



HM Prison &
Probation Service

Action Plan: HMYOI PARC

Action Plan Submitted: 13-03-2020

A Response to the HMIP Inspection: 11-22 November 2019

Report Published: 03-03-2020

INTRODUCTION

HM Inspectorate of Prisons (HMIP) and HM Inspectorate of Probation for England and Wales are independent inspectorates which provide scrutiny of the conditions for, and treatment of prisoners and offenders. They report their findings for prisons, Young Offender Institutions and effectiveness of the work of probation, Community Rehabilitation Companies (CRCs) and youth offending services across England and Wales to Ministry of Justice (MoJ) and Her Majesty's Prison and Probation Service (HMPPS). In response to the report HMPPS / MoJ are required to draft a robust and timely action plan to address the recommendations. The action plan confirms whether recommendations are agreed, partly agreed or not agreed (see categorisations below). Where a recommendation is agreed or partly agreed, the action plans provides specific steps and actions to address these. Actions are clear, measurable, achievable and relevant with the owner and timescale of each step clearly identified. Action plans are sent to HMIP and published on the HMPPS web based Prison Finder. Progress against the implementation and delivery of the action plans will also be monitored and reported on.

Term	Definition	Additional comment
Agreed	All of the recommendation is agreed with, can be achieved and is affordable.	The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (Specific, Measurable, Achievable, Realistic and Time-bound) as possible. Actions should be specific enough to be tracked for progress.
Partly Agreed	Only part of the recommendation is agreed with, is achievable, affordable and will be implemented. This might be because we cannot implement the whole recommendation because of commissioning, policy, operational or affordability reasons.	The response must state clearly which part of the recommendation will be implemented along with SMART actions and tracked for progress. There must be an explanation of why we cannot fully agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.
Not Agreed	The recommendation is not agreed and will not be implemented. This might be because of commissioning, policy, operational or affordability reasons.	The response must clearly state the reasons why we have chosen this option. There must be an explanation of why we cannot agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.



ACTION PLAN: HMCIP REPORT
ESTABLISHMENT: HMYOI PARC

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	To HMPPS				
S43	<p>Key concern: Despite efforts to resolve the problem, there were still delays in permitting children who were potentially of restricted status to make direct telephone calls during their first few days.</p> <p>Recommendation: HMPPS should ensure that all children at Parc can make direct phone calls on their first day in custody.</p>	Partly agreed	<p>This recommendation is partly agreed, as if a Child or Young Person (CYP) is identified as restricted status, we cannot guarantee that they will be permitted to make direct phone calls on their first day in custody due to the delays in obtaining supporting documentation from the relevant police force, which are factors beyond our control.</p> <p>All CYP not identified as restricted status will be allowed to make direct phone calls on their first day in custody, subject to the usual public protection checks.</p> <p>For any CYP identified as being restricted status the following actions are followed at HMYOI Parc:</p> <ul style="list-style-type: none"> Adhere to all mandatory actions within Prison Service Instruction (PSI 09/2015), The Identification, Initial Categorisation and Management of Potential and Provisional Category A/Restricted Status Prisoners/Children. All supporting documentation will be requested from the relevant police force on the day of identification to assist in determining if the CYP is restricted status or not. A log of all such requests is kept, to track progress. As soon as the supporting documentation is received it is referred to Category A section for a final decision. The Police Intelligence Officer will continue to seek a quicker response from the relevant police forces to gain the documentation. The CYP is informed that he will not be allowed direct access to phone calls until all appropriate checks are completed. However, the identified next of kin will be contacted upon initial reception, then daily thereafter until a decision is made by Category A section on whether the CYP is restricted status or not. A log of all these calls is kept, and the CYP updated on progress. 	<p>HMPPS/YCS Wales</p> <p>HMPPS/YCS Wales</p>	<p>Completed</p> <p>Completed</p>



