

Action Plan: The Staffordshire and West Midlands Community Rehabilitation
Company

A Response to the HMI Probation Inspection Report

Published 19/12/18

Action plan

INTRODUCTION

Her Majesty’s Inspectorate of Probation is the independent inspector of youth offending and probation services in England and Wales. It reports on the effectiveness of probation and youth offending service work with adults and children.

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 plan 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 published on the HMI Probation website. Progress against the implementation and delivery of the action plans will be monitored by HMPPS/MoJ and reviewed annually by HMI Probation.

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

CRC or NPS Division: Action Plan the Staffordshire and West Midlands Community Rehabilitation Company

1. Rec no	2. Recommendation	3. Agreed/Partly Agreed/Not Agreed	4. Response Action Taken/Planned	5. Responsible / Policy Lead	6. Target Date
1	<p>The Staffordshire and West Midlands CRC should:</p> <p>Improve the quality of assessment, planning, service delivery and reviewing to help keep actual and potential victims safe</p>	Agreed	<p>Key actions are to:</p> <ul style="list-style-type: none"> • Embed the Quality Management System (QMS) into Staffordshire and West Midlands (SWM) CRC Operation by carrying out monthly Manager Case Audits, implementing improvement plans based on internal/external audit findings and monitored through the SWM CRC Senior Leadership Team (SWM SLT) • Increase the proportion of Layer 3 OASys (a more in-depth assessment) by revising the default OASys loading by the Customer Service Centre (CSC), evidenced by Manager Case Audits with a dedicated Management Information report broken down by CRC Cluster and monitored through SWM CRC SLT. • Ensure the Safeguarding and Domestic abuse guidance is embedded through bi-monthly practitioner forums, reinforcing a multi-agency and outcome practitioner focus monitored through Manager Case Audit and reports from SWM CRC integral audit team. • Embed Every Case Essentials guide with all Practitioners, through practitioner forums and individual supervision to reinforce minimum expectations in case supervision, measured by Manager Case Audit and Manager oversight. • Produce and implement 'Best practice toolkits' to guide a professional and holistic assessment, review and recording with a focus on keeping people safe, measured through Manager Case audits and internal audit team. • Run training events on the Process mapping decision tree (Zing Tree) to Improve Responsible Officer access to Case 	<p>CRC Heads of Cluster</p> <p>CRC Heads of Cluster</p> <p>CRC Heads of Cluster</p> <p>CRC Heads of Cluster</p> <p>CRC Heads/Deputy Heads of Cluster</p> <p>Knowledge Manager</p>	<p>March 2019</p> <p>February 2019</p> <p>March 2019</p> <p>March 2019</p> <p>March 2019</p> <p>February 2019</p>

			<p>Management guidance across all of SWM case Management teams, monitored through management information reporting on Zing Tree usage, internal audit process compliance and Manager Case Audit.</p> <ul style="list-style-type: none"> • Embed scheduled, regular and frequent case auditing by our managers, fed back through monthly practitioner supervision and monitored by SWM CRC SLT. This will be using an audit tool designed using HMIP standards and thus will assess SWM CRC quality in the following areas and ensure that: <ul style="list-style-type: none"> ➤ Holistic assessments take into account the totality of the Service User's history ➤ Planning priorities are to keep the public safe ➤ Delivery manages risk and identifies where home visits add value and incorporates multi agency liaison where required ➤ Reviews are meaningful and provide an accurate reassessment of the Service User and a revised plan to keep the public safe. <p>Evaluation - SWM CRC senior management team will oversee the successful delivery of the quality improvement plan on a monthly basis using key public protection metrics (e.g. layer 3 OASys rates, management oversight, enforcement, caseload sizes), results of its internal audit team, Practitioner and Manager feedback as well as insight provided by our Service Users(through our Service User Council.</p>	Performance Delivery Managers(PDMs)	Monthly from January 2019
2	Equip all staff with the skills and knowledge necessary to carry out effective work to keep other people safe	Agreed	<p>Key actions are:</p> <ul style="list-style-type: none"> • A review of public protection models delivered as part of the learning and development programme for new and existing staff members to ensure they include recommendations and findings from Thematic Inspections. 	Senior Learning and Development Business Partner	March 2019

