



HM Prison &
Probation Service

Action Plan Submitted: 7th June 2019

A Response to the HMI Probation Inspection: Wales Community Rehabilitation
Company

Report Published: July 2019

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: Wales 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	Better manage the workloads of staff, and provide sufficient staff to deliver services as intended	Agreed	<ul style="list-style-type: none"> Wales 'Responsible Officer' (RO) staffing resources to be modelled against HMPPS Probation Officer (PO)/Probation Service Officer (PSO) workload management tool and operating model, in anticipation of staff transfer later in 2019 Interventions staff resource to be modelled against Kent Surrey and Sussex (KSS) operating model Once the resource model is agreed with KSS and HMPPS Wales (for ROs), initiate recruitment campaign to fill identified vacancies for each role and review progress fortnightly at the South West & Wales Operations Transition Board. Nominate 6 trainer POs to commence Professional Qualification In Probation in July 2019 Agree Interim workload prioritisation plan pending recruitment 	<p>Transformation Programme Manager</p> <p>Transformation Programme Manager</p> <p>Head of HR</p> <p>Chief Officer</p> <p>Chief Officer</p>	<p>June 2019</p> <p>Completed</p> <p>June 2019</p> <p>Completed</p> <p>Completed</p>
2	Improve the quality of planning to address risk of harm and safeguarding	Agreed	<ul style="list-style-type: none"> Deliver mandatory 'Manage the Sentence workshops' across Wales which will focus on risk assessment and risk management planning, safeguarding and recording of decisions made in relation to risk of harm. Attendance will be tracked and Assistant Chief Officers informed of those who fail to attend. 	Quality Manager	July 2019



			<ul style="list-style-type: none"> • 'Dysgu Cymru' which are peer learning events to be set up for peer case review. Cases will be audited by Probation Officers and Probation Service Officers which include checks to ensure that quality of risk of harm and safeguarding is apparent. Actions will be sent to individual RO's and Team Managers for completion. Events will be chaired by Assistant Chief Officers and a summary report of findings will be shared with the Wales Senior Leadership Team to disseminate to all staff. 	Quality Manager	June 2019
			<ul style="list-style-type: none"> • Templates of good quality Risk Management Plan and Risk Management Plan guidance to be re-issued to staff via email with further link to the Wales Probation Services Reference Library. 	Quality Manager	Ongoing monthly activity
			<ul style="list-style-type: none"> • Monthly case audits, aligned to HMIP Standards to be undertaken by all Offender Management (OM) Team Managers and returned to the Excellence and Effectiveness Team. 	All OM Team Managers	Ongoing monthly activity
			<ul style="list-style-type: none"> • Findings of case audits to be shared with staff and Senior Leaders using learning loops 	Quality Manager	Ongoing quarterly activity
			<ul style="list-style-type: none"> • OASys Quality Assurance to be completed on a sample of cases across Wales every quarter. Individualised feedback provided to staff and Team Managers for actions to be undertaken where needed. Themes identified at Senior and Middle Leadership meetings 	Quality Manager	Ongoing Monthly Activity
			<ul style="list-style-type: none"> • Case audit and Dysgu Cymru events used to monitor and provide assurance of effective use of home visits 	Quality Manager	Ongoing Monthly Activity