S45	<p>Key concern: Child and adolescent mental health services did not deliver a suitable range of assessments, treatment and interventions for children at Parc. Psychology based interventions were no longer delivered, there was no speech and language therapist and no evidence of structured talking therapies which was an obvious need for the population.</p> <p>Recommendation: Child and adolescent mental health services should deliver a suitable range of assessments, treatment and interventions for children in line with national standards.</p>	Not Agreed	<p>This recommendation is not agreed as it is outside of HMYOI Parc's control, as the Director has no management or financial oversight of the Child and Adolescent Mental Health Services (CAMHS) team, and cannot enforce the recommendation.</p> <p>However, HMYOI Parc will continue to engage in meetings with CAMHS, to develop the agreed service level agreement (SLA), to ensure the best possible service is delivered based on the current funding restrictions within Wales. The current SLA is due to be reviewed in June 2020.</p> <p>It is anticipated the partnership board will be reinstated but at present there is no date for this, but when it commences any issues identified will be raised through this meeting in relation to service delivery. In the interim any issues will be raised through the quarterly meetings with the local health authority.</p> <p>HMPPS/YCS Wales will continue to liaise with NHS Wales about the service provision available that can be provided to HMYOI Parc. It has already been identified that there is no current speech and language provision available, this will be raised through these discussions.</p>	Director/ Cwm Taf UHB	
S46	<p>Key concern: Strategic management and oversight of resettlement work had drifted since the previous inspection. Not all resettlement meetings had taken place as scheduled, and some were poorly attended. Some case workers were unclear about internal escalation procedures, case workers did not have supervision, and quality assurance of assessments was not always completed by a senior manager.</p> <p>Recommendation: Leaders and managers should provide effective oversight of the delivery of resettlement work to ensure that assessments are robust, children's needs are met and there are clear escalation routes for concerns.</p>	Agreed	<p>The Safeguarding and Resettlement management structure has been reviewed and a new manager is now in place who will provide improved and effective strategic management and oversight of the resettlement function. This will ensure CYP assessments are robust, needs are met and there are clear escalation routes for concerns.</p> <p>The Resettlement meeting framework will be reintroduced and meet every two months. The meeting will include identified stakeholders. Terms of reference for the meetings will be reviewed and re issued. This meeting will be used as a vehicle to drive recommendations identified within the current needs analysis.</p>	Director Director	April 2020 May 2020



	General Recommendations				
	To the Director				
1.17	Observational checks on children should not be carried out at predictable intervals.	Partly Agreed	This recommendation is partly agreed, it is very difficult to make the frequency of observations less predictable where boys are on five observations per hour. That frequency is adopted only where the risk of self-harm is highest. It requires closely spaced observations to reduce the time in which a boy can harm himself unobserved, which means the intervals can differ by only a few minutes. The frequency of observations is based upon the identified risks of the person, these are discussed at multi-disciplinary reviews and recorded in the care map. All Assessment, Care in Custody and Teamwork (ACCT's) documents are quality checked where the frequency of observations are monitored.	Director	May 2020
1.18	CCTV monitoring should not be used in place of meaningful human interaction and human observation.	Agreed	Every ACCT is subject to a multi-disciplinary risk assessment which best suits the individual needs of the CYP, this is recorded in the care plan. Closed Circuit Television (CCTV) is only used as an additional enhanced observation, and will not be used as an alternative to meaningful checks that are identified in the ACCT.	Director	Completed
1.36	All children should have the opportunity to seek advocacy in good time before an adjudication.	Agreed	<p>The Barnardo's advocate is advised each day of any planned adjudications, the charges placed against the CYP, and the date of the hearing.</p> <p>The CYP is advised of the advocacy available for adjudications, when the notice that they are on report is issued. All in cell telephones also have a direct line to Barnardo's where advocacy can be sought if a representative is not available in person.</p> <p>The adjudicator will ask the CYP if they would like an advocator present. If the CYP feels further time is required to speak to one the adjudication will be adjourned which will be documented in the record of the adjudication hearing.</p>	Director	Completed



