

ACTION PLAN: HMCIP REPORT

ESTABLISHMENT: HMP WEALSTUN

TIMETABLE	DATE	STATUS OF THIS RETURN
Full unannounced inspection	17-28 August 2015	
Report published	9 December 2015	
Action plan submitted	3 March 2016	Attached

ACTION PLAN - HMCIP REPORT

ESTABLISHMENT: HMP WEALSTUN

POSITION AS AT: MARCH 2016

1. Rec. no	2 Recommendation	3. Accepted/ Rejected	4. Response Action Taken/Planned	5. Function Responsible/ Policy Lead	6. Target Date
	Main recommendations to the governor				
5.1	Security intelligence should be promptly and fully analysed and effective action taken in response to the concerns identified. (S50)	Accepted	The backlog, which was due to a number of unique factors occurring together, has now been cleared. All security intelligence is now being promptly and fully analysed.	Head of Security and Intelligence	Completed
5.2	Activity places should be fully utilised, staff absences and vacancies should be covered and prisoners' attendance should be managed robustly. (S51)	Accepted	Activity places will be fully utilised. Staff recruitment is underway for the current prison and offender learning and skills service (OLASS) staff vacancies. A bank of staff is now in place to cover vocational training workshops. Prisoner's attendance is being monitored via a weekly reducing reoffending managers' meeting, with actions being taken where necessary.	Head of Reducing Reoffending	31 March 2016
5.3	All prisoners should have an offender assessment system (OASys) assessment and sentence plan which identifies targets for progression and reducing reoffending. Contact between prisoners and offender supervisors should be regular and meaningful, and should encourage and monitor progress. (S52)	Accepted	<p>The Offender Management review was established to examine offender management practice in custody and identify ways in which the service could be changed and improved to be targeted appropriately within current resources. The conclusions of the review including implementation of changes were rightly postponed pending the emergence of the Prison Reform Strategy. While all prisoners will have a resettlement plan to ensure their needs are addressed in preparation for release, the National Offender Management Service (NOMS) recognise that lack of a sentence plan is in some instances creating difficulties in prisoners progressing. NOMS is therefore exploring options for enabling a simple sentence plan to be completed within the 'Layer 1' or risk review OASys (offender assessment system).</p> <p>The process for contact between offender supervisors and prisoners will be standardised to make sure contact is regular and meaningful. Appropriate staffing levels in the offender management unit (OMU) will be maintained to enable offender supervisors to have the time to carry out this work.</p>	<p>Offender Management & Public Protection Group.</p> <p>Head of Offender Management Unit (OMU)</p>	31 October 2016
	Recommendations				
	Courts, escort and transfers				

5.4	Prisoners should not have to wait in cellular vehicles if they arrive at the establishment during the lunch hour. (1.4, repeated recommendation 1.1)	Accepted	Geo-Amey has been reminded of the times that reception is closed over the lunchtime period and endeavour to work with the establishment to make sure that cellular vehicles do not arrive during this time. When vehicles do arrive over the lunchtime period, HMP Wealstun will make sure the reception process is commenced to avoid unnecessary waiting.	Head of Operations	Completed
	Early days in custody				
5.5	Peer supporters should be systematically involved in the first night process. (1.10)	Accepted	Consultation will take place with the peer support lead to make sure there is adequate provision for peer support on the induction wing. The peer supporters will be routinely involved in the induction programme on a daily basis.	Head of Residence & Safety	31 March 2016
5.6	The first night landing should be used only to accommodate new arrivals. (1.11)	Partially Accepted	Wherever operationally possible the first night landing will be used only to accommodate new arrivals. However, due to pressures surrounding spaces and safer custody issues there will be occasions where this is not possible.	Head of Residence & Safety	31 March 2016
5.7	The induction programme should be designed to meet the needs of all prisoners, including of those new to prison and those with a poor understanding of English. (1.12)	Accepted	A full review of the induction programme will take place, with the specific aim of making sure that those prisoners new into prison and those with a poor understanding of English will have their needs fully met. The review will be carried out in conjunction with the equalities manager and his team.	Head of Residence & Safety	31 March 2016
	Bullying and violence reduction				
5.8	Violent behaviour should be challenged and addressed through the use of interventions appropriate for the individual prisoner. (1.19)	Accepted	This is carried out through the prison's violence reduction policy which involves every incident being reported and fully investigated via a zero tolerance incident report. These reports will be routinely completed by supervising officers and above. Prisoners identified will be challenged via adjudication, incentives and earned privileges (IEP) and cell sharing risk assessments. Every Thursday morning cases will be referred to the safeguarding meeting. The meeting will result in either an anti-social behaviour letter being issued or a behavioural compact being started. This will be managed by a case manager for up to 28 days, with individually tailored plans put in place to ensure appropriate interventions. This is in line with the regional policy.	Head of Residence & Safety	31 March 2016
5.9	Prisoners identified as victims should be actively supported in order to maximise their participation in the regime, and it should be ensured that all staff have a clear	Accepted	As part of the initial zero tolerance investigation, victim's needs will be identified. As with perpetrators all individual cases will be discussed at the safeguarding meetings. In all cases their safety is paramount and all actions are recorded on a local database.	Head of Residence & Safety	31 March 2016

	understanding of the needs of individuals. (1.20)				
	Self-harm and suicide				
5.10	Prisons and Probation Ombudsman recommendations should be reviewed regularly to ensure continued compliance. (1.27)	Accepted	Prisons and Probation Ombudsman recommendations will be routinely reviewed by the head of safer custody/residence and his team. Where there are any non-compliances, action plans will be put in place to make sure the establishment continues to be fully compliant.	Head of Residence & Safety	31 March 2016
	Safeguarding				
5.11	A safeguarding adult's policy should be developed, detailing procedures and overall responsibility. Wing staff should be trained in the processes and be aware of their responsibilities under the Care Act. (1.32)	Accepted	An action plan will be put in place to make sure the prison develops a safeguarding policy for adults. This will clearly identify key stakeholders with action points to make sure the needs of vulnerable individuals are met. As part of the action plan staff training will be reviewed to make sure all grades are fully aware of their responsibilities under the Care Act.	Head of Residence & Safety	31 August 2016
	Security				
5.12	Strip-searching should be carried out only after a risk assessment indicates that it is necessary. (1.40, repeated recommendation 7.1)	Accepted	<p>There are circumstances in which prisoners are required to be routinely full-searched as a matter of routine, as set out in Prison Service Instruction (PSI) 67/2011, "<i>Searching of the Person</i>". All prisons must comply with the PSI's minimum requirements. Prisoners may also be full-searched on intelligence or on suspicion at any time. Local risk assessments are undertaken in other circumstances.</p> <p>Full searching is an essential method used to find items of contraband secreted on the person and to prevent its importation into establishments. NOMS 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.</p>	Head of Security and Intelligence Security Policy Group	31 May 2016
5.13	Visits restrictions should not be imposed for non-visits-related incidents. (1.41, repeated recommendation 7.12)	Rejected	<p>PSI 15/2011, "<i>Management of Security at Visits</i>", provides that closed visits may be imposed in the absence of specific visits-related activity.</p> <p>Closed visits may be imposed as an administrative measure where necessary in accordance with Prison Rule 34 (1) and (3), i.e. for reasons of securing good order and discipline or for the prevention of crime or in the interests of any persons. They should be applied where prisoners are proved or reasonably suspected of involvement in smuggling prohibited items through visits, or are considered to pose a reasonable risk of involvement, or when the application of closed visits is otherwise</p>	Security Policy Group / Head of Security and Intelligence	

			necessary for the grounds specified in the Prison Rules. In considering the imposition of closed visits, establishments should be able to demonstrate that in deciding to apply closed visits they: (a) have taken into account all the individual circumstances of the case; (b) have acted proportionately; and, (c) have kept the requirement for the closed visit under review.		
	Incentives and earned privileges				
5.14	Prisoners should be consulted over their poor perceptions of the incentives and application of the incentives and earned privileges (IEP) system. (1.47, repeated recommendation 7.48)	Accepted	Prisoners will be consulted over their poor perceptions of the incentives and application of the IEP system. Perceptions of how the IEP system is applied to prisoners will be carried out through discussion in prisoner's forums and via a prison wide survey of all residents.	Head of Residence & Safety	31 July 2016
5.15	The application of the IEP scheme should be reviewed to ensure adherence to local policy, the setting of individualised improvement targets, and timely and meaningful responses to poor behaviour. (1.48)	Accepted	A full review of the IEP scheme will be carried out to make sure there is adherence to the local policy, setting of individualised improvement targets and timely and meaningful responses to address the poor behaviour of individual prisoners.	Head of Residence & Safety	31 July 2016
	Discipline				
5.16	Prisoners held in special accommodation should have a mattress, when a risk assessment permits, and documentation should clearly record the clothing that prisoners are left with. (1.55)	Accepted	All prisoners placed in special accommodation will be issued with a mattress unless a risk assessment identifies otherwise. A log will be established recording the clothing that prisoners are left with.	Head of Residence & Safety	31 March 2016
5.17	Care and reintegration plans should be introduced to ensure that the underlying causes behind poor or vulnerable behaviour are addressed effectively and that options for prisoners' safe integration back into the main prison or transfer are identified. (1.62)	Accepted	A multi-disciplinary team will be set up and care and reintegration plans introduced to make sure that the underlying causes behind poor or vulnerable behaviour are addressed effectively, and that options for a prisoner's safe integration back into the main prison or transfer are identified without any unnecessary delay.	Head of Residence & Safety	30 June 2016
5.18	Toilets on the segregation unit should be cleaned and	Accepted	A capital bid will be made for the installation of privacy screens in this area. A regular cleaning schedule will be introduced on	Head of Residence &	31 March 2016

	screened, and graffiti in cells should be removed. (1.63)		the unit. As part of the daily accommodation fabric checks, graffiti will identified and routinely removed. Where appropriate, prisoners responsible for the graffiti will be issued with an IEP warning or placed on adjudication.	Safety	
5.19	The regime on the segregation unit should be improved and (subject to risk assessment) include access to on- and off-unit activities and in-cell electricity. (1.64)	Accepted	A capital bid will be resubmitted for the provision of in-cell electricity for the segregation unit. A full review of the segregation unit's regime will be carried out to make sure, where possible, prisoners are allowed access to on and off unit activities. Access to activities will be subject to prisoners having a positive risk assessment at the time of review.	Head of Residence & Safety	31 July 2016
	Residential units				
5.20	A, B, C and D wings should be refurbished to match the standard found on the newer wings. All cells should contain furniture of a suitable standard and toilets should be screened. (2.7)	Accepted Subject to Resources	The refurbishment of A, B, C and D wings will be discussed with a view to producing and submitting an Estate Investment Proposal to the Ministry of Justice Estate Planning & Development Unit. Any cell furniture that does not meet the current specifications, will be exchanged for the appropriate type of furniture. A review of all cellular accommodation will be undertaken to identify those cells that do not have a toilet screen in place; a schedule of remedial works will then be created.	Head of Residence & Services	31 March 2017
5.21	Communal showers should be cleaned thoroughly and kept well ventilated. (2.8)	Accepted	Daily management checks will be introduced to make sure communal showers are cleaned thoroughly and kept well ventilated.	Head of Residence & Services	31 March 2016
5.22	All telephone areas should provide adequate privacy. (2.9)	Accepted	All telephone areas will be reviewed to make sure that the area affords sufficient privacy to the user. Any areas found to be unsuitable will be improved.	Head of Residence & Services	31 March 2016
	Equality and diversity				
5.23	Equality impact assessments should be undertaken and adverse data from the equality monitoring tool should be examined promptly. Consequent actions should be included in the action plan and progress reported to the diversity and equality action team (DEAT) meeting. (2.23)	Accepted	Equality impact assessments will be routinely undertaken where a need is identified. This will form part of the diversity and equality action team (DEAT) standing agenda items. Managers through the DEAT will be actively encouraged to regularly review their areas where changes are predicted. Data will be monitored on a monthly basis to make sure any adverse areas are investigated as a matter of course and this information will routinely be reported back through the regular DEAT meetings. Consequent actions will be included in the equality action plan.	Head of Residence & Services	31 March 2016
5.24	Regular forums/support groups should be held with prisoners in all protected groups. Actions arising from them should be included in the	Accepted	The new equalities lead will draw up a plan to introduce regular forums/support groups for prisoners in all protected groups. Any actions identified through the forums will be taken to the DEAT by prisoner equality reps and included in the equality action plan were fully supported by the DEAT.	Head of Residence & Services	31 March 2016

