



HM Prison &  
Probation Service

Action Plan: Derbyshire, Leicestershire, Nottinghamshire and Rutland Community  
Rehabilitation Company (DLNR CRC)

A Response to the HMI Probation Inspection Report Published 23 January 2019

# Appendix

## Action plan

### INTRODUCTION

HM Inspectorate of Probation (HMIP) is an independent inspectorate which reports on the effectiveness of work with adults and children and young people who have offended. They report their findings on the quality of services provided across England and Wales to Ministry of Justice (MOJ) and HM Prison and Probation Service (HMPPS). In response to the report, the HMPPS/MOJ are required to draft a robust and timely action plan to address the recommendations. The 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 should provide specific steps and actions to address these. Actions within the plan must be clear, measurable, achievable and relevant, with the owner and timescale of each step clearly identified. Action plans are sent to HMIP. It is possible that these will be published at some future point (to be decided). Progress against the implementation and delivery of the action plans will also be monitored and reported on at the next annual inspection.

#### ACTION PLAN: HMIP REPORT

| 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.<br>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.<br>There <b>must</b> 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.<br>This might be because of commissioning, policy, operational or affordability reasons.   | The response must clearly state the reasons why we have chosen this option.<br>There <b>must</b> 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.   |

CRC or NPS Division: DLNR CRC

| 1.<br>Rec<br>No | 2.<br>Recommendation  | 3.<br>Agreed/Partly<br>Agreed/Not<br>Agreed | 4.<br>Response<br>Action Taken/Planned   | 5.<br>Responsible / Policy<br>Lead  | 6.<br>Target Date  |
|-----------------|---|---|--|---|--|
| 1.              | Ensure that the quality of assessment, planning, service delivery and reviewing is improved, to help keep actual and potential victims safe, drawing on individuals and their support networks, and contingency planning for when things change | Agreed                                      | <p><b>Outcome</b> – Derbyshire, Leicestershire, Nottinghamshire and Rutland CRC (DLNR CRC) will continue to implement a continuous improvement approach that will drive effective rehabilitative operational practice, reducing reoffending whilst keeping people safe.<br/>The main actions will be:</p> <ul style="list-style-type: none"> <li>• A schedule of monthly quality audits (by Managers) will be measured by metrics fed into DLNR CRCs Performance Management Framework.</li> <li>• A corrective action system to ensure internal quality audits are followed by dedicated improvement activity.</li> <li>• Learning from external audit and Serious Further Offence reviews are themed and fed into wider CRC improvement work through DLNR development meetings.</li> <li>• Ensuring Safeguarding and Domestic abuse guidance is reinforced in public protection team development days, led by DLNR managers.</li> <li>• Continue to refine DLNR Every Case Essentials (ECE) guidance with all practitioners (the CRCs simple overview of case management quality).</li> <li>• Implementing ‘Best practice toolkits’ to guide professional assessment, analysis and review.</li> </ul> | <p>Regional Managers</p> <p>Business Assurance Team</p> <p>Regional Managers</p> <p>Regional Managers</p> <p>Regional Managers</p> <p>Regional Managers</p> | <p>January 2019</p> <p>February 2019</p> <p>March 2019</p> <p>February 2019</p> <p>January to May 2019</p> <p>April 2019</p> |

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|  |  | <ul style="list-style-type: none"> <li>Increasing the volume of quality audits by managers by simplifying the approach.</li> <li>Embed a good practice library in teams and reinforcing this through ongoing rollout of the Learning and Development system.</li> <li>Review staff supervision templates to ensure all practice development is covered.</li> <li>Develop a more pro-active approach to case management to ensure the sentence of the Court is delivered effectively, for example, taking Court Orders back early, dealing with unworkable requirements and completing enforcement in a timely manner. This will contribute to more effecting assessment, planning and review.</li> <li>Ongoing development of a strengths based approach to working with service users through ongoing staff training.</li> <li>To continue to develop DLNR CRC policies, practice and processes to include desistance and trauma informed principles as part of ongoing staff development and planned programmes of training. This will contribute to DLNR CRC assessment activity, particularly drawing on service users strengths and support networks</li> </ul> | Deputy Heads of Service | March 2019 |
|  |  |  | Deputy Heads of Service | March 2019 |
|  |  |  | HR                      | March 2019 |
|  |  |  | Regional Managers       | April 2019 |
|  |  |  | Regional Managers       | April 2019 |
|  |  |  | Regional Managers       | May 2019   |
|  |  | <p><b>Evaluation</b> - DLNR CRC Senior Leadership Team (SLT) will oversee the successful delivery of the quality improvement plan using key public protection management information metrics, results from the internal audit team, practitioner and manager feedback as well the insight provided by service users through the service user council. The management information metrics are hosted in the case management dashboard and include timely enforcement, cases being in contact and increased management oversight.</p>  |                         |            |

