



HM Prison &
Probation Service

Action Plan Submitted: 19th July 2019

A Response to the HMI Probation Inspection: Warwickshire & West Mercia
Community Rehabilitation Company.

Report Published: 17th 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: Warwickshire & West Mercia 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	Ensure that management oversight and quality assurance effectively support the practice of probation service officers	Agreed	<ol style="list-style-type: none"> 1. Review and produce the Warwickshire & West Mercia CRC (WWMCRC) Quality Assurance Framework Policy & Quality Assurance Plan to incorporate the scope of quality assurance, as well as management oversight of Probation Service Officers (PSO). 2. Complete a review of the WWMCRC Quality Development Manager (QDM) Framework pilot, delivering two qualitative audits each month for selected Offender Managers (OM). This will provide evidence to inform "clinical" professional development supervision to facilitate individual OM and wider organisational continuous improvement. It will also inform WWMCRC Quality Development Planning. The QDM Framework pilot will be extended to December 2019, expanding the existing scope to incorporate increased Warwickshire Local Delivery Unit (LDU) audit volumes and bring PSO's into scope. 3. Schedule and conduct WWMCRC Quality Assurance reviews and produce a monthly audit programme assurance report which incorporates audit ratings, volumes of internal "alert" cases, qualitative audit findings, in order to provide WWMCRC assurance and inform Quality Development Planning. The audit programme assurance report will be circulated to WWMCRC Senior Management Team (SMT) and Her Majesty's Prison Probation Service Contract Management Team (CMT). 4. WWMCRC Quality Development Plan will be reviewed & progression measured against SMART (Specific, Measurable, Achievable, Realistic, Timebound) improvement actions at monthly at Senior Management Operations meeting. 	<p>Assistant Chief Officer (ACO), Performance & Quality</p> <p>ACO Performance & Quality</p> <p>ACO Performance & Quality</p> <p>ACO Performance & Quality</p>	<p>Complete</p> <p>January 2020</p> <p>Complete & Monthly</p> <p>Complete & Monthly</p>



			<ol style="list-style-type: none"> 5. Produce guidance to the Case Allocation policy, as well as mandatory internal case reallocation risk review actions for Senior Probation Officers (SPO). 6. Complete an internal consultation and review of Case Allocation policy to ensure that the re-allocation of cases is conducted appropriately. Re-state role boundaries and appropriate allocation criteria and, using feedback from staff, adapt processes to mitigate any barriers that hinder this. 7. Develop and implement PSO specific training in response to identified development needs, as evidenced through WWMCRC QDM framework PSO audit programme. 8. Conduct an annual review and internal consultation of the WWMCRC Supervision policy to define operational requirements relating to PSO caseload management oversight. 	<p>ACO Performance & Quality</p> <p>ACO Performance & Quality</p> <p>Learning and Development (L&D) Manager</p> <p>L&D Manager</p>	<p>September 2019</p> <p>September 2019</p> <p>January 2020</p> <p>October 2019</p>
2	Improve work to manage and reduce risk of harm, paying attention to measures to protect victims of domestic abuse and to safeguard children	Agreed	<ol style="list-style-type: none"> 1. Review the Contract Year 6 (CY6) WWMCRC Workforce planning strategy and plan priority objectives in order to mitigate WWMCRC resilience risk through: <ul style="list-style-type: none"> • The recruitment and retention of qualified Warwickshire - Worcestershire LDU Offender Management resource responsive to projected cohort profile and future assumptions. • A reduction in the volume and instances of agency resource "turnover", resulting in improved Offender Management continuity by reducing the volume of case re-allocation that is needed. 2. Complete a review of the WWMCRC QDM Framework pilot, delivering two qualitative audits each month for selected OM's. The analysis of this audit will be used by the QDM as evidence to inform 'clinical' professional development supervision to facilitate individual OM continuous improvement, including the use of informal/formal performance improvement structures where necessary. The QDM Framework pilot will be extended to December 2019, expanding the existing scope to incorporate increased Warwickshire LDU audit volumes and bring PSO's into scope. 	<p>L&D Manager & WWMCRC SMT</p> <p>ACO Performance & Quality</p>	<p>September 2019</p> <p>January 2020</p>



			<p>3. Schedule and conduct WVMCRC Quality Assurance reviews and produce a monthly audit programme assurance report incorporating audit ratings, volumes of internal 'alert' cases, qualitative audit findings and qualitative evidence of compliance to Risk of Harm (RoH) quality standards. The audit programme assurance report will be circulated to the WVMCRC SMT and HMPPS CMT. The QDM audit findings and analysis, as reported by the monthly report, will be used to up-date the WVMCRC Quality Development Plan and Learning and Development strategy, thereby ensuring that practice briefings and communications are effectively targeted and training opportunities being offered are based upon identified practice needs.</p>	ACO Performance & Quality	Complete & Monthly
			<p>4. The WVMCRC Quality Development Plan (QDP) will be reviewed and progression measured against SMART improvement actions at monthly Senior Management Operations meetings. Key learning from the QDM monthly analysis will be built into subsequent framework assessment criteria so practice change based upon communications, training and 'clinical' practice supervision can be measured.</p>	ACO Performance & Quality	July 2019 & Monthly
			<p>5. Schedule and deliver WVMCRC QDP derived mandatory 'Risk of Serious Harm (ROSH) effective assessment and Risk Management Planning (RMP), sentence planning' (SP) training to WVMCRC OM's and Through The Gate (TTG) caseworkers. Subsequent QDM monthly audits will take into account the key desired outcomes identified for this training and assess the extent to which these have been embedded into operational practice.</p>	L&D Manager	Complete
			<p>6. Schedule and deliver WVMCRC QDP derived mandatory 'Risk of Serious Harm (ROSH) effective implementation, monitoring, management and enforcement of external controls and protective factors' training to WVMCRC OM's. Subsequent QDM monthly audits will take into account the key desired outcomes identified for this training and assess the extent to which these have been embedded into operational practice.</p>	L&D Manager	Complete
			<p>7. Schedule and deliver WVMCRC QDP derived mandatory Safeguarding Children / Spousal Assault Reconviction Assessment (SARA) refresher training for all WVMCRC OM's. Subsequent QDM monthly audits will take into account the key desired outcomes</p>	L&D Manger	Complete



			<p>identified for this training and assess the extent to which these have been embedded into operational practice.</p> <p>8. Review and re-design existing WWMCRC operational team processes and systems for requesting and receiving Restraining / Non-molestation Orders / Police and Children's Services information, to ensure all active orders and information are uploaded to the Case Management System (CMS), 'Delius'.</p> <p>9. Escalate to WWMCRC Contract Package Area (CPA) Service Integration Group (SIG) issues regarding inconsistent practice across NPS clusters in relation to the requesting of external agency information at pre-sentence stage, particularly in relation to Domestic Abuse of Safeguarding, as this difference in practice has led to a variety of approaches being adopted by Children's Services when subsequent post-sentence requests are submitted by WWMCRC.</p> <p>10 Conduct a review of internal WWMCRC Public Protection & Safeguarding Children policy mandatory action compliance and evaluate any obstacles encountered, to ensure that the mandatory actions meet Her Majesty's Inspectorate Probation (HMIP) quality standards and are achievable for those enacting them.</p>	<p>Business System Analyst</p> <p>ACO Performance & Quality</p> <p>ACO Performance & Quality</p>	<p>September 2019</p> <p>Complete</p> <p>October 2019</p>
3	Provide a suite of interventions, available in all local delivery units, that meet identified need	Partly Agreed	<p>WWMCRC are committed to undertaking a full strategic review and subsequent development of an empirical evidence base for an offender risk and needs profile, and using these to identify any gaps in interventions provision. Strategic priorities will be defined and a strategy designed to develop, deploy and implement interventions to achieve the defined priorities that can be accomplished within the current contractual, financial climate and available resource.</p> <p>1. Conduct a WWMCRC CY6 Strategic Needs Assessment (SNA) based on the current offender cohort:</p> <ul style="list-style-type: none"> • Desistance Factors • ROSH Cohort profile • Offending related needs • Protective characteristics • Diversity characteristics • WWMCRC – LDU Staffing profile and characteristics. 	<p>Deputy ACO</p>	<p>August 2019</p>