2.54	Child and adolescent mental health services should contribute good quality clinical records to a single contemporaneous health record for the children in their care.	Not Agreed	<p>This recommendation is not agreed as it is outside of HMYOI Parc's control, as the Director has no management or financial oversight of the Child and Adolescent Mental Health Services (CAMHS) team, and cannot enforce the recommendation.</p> <p>The CAMHS team currently use a separate reporting system to SystemOne (a patient administration system), which is used by clinical staff at the prison. Conversations are ongoing to promote the use of one consolidated system to enable a good quality single contemporaneous health record for children in our care. HMYOI Parc will provide training advice and support in relation to CAHMS staff utilising SystemOne if it is agreed to use one system.</p> <p>The CAMHS manager will monitor the quality of clinical records, and where issues are identified they will be addressed as necessary. Assurance will be provided to the Director through the partnership board once reinstated, and at the quarterly health authority meetings.</p> <p>It is anticipated the partnership board will be reinstated but at present there is no date for this, but when it commences any issues identified around quality of clinical records will be raised through this meeting in relation to service delivery. In the interim any issues will be raised through the quarterly meetings with the local health authority.</p>	Director/ Cwm Taf UHB	
2.55	Information governance practices should accord with professional standards.	Agreed	<p>Issues identified at the time of the inspection have been addressed, and all Information Government Practices are adhered to. This is monitored for ongoing compliance in relation to professional standards by the CAMHS manager.</p> <p>The CAMHS team currently use a separate reporting system to SystemOne (a patient administration system), which is used by clinical staff at the prison. Conversations are ongoing to engage the partner to use one consolidated system to enable a good quality single contemporaneous health record for children in our care. HMYOI Parc will provide training advice and support in relation to CAHMS staff utilising SystemOne if it is agreed to use one system.</p>	Director/ Cwm Taf UHB	Completed



			It is anticipated the partnership board will be reinstated but at present there is no date for this, but when it commences any issues identified around quality of clinical records and governance practices will be raised through this meeting in relation to service delivery. In the interim any issues will be raised through the quarterly meetings with the local health authority.		
2.62	Integrated substance misuse services should provide adequate assessments, interventions and discharge plans to improve outcomes for children.	Agreed	<p>The current Substance Misuses Service (SMS) provision has been reviewed, taking account of recent needs analysis to enhance our current provision. This will ensure suitable assessments, interventions and discharge plans are developed for children in custody.</p> <p>HMYOI Parc will provide training, support and guidance to the current Needs Engagement and Wellbeing Team (NEWT) upskilling them to ensure suitable assessments, interventions and discharge plans are developed and that there is continuity of delivery of SMS service during staff non-effective periods.</p>	Director Director	Completed June 2020
3.12	The vocational skills curriculum should be broadened so that children have more opportunity to join a vocational course or employment on release.	Partly Agreed	<p>This recommendation is partly agreed, as HMYOI Parc do not currently have scope within the current contract and budgetary/resources restrictions to facilitate an increase in our vocational skills programme.</p> <p>However, we will develop a funding proposal to broaden the vocational curriculum and present this to the YCS by March 2020. We have been informed to expect a decision to be made on this bid by the end of June 2020. Any progress on this recommendation will be dependent on funding agreement.</p>	Director	June 2020
3.13	Provision should be made for children who are speakers of other languages so that they can develop their oral English to a functional level.	Agreed	<p>A CYP specific teacher will be identified and upskilled to provide English for Speakers of Other Languages (ESOL) provision, as required to support the development of oral English for children who are speakers of other languages.</p> <p>CYP will be identified as requiring this provision through initial assessments, and this will be included in their Individual Learning Plans.</p>	Director	September 2020
3.17	Managers should ensure that children can access reliable virtual learning resources.	Agreed	The Virtual Campus (VC) has been installed. The reliability of the system has improved and is accessible for all boys as part of their curriculum.	Director	Completed



Recommendations	
Agreed	11
Partly Agreed	3
Not Agreed	2
Total	16

