



HM Prison &
Probation Service

Action Plan: HMYOI Parc

Action Plan Submitted: 28 July 2022

A Response to the HMIP Inspection: 28 March – 8 April 2022

Report Published: 20 July 2022

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, 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 provide 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 GOV.UK website. 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: HMIP 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
	Key concerns and recommendations				
7.1	<p>Key concern (1.41): The unit had not had a dedicated social worker for an extended period. This had reduced the support and advocacy available to the increasingly large proportion of children who were in the care of their local authority or who had some involvement with social services. Managers responsible for safeguarding and child protection did not have a source of</p>	Agreed	<p>Youth Custody Services (YCS) will work with HMPPS to identify an appropriate and sustainable funding stream for the Dedicated Social Worker post.</p> <p>A new Service Level Agreement (SLA) and appropriate Job Description (JD) for the provision at HMYOI Parc will be coordinated by YCS safeguarding leads between the site and local authority, to ensure it provides the right level of support to children who need it and a source of expertise for managers to refer to on site. Once the SLA and JD are confirmed, recruitment to the post will begin.</p>	<p>YCS</p> <p>YCS</p>	<p>July 2022</p> <p>December 2022</p>



	<p>expertise to refer to on site.</p> <p>Key recommendation: The unit should have a dedicated, on-site social worker. (To the Youth Custody Service)</p>				
7.2	<p>Key concern (1.42): A very sick child who needed to be in hospital had been placed at Parc and segregated for 14 days in 2021 before a move to hospital was arranged.</p> <p>Key recommendation: Children who need a hospital placement should not be sent to prison as a place of safety. (To the Ministry of Justice)</p>	Agreed	<p>In <i>Reforming the Mental Health Act White Paper</i>, the government committed to ending the use of prison as a 'place of safety' under the Mental Health Act (1983). In January 2022, health and justice partners established a cross-departmental working group to better understand the issues leading to its use and develop solutions to safely operationalise its removal. A cross-departmental response and priorities for implementation will be agreed by September 2022.</p>	MoJ	September 2022



7.3	<p>Key concern (1.43): There was no oversight or responsibility for equality and diversity work at Parc and analysis of data remained limited. Children we spoke to felt supported by staff and their needs were being met, but gaps in provision could cause risks.</p> <p>Key recommendation: Leaders should provide effective oversight of equality and diversity work at all times and data should be scrutinised thoroughly, considering all protected characteristics. (To the director)</p>	Agreed	<p>A residential senior manager has been appointed to have oversight of all Equality and Diversity (E&D) work. A Service Level Agreement (SLA) has been developed with the Ethnic Minorities and Youth Support Team (EYST) to support independent oversight, governance, consultation, and training.</p> <p>Equality and Diversity data collection and reporting processes in partnership with the YCS E&D lead and EYST will be reviewed, to ensure all Protected Characteristics (PCs) are considered and scrutinised at the monthly meeting. Additionally, feedback from the 'Voice of the Child' forums, where PCs are discussed, will be included at the monthly safety meeting which incorporates E&D. The E&D action plan will be reviewed and updated at the monthly meeting following scrutiny of the data. Management reports and actions leading from scrutiny will be published to the relevant stakeholders, ensuring leaders have effective oversight of E&D work.</p>	Director	<p>Complete</p> <p>December 2022</p>
7.4	<p>Key concern (1.44): Support for the</p>	Partly Agreed	<p>This recommendation is partly agreed, as the support delivered for those serving indeterminate or long-term sentences will need</p>	Director	December 2022



	<p>increasing number of children with indeterminate or long-term sentences was underdeveloped and limited compared to other YOIs. More children than at the previous inspection were held on remand or were serving sentences for murder or attempted murder.</p> <p>Key recommendation: There should be an appropriate range of support to meet the risks and needs of children serving indeterminate or long sentences. (To the director)</p>		<p>to be sequenced at the most appropriate stage of their sentence and may not necessarily be delivered at HMYOI Parc.</p> <p>HMYOI Parc will develop the range of support available to children serving indeterminate or long-term sentences to ensure that risk and need are appropriately met.</p> <p>Transition support work for children moving to the long term over 18 estate will be expanded to include awareness of relevant interventions available in the transition site.</p>		
	Recommendations				
7.5	<p>Recommendation (3.18): Observational checks on children should not be carried out at predictable intervals.</p>	Partly Agreed	<p>This recommendation is partly agreed as it is very difficult to make the frequency of observations less predictable where boys are on four 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</p>	Director	September 2022



	(To the director)		<p>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.</p> <p>Updated guidance will be issued to all staff outlining the required practice in relation to frequency and unpredictability of observations in respect of Assessment, Care in Custody and Teamwork (ACCT) procedures.</p> <p>Operational Managers will conduct daily ACCT quality checks. These checks will include the frequency and predictability of observations. If issues with individual staff members' practice are identified, advice, guidance, coaching and mentoring will be introduced where required.</p> <p>Senior Manager will complete a weekly quality assurance of all ACCT documentation. These checks will include the required practice level as described in ACCT V6 guidance. Identified issues will be highlighted through the line management structure and advice, guidance, coaching and mentoring will be introduced where required.</p>		
7.6	<p>Recommendation (3.39): Managers should make sure that debriefs following restraint are comprehensible and useful to children. (To the director)</p>	Agreed	<p>A senior safeguarding manager will review the debrief document and process. The review will include the views of children and staff, to facilitate better engagement and use of information resulting from the Minimising and Managing Physical Restraint (MMPR) debrief process.</p> <p>An operational MMPR manager will quality assure 10% of all debrief documents each month, ensuring there is meaningful engagement in the process and that debriefs are comprehensible</p>	Director	September 2022



			and useful to the children, to improve assurance of the MMPR process.		
7.7	Recommendation (4.8): Windows should be free of graffiti and dirt, and maintenance should be carried out on broken air vents. (To the director)	Agreed	An agreed schedule for the refurbishment of cell windows will be developed. The schedule will include the removal of each cell window, 48 in total. Refurbishment of the windows, to include as required, replacement of Perspex, repair/replace the vent mechanisms, clean, and paint the window and surround and refit the window.	Director	December 2022
7.8	Recommendation (4.16): Consultation should include the views of all children and actions should be addressed in a timely manner. (To the director)	Agreed	A residential senior manager has been appointed to have oversight of all Equality and Diversity (E&D) work. A Service Level Agreement (SLA) has been developed with the Ethnic Minorities and Youth Support Team (EYST) to support independent oversight, governance, consultation, and training. EYST will carry out independent quarterly quality assurance of E&D processes. Monthly 'Voice of the Child' forums will be held where protective characteristics will form part of discussions. Feedback and actions from these meetings will be discussed at the monthly safety meeting where the E&D action plan will be reviewed and updated to ensure actions are tracked and addressed within appropriate timescales.	Director	December 2022
7.9	Recommendation (4.56): Children should have access to a wider range of therapeutic	Partly Agreed	This recommendation is partly agreed as it does not form part of HMYOI Parc's current contract. However, the prisons primary care service will continue to assess the needs of all children and where additional therapeutic interventions, including speech and language therapy are required, a referral will be made to the local authority/health board to address their needs.		



	interventions, including speech and language therapy. (To HMMPS/YCS and the healthcare provider)		<p>Health provision will be provided by Cwm Taf Morgannwg University Health Board (CTMUHB) from the 15 December 2022. Their speech & language therapy service will respond to direct referrals for individual assessment and provide advice and support to Primary Care Improvement Plans (PCIPS) and children, and all relevant support parties to manage any assessed impairment.</p> <p>The Primary Mental Health Care team will support the delivery of a wider range of therapeutic interventions through promoting access to activities likely to support children.</p>	CTMUHB	March 2023
7.10	<p>Recommendation (4.57): FACTS should contribute to the prison-based clinical record system to ensure that there is a single, comprehensive record of assessment, care and treatment for children in their care. (To the director and the healthcare provider)</p>	Partly Agreed	<p>This recommendation is partly agreed as it does not form part of HMYOI Parc's current contract. However, Children and Adolescent Mental Health Services staff have been trained in the use of SystmOne to improve the recording by the Forensic Adolescent Consultation and Treatment Service (FACTS). Additionally, increased access to the systems is being explored as there is currently limited provision.</p> <p>Health provision will be provided by Cwm Taf Morgannwg University Health Board (CTMUHB) from the 15 December 2022. The adopted clinical record system will then be used as the primary clinical record and all clinical information will be recorded on the child's electronic medical record.</p>	CTMUHB	March 2023
7.11	<p>Recommendation (4.72): Children should have prompt access to pain relief</p>	Agreed	<p>HMYOI Parc healthcare staff will ensure identified pain relief is arranged and delivered promptly by health staff, facilitated by operational staff, on evening and weekends as required until transition of provision to CTMUHB in December 2022.</p>	Director	Complete



	at the weekend and overnight. (To the director and the healthcare provider)		From the 15 December 2022 CTMUHB will continue to provide prompt access to pain relief by ensuring there are sufficient staffing levels overnight and during the weekend periods.	CTMUHB	December 2022
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Recommendations	HMYOI Parc
Agreed	7
Partly Agreed	4
Not Agreed	0
Total	11