			<p>2. Conduct a WWMCRC Offender risk and needs profile & intervention delivery GAP analysis, with analysis of:</p> <ul style="list-style-type: none"> • Accredited Programmes • WWMCRC Commissioned Services – Supply Chain • WWMCRC Reducing re-offending pathways – Interventions • Strategic partnership service provision. <p>3. Produce and implement a CY6 WWMCRC Reducing Re-offending Priorities, Strategy & Delivery Plan – the Equality Impact Assessment (EIA) will be informed by the WWMCRC SNA and GAP analysis.</p> <p>4. Produce and implement a CY6 WWMCRC Women’s Priorities, Strategy & Delivery Plan – the Equality Impact Assessment (EIA) will be informed by the WWMCRC SNA and GAP analysis.</p> <p>5. Scope and review Employment, Training and Education (ETE) intervention requirements in all WWMCRC Operational delivery sites.</p> <p>6. WWMCRC SMT will on a monthly basis review management data relating to intervention referrals, commencements and completions, to ensure that intervention delivery continues to meet identified need in all LDUs, and improvement action planning is undertaken where required.</p> <p>7. Produce and implement a WWMCRC Communications & Engagement strategy and plan to improve sentencer awareness and confidence of WWMCRC interventions provision and delivery.</p>	<p>Deputy ACO</p> <p>ACO Warwickshire & Shropshire</p> <p>ACO Worcestershire & Herefordshire</p> <p>WWMCRC SMT</p> <p>Deputy ACO</p> <p>Director of Justice</p>	<p>September 2019</p> <p>October 2019</p> <p>October 2019</p> <p>October 2019</p> <p>October 2019 & Monthly</p> <p>December 2019</p>
4	Ensure that sufficient work is completed to support the desistance of individuals and reduce the likelihood that they will reoffend	Partly Agreed	<p>WWMCRC are committed to a full strategic review and the subsequent development of an empirical evidence base for offender risk and needs profile, and using these to identify any gaps in the required interventions provision.</p> <p>Strategic priorities will be defined, and strategy developed, to maintain manageable caseloads and levels of contact to achieve effective, supportive and challenging professional relationships between the offender and Offender Manager. Additionally the development, deployment and implementation of commissioned interventions will help to achieve strategic priorities by reducing the likelihood of reoffending utilising resource available within the current contractual, financial climate and available resource.</p>		