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| 2. | Provide enough staff and equip them with the knowledge and skills to carry out effective work to keep people safe | Partly Agreed | <p>This recommendation is partly agreed due to affordability; there will not be a significant increase in additional staff as the current contractual and financial climate creates a challenging environment in which to recruit additional practitioners.</p> <p>However, DLNR CRC is committed to giving its staff manageable workloads to maximise the effectiveness of its service delivery. Therefore, existing resources will be reviewed, redistributed and optimised to achieve the desired outcomes and the actions below reflect this approach.</p> <p>The element of the recommendation to equip staff with the knowledge and skills to keep people safe is accepted.</p> <p><b>Outcome:</b> To ensure manageable workloads to maximise the effectiveness of service delivery including providing practitioners and operational managers with the framework and tools to prioritise work in line with available resources.</p> <ul style="list-style-type: none"> <li>• Refine DLNR CRC Case Management Framework and then produce a simple service user journey overview to assist staff with case prioritisation.</li> <li>• Ensure both custody and community cases have the correct priority assigned to them as part of case allocation process improvement.</li> <li>• Maximising the capacity of the whole operation using resources efficiently across case management, accredited programmes, community payback, and supply chain and resettlement services.</li> </ul> | <p>Regional Managers</p> <p>Deputy Heads of Service</p> <p>Director of Operations</p> | <p>February 2019</p> <p>February 2019</p> <p>June 2019</p> |

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|  |  | <ul style="list-style-type: none"> <li>• Balance DLNR CRCs workload in the overall Reducing Reoffending Partnership (RRP) by redistributing resources between DLNR and SWM CRCs (both owned by RRP) to contribute to balancing caseloads.</li> <li>• Produce an overall RRP workforce plan for 2019 that enables balanced workload and increased resilience across all of DNLR CRCs operational delivery.</li> <li>• Complete guidance on ‘managing a busy caseload’ in RRP to increase public safety.</li> <li>• Create a Continuous Professional Development log that will be monitored and managed through staff supervision.</li> <li>• Implementation of the iLearn management system which will provide clear pathways of development and core e-learning modules.</li> <li>• The scheduling and delivery of bi-monthly development meetings in all case management teams.</li> <li>• Deliver thematic face-to-face training for all practitioners in key areas of public protection, for example, domestic abuse.</li> <li>• All practitioners and operational managers to complete an introductory or mandatory e-learning modules, for example, modern slavery.</li> <li>• Design and deliver bite-size briefings targeted at less experienced staff to support on-going professional development to support ongoing learning.</li> </ul> | <p>Director of Operations</p> <p>Regional Managers</p> <p>Regional Managers</p> <p>Learning + Development</p> <p>Regional Managers</p> <p>Deputy Heads of Service</p> <p>Learning + Development</p> <p>Regional Managers</p> <p>Regional Managers</p> | <p>June 2019</p> <p>March 2019</p> <p>April 2019</p> <p>April 2019</p> <p>January – March 2019</p> <p>April 2019</p> <p>January – May 2019</p> <p>January – May 2019</p> <p>January – May 2019</p> |
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|    |   |        | <ul style="list-style-type: none"> <li>• Introduce reflective group supervision sessions for all staff to drive increased case analysis, review and the sharing of good practice.</li> <li>• Reconnection with training provided through DLNR CRCs relationships with statutory Safeguarding Boards to keep safeguarding practice up to date.</li> </ul> <p><b>Evaluation</b> – The balancing of caseload activity and associated framework changes will be tracked by the RRP Ops Board through workforce planning MI which has been in place since the end of 2018. L+D associated developments will be tracked through the implementation of the new L+D system from January 2019 and the reporting available from this system.</p>   | <p>Learning + Development</p> <p>Regional Managers</p>   | <p>April 2019</p> <p>January to June 2019</p>                          |
| 3. | Improve service delivery for diverse groups of people, making sure that all appropriate interventions, services and facilities are available to individuals, to meet need | Agreed | <p>DLNR CRC have established a Diversity Action Group which meets on a six weekly basis and reports to the Executive Team. One of the key aims of this group is to ensure all Service Users receive the right intervention at the right time, delivered in the right way.</p> <ul style="list-style-type: none"> <li>• Each of DLNR CRCs geographical clusters will develop a plan that will ensure that the Diversity needs of the Service User group are taken into account in the design and delivery of DNLR services.</li> <li>• To collate and review reoffending data in relation to protected characteristics to improve services and outcomes. This will include data from supply chain partners on a quarterly basis.</li> <li>• All staff to refer and record contact with appropriate services that are in the sentence plan to meet identified individual need.</li> <li>• Continue to routinely offer women a female worker and improve the provision of women-only spaces.</li> </ul> | <p>Director of Operations</p> <p>Director of Operations</p> <p>Regional Managers</p> <p>Director of Operations</p> | <p>March 2019</p> <p>March 2019</p> <p>June 2019</p> <p>March 2019</p> |

