



HM Prison &
Probation Service

Action Plan Submitted: 15th May 2020

A Response to the HMI Probation Inspection: Humberside, Lincolnshire &
North Yorkshire Community Rehabilitation Company

Report Published: May 2020

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 HMPPS website.

Actions against target dates are likely to be delayed due to Covid-19 related disruptions to service delivery. Our current approach to this issue is to stick to BAU activities in Action Plans, as COVID related actions are time limited. The HMPPS Contract Management Team will continually check for compliance against all planned actions through their processes.

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.

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ACTION PLAN: Humberside, Lincolnshire & North Yorkshire (HLNY) 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	Humberside, Lincolnshire & North Yorkshire CRC should ensure all cases are allocated to staff who are appropriately qualified and/or experienced to improve the management of risk of harm	Agreed	<p>HLNY CRC will ensure cases are allocated to appropriately qualified staff by:</p> <ol style="list-style-type: none"> 1. Undertaking a formal review of the current banding and allocation model, to assess the extent to which allocation processes ensure service users (SU) presenting the highest risk of serious harm are appropriately allocated to qualified staff. 2. Carrying out a local review of caseloads, to ensure cases are being appropriately held in accordance with the Banding and Allocation Tool. 3. Creating a performance report for Interchange Managers (IM's), to give an overview of allocations into their teams, to facilitate greater local oversight of allocation. 4. Undertaking a formal review of current management practice oversight approaches, and the roles and responsibilities of IM's, including oversight of case allocation. Agree and implement proposals to ensure future arrangements are 	<p>Head of Operations and Quality</p> <p>Community Directors and Interchange Managers</p> <p>Performance and Quality Manager</p> <p>Director of Operations and SMT Public Protection Lead</p>	<p>September 2020</p> <p>October 2020</p> <p>July 2020</p> <p>November 2020</p>

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			<p>proportionate, effective and support improved risk of harm practice. This will include a review of the current approach to Enhanced Management Oversight, and the Practice Observation framework.</p> <p>5. Reviewing the Passport to Practice and training pathway for new case managers to complete before they are allocated domestic abuse cases. This will be completed by all newly recruited case managers.</p> <p>6. Building on current feedback, scheduling a consistent quarterly Case Managers (CM's) induction programme, to provide timely onboarding and induction training for new starters. This will allow new starters time to consolidate learning whilst building a caseload supported by a mentor, and by having monthly supervision from a line manager.</p> <p>7. Appraisal reviews will be completed on a 6-monthly basis to benchmark practice with CM's, and inform development. Community Directors will review these with IM's, and they will be collated within HLNy Quality and Performance meetings to inform training needs across the Community Rehabilitation Company (CRC).</p>	<p>Community Director</p> <p>L&D Business Partner SMT Quality Officers</p> <p>L&D Business Partner and SMT L&D Lead Community Director</p> <p>Community Directors SMT L&D Lead Interchange Managers</p>	<p>August 2020</p> <p>July 2020</p> <p>June 2020</p>
2	Humberside, Lincolnshire & North Yorkshire CRC should make sure that staff receive effective case-focused supervision that enhances the quality of work with service	Agreed	<p>HLNY CRC will ensure effective case supervision takes place, with a focus on identifying and analysing the risk of harm, ensuring effective contingency plans are in place as necessary, and that home visits take place where necessary. The following actions will ensure Case Managers focus on these areas during case supervision with Responsible Officers(RO's):</p> <p>1. Undertake a formal review of current management practice oversight approaches, and the roles and responsibilities of</p>	<p>Director of Operations and</p>	<p>September 2020</p>

