

**ACTION PLAN: HMCIP REPORT**

**ESTABLISHMENT: HMP/YOI PARC**

<b>TIMETABLE</b>	<b>DATE</b>	<b>STATUS OF THIS RETURN</b>
Full Announced inspection	30 Nov – 1 Dec 2015;11 - 22 Jan 2016	
Report published	8 June 2016	
Action Plan Submitted	7 September 2016	Attached

## ACTION PLAN - HMCIP REPORT

ESTABLISHMENT: HMP/YOI PARC

POSITION AS AT: SEPTEMBER 2016

1. Rec. no	2 Recommendation	3. Accepted/ Rejected	4. Response Action Taken/Planned	5. Function Responsible/ Policy Lead	6. Target Date
	<b>Main recommendations To the Department of Health</b>				
<b>5.1</b>	Prisoners requiring a transfer to hospital under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (S42)	Accepted	HMP/YOI Parc will be reminded of existing transfer protocols via the Prison Health Partnership Board.	Welsh Government - Head of Offender Health	30 September 2016
	<b>To the director</b>				
<b>5.2</b>	The prison should further explore and address the reasons for the high and increasing levels of violence, and give more focus to managing and supporting prisoners in debt. There should be more consultation with prisoners and peer representatives to discuss violence and its main causes. (S40)	Accepted	A weekly violence reduction meeting will be introduced, which will be chaired by the Director. This meeting will examine all violent incidents which occur and analyse trends. Monthly focus groups will be introduced and exit surveys will be issued to prisoners on release to assist in the gathering of data. The violence reduction and drug support teams will develop a debt support strategy. Peer mentors will be employed to improve the dialogue with prisoners.	Head of Safer Custody	30 November 2016

5.3	Prisoners with primary and secondary mental health needs, including dual diagnosis, should receive satisfactory care-planned support from appropriately trained staff within agreed timescales. (S41)	Accepted	<p>All mental health caseloads will be read-coded in accordance with the prisoner's condition. Community wait times will be obtained and shared via monthly newsletter so that prisoner expectations can be managed. A monthly newsletter will be utilised to advise prisoners on self-help and how to access information. A designated nurse has been appointed to develop services for those with a personality disorder. The learning disability team will be utilised to assist with behavioural management plans for challenging prisoners. Two registered mental nurses have been accepted for cognitive behaviour therapy training and training is to commence in January 2017 for one year. Primary care psychiatry will be sourced from England.</p> <p>The recent expansion at HMP Parc has seen an acknowledged increase on demand in relation to secondary care service within the local health board. The Welsh Government are already in discussion with relevant officials within NOMS-Cymru, to determine how best to response to this increase and where responsibility sits for enhanced healthcare funding.</p>	Healthcare Clinical Lead	31 May 2018
	<b>Recommendation To the Home Office</b>				
5.4	Foreign national prisoners should be given at least one month's notice before they have completed their sentence of an intention to detain them. (2.32)	Rejected	Every effort is made to ensure that prisoners are aware of the decision to detention at the end of their sentence. Any foreign national offender (FNO) liable to enforcement action will have been advised of potential removal action. The Home Office is transforming the way it looks at detention and are embedding a process which will aim towards informing FNOs a month or so prior to detention. However, this will not be possible in cases where FNOs with short sentences (such as those with a month or less) have been referred to the Home Office for deportation consideration.	Home Office	