			<ul style="list-style-type: none"> • Creation of an end point assessment to test knowledge retention at the end of the learning and development programme. • Creation of a Continuous Professional Development log, linked to the gateway to practice that will be monitored and managed throughout supervision. • Implementation of ilearn Learning Management System that will provide clear pathways of development and core e-learning modules. • Staff training will be monitored and reported through SWM CRC iLearn system to ensure all training is recorded and staff receive the appropriate level of training in line with their responsibilities. • All staff will complete an introductory slavery e-learning module within ilearn. • To provide operational staff with access to resources used within the Probation Practitioner Learning and Development programme on ilearn to enable local knowledge refresh through supervision and local mentor relationships. • All Case Managers receive a revised Safeguarding refresher training package to be delivered locally to all operational staff within the business through line managers. • Case Managers will receive a revised Domestic Abuse Training package for operational staff where a training need has been identified. <p>Governance -Actions and progress against the agreed milestones will be reviewed at Quarterly Operations Board meetings.</p> <p>Evaluation - Success against this recommendation will be tracked via our Performance Management Framework, as well as improvement evidenced through the Quality Management system (QMS) and staff/manager feedback on their needs being met. The QMS involves monthly quality audits (peers and Managers), a corrective action system to ensure internal quality audits findings</p>		<p>April 2019</p> <p>April 2019</p> <p>April 2019</p> <p>From January 2019</p> <p>March 2019</p> <p>May 2019</p> <p>March 2019</p> <p>February 2019</p>
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			are actioned, learning from external audit/Serious Further Offences are themed and fed into wider CRC improvement work and clear process and change ownership		
3	Improve the coordination and delivery of resettlement services to increase the likelihood of successful community reintegration for released prisoners	Agreed	<p>SWM CRC will be implementing the new specification that will enhance the Through the Gate (TTG) model of delivery and bring additional resources, supporting a more coordinated, holistic approach to resettlement and thereby increasing the likelihood of successful rehabilitation. As well as implementing the new specification, there will be a more effective use of recording systems and improved communication and integrated delivery with Community Case Management teams.</p> <p>Key actions are:</p> <ul style="list-style-type: none"> • Implement TTG specification to include recruitment of new staff by February 2019. • To launch the new specification and ensure increased levels of staffing are in place to support a more holistic and coordinated approach to resettlement services as evidenced by the quality of resettlement plans and case records. • To provide access to Delius and OASys systems by February 2019 and provide training to case Workers in its use as an assessment, recording and communication tool. This will be evidenced through management oversight and casework sampling. • To host 2 Case Management/ Through the Gate development sessions for staff in custody and in the community. • To pilot new approaches to case management of custody (CMIC) cases including the delivery of some Responsible Officer duties within Drake Hall prison. The pilot will be evaluated by end of June 2019 with recommendations regarding full or partial implementation. 	Head of Resettlement	<p>February 2019</p> <p>February 2019</p> <p>February 2019</p> <p>January 2019</p> <p>June 2019</p>

			Evaluation - There is a dedicated TTG improvement plan, the success of which will be measured through our Quality Management system with oversight provided by SWM CRC senior leadership team.		
4	Complete the full implementation of the operating model to ensure that all interventions are available to individuals in every delivery unit	Agreed	<p>Key Operation Model Actions are to:</p> <ul style="list-style-type: none"> • Implement a system of standardized movement of case priority levels (a mechanism to assess the appropriate level of intervention required) to reflect the progression of the Service User. This will be an automatic process administered by the Customer Service Centre. • Review current case management guidance documents to ensure that they are all accessible, user friendly and give clarity of expectation to Responsible Officers in activity required to keep people safe. • Communicate via the briefing system a refreshed one page version of our case management framework to give simple clarity of key stages of supervision. • Ensure the one-page Case Management Framework document is aligned with best Practice guidance 'Every Case Essentials' to verify that consistent guidance is given. <p>Key Rehabilitation Activity Requirement (RAR) Interventions' Actions are:</p> <ul style="list-style-type: none"> • Rehabilitation Activity Requirements (RAR) coordinators are embedded in every Cluster driving the availability of all non-accredited interventions, evidenced by Management Information (MI) reported against each location. • Promote the use of Womens' service provision to all Responsible Officers through reported activity by Cluster and targeted communication. • To embed Specialist young adult and Pathway intervention teams in Birmingham and monitor take-up and delivery through dedicated MI. 	<p>CRC Deputy Heads</p> <p>CRC Deputy Heads of Cluster</p> <p>CRC Heads of Cluster</p> <p>CRC Deputy Heads of Cluster</p> <p>CRC Heads of Cluster</p> <p>Head of Black country Cluster</p> <p>Head of Birmingham Cluster</p>	<p>February 2019</p> <p>February 2019</p> <p>February 2019</p> <p>February 2019</p> <p>Completed</p> <p>February 2019</p> <p>February 2019</p>

			<ul style="list-style-type: none"> To use local management information to ensure accountability for staff delivering and implementing RAR interventions. All Clusters have RAR development as a key measurable objective within their Business Plan. <p>Evaluation - Embedding of the framework and RAR delivery will be monitored as part of the quality management system. This will be supported by key public protection metrics that will track the referral and completion rates of interventions as well as compliance with the operating model.</p>	<p>CRC Heads of Cluster</p> <p>CRC Heads of Cluster</p>	<p>February 2019</p> <p>Completed</p>
5	Ensure that the support provided by the customer service centre (CSC) to responsible officers enables them to provide a high-quality service	Agreed	<p>Key actions are:</p> <ul style="list-style-type: none"> Embed a CSC/Operations Operational Processes Review Group (OPRG), made up of CSC and Operational managers meeting fortnightly to ensure operational processes are fit for purpose and any necessary changes are made and communicated. Embed a CSC Performance Management Framework which measures the quality of delivery of both case administrators and customer support assistants. Share results of quality audits with community teams. Embed a system of training and quality checks as part of the induction of new staff into the CSC, including manager oversight and sign off of individual Practitioners. Improve the complaints and feedback management information to support service improvement and enhance quality and compliance for all teams – new reporting will present key trends and corrective actions, overseen by the Operations’ Board. Implement a quality tool (Zingtree) across RRP – an interactive decision tree software to support compliance to process and improve quality. 	<p>Head of Analysis and Change Unit/Quality and Insight Manager</p> <p>Head of CSC</p> <p>Head of CSC Head of CSC</p> <p>Head of Analysis and Change Unit/Quality and Insight Manager</p> <p>Head of Analysis and Change</p>	<p>From January 2019</p> <p>From January 2019</p> <p>February 2019 February 2019</p> <p>March 2019</p> <p>March 2019</p>