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users to manage risk of harm			<p>IM's. Agree and implement proposals to ensure future arrangements are proportionate, effective and support improved risk of harm practice. This will include a review of the current approach to Enhanced Management Oversight, and Practice Observation framework.</p> <p>2. Pending potential changes to management oversight approaches, priority cases will be identified for targeted management oversight, in-line with HMIP Domain 2 (Case Supervision) findings. The Management Information (MI) tool will be amended to support this process.</p> <p>3. Senior Management Team (SMT) will undertake a review, to assess the impact of staff supervision training already delivered to IM's. Community Directors will review examples of supervision notes with IM's to assure effective case focussed supervision is in place.</p> <p>4. The risk management oversight practice of IM's will continue to be tested, through dip sampling in six-weekly Community Director supervision sessions, to provide assurances in relation to quality and adherence to agreed management oversight processes, through discussion and feedback.</p> <p>5. To release managers from training responsibilities, identify an affordable, time limited, dedicated staffing resource who have completed the Institute of Leadership & Management (ILM) accredited Training Skills programme, as required, to deliver improved quality of Learning and Development (L&D) by providing a consistent, high quality approach to training delivery.</p> <p>6. Learning from audit activity will be disseminated through leadership forums, team meetings, supervision and</p>	<p>SMT Public Protection Lead Community Director</p> <p>SMT Public Protection Lead Community Director</p> <p>Director of Operations and SMT L&D Lead Community Director</p> <p>Community Directors</p> <p>Director of Operations and SMT L&D lead Community Director</p> <p>Director of Operations and Quality Officer</p>	<p></p> <p>July 2020</p> <p>July 2020</p> <p>June 2020</p> <p>September 2020</p> <p>June 2020</p>
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			newsletters. The CRC has one Quality Improvement Plan (QIP) which is an over-arching improvement plan encompassing all the responses to inspection reports, audit reports, Serious Further Offending (SFO) learning points etc, rather than a plan focused on a specific area of practice, which is accessible to all staff.		
3	<p>Humberside, Lincolnshire & North Yorkshire CRC should make sure that interventions provided are delivered to meet the identified needs and risks of service users</p> <p>This recommendation has been repeated from the previous inspection.</p>	Agreed	<p>HLNY CRC will ensure that the range of interventions provided are delivered to meet identified needs by:</p> <ol style="list-style-type: none"> 1. The suite of Rehabilitation Activity Requirement (RAR) interventions will be reviewed, and streamlined based on priority need, using local data and the reducing re-offending data tool (RDT). 2. The number of RAR structured interventions and Brief Interventions delivered, will be increased through publication of the schedule to all teams, and simplified local referral mechanisms. Evidence of increased level of delivery will be measured through Management Information (MI) reports, and reporting to the monthly Performance & Quality meeting. 3. Case Management / Interventions / Resettlement interface meetings will be undertaken monthly, to share information regarding RAR development, local information to support practitioners, and by embedding structured interventions in sentence planning and delivery. Specialist interventions practitioners will continue to focus on enhancing the quality of delivery, as well as improving upon access and take up rates. 4. Sentence plans for Band 3 & 4 cases will include at least one objective to attend a structured intervention linked to an identified criminogenic need, and every SU will have an 	<p>SMT Interventions Lead Community Director</p> <p>Performance & Quality Manager and SMT Interventions Lead Community Director</p> <p>SMT Interventions Lead Community Director, Interchange lead managers.</p> <p>Director of Operations</p>	<p>September 2020</p> <p>September 2020</p> <p>July 2020 and ongoing</p> <p>July 2020</p>

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			<p>objective related to risk of harm and victims, with detailed control measures in the Risk Management Plan. This will be monitored through Countersigning, management oversight activity and OASys Quality Assurance, plus utilising information MI reports for Non- Statutory Interventions (NSI) referrals.</p> <p>5. Successful outcomes and positive stories will be promoted via fortnightly newsletters, to improve confidence in practitioners to refer to RAR.</p> <p>6. Ensuring effective local arrangements are in place, to facilitate information exchange with local substance misuse treatment commissioned providers. A MI report has been developed to provide oversight for this. This will be assured through the HLNy Quality and Performance meeting.</p>	<p>Community Directors Interchange Managers</p> <p>Quality Officer and Interchange Managers.</p> <p>Director of Operations Community Directors Interchange Managers</p>	<p>July 2020</p> <p>August 2020</p>
4	<p>Humberside, Lincolnshire & North Yorkshire CRC should improve the quality and impact of work to manage risk of harm to keep actual and potential victims safe</p> <p>This recommendation has been repeated from the previous inspection.</p>	Agreed	<p>HLNy CRC will improve the quality and impact of work to manage the risk of harm by:</p> <p>1. Reviewing local L&D governance arrangements, and appointing a dedicated SMT lead. The lead will support the L&D Business Partner in developing a CRC level L&D plan to focus on Domain Two (Case Supervision) training needs in response to HMIP recommendations.</p> <p>2. Building on current feedback, schedule a consistent quarterly CM induction programme to provide timely onboarding, and induction training for new starters. This will allow new starters time to consolidate learning whilst building a caseload supported by a mentor, and with monthly supervision from the line manager. The standard six-monthly</p>	<p>L&D Business Partner SMT L&D Lead Community Director</p> <p>L&D Business Partner Director of Operations and SMT L&D Lead</p>	<p>July 2020</p> <p>July 2020</p>

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			<p>review in the probationary process will be used, to establish new CM's readiness to take on more complex caseloads.</p> <p>3. With ongoing support from transition boards, proactively source National Probation Service (NPS) Offender Assessment System (OASys) Training, and roll this out to CRC practitioner staff. Priority training will be risk assessment, risk planning and risk management (1 day), OASys for practitioners (2 days), OASys Quality Assurance & risk management (1 day), Child Safeguarding and Domestic Abuse (2 days).</p> <p>4. The current CRC planning tool (Enabling Plan), has been replaced with the OASys Sentence Plan, as the HLNy CRC assessment and planning tool. This will support alignment of sentence plans to risk assessment, and risk management. Quality of sentence plans, and Risk Management Plans, with particular focