

Action Plan – Jeffrey Griffiths. HMP/YOI PARC .Self Inflicted. 11/02/2016

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Director should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines. In particular:</p> <ul style="list-style-type: none"> • Case reviews should record and take into account all the known risk factors and triggers when considering the risk of suicide or self-harm. • Setting effective care-map objectives which are specific and meaningful, aimed at reducing a prisoner’s risk and which identify who is responsible for them. • Involving the prisoner’s family when that would be beneficial. • All staff, including healthcare staff, record relevant information about risk, observations and interactions with prisoners in ACCT documents, and any action taken. 	Accepted	<p>Specific triggers will be added on to the ACCT Case Review paperwork to highlight and ensure that certain criteria are routinely addressed. The triggers which will need to be routinely reviewed and discussed will be:</p> <ul style="list-style-type: none"> ○ Physical and Mental Health Concerns ○ Substance Misuse Concerns ○ Family Contact and Next of Kin contact <p>Workshops will be held for all Operational Managers and First Line Managers who conduct ACCT Reviews. During the workshops advice, examples of effective Caremaps and a review of current practices will be discussed to ensure all Case Managers complete effective, time bound Caremaps which reflect all areas of a prisoner’s concerns and are assigned to a specific responsible person.</p> <p>A prompt has been added to the ACCT Case Review paperwork to encourage family involvement and where prisoners would like their family involved a referral is made to the Complex Case Manager (CCM) - this will be covered by the Safer Custody Team in the absence of the CCM. A meeting has been scheduled for October to discuss family involvement in depth, and a process will be developed following this to enhance the current referral system in place.</p> <p>All Case Managers have a designated Nurse in attendance and a new system for recording information sharing following ACCT reviews was introduced in June 2016. Case Managers record all information discussed during ACCT reviews and a copy of the review, including</p>	<p>Safer Custody September 2016</p> <p>October 2016</p> <p>Complete</p> <p>October 2016</p> <p>Complete</p>

Action Plan – Jeffrey Griffiths. HMP/YOI PARC .Self Inflicted. 11/02/2016

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
			<p>observation and conversation levels agreed, risk level, and key areas of discussion are sent directly to the Nurse in attendance for recording on SystemOne.</p> <p>A Director's PIN will be issued to all staff to remind them of their responsibility to record all interaction with prisoners on ACCTs, including a full record of any conversations held, changes in presentation, and concerns raised.</p>	October 2016
2	The Director and Head of Healthcare should ensure that there is a clear pathway for mental health services, which ensures that prisoners identified as at risk of suicide and self-harm have an urgent mental health assessment within three days.	Accepted	<p>A full review is being held with our secondary care provider of mental health to review the current provision, allocation of duties and the referral process. As an interim measure, patients that are required to be seen urgently are flagged to RMNs and the In-Reach Team. A template has been developed to assist in identifying urgent cases and will be used by Nurses for referral to In-Reach.</p> <p>Those cases that are flagged as 'urgent' will be prioritised by In-Reach and seen within 72 hours. A red marker on SystemOne identifies any urgent referrals who have not been seen after 24 hours to ensure they are seen within the 72 hour requirement.</p>	Deputy Director / In Reach / Healthcare Initial report December 2016
3	The Director should ensure there is an effective substance misuse strategy to help reduce the availability and demand for new psychoactive substances that staff are vigilant for signs of its use and are briefed about how to respond when prisoners appear to be under the	Accepted	The Substance Misuse Strategy is reviewed annually and focuses on reducing the availability and demand of all substances, including New Psychoactive Substances. Specifically, HMP Parc has developed an NPS Strategy and Action Plan to tackle the issue of NPS at Parc. This focusses on recording all NPS incidents to identify trends, providing support to prisoners identified as using NPS and having a clear disciplinary and testing process for NPS.	Director Completed

Action Plan – Jeffrey Griffiths. HMP/YOI PARC .Self Inflicted. 11/02/2016

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
	influence of such substances.		<p>There has been an evident decline in the use of new psychoactive substances at HMP Parc, although NPS use was steadily increasing from October 2015 until June 2016, after which the decline has been evident.</p> <p>Focus groups have been facilitated to establish the use of illicit substances in custody and these are continuing to take place.</p> <p>Staff awareness sessions have been held regularly since March 2016 to increase their understanding of signs and symptoms of NPS use, and how to respond to prisoners who appear to be under the influence of such substances. A full staff briefing was held on Wednesday 27 May 2015 which focussed on NPS, with information regarding NPS circulated at regular intervals to staff and prisoners. This information includes identification of signs and symptoms, the harmful effects of NPS, how to use NPS safely and HMP Parc's approach to identifying, supporting, testing and disciplining prisoners found to be using NPS. Regular briefings are held with smaller groups of prisoners and staff to reiterate this information, with the most recent staff briefing taking place on August 31 2016.</p> <p>Information regarding psychoactive substances will continue to be sent frequently to prisoners, particularly where any new health warnings or changes in legislation occur.</p>	