	<b>Recommendations To NOMS</b>				
<b>5.5</b>	NOMS should require the community rehabilitation company provider to evaluate the impact of prisoners' learning on their progression into work and on their offending behaviour following release from prison. (3.14)	Accepted	Work is ongoing to address this recommendation. It is currently not a contractual requirement, but may become a contract requirement.	National Offender Management Service Wales - Deputy Director Strategic Support, Administration and Assurance	Ongoing
<b>5.6</b>	Prisoners should not be transferred to Parc without an up-to-date OASys. (4.16, repeated recommendation 4.15)	Accepted	<p><b><u>Transfers without Offender Assessment System (OASys)</u></b>  The National Offender Management Service (NOMS) continues to review the OASys backlog and the prioritisation criteria remains in force, which ensures the highest priority cases are completed in full, with a reduced assessment for those lower risk cases. Further, public sector prisons are currently pursuing a revised operating model, using the principles of the recent Offender Management (OM) review as its firm basis. This will ensure there is increased time for building effective relationships with prisoners, and also a more robust approach to prioritising assessments in the future. Including ensuring initial OASys are routinely completed</p> <p><b><u>OASys Backlog</u></b>  HM Prison Service (HMPS) introduced a "special bonus scheme" in August 2015 to incentivise members of staff to undertake additional hours to complete initial OASys assessments with the aim of reducing the overall HMPS OASys backlog. The scheme operated for a 12 week period and was originally scheduled to finish in November 2015. However, to maximise the impact of the scheme a number of establishments were given permission to extend the scheme for between two to four weeks, this taking the finish date to late December 2015 – early January 2016.</p> <p>In January/February 2016 the impact of the scheme was assessed with a view to considering the next steps to reduce the OASys backlog. Part of this process was to understand and assess the impact and the timing of any changes the OM review would introduce with regards the completion of OASys assessments.</p>	NOMS Public Sector Prisons	Ongoing

			Due consideration has now been given and because the OM review will not impact in the short terms, a number of options have been developed and recommendations have been submitted through the management line. The recommendations are currently being considered and it is anticipated that further actions to reduce the HMPS OASys backlog will be implemented in August/September 2016.		
<b>5.7</b>	NOMS should ensure that the MAPPA level on which prisoners will be released is determined at the earliest opportunity to ensure effective pre-release risk management. (4.22)	Accepted	The MAPPA guidance states that the prison should be informed of the level at which a MAPPA offender will be managed at least six months before the prisoners release. The prison is merely the recipient of this communication. An escalation process has now been agreed between prison, MAPPA coordinators and National Probation Service (NPS) to address cases where a level has not been set within the timeframe.	NOMS Offender Management Public Protection Unit	Ongoing

	<b>Recommendations To the director</b>				
	<b>Self-harm and suicide</b>				
<b>5.8</b>	Prisoners on assessment, care in custody and teamwork (ACCT) case management should only be placed on the basic level of the incentives and earned privileges scheme as a last resort, and even then should not be confined to their cells for long periods. (1.22)	Accepted	A full assessment of vulnerability takes place before any prisoner is placed on basic regime. A comprehensive review will take place to explore alternative methods to support prisoners who are on assessment, care in custody and teamwork (ACCT) care management and who are also on basic regime. This will include a review of time out of cell. A full assessment of vulnerability already takes place before any prisoner is placed on basic regime.	Head of Residence	30 November 2016
<b>5.9</b>	Prisoners requiring constant watch should be monitored face-to-face by a dedicated member of staff and not by CCTV. (1.23)	Accepted	A review of safer custody procedures will take place to ensure that any prisoners subject to constant watch have an individualised care plan taking into account all risk factors. Prisoners who require additional support but who are subject to constant observations will be monitored in rooms with CCTV coverage. Prisoners who are subject to constant observations will be monitored by a dedicated member of staff.	Head of Safer Custody	31 December 2016
	<b>Security</b>				
<b>5.10</b>	The prison should work with the police to explore ways to prevent drugs and other illicit items entering the prison, and take action to reduce or remove methods of entry. (1.39)	Accepted	The Director and Head of Security hold a quarterly strategic meeting with South Wales Police. A standard agenda item is the passage of illicit articles entering the prison. Since the introduction of this meeting in December 2015, the Police have conducted a number of operations to increase patrols within the vicinity of the prison. An additional mobile camera will be in operation from September 2016 to assist in the detection of illicit items entering the prison.	Head of Security	31 August 2016

