and review strategic direction.  The CRC will provide ETE (Education, Training and Employment) provision as detailed in the Prison Partnership Plan (PPP). Delivery of PPP will be monitored and reviewed in monthly meetings between SERCO and the CRC.	Head of Reducing Reoffending	31 March 2018
5.40	Prisoners' success rates in level 1 mathematics and information and communications technology should be improved. (3.37)	Accepted	A system of achievement data collection will be implemented in a format which enables any significant gaps in success rates to be identified.  Agreement will be sought from the QIG of actions needed to lessen any such gaps.	Head of Learning and Skills	31 March 2018
5.41	The number of prisoners failing to stay on their programme and complete their qualifications should be reduced. (3.38)	Accepted	A system of achievement data collection will be implemented in a format which enables any significant gaps in retention to be identified.  Agreement will be sought from the QIG of actions needed to lessen any such gaps.  A new timetable commenced on 4 May 2017. All courses are now fixed in length, roll-on, roll-off courses. The previous timetable saw some classes run one or two sessions per week meaning that courses could take a number of weeks to complete with a chance that learners had transferred before completion.	Head of Learning and Skills	31 March 2018

	Strategic management of resettlement		Analysis on data produced since 4 May 2017 should determine whether the change in timetable has reduced this concern.  There is currently a pay review taking place. In cell work is only currently available to prisoners that are unable to attend class for confirmed medical or security reasons.		
4.42	A comprehensive analysis of the resettlement needs of the population should be undertaken and used to develop provision for the diverse range of prisoners held at the establishment. (4.6)	Accepted	The Reducing Reoffending Strategy will be reviewed and refreshed. This review will include a comprehensive needs analysis of the resettlement needs of the population. An analysis of data including exit interviews, prisoner surveys, OASys, population demographics will be used to inform a strategy that will be based on developing a rehabilitative prison. The document will be inclusive of the seven pathways and will show how departments in the prison contribute to the rehabilitative culture.	Head of Reducing Reoffending	31 March 2018
	Offender management and planning				
5.43	Offender supervisor contact with prisoners should be of consistently good quality, to ensure that all higher-risk prisoners receive meaningful support which is clearly aimed at sentence progression and risk reduction. (4.14)	Accepted	Offender Supervisor caseloads will be reviewed to ensure appropriate distribution of offenders according to risk.  Sentence Planning targets will be focussed on Risk Management and Progression.  Offender Supervisors will attend all training that becomes available to them to increase their skills in risk management as part of the OM Model. OMU managers will review the offender supervisor's prisoner contact in respect of quality and offering meaningful support by means of review of OASys, sentence planning targets, Prison-NOMIS case notes and one-to-one interaction with Offender Supervisors.	Head of Reducing Reoffending	31 March 2018
5.44	The reasons why so few prisoners apply for a home detention curfew assessment should be explored and action taken to increase the number. (4.15)	Accepted	The OMU team will review the Home Detention Curfew (HDC) process and implement an alternative system to ensure that prisoners are supported when completing HDC paperwork.  HDC monthly data will be submitted to the Controllers and also included in the monthly assurance meeting report.	Head of Reducing Reoffending	31 December 2017
5.45	Reintegration planning  Prisoners should be allowed to use the toilet facilities without ending their visits session. (4.49)	Accepted	HMP Dovegate will address the concerns raised in the report and implement new policies that will allow prisoners to use the toilet facilities during their visit. The Local Policy and Security Strategy will be amended to reflect this.	Head of Safer Custody	31 March 2018

				Head of Security & Intelligence	
5.46	The need for a specific victim awareness course should be assessed and an appropriate course provided if required. (4.53, repeated recommendation 4.59)	Partially Accepted	This recommendation is partially accepted as there are no current accredited offending behaviour programmes that are specifically related to victim awareness. The current suite of programmes embeds victim awareness into them.  Restorative Justice (RJ) encourages offenders to consider victims' perspective and staff will be trained in RJ and implement RJ into HMP Dovegate.	Head of Reducing Reoffending	31 March 2018

Recommendations	
Accepted	40
Accepted Subject to Resources /Partially Accepted	4
Rejected	2
Total	46