			<ol style="list-style-type: none"> 1. Complete an annual review and consultation of the WWMCRC Minimum Operating Standards. Recommendations will be reported to WWMCRC SMT to inform quality improvement planning and give consideration to operational instructions for “professional judgement” discretion to depart from these standards, to mitigate any inverse offender outcomes. 2. Complete a review of the WWMCRC Quality Development Manager (QDM) Framework pilot, delivering two qualitative audits each month for selected OM’s. The analysis of this audit will be used by the QDM as evidence to inform ‘clinical’ professional development supervision to facilitate individual OM continuous improvement, including the use of informal/formal performance improvement structures where necessary. The QDM Framework pilot will be extended to December 2019, expanding the existing scope to incorporate increased Warwickshire LDU audit volumes and bring PSO’s into scope. 3. Schedule and conduct WWMCRC Quality Assurance reviews and produce a monthly audit programme assurance report incorporating audit ratings, volumes of internal ‘alert’ cases, qualitative audit findings and qualitative evidence of compliance to RoH quality standards. The audit programme assurance report will be circulated to the WWMCRC SMT and HMPPS CMT. The QDM audit findings and analysis, as reported by the monthly report, will be used to update the WWMCRC Quality Development Plan and Learning and Development strategy, thereby ensuring that practice briefings and communications are effectively targeted and training opportunities being offered are based upon identified practice needs. 4. The WWMCRC Quality Development Plan (QDP) will be reviewed and progression measured against SMART improvement actions at monthly Senior Management Operations meetings. Key learning from the QDM monthly analysis will be built into subsequent framework assessment criteria so practice change based upon communications, training and ‘clinical’ practice supervision can be measured. 	<p>ACO Performance & Quality</p> <p>ACO Performance & Quality</p> <p>ACO Performance & Quality</p> <p>ACO Performance & Quality</p>	<p>September 2019</p> <p>January 2020</p> <p>Complete & Monthly</p> <p>Complete & Monthly</p>
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			<p>5. Schedule and deliver mandatory 'Risk of Serious Harm (ROSH) effective assessment and Risk Management Planning (RMP), sentence planning (SP)' training to WWMCRC OM's and TTG caseworkers. Subsequent QDM monthly audits will take into account the key desired outcomes identified for this training and assess the extent to which these have been embedded into operational practice.</p> <p>6. Schedule and deliver mandatory 'Risk of Serious Harm (ROSH) effective implementation, monitoring, management and enforcement of external controls and protective factors' training to WWMCRC OM's. Subsequent QDM monthly audits will take into account the key desired outcomes identified for this training and assess the extent to which these have been embedded into operational practice.</p> <p>7. Schedule and deliver mandatory Safeguarding Children / SARA refresher training for all WWMCRC OM's. Subsequent QDM monthly audits will take into account the key desired outcomes identified for this training and assess the extent to which these have been embedded into operational practice.</p> <p>8. Produce and implement a CY6 WWMCRC Reducing Re-offending Strategy & Delivery Plan, and the associated Equality Impact Assessment (EIA). Progress will be reviewed at quarterly WWMCRC SMT meetings with alignment between this plan and the strategic priorities plan which will be developed following completion of the SNA and GAP analysis.</p> <p>9. Produce and implement a CY6 WWMCRC Women's Strategy & Delivery Plan, and the associated Equality Impact Assessment (EIA). Progress will be reviewed at quarterly WWMCRC SMT meetings, with alignment between this plan and the strategic priorities plan which will be developed following completion of the SNA and GAP analysis.</p>	<p>L&D Manager</p> <p>L&D Manager</p> <p>L&D Manger</p> <p>ACO Warwickshire & Shropshire</p> <p>ACO Worcestershire & Herefordshire</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>October 2019</p> <p>October 2019</p>
5	Review its approach to equality and diversity, to ensure that, as a minimum, it meets its obligations under the Equality Act, 2010	Agreed	<p>1. Conduct a WWMCRC CY6 SNA to provide empirical data for the creation of a WWMCRC cohort needs profile, considering: Desistance Factors ROSH Cohort profile Offending related needs Protective characteristics Diversity characteristics</p>	Deputy ACO	August 2019