	<b>Incentives and earned privileges</b>				
<b>5.11</b>	Prisoners on basic level should not all be located on the same landing or have signs on their door to indicate their regime level. (1.47)	Accepted	Prisoners will be located around the unit and not grouped in large numbers in one area. Inevitably there may be more than one person on basic regime on a landing. There will be no signs on the cell door to indicate the prisoner's regime level.	Head of Residence	31 August 2016
	<b>Discipline</b>				
<b>5.12</b>	All use of special accommodation should be justified and this accommodation should not be used for prisoners in crisis. Prisoners who do have to be held in these cells should be removed at the earliest opportunity. (1.56)	Accepted	All use of special accommodation is reviewed by the Director at the weekly violence reduction meeting. Special accommodation has not been used during the first six months of 2016. Prisoners who are held in special accommodation will be removed at the earliest opportunity. All documentation for the use of special accommodation will be quality assured buy the Director.	Head of Safer Custody	30 September 2016

	<b>Substance misuse</b>				
<b>5.13</b>	The prison should further develop substance misuse services to meet the needs of prisoners, and the range of support for prisoners using Spice should be increased. (1.65)	Accepted	<p>A drug support aftercare unit has been opened, which aims to provide support to prisoners who have received treatment on the substance misuse support unit and who wish to remain abstinent. The New Psychoactive Substances strategy will be reviewed to ensure there is a proportionate provision of supportive and enforcement aspects.</p> <p>A further contract for the provision of counselling for substance misusers has been agreed. Structured pre and post release inter-agency involvement in substance misuse interventions and case management is now in place. Collaborative working with external partners has improved provision and now allows for external and internal staff to work together both in the prison and in the community to deliver services.</p>	Head of Offender Management Unit (OMU)	31 December 2016
	<b>Residential units</b>				
<b>5.14</b>	Prisoners should have access to exercise equipment in the exercise yards. (2.7)	Partially Accepted	Exercise yards will not be routinely fitted with exercise equipment due to the security and health and safety risks, which are presented. Exercise equipment will be fitted on some exercise yards following risk assessment and therapeutic requirements.	Head of Residence	30 April 2017
<b>5.15</b>	A cell call bell monitoring system should be used to monitor response times. (2.8)	Accepted	A full review of the monitoring of cell bells will be undertaken. The review will consider the technology available and how it can be used to inform management of compliance to HMIP expectations.	Head of Residence	31 December 2016
<b>5.16</b>	The paper-based applications system should be replaced by the electronic central management system (CMS), and systematic monitoring and quality assurance introduced. (2.9)	Accepted	Central management system (CMS) applications are already in place for a number of functions and this will be extended as part of the project roll out. A monitoring system is in place that records who has accessed the application, when and the actions taken. This will be enhanced with the introduction of a quality assurance system. A review of the CMS operation will be completed by March 2017. Performance data will be included in the monthly performance report.	Head of Compliance	31 March 2017

	<b>Staff-prisoner relationships</b>				
<b>5.17</b>	Issues raised by prisoners at consultation meetings should be followed up promptly by a named manager. (2.15)	Accepted	All concerns raised by prisoners at consultation meetings will form part of an action plan with actions allocated to managers within a designated timeframe.	Head of Residence	31 December 2016
	<b>Equality and diversity</b>				
<b>5.18</b>	The community inclusion action team meeting should ensure effective policy, planning and consultation for all protected groups, which address need, prisoner perceptions and monitoring data. (2.23)	Accepted	A full review of the agenda, attendance and role of the equalities meeting will be completed. Focus groups will be reviewed to ensure that all protected characteristics have support groups in place. Monitoring of data will be expanded and will form part of the agenda.	Head of Safer Custody	30 November 2016
<b>5.19</b>	All retired prisoners and those unfit to work should have access to similar provision as that available in the assisted living unit. (2.33)	Accepted	Systems will be implemented to identify all prisoners who are retired or unfit to work. They will have an individualised plan to make sure they have access to an appropriate level of activity.	Head of Reducing Reoffending	30 November 2016
<b>5.20</b>	The prison should assess and meet the needs of transgender prisoners, including through staff training. (2.34)	Accepted	A meeting with transgender prisoners will take place each month. Transgender prisoners will have individualised care plans in order to ensure their needs are met. A programme of staff training is being developed following research across the prison estate by the equalities engagement manager. Training to be updated and completed by 2017.	Head of Safer Custody	31 December 2017