	action plan and progress reported to the DEAT meeting. (2.24)				
5.25	Personal emergency and evacuation plans should clarify how assistance is provided to prisoners identified as requiring help in an emergency. (2.33, repeated recommendation 4.49)	Accepted	All personal emergency and evacuation plans will clarify how assistance is provided to prisoners identified as requiring help in an emergency. The plans will be located on individual wing offices and in the orderly office.	Head of Residence & Services	31 March 2016
5.26	Provision for foreign national prisoners should be improved. They should have adequate access to legal advice on immigration matters and to the Home Office Immigration Service. Professional telephone interpreting services should be used for confidential or sensitive communication with those who speak little English, and always in reception and health care interviews. (2.34)	Accepted	HMP Wealstun will review the provision for foreign national prisoners with the aim of improving the outcome for this group of prisoners, including adequate access to legal advice on immigration matters and Home Office services. Professional telephone interpreting services will be used for confidential or sensitive communication with those who speak little English, and used always in reception and health care interviews Healthcare have access to interpreting services for reception and during healthcare interventions if required. This can be by phone or in person. Documentation will be circulated to all staff. Training to be provided to staff on the process for new supplier.	Head of Residence & Services Head of Healthcare	31 July 2016
	Faith and religious activity				
5.27	Chaplains should have cell keys and attend assessment, care in custody and teamwork (ACCT) reviews where relevant. (2.42)	Partially Accepted	Chaplains have access to prisoners in cells, but do not have cell keys allocated. This, however, does not impair them or prevent them from carrying out their duties. Chaplains are routinely invited to attend assessment, care in custody and teamwork (ACCT) reviews when appropriate.	Head of Reducing re-Offending	Completed
5.28	The chaplaincy should develop links with community faith groups to provide support during imprisonment and on release. (2.43)	Partially Accepted	The chaplaincy is attending the resettlement services providers' meeting and working with the resettlement provider, St Giles Trust.	Head of Reducing Re-Offending	31 May 2016
	Health services				
5.29	All medical equipment should be accounted for and routine checks of all emergency equipment should be audited and form part of the internal reporting matrix provided to the health care manager.	Accepted Subject to Resources	Daily checks are carried out on emergency equipment in healthcare and documented in a daily log kept in the nurse's office. Checks are made on emergency bags on the wing daily for seal integrity and weekly for oxygen and defibrillators. If the seal is broken a full check on the bag is undertaken. Documents are kept in the treatment rooms to verify checks. This is reported at handover each day and logged as part of the	Head of Healthcare	Completed and ongoing

	Custody staff should be trained in the use of automated external defibrillators and have ready access to a device. (2.63)		record on the daily handover sheet. The handover sheets are audited monthly by the practice manager. These records are audited annually as part of documentation audit. Most custodial managers are defibrillator trained and have access to defibrillator machines on the wings. The remaining custodial managers will be trained in the use of defibrillators subject to available funding.		
5.30	The clinical assessment rooms in reception should comply with infection control and prevention standards. (2.72)	Rejected	There are sinks available for use in reception, but not in the healthcare rooms. However, no clinical work is undertaken in these rooms; their primary use is for verbal screening assessment to be carried out. There are no plans to install sinks in the healthcare rooms.	Head of Healthcare and Infection Prevention Control (IPC) Lead	
5.31	Waiting times to see the optician should be equivalent to those found in the community. (2.73)	Accepted Subject to Resources	The number of scheduled optician sessions is in line with the contract requirements. Waiting times are monitored on a monthly basis and reported to the business unit performance meeting. Some delays are related to temporary cover when the optician is on leave. When a request for an appointment is received, this is reviewed against the waiting lists (i.e. if the waiting list is 10 weeks and the prisoner's release date is prior to 10 weeks, then he is not put on the waiting list).	Head of Healthcare	30 June 2016
5.32	The prison should monitor failure to attend rates for all clinics and explore the reasons for non-attendance robustly. (2.74)	Accepted	<p>Did not attend (DNA) rates are reviewed monthly and reported to the business unit performance meeting.</p> <p>Feedback about not receiving appointment slips has resulted in a review of this with the prison healthcare reps. An audit of how apps are collected and appointment slips sent showed there were gaps on a number of wings where there was no healthcare rep and these posts have now been recruited to. Apps are collected daily by a dedicated healthcare assistant and appointment slips are prepared by admin at least 48 hours in advance for distribution by the healthcare reps.</p> <p>External appointments are reviewed alongside the prison to make sure no visits or other external appointments are due at the same time.</p> <p>Mental health send a letter asking patients who DNA if they want a new appointment. If they do, a further appointment is booked, but if not they are taken off the list to avoid further DNAs.</p>	Head of Healthcare	Completed
5.33	In-possession risk assessments should consider the risks of the drug as well as	Accepted	In possession risk assessment clinics are now being scheduled weekly. A template and policy has been recirculated and is in use. The pharmacist will review and provide further training.	Head of Healthcare and Pharmacist	Completed