			<ul style="list-style-type: none"> • Produce CSC works data to evidence both usage and quality of that system by Responsible Officers and take remedial action where required (Training, CSC visits etc.) • Schedule 4 Cluster/CSC engagement events to improve collaborative working and review need for further on going activity as part of the engagement plan (see below). <p>Evaluation - CSC and Operational quality is already tracked and measured. A CSC/Operations engagement plan will be developed to track activity and outcomes in improved relationship and operational effectiveness.</p>	Unit/Quality and Insight Manager Quality and Insight Manager Head of CRC CSC/ Heads of CRC Cluster. Head of CSC/ Head of Black Country Cluster	February 2019 By April 2019 February 2019
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6	Address high levels of sickness absence and staff concerns about health and safety	Agreed	<p>Key sickness absence actions are:</p> <ul style="list-style-type: none"> • A new harmonised absence policy is to be put in place in March 2019 with regular contact embedded and support for team members to return to work. • All CRCs/Clusters/functions with sickness average of over 8 FTE to prepare local improvement plans overseen by the SWM CRC's Senior Leadership Team. • Within their 2019 Business Plan all Clusters/functions will have staff engagement plans in place using output of staff survey and staff focus groups so that CRC staff feel involved, listened to, connected to the organisation and motivated to achieve operational objectives. • As part of making the CRC a great place to work (reference recommendation 7) the CRC will work with its teams to manage workload in the most efficient and effective manner, monitored through weekly average caseload data generated by its Case Profile Tool.. • All Clusters will focus on sickness prevention by running a Well-being day on 21st January 2019, promoting SWM CRC Employee Assistance Programme, taking part in resilience training and being clear about what benefits and support are offered. <p>Key Health and Safety actions are:</p> <ul style="list-style-type: none"> • Review of Security Guard tasks and provision in Birmingham • All teams to revisit the response team protocol and implement quarterly drills/ tests of process • Ensure all relevant staff have required level of Managing Violence and Aggression Training • Update Business Continuity Plans • Ensure Offensive Weapons policy will be understood by all staff and embedded through CRC team briefing system • Introduce a safety check in within supervision documents. 	<p>HR Business Partner</p> <p>CRC Heads of Cluster</p> <p>CRC Heads of Cluster</p> <p>CRC Heads of Cluster</p> <p>CRC Heads of Cluster</p> <p>Head of Birmingham Cluster</p> <p>CRC Heads of Cluster</p>	<p>March 2019</p> <p>February 2019</p> <p>February 2019</p> <p>From January 2019</p> <p>From January 2019</p> <p>March 2019</p> <p>March 2019</p> <p>March 2019</p> <p>March 2019 February 2019</p> <p>February 2019</p>
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			<ul style="list-style-type: none"> • Introduce a feedback loop back up to senior management of any concerns raised. • Performance Delivery Managers (PDMs) to update teams on Health & Safety issues/ progress <p>Evaluation - Key elements of evaluation will be sickness data, staff engagement survey results, staff feedback, Health and Safety reporting and Quality Management system.</p>	CRC PDMs	February 2019 From January 2019
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7	Address (with its owners) professional staffing levels, to bring individual Caseloads down to manageable levels overall.	Partly Agreed	<p>SWM CRC is committed to giving its staff manageable workloads to maximise the effectiveness of its service delivery. This action is partly agreed as the current contractual and financial climate creates a challenging environment in which to recruit additional practitioners.</p> <p>Key Actions are:</p> <ul style="list-style-type: none"> Operational design and systems will produce a one page Case Management Framework schematic to communicate expectations of the Service User Journey to ensure the right level of resource is targeted. Systemise the Case Profile Tool priority setting so that resource matches level of required intervention Ensure both custody and community cases have the correct priority assigned to them through Manager Oversight of the case allocation process and Case Profile Tool review. Use the capacity of the whole operation (Accredited Programmes, Community Payback, ETE, TTG, Housing and Welfare) to support Case Management delivery. Agree movement of resource between RRP CRCs and within CRCs to ensure workloads are equitable Produce a CRC/RRP workforce plan for 2019 to respond to future staffing trends/challenges. <p>Evaluation - Workforce planning data will be collated to drive an equalisation of workload and best use of resources across the organisation, with appropriate escalation and responses where workloads are seen to be too high.</p>	<p>CRC Deputy Heads of Cluster</p> <p>CRC Deputy Heads of Cluster</p> <p>CRC Heads of Cluster</p> <p>CRC Heads of Cluster</p> <p>Operations Director</p> <p>Operations Director</p>	<p>February 2019</p> <p>January 2019</p> <p>January 2019</p> <p>From January 2019</p> <p>February 2019</p> <p>From January 2019</p> <p>March 2019</p>
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