3	Provide training and development that meets the needs of staff and monitor the impact of training on practice	Agreed	<ul style="list-style-type: none"> • Undertake a qualifications and skills audit. • Develop a practice training plan for POs/PSOs who will transfer to the National Probation Service (NPS) and Interventions staff who will remain in the CRC. • Provide the Excellence and Effectiveness Team and Team Managers with the training plan and completion data to ensure the impact of practice development is monitored through the Case Audit, OASys Quality Assurance and supervision processes. Improvements will be measured through monthly data analysis. • Make available the full suite of KSS Learning and development to Wales CRC throughout this year and provide HMPPS with a record of training delivered and received. • As a result of the skills audit, make available appropriate learning and development activities and tools for interventions employees. • Interventions Managers and Senior Interventions Facilitators to be monitor impact of training and development activities via observation processes, Treatment Monitoring and service user feedback. This will be reported to Senior Leaders on a quarterly basis. Intervention Dysgu Cymru to be introduced to provide peer review. 	<p>L & D manager</p> <p>L & D manager</p> <p>L & D manager / Quality Manager</p> <p>L & D manager</p> <p>L & D Manager</p> <p>Head of Interventions</p>	<p>Completed</p> <p>June 2019</p> <p>From June 2019</p> <p>December 2019</p> <p>From June 2019</p> <p>Ongoing Monthly Activity</p>
4	Enable team managers to provide effective management oversight of practice	Agreed	<ul style="list-style-type: none"> • Provide additional administration support for Team Managers through appointment of 3 Business Managers and recruitment of 5 Lead Administrators (1 per LDU) • Wales Team Manager staffing levels to be reviewed in line with re-modelling of operational staff resources 	<p>Chief Officer</p> <p>Transformation Programme Manager</p>	<p>July 2019</p> <p>Completed</p>



			<ul style="list-style-type: none"> • Introduction of Quality Development Officer role in Wales, where deemed appropriate, to support the practice oversight agenda. • Impact to be monitored via Case Audit process, Dysgu Cymru and OASys Quality assurance to measure improvement of practice and management oversight. All cases that are deemed to 'require improvement' are automatically tracked by the Quality Manager to ensure actions that address areas for improvement are completed. 	<p>Head of Excellence and Effectiveness</p> <p>Team Managers</p>	<p>September 2019</p> <p>December 2019</p>
5	Improve the coordination of resettlement activity.	Agreed	<ul style="list-style-type: none"> • Mobilise delivery of enhanced Through The Gate (TTG) specification and uplift of resettlement staff across all prisons • Provide training to resettlement staff (existing and new) on the updated process for completing OASys assessment and reviews • Progress with existing improvement plan (for supply chain partners) on the quality of resettlement plans • Hold pan Wales workshops with attendance from CRC/NPS offender managers and Prison Advice Care Trust (PACT) TTG mentors to inform all staff of updates to resettlement services following the enhancement and confirm process for improved communication between TTG providers and RO's • Implement a holistic quality assurance process to monitor and improve the sharing of information between the responsible officer and TTG provider. This will include monthly RO Case Audits and the monthly TTG Case Audit process • Monthly case audits by Local Delivery Unit of Custody and Pre-release planning and information sharing with feedback 	<p>Partnership Manager</p> <p>Partnership Manager</p> <p>Partnership Manager</p> <p>Partnership Manager</p> <p>Partnership Manager</p> <p>Head of Excellence and Effectiveness</p>	<p>June 2019</p> <p>June 2019</p> <p>September 2019</p> <p>July 2019</p> <p>August 2019</p> <p>August 2019</p>



			<p>loop to TTG team, SMT, Responsible Officer and Line Manager.</p> <ul style="list-style-type: none"> Audit feedback reported in to SMT and supply chain on monthly basis 	Partnership Manager	August 2019
6.	<p>KSS should:</p> <p>Make sure that all buildings and CT support staff to deliver effective services.</p>	Partly Agreed	<ul style="list-style-type: none"> KSS and HMPPS Wales to scope and agree a joint IT and Estates strategy and plan for Wales. This should include interim arrangements pre-transfer of OM to NPS, as well as a transition plan and post transfer agreement. Progress against this plan will be reviewed via the Joint HMPPS / Seetec Wales Transition Board 	<p>Head of ICT / Estates</p> <p>Head of ICT / Estates and HMPPS Wales</p>	<p>July 2019</p> <p>December 2019</p>

Recommendations	
Agreed	5
Partly Agreed	1
Not Agreed	0
Total	6