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|    |  |        | <p><b>Evaluation</b> - Progress against these actions will be monitored via Diversity Action Group reports to the Executive team, objectives in team plans and as part of the Quality Management System in relation to individual case records.</p>  |  |  |
| 4. | Ensure that the relationship between the Customer Service Centre (CSC) and responsible officers is working well, to provide a good joined up service | Agreed | <p>The following plan will be delivered in the first half of 2019 to improve whole operation outcomes as part of a more seamless operating model</p> <ul style="list-style-type: none"> <li>• CSC management responsibility to be moved into operational line management as we establish a single CSC in RRP.</li> <li>• Operational process change to be owned by all through the activity of a newly established Operational Process Review Group (OPRG).</li> <li>• Inclusion of all operational managers in CSC practice review and improvement work by inviting them to the CSC to be briefed on updates which impact on them and their teams.</li> <li>• Making use of the range of CSC data so that performance and quality checks are more visible and context is understood by all operations staff.</li> <li>• Following the move to a single site CSC and recruitment of new staff, visits to operational sites by all CSC staff commencing in Quarter 2 of 2019.</li> <li>• All new CRC staff will spend time in the CSC as part of their induction programme.</li> </ul> <p><b>Evaluation</b> – This will take place at the Operational review group which takes place in RRP fortnightly. This is where all process and practice</p> | <p>Director of Operations</p> <p>Regional Managers</p> <p>CSC Management</p> <p>Analysis and Change Unit</p> <p>CSC Management</p> <p>Learning and Development</p> | <p>March 2019</p> <p>January 2019</p> <p>January 2019</p> <p>March 2019</p> <p>June 2019</p> <p>Ongoing 2019</p> |



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|    |  |        | review takes place and is support by a range of MI reports to track compliance and improvement.  |   |  |
| 5. | Work with others to improve outcomes for people leaving prison | Agreed | <p>DLNR CRC will implement the new specification that will further enhance the Through the Gate (TTG) model of delivery, supporting a more collaborative, holistic approach to resettlement and thereby improving outcomes.</p> <ul style="list-style-type: none"> <li>• TTG ICT access has been improved and a Task and Finish group has delivered a TTG briefing for staff to improve the use of DNLR CRC systems as holistic communication tools.</li> <li>•</li> <li>• Host Case Management and TTG development days to join up practice and learning. An initial event was held 24<sup>th</sup> January and these will be held through the year to continue to promote and evolve joined up practice.</li> <li>• Commence a programme where case management staff will spend a day with a TTG colleague delivering resettlements services to increase understanding and improve relationships.</li> <li>• Continue to pilot new approaches to the case management of custody cases including the delivery of some Responsible Officer duties within the prison-based resettlement team.</li> <li>• Hold regular meetings with Health and Substance Misuse Treatment Providers in each prison to demonstrate how the Resettlement Plan supports better health and recovery for those leaving custody.</li> <li>• Continue to improve accommodation outcomes through ongoing delivery of the accommodation fund and cluster level work with commissioners and Local Authorities.</li> </ul> | <p>Head of Resettlement</p> <p>Head of Resettlement</p> <p>Head of Resettlement</p> <p>Head of Resettlement</p> <p>Head of Resettlement</p> <p>Head of Resettlement</p> | <p>Completed</p> <p>Completed and ongoing</p> <p>January to May 2019</p> <p>Pilot to be evaluated by end of June 2019.</p> <p>31<sup>st</sup> March 2019</p> <p>Ongoing 2019</p> |

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|  |  |  | <p><b>Evaluation</b> - There is a dedicated TTG improvement plan the success of which will be measured through the Quality Management system with oversight provided by the DLNR CRC Senior Leadership Team at their fortnightly meetings.</p> |  |  |
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