

Action Plan – Stephen Weatherley – HMP Thameside AFI 24/02/2018

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Director should ensure that staff: record clearly the reasons for the decision to impose closed visits; and review the decision regularly and record the outcome of the reviews, including the reasons for no longer imposing closed visits.	Accepted	Instruction will be issued to staff to remind them the importance of recording the reasons to impose closed visits, including where this is as a result of suspected receipt of illicit items during visits. This instruction will also set out the requirements for regularly reviewing and recording the decision to place a prisoner on closed visits.	April 2019 Assistant Director Security
2	The Director should ensure that visitors are searched after a visit if staff suspect that they made an unsuccessful attempt to pass drugs or other contraband, and that the police are called.	Accepted	The Director shall ensure that the requirement of Prison Service Instruction (PSI) 48/2010 Searching of a person and 40/2008 Guidance on Closed Visits are followed, and issue a reminder to staff of these requirements, including that police are informed of a suspected attempt to pass contraband by a visitor.	April 2019 Assistant Director Security
3	The Director should ensure that healthcare staff are able to examine a prisoner in person after a use of force, subject to a risk assessment, in line with PSO 1600.	Accepted	The Director will ensure that Healthcare staff have whatever access they require to medically assess or examine a prisoner in person after use of force, subject to risk assessment, in line with PSO 1600. Compliance with these instructions will be monitored by management checks internal self-audit.	Complete Director and Head of Healthcare.
4	The Director should: By 31 March 2019, provide the Ombudsman with confirmation that he is satisfied that the cell call system is fit for purpose; and review the current protocol for recording and answering emergency cell bells to	Accepted	The Director will provide the required assurance by the 31 March 2019. A review of the cell bell protocol, due to be completed in 30 April 2019, will include consideration of the points in the recommendation, and all staff will be informed of any changes introduced as a result by staff briefing.	March 2019 Assistant Director Operational Excellence

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	<p>ensure that staff respond to all cell bells promptly staff update the cell bell log accurately with specific information, including the time it was activated and the name of the staff member asked to respond; all staff are told immediately about any malfunction in the cell bell system and what to do in such circumstances; and Staff report problems with cell bells immediately and they are fixed promptly.</p>			
5	<p>The Director should ensure that staff facilitate the access of ambulances and paramedics through the prison gate and ensure there are no unnecessary delays.</p>	Accepted	<p>A walkthrough has been completed to ascertain the time required to escort a vehicle through the establishment. In total, assuming one member of staff was available to escort, it was calculated the approximate time taken to travel from the Front Vehicle Gate to the House block would be 13 mins and 35 seconds. Further time would then be incurred whilst ambulance crew gathered their kit, secured the vehicle and made their way onto to House block and to the relevant wing.</p> <p>On the morning of this incident, there was one member of staff available to escort.</p> <p>We will continue to monitor this process, to ensure that ambulance and paramedics access through the gate and into the prison is smooth and without any unnecessary delays.</p>	Complete Director

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6	The Director should ensure that the prison complies with Prison Service requirements for contacting the families of deceased or seriously ill prisoners and that they have adequately trained family liaison officers.	Accepted	<p>The Director shall ensure that the requirement of Prison Service Instruction (PSI) 64/2011 Safer Custody, are followed.</p> <p>Further staff have been identified and arrangements being made for FLO training to ensure adequate cover for this role.</p>	Completed Custodial Operational Manager Training
7	The Director should ensure all staff, irrespective of status, position or experience, are provided with formal support from the prison, immediately following a death in custody.	Accepted	<p>The Director shall ensure that the requirement of Prison Service Instruction (PSI) 08/2010 Post Incident Care are followed.</p> <p>In addition Serco provide all its staff with access to their Employee Assistance Program, which provided a 24 hours a day 7 days a week support and helpline. Calls are handled by experienced therapists or advisors and face to face support and advice sessions can be arranged.</p>	Complete Care Team Lead
8	The Director and Head of Healthcare should both, by 31 March 2019, confirm to the Ombudsman that, following a death in custody, a single point of contact appointed by the Director will coordinate the response to all the Ombudsman's requests for information and for arranging interviews with prison and healthcare staff, in line with the requirements of PSI 58/2010.	Accepted	<p>The Director shall ensure that following a death in custody, a single point of contact is appointed and their details are provided to the Ombudsman without delay.</p> <p>The single point of contact appointed by the Director will coordinate the response to all the Ombudsman's requests for information and for arranging interviews with prison and healthcare staff, in line with the requirements of PSI 58/2010.</p>	Complete Director and Head of Healthcare.