HM Prison & Probation Service

Action Plan Submitted: 10/06/2019

A Response to the HMI Probation Inspection: Cumbria & Lancashire Community Rehabilitation Company

Report Published: 30/05/2019

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 **mus**t 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: Cumbria and Lancashire CRC

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner (including named individuals and their functional role or department)	6. Target Date
1	**The CRC should:** Ensure that its staff are properly equipped with knowledge and skills in accurate risk assessment and management, to work effectively with domestic abuse perpetrators and to deal with child and adult safeguarding concerns	Agreed	CLCRC will utilise the key recommendations from the Operational & System Assurance Group (OSAG) Responsive Audit into case management (April 2019) to form a baseline of data in order to measure progress made. Specific areas to improve and identified actions: • All Responsible Officers (RO) to attend mandatory Domestic Abuse (DA) training; new starters within first 3 months, existing staff to complete refresher training annually. Laurus (training provider) to deliver DA and safeguarding workshops annually. • CLCRC aims to reduce the number of Risk Management Plans assessed as inadequate by 25% over the next 12 months. CLCRC will reissue and promote the guidance to all staff on holding Multi-Agency Local Risk Management Meetings for cases with complex needs, and for cases where there has been an escalation of risk, highlighting how this information should be used within the Risk Management planning process. • Laurus to deliver focused workshops on assessing risk, formulating Risk Management Plans, reviewing, accurate recording and updating registers for all ROs annually.	 Deputy Director Risk & Public Protection (RPP) Deputy Director RPP Deputy Director Training	 Completed June 2019 June 2019

			• Matrix to be introduced to track all RO risk, DA, Spousal Assault Risk Assessment (SARA), home visit and safeguarding training.	Deputy Director Training	June 2019
			• Review of the standard of Laurus risk training, including through participant feedback, to ensure the availability of quality training materials.	Deputy Director Training	June 2019
			• All Probation Services Officer (PSO) OASys assessments to be countersigned, unless exemption authorised by Practice Development Unit (PDU) taking into consideration the outcome of the recent audits on individual practice and the criteria for a good/satisfactory assessment outlined in the CRC Assessment and Planning Guidance.	Deputy Director Quality	June 2019
			• Probation Officer (PO) OASys assessments to be countersigned if identified by the SPO or PDU as requiring improvement, taking into consideration the outcome of the recent audits on individual practice and the criteria for a good/satisfactory assessment outlined in the CRC Assessment and Planning Guidance.	Deputy Director Quality	June 2019
			• Implementation of a standardised supervision template to ensure risk of harm is addressed with quarterly dip sampling by Deputy Director.	All LDU Deputy Director	June 2019
			• Themed audits to be undertaken, including a safeguarding audit, to ensure information is being shared appropriately.	Deputy Director RPP Deputy Director Quality	June 2019

			• Learning from all action points above to be embedded via monthly case audits, including developmental feedback provided by Senior Probation Officers (SPOs), PDU and Deputy Directors (DDs).	All Deputy Directors	June 2019
			• Undertake recruitment campaign for qualified Probation Officers.	Director	September 2019
2	Put into place an effective system of robust management oversight, to strengthen protection of the public	Agreed	• Workshops with SPOs led by the PDU SPO, to benchmark current management oversight practice and agree future expectations.	Deputy Director Quality	June 2019
			• Produce guidance for SPOs in the effective use of management oversight contacts in nDelius (case management system).	Deputy Director Quality	June 2019
			• Introduction of routine (monthly) auditing of management oversight entries. Both the content and quality of management oversight contacts will be audited to ensure accuracy, appropriate decision-making and direction given to staff. Results will be included in the quarterly Performance Quality Report to enable Senior Management Team (SMT) to monitor and measure progress and improvement. Developmental feedback to be provided to SPOs and DDs by the PDU.	Deputy Director Quality	June 2019
			• Monthly monitoring of the number of management oversight contacts with an expectation of an increase in volume.	Director	June 2019

			• Undertake review of case administration support to create extra capacity for SPOs with recommendations being reported to the SMT.	Deputy Director Admin	June 2019
3	Analyse and improve assessment practice for different groups of people, including women, people from minority backgrounds and those completing unpaid work	Agreed	• CLCRC will ensure that cases subject to standalone UPW have a Layer 1 OASys, including sentence plan, within 15 days of the first appointment attended. This will include a full risk assessment and Risk Management Plan for those assessed as medium risk (MR).	Deputy Director Unpaid Work	June 2019
			• CLCRC will improve the number of sentence plans which utilise SMART objectives by 35% from the known baseline over the next 12 months. All ROs to complete risk training - new starters within the first 3 months and existing staff to complete refresher risk training annually.	Deputy Director Offender Management	June 2019
			• CLCRC will improve the number of Risk Management Plans that clearly detail how risk will be managed by 20% from the known baseline over the next 12 months. All ROs to complete risk training - new starters within the first 3 months and existing staff to complete refresher risk training annually.	Deputy Director RPP	November 2019
			• SPOs to utilise 1-1 supervision or mentoring to support staff who identify with ongoing learning needs in the area of risk management practice as identified by recent audits on individual practice and by data gathered from OASys counter-signing.	Deputy Director Training & Quality	November 2019
			• CLCRC will increase the number of Risk Management Plans which adequately monitor Risk of Serious Harm throughout the sentence by 35% from the known baseline over the next 12 months. This will be addressed through Laurus workshops, and management oversight.	Deputy Director RPP Deputy Director Training & Quality	November 2019