	<b>Health services</b>				
<b>5.21</b>	All health care rooms should comply with infection control standards, and temperatures should not exceed 250C. (2.52, repeated recommendation 2.57)	Accepted Subject to Resources	All healthcare rooms will be reviewed and an action plan will be put in place.	Head of Support Services	31 December 2016
<b>5.22</b>	Prisoners should have access to a well-advertised confidential health complaints system. Responses to health complaints should address all the issues raised, and advise prisoners of the options if they are unhappy with the response. (2.53)	Accepted	The current confidential complaints system will be reviewed and a plan will be put in place to improve communication with prisoners. The quality of responses will be improved and an external appeal mechanism put in place.	Healthcare Clinical Manager	31 October 2016
<b>5.23</b>	All new arrivals should receive secondary health assessments within 72 hours. (2.61)	Accepted	The secondary mental health and health screen have been amalgamated to reduce waiting times. This will reduce duplication of process. A monitoring system will be put in place to highlight where these assessments have not occurred within 72 hours. This will be monitored on a monthly basis in the performance report which will be shared with the prison.	Healthcare Clinical Manager	30 September 2016
<b>5.24</b>	Prisoners should be able to access all primary care clinics, including dental services, within community-equivalent waiting times, and non-attendance rates should be below 12%. (2.62)	Accepted	The nurse or GP holding a clinic will report non-attendance to the healthcare administrator. The patient liaison administrator will use CMS to establish reasons for non-attendance and scheduling to be used to collate data. The senior administrator will provide a report to the practice manager and clinical lead so that information can be shared on a weekly basis.	Healthcare Clinical Manager	31 May 2017

<b>5.25</b>	Prisoners should have prompt access to external hospital appointments, and waiting times from referral to attendance should be monitored. (2.63)	Accepted	Community wait times have been obtained and will be published in a newly introduced newsletter so that patient expectations can be managed. Patient modernisation meetings have been held with Abertawe Bro Morgannwg University Health Board (ABMU) with the objective of moving toward an electronic referral system with the hospital. Prisoners will be messaged via CMS to confirm the referral has been made and expected wait time. Referrals to be monitored on a weekly basis.	Healthcare Clinical Lead	31 December 2016
<b>5.26</b>	All medication should be administered at an appropriate time for maximum therapeutic effect, and administration records should be complete. (2.69)	Accepted	A review of the medication rounds will take place, taking into account therapeutic effect and administration.	Head of Reducing Reoffending	31 January 2017
<b>5.27</b>	Custodial staff should supervise medicines administration adequately to ensure confidentiality and prevent diversion and bullying. (2.70)	Accepted	Officers are profiled to supervise the dispensing of medicines. A review of supervision will take place to ensure confidentiality and prevent diversion and bullying.	Head of Residence	31 December 2017
<b>5.28</b>	Prisoners should have secure storage for their medication, and there should be systematic checks on patients receiving in-possession medication. (2.71)	Accepted Subject to Resources	The prison will explore opportunities to introduce secure storage for medication. The healthcare clinical manager and head of residence will introduce a joint strategy for checking in-possession medication.	Healthcare Clinical Manager / Head of Residence	30 April 2017
	<b>Catering</b>				
<b>5.29</b>	Breakfast should be served on the day it is to be eaten. (2.87)	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. Fresh milk is served on the day breakfast is to be eaten.	Head of Residence	