			<p>WWMCRC – LDU Staffing profile and characteristics.</p> <ol style="list-style-type: none"> 2. Complete a WWMCRC LDU GAP analysis to identify the WWMCRC cohort needs and diversity characteristics profile, service provision needs and WWMCRC staffing profile, in order to inform strategic priorities, commissioning intentions and workforce planning priorities based upon: Protected characteristics Diversity characteristics. 3. Review the WWMCRC Equality & Diversity (E&D) Plan incorporating CY6 SNA based upon LDU protective, diversity characteristics. 4. Review WWMCRC SMT E&D protected characteristics strategic and functional leads to ensure full coverage. 5. Produce a CY6 WWMCRC Workforce Planning strategy and plan informed by the WWMCRC CY 6 SNA and GAP analysis. Define work force planning priorities and objectives, inclusive of succession planning and recruitment strategy, to address any workforce profile misrepresentation in comparison with the offending group profile. 6. Produce and implement CY6 WWMCRC Women's Strategy & Delivery plan, with associated Equality Impact Assessment (EIA). 7. Review and re-launch WWMCRC Equality & Diversity Operational Group (EDOG). Representatives from all delivery sites to review progression against CY6 E&D plan and update and incorporate any emerging issues. 8. Mandatory E&D training to be scheduled and delivered to all WWMCRC staff. 9. Review and re-launch WWMCRC E&D Policy. 10. Produce and include equality objectives in the WWMCRC Annual Service Plan in compliance with the Equality Act 2010. 11. Schedule and implement WWMCRC E&D staff survey – produce and implement subsequent action plan. 	<p>Deputy ACO</p> <p>ACO Warwickshire & Shropshire</p> <p>WWMCRC SMT</p> <p>Director of Justice & L&D Manager</p> <p>ACO Worcestershire & Herefordshire</p> <p>ACO Warwickshire & Shropshire</p> <p>L&D Manager</p> <p>ACO Shropshire & Warwickshire</p> <p>Director of Justice</p> <p>Director of Justice</p>	<p>August 2019</p> <p>November 2019</p> <p>Complete</p> <p>October 2019</p> <p>October 2019</p> <p>September 2019</p> <p>March 2020</p> <p>November 2019</p> <p>June 2019</p> <p>October 2019</p>
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6	Improve its approach to inclusion, to ensure that service provision reflects the views of staff, individuals being supervised and other stakeholders	Agreed	<ol style="list-style-type: none"> 1. Produce and implement a WVMCRC Communications & Engagement Strategy and Plan. 2. Schedule and conduct internal and external stakeholder consultation events to contribute to the production of the WVMCRC Annual Service Plan. 3. Schedule and conduct internal and external LDU stakeholder consultation events to contribute to the production of LDU delivery plans. 4. Develop and implement regular service user fora at all WVMCRC delivery sites to collate service user experience, views and perspectives. This will be submitted to WVMCRC SMT for quarterly review to inform improvement activity needed against applicable strategy and delivery plans. 5. Communicate the schedule of WVMCRC staff surveys and the framework for cascading and updating WVMCRC colleagues of findings, actions plans and progression. 6. Implement an 'end of supervision' service user evaluation questionnaire across all WVMCRC delivery sites. Data to be reported quarterly to WVMCRC SMT to inform WVMCRC strategy, planning and policy. 	<p>Director of Justice</p> <p>Director of Justice</p> <p>LDU – ACO's</p> <p>Director of Justice LDU – ACO's</p> <p>Director of Justice</p> <p>Deputy ACO</p>	<p>December 2019</p> <p>Completed</p> <p>September 2019</p> <p>October 2019</p> <p>September 2019</p> <p>September 2019</p>
7	Ensure that practitioners access the right learning and development opportunities, based on need and role, and to reflect emerging offending trends and priorities	Partly Agreed	<p>WVMCRC are committed to a full strategic review and the subsequent development of an empirical evidence base for an offender risk and needs profile, and the resultant training needs analysis to inform CY6 Learning and Development (L&D) priorities.</p> <p>Strategic priorities will be defined and implementation plans inclusive of training needs will be developed. The CY6 L&D priorities and plan will evaluate what is deliverable and achievable within the existing WVMCRC L&D resource determined by the current contractual and financial climate.</p> <ol style="list-style-type: none"> 1. Complete a WVMCRC CY6 SNA, leading to the provision of an empirical evidence base of the WVMCRC cohort risk, needs and diversity characteristics, which will be used by the SMT to inform WVMCRC L&D Strategic priorities. 	<p>Deputy ACO</p>	<p>August 2019</p>



			2. Review and develop the annual WVMCRC L&D strategy. Priorities will be informed by the WVMCRC SNA, as well as the Reducing Reoffending & Women's Strategic Priorities plans.	L&D Manager	September 2019
			3. Complete a Training needs analysis for staff across WVMCRC.	L&D Manager	September 2019
			4. Produce and implement a WVMCRC CY6 L&D Plan informed by the CY6 L&D strategy, inclusive of grade and role based training review. Schedule training and developmental opportunities to support the achievement of defined strategic objectives.	L&D Manager	September 2019
			5. Complete a strategic review of the WVMCRC Personal Professional Development Programme policy & framework.	L&D Manager	September 2019

Recommendations	
Agreed	4
Partly Agreed	3
Not Agreed	0
Total	7