	the patient, and be completed routinely and consistently. The policy should be followed robustly and reasons for the determination recorded. (2.82)		Monitoring will be included as part of a service specific action in the annual documentation audit		
5.34	Medicine queues should be supervised closely by discipline staff. (2.83)	Accepted Subject to Resources	Medication is issued from a number of dispensing points around the establishment. For those areas that have a discipline presence, officers are briefed to closely supervise queues. Intelligence reports on diverted medication evidence that they do. However, some queues are not supervised. The establishment has asked for additional resources but these have been rejected as they do not fit the benchmark category C complex prisons work to.	Head of Healthcare and Head of Residence and Services	Completed
5.35	Pharmacy-led clinics and medicine use reviews should be developed. (2.84)	Accepted	Review clinics are being scheduled. The GP and pharmacist meet to review medication in use and this is then discussed at clinical forum. Clinics to review prescribing are pharmacy led and patients triaged.	Head of Healthcare and Pharmacist	Completed
5.36	Waiting times to see the dentist should be reduced to ensure that they are equivalent to those found in the community. (2.89)	Accepted	The number of scheduled sessions is in line with the contract requirements. Waiting times are monitored on a monthly basis and reported to the business unit performance meeting.	Head of Healthcare and Business Team	Completed
5.37	All prison staff should attend refresher mental health awareness training as part of Mandatory training. (2.93)	Accepted	Mental health awareness training is included in the induction training package for all staff. Training is delivered by the mental health in reach team leader. A refresher training package for mental health awareness will be implemented which staff will be expected to complete this every three years. Healthcare staff are compliant with training requirements re Mental Capacity Act. Compliance with statutory and mandatory training is monitored and reported to business unit performance meeting on a monthly basis.	Head of Corporate Services Head of Healthcare	Completed
	Catering				
5.38	Breakfast packs should be more substantial and served on the day they are to be eaten, and lunch should not be served before midday and dinner before 5pm. (2.99)	Rejected	There is no capacity to serve breakfast to prisoners on the day without severely impacting on the regime. The serving of breakfast packs the evening before is a well-established practice across the prison estate and one, which contributes to a swifter start to the morning regime, including start time for work and other activities. The contents of the packs are suitable to be stored in the prisoners' cells overnight. There is insufficient funding available in the food budget to make breakfast packs more substantial.	Catering Manager	