<b>5.30</b>	There should be consistent staff supervision of prisoners during meal times. (2.88)	Accepted	There is an officer present at the counters when meals are served. Operational managers will be responsible for ensuring the supervision is always in place. Senior residential managers will make spot checks to the units at meal times and also view CCTV coverage of the serveries.	Head of Residence	31 October 2016
	<b>Time out of cell</b>				
<b>5.31</b>	Prisoners who were not required to be at activities should be unlocked during the core day. (3.5, repeated recommendation 3.5)	Accepted	A new unit will be opened, which will provide a structured regime for prisoners who are unemployed. A review will take place to explore options to maximise prisoners who are not required to be at activities.	Head of Reducing Reoffending	31 December 2016
	<b>Learning and skills and work activities</b>				
<b>5.32</b>	The preparatory work with prisoners who need to improve their numeracy skills should ensure they understand the relevance of these classes. (3.21)	Accepted	The preparatory work for prisoners to understand their need to improve their numeracy skills will begin at the basic key skills board (BKSB) assessment stage. The diagnostic assessment results will be printed out and discussed thoroughly with each prisoner prior to allocation to the course. The teacher will receive a copy of the assessment reinforcing what is said at the initial assessment stage. The prisoner will be made aware of the need for higher level numeracy skills for employment at both assessment stage and class enrolment.	Head of Learning & Skills	30 November 2016
<b>5.33</b>	SMART (specific, measurable, achievable, realistic and time-bound) targets should be included in prisoners' individual learning plans. (3.33)	Accepted	Best practice workshops will be held with teachers and managers to review the current individual learning plan. The aim will be to produce SMART targets for each curriculum area.	Head of Learning & Skills	30 November 2016
<b>5.34</b>	Vulnerable prisoners should have better access to the library. (3.37)	Accepted	A dedicated facility for the vulnerable prisoners will be opened, which will provide better access to library services.	Head of Reducing Reoffending	30 September 2016

	<b>Offender management and planning</b>				
<b>5.35</b>	Quality assurance of OASys assessments should ensure that risk management plans describe clearly how prisoners should be managed, both in custody and the community. (4.17)	Accepted	Offender supervisors will be given guidance on the detail to be contained in management plans in order to manage risk satisfactorily. Training sessions will be conducted via monthly meetings and a briefing leaflet will be provided to staff.	Head of OMU	31 October 2016
	<b>Reintegration planning</b>				
<b>5.36</b>	Wales CRC should routinely follow up prisoners who approach them for housing support to establish the accommodation they are actually released to, and use such information in its strategy to developing service support. (4.30)	Rejected	This is not within the control of the prison as staff are unable to access the data other than via the Community Rehabilitation Company (CRC). The CRC will explore methods of following up post release information, but many of the releases are the responsibility of the NPS, rather than CRC. Funding will be required to deliver this work.	Head of OMU	
<b>5.37</b>	The prison should develop general debt management advice and support for prisoners, and enable them to open bank accounts before their release. (4.35)	Accepted	The provision of bank accounts was a national issue as contract provider had withdrawn services. A new provider is now in place and service will be available to prisoners in the last six weeks of custody, but only 20 accounts can be opened per month (national provision). Options will be explored for developing debt services and support, using external agencies and internal resources.	Head of OMU	31 December 2016