			• PDU to undertake thematic audits of women and Black, Asian and Minority Ethnic (BAME) service users to identify specific actions to improve service delivery in conjunction with relevant operational partners.	Deputy Director Women; Equality & Diversity; Quality	November 2019
			• PDU monthly audits to have a specific focus on protective factors.	Deputy Director Quality	June 2019
			• To ensure trauma-informed training is available to all ROs.	Deputy Director Training	November 2019
			• Learning from all action points above to be embedded via monthly case audits including developmental feedback provided by Senior Probation Officers (SPOs), PDU and Deputy Directors (DDs)	Deputy Director Quality	June 2019
4	Implement more consistent use of structured interventions and home visits, to tackle offending and risk of harm issues	Agreed	• CLCRC will increase the number of staff within the interventions team to enable greater availability of specific structured interventions for CRC cases.	Director	June 2019
			• All ROs to undertake core skills training including identification and use of structured interventions.	Deputy Director Training	June 2019
			• Purposeful home visit training to be mandatory for all ROs to increase their understanding of the link between home visits and effective supervision/management of risk. This to be included in the tracking matrix.	Deputy Director Training	October 2019
			• Reissue guidance on home visits.	Deputy Director Offender Management	June 2019

			• Developmental feedback from monthly case audits by SPOs/PDU will monitor and develop confidence in delivering structured interventions.	Deputy Director Quality	June 2019
			• Increase the number of cases by 20% from the OSAG (Responsive Audit) baseline whereby the sentence plan objective is met and evidenced via a structured intervention.	Deputy Director Offender Management	November 2019
5	Improve the quality of resettlement activity and pre-release work, to meet individuals' needs better	Agreed	• Embed the Enhanced Through The Gate (ETTG) specification across all the resettlement prisons. This will be monitored via the Contract Management Team through existing reporting mechanisms.	Deputy Director ETTG	December 2019
			• All basic custody screening and resettlement planning to be completed by CLC ROs where CLCRC is lead host.	Deputy Director ETTG	Completed April 2019
			• Purposeful liaison between field ROs and prison PSOs to take place in all sentenced cases.	Deputy Director ETTG	June 2019
			• Resettlement Boards to be established in all relevant prisons to help facilitate better planning around all aspects of release, but especially factors relating to accommodation, employment and debt.	Deputy Director ETTG	Completed
6	Evaluate and improve the impact of its quality assurance work	Agreed	• Move to a new question set for all audits which is closely aligned with HMIP standards.	Deputy Director Quality	June 2019
			• Move to the use a new assessment tool for all case audits. This will enable reports to be generated at CRC, Local	Deputy Director Quality	June 2019

			Delivery Unit, team and individual level to evidence performance and quality improvements.		
			• Monthly audits to include 1-1 developmental feedback and signposting for further training/information to ensure ROs/SPOs are continually developing professionally.	All LDU Deputy Directors	June 2019
			• Performance quality reports generated by the new assessment tool to be summarised in the quarterly quality report and reviewed by SMT in the monthly quality board.	Deputy Director Quality	September 2019
			• Information generated regarding individual ROs who are continually failing to meet the expected standards to be used to inform performance management procedures.	All LDU Deputy Directors	September 2019
			• All SPOs to undertake a minimum of 4 audit cases per month in addition to the minimum of 30 per month undertaken by the PDU to embed quality across the organisation.	All LDU Deputy Directors	June 2019
			• Training to be rolled out to SPOs in the use of the question set and assessment tool.	Deputy Director Quality	June 2019
			• Review the arrangements for the quality assurance of the work of the operational partners.	Deputy Director Quality Head of Partnerships.	September 2019

7	Take urgent action to ensure that information is accessed, handled, stored and acted on appropriately	Agreed	• Instruction given to Shelter to immediately cease practice of recording personal data outside of CRC case recording systems. • Ensure confirmation received from Shelter with regard to the above. • ETTG Manager to audit Shelter records to confirm the above. • All staff to undertake annual protected information training L1, 2 and 3 in accordance with grade. To be tracked and recorded • Guidance on recording and storing information to be reviewed, updated and communicated to all staff.	Deputy Director ETTG Deputy Director ETTG Deputy Director ETTG All Deputy Directors Deputy Director Offender Management	Completed February 2019 Completed April 2019 Completed May 2019 June 2019 September 2019

Recommendations	
Agreed	7
Partly Agreed	0
Not Agreed	0
Total	**7**