			HMP Wealstun is a benchmarked prison and the core day does not permit the serving of lunch after midday and the serving of the evening meal after 5.00pm.		
5.39	Food hygiene should be maintained by keeping food trolleys, serveries and eating areas clean. (2.100)	Accepted	Weekly compliance checks are in place for all servery areas including trolleys. There are basic food hygiene checks which are completed by the catering management team. Wing servery workers will be identified and will receive extra food hygiene and handling training.	Catering Manager	Completed and ongoing
	Purchases				
5.40	Prisoners should not be charged an administrative fee for placing catalogue orders. (2.105, repeated recommendation 8.21)	Rejected	Administration charges for catalogue orders are mandatory under section 7 of PSI 23/2013, and provide a contribution towards the costs incurred in providing this service. It is not subject to local discretion, and is in addition to postage and packing. The catalogue-handling fee may be waived in circumstances where products are being purchased as specific requirements for a protected group, where to charge a handling fee would disadvantage the individual compared to the general population.	Head of Corporate Services	
5.41	Prisoners should not have to wait up to 10 days to receive their first shop order. (2.106)	Rejected	It is national policy that there is one standard order and one following delivery day per week for each prison. It is not financially viable to fund additional deliveries for new arrivals outside of this schedule. New arrivals are offered the option to purchase smokers' or non-smokers' reception packs on arrival. An order from the full local range can then be placed on the next usual ordering day.	Commissioning Group / Head of Corporate Services	
	Time out of cell				
5.42	Association and exercise should be supervised effectively at all times on all wings. (3.5, repeated recommendation 6.11)	Accepted	Association and exercise will be supervised effectively at all times on the wings. Monitoring will be in place to make sure that association and exercise periods are supervised effectively at all times. The monitoring will be carried out by a supervising officer or custodial manager at frequent, although irregular times.	Head of Residence & Services	31 April 2016
5.43	Prisoners should be provided with sufficient activities at weekends. (3.6)	Accepted	A review of weekend activities has been undertaken. As a result the variety of gymnasium activities available to prisoners at the weekend will be increased. In addition, funding has been made available to enable wing based games and /or competitions to take place on a weekend.	Head of Residence & Services	31 April 2016
	Learning and skills and work activities				
5.44	Targets in the quality improvement action plan should be precise and measurable, to enable managers to assess the	Accepted	Trainers have now been transferred http://www.berr.gov.uk/whatwedo/employment/tupe/page16289.html over to Novus where quality processes and standardisation are being undertaken which include course	Education Manager	31 July 2016

	effectiveness of their actions in securing improvement. (3.15)		reviews, Observation of Teaching and Learning (OTL), lesson planning and appraisals.		
5.45	Long-term unemployed prisoners should be supported effectively back into activities. (3.21)	Accepted	The activity department will look at each unemployed prisoner and hold a case review with the wing custodial manager to make sure the prisoner is effectively supported back into work.	Activity Hub Manager	31 March 2016
5.46	The quality of target setting should be improved, to ensure that teachers use language that learners understand, so that they know how to improve further and where they might receive additional help. (3.30)	Accepted	Trainers have now been transferred over to <i>Novus</i> where quality processes and standardisation will be undertaken which includes course reviews, OTL, lesson planning and appraisals.	Education Manager	31 July 2016
5.47	Learners' achievements in functional skills in mathematics at level 1 should be improved. (3.34)	Accepted	A new team leader for functional skills is now in place and is monitoring quality of delivery and standardising procedures.	Education Manager	31 July 2016
5.48	Prisoners should be able to visit the library at least once a week and action should be taken to increase its use. (3.39)	Accepted	<i>Novus</i> is due to take over the library contract on 1 April 2016. Plans are in place in conjunction with <i>Novus</i> to enable prisoners to fully utilise the library facilities.	Head of Learning and Skills and Education Manager	30 April 2016
	Strategic management of resettlement				
5.49	The resettlement needs analysis should include OASys information about risk and the likelihood of reoffending, so that resettlement services can be planned which meet the needs of prisoners and will reduce reoffending. (4.5)	Accepted	The resettlement need analysis was generated in December 2015. The head of OMU / hub manager will interrogate the OASys offender information / sentence planning targets for prisoners within the establishment. The findings of this review will be incorporated into the 2016 needs analysis. This action point has now been identified as an agenda item / action point on the quarterly resettlement policy committee meeting.	Head of Reducing Re-Offending	30 April 2016
	Offender management and planning				
5.50	Recorded contact with prisoners should be accessible to all staff responsible for their care. (4.13)	Accepted	Prison-Nomis will be universally used for offender supervisor contact. This will make sure that the information will be available to all staff working with an individual prisoner.	Head of OMU	31 May 2016
5.51	Public protection procedures should include clarification of	Accepted	Offender managers in the community will be contacted three months prior to release for all multi-agency public protection	Head of OMU	31 May 2016

	the multi-agency public protection arrangements (MAPPA) level and assurance that the risks presented by prisoners due for release will be well managed. (4.17)		arrangements (MAPPA) eligible prisoners to make sure appropriate risk management processes have been put in place.		
	Reintegration planning				
5.52	The virtual campus should be used to support job search. (4.31)	Accepted Subject to Resources	When a prisoner is received at HMP Wealstun they will be given a virtual campus (VC) log in. This will be used throughout their sentence and through the gate for Curriculum Vitae (CV) building and job searching. Links have been made with St Giles Trust/resettlement to enforce this, and for them to have basic training on VC to enhance usage in regards to resettlement	Education Manager	31 July 2016
5.53	A financial education and money management course should be available. (4.39)	Accepted	A curriculum review is due to take place between the prison and Novus. A financial education and money management course will be considered subject to available funding.	Head of Learning and Skills and Education Manager	31 March 2016
5.54	A family support worker and relationship counselling should be provided. (4.44)	Accepted Subject to Resources	Subject to available resources consideration will be given to introducing a family support worker. The possibility of providing a support worker is also being considered in conjunction with the St Giles Trust.	Head of Reducing Re-Offending	31 August 2016
5.55	The length of family days should be extended, and all families should be able to attend, regardless of the IEP status of the prisoner. (4.45)	Partially Accepted	Prisoners on all levels of the IEP scheme are allowed to apply for family days. Acceptance is judged on current behaviour and security intelligence. The length of family days will be considered under the re-profile as there is currently not the facility to extend.	Head of Operations	31 August 2016
5.56	Visitors should be consulted about their experience of visiting, to identify and plan improvements. (4.46)	Accepted	A visitors' survey will be conducted and an action plan of improvements developed.	Head of Operations	31 August 2016
5.57	Interventions addressing thinking skills should be available for prisoners who are not suitable for accredited programmes. (4.51)	Partially Accepted	'Refresher Fridays' are available for prisoners to attend who do not meet the criteria for the thinking skills programme or Resolve. This gives prisoners the opportunity to address basic thinking skills.	Treatment Manager	Completed
	Housekeeping points				
	Legal rights				
5.58	The library should stock a suitable range of legal books. (2.51)	Partially Accepted	All books can be made available to prisoners upon request from prison service training college. Other legal books are available from the library.	Head of Learning and Skills and Education	Completed

				Manager	
	Health services				
5.59	The television in the health centre waiting area should be in working order. (2.64)	Accepted Subject to Resources	The television will be repaired subject to available resources.	Head of Healthcare	31 March 2016
5.60	Health care information should be displayed prominently on the wings. (2.65)	Accepted	Action will be taken to make sure that health care information is displayed. This will be reviewed monthly by engagement lead.	Head of Healthcare and Patient Engagement Lead	Completed
5.61	Health care complaint forms should be standardised. (2.66)	Accepted	A new process is in place with Patient Advice and Liaison Service (PALS) to manage complaints related to healthcare. Concerns are submitted on a PALS form and complaints on a complaints form. Only two forms are in use. Recently trained healthcare reps are aware of the new process and how to support patients in raising complaints. New posters and paperwork have been issued to wings.	Head of Healthcare and Patient Advice and Liaison Service (PALS)	Completed
5.62	The clinical assessment rooms in reception should have access to a telephone. (2.75)	Accepted	A telephone has been provided for the healthcare room.	Head of Healthcare	Completed
5.63	The use of emergency stock should be audited, so that stock supplied can be reconciled against prescriptions issued. (2.85)	Accepted	A planned full stock audit is scheduled. Standard operating procedure will be developed for reconciling emergency stock against prescriptions.	Head of Healthcare and Audit Team	30 June 2016
5.64	Standard operating policies should be read and signed by all appropriate staff. (2.86)	Accepted	This will be reviewed to make sure new starters read and sign standard operating procedures as part of their induction as well as staff moving into new areas of work. As part of the learning newsletter HMP Wealstun include new policies for dissemination. This will be expanded to include changes to standard operating policies; each team lead will take responsibility for making sure all staff read and sign as part of their appraisal.	Head of Healthcare	Completed
	Learning and skills and work activities				
5.65	The passport for employment should be further developed to ensure that it records prisoners' attitudes and behaviour. (3.22)	Accepted	Changes have been made to the passport for employment and now includes prisoners' attitudes and behaviour.	Head of Learning and Skills	Completed

<i>Recommendations</i>		<i>Housekeeping Points</i>	
Accepted	41	Accepted	6
Accepted Subject to Resources /Partially Accepted	11	Accepted Subject to Resources /Partially Accepted	2
Rejected	5	Rejected	0
Total	57	Total	8