	<b>Housekeeping points</b>				
	<b>Early days in custody</b>				
<b>5.38</b>	The information given to prisoners in the induction programme should not be duplicated. (1.8)	Accepted	A full review of the induction programme will take place to ensure that all information provided in induction is accurate, relevant and up-to-date. The role of the peer mentors in induction will be expanded and every attempt will be made not to duplicate information.	Head of Residence	31 December 2016
	<b>Self-harm and suicide</b>				
<b>5.39</b>	Listeners should attend the non-confidential parts of the monthly safer custody meetings. (1.24)	Partially Accepted	The weekly Listener meeting is managed by a member of the safer custody team. Each month a senior member of the team will meet with the Listeners and will provide feedback to the safer custody meeting. Listeners will be also asked to provide a written report to the meeting.	Head of Safer Custody	31 December 2016
	<b>Residential units</b>				
<b>5.40</b>	All outside areas should be kept clear of litter and rubbish. (2.10)	Accepted	Regular checks will take place of outside areas. Exercise yards will be cleaned twice per day and additionally where necessary. All refuse containers will be emptied regularly and all rubbish bags will be secured in the refuse containers. Operational and senior managers will be responsible for ensuring outside areas are free from rubbish and well maintained	Head of Residence	30 September 2016
	<b>Health services</b>				
<b>5.41</b>	Information on health services in the prison should be up to date and easily accessible for new arrivals and throughout the prison. (2.54)	Accepted	A new information booklet will be implemented and will incorporate information on frequently asked questions so that expectations can be managed more effectively.	Healthcare Clinical Lead	31 December 2016
<b>5.42</b>	Prisoners should have prompt access to simple analgesia through a well-understood system. (2.72)	Accepted	Consideration will be given to paracetamol being sold via the pharmacy order form. Pharmacy will manage the process and ensure that relevant checks about assessment, care in custody and teamwork (ACCT) documents are conducted. Purchases will be documented in patient record to ensure that the process is safe.	Healthcare Clinical Lead	31 December 2016
<b>5.43</b>	The use of stock for administration under patient group directions should be audited. (2.73)	Accepted	The pharmacy department is currently conducting a full review of patient group directives (PGD). Once the review has taken place, the PGDs will be introduced and continuous auditing will begin.	Healthcare Clinical Lead	31 August 2016
<b>5.44</b>	Refrigerator temperatures should be adequately recorded, and appropriate action taken to correct any not in range. (2.74)	Accepted	There will be a review of weekly compliance checks to ensure that all fridges are incorporated in these checks. The practice manager and pharmacist will review the process for those found to be out of range.	Healthcare Clinical Lead	31 October 2016

<b>5.45</b>	Prescriptions for controlled drugs should be signed by the prescriber and scanned into the clinical records. (2.75)	Accepted	Prescriptions for controlled drugs will be signed and scanned into clinical records.	Healthcare Clinical Lead	31 August 2016
<b>5.46</b>	Appropriate in-date reference books and resources should be available and out-of-date material discarded. (2.76)	Accepted	Reference books in circulation at the time of the audit have been removed. Up to date copies of the British National Formulary will be purchased and staff will be advised how to access on line reference material.	Healthcare Clinical Lead	31 December 2016
	<b>Catering</b>				
<b>5.47</b>	Food comments books should be visibly displayed on all wings. (2.89)	Accepted	Food comments books are available on all units. To ensure they remain visible a rack will be erected on the wall by the servery where the book will be displayed.	Head of Residence	31 October 2016
	<b>Offender management and planning</b>				
<b>5.48</b>	The prison should clarify and streamline its offender management unit and resettlement record keeping and recording to ensure that all information is easily accessible. (4.18)	Partially Accepted	Public Protection Risk Information Sharing system (PPRIS) is used widely to inform decisions across the prison and by all departments. It is also used by CRC, who are able to access all systems used in Parc. PPRIS is shared with offender managers on release and other establishments on transfer, via hard and electronic copy. Information will continue to be recorded on Prison-NOMIS and staff who require access to this system will be provided with it, subject to availability of terminals.	Head of OMU	31 December 2016

<b>Recommendations</b>		<b>Housekeeping Points</b>	
Accepted	31	Accepted	9
Accepted Subject to Resources /Partially Accepted	3	Accepted Subject to Resources /Partially Accepted	2
Rejected	3	Rejected	0
<b>Total</b>	<b>37</b>	<b>Total</b>	<b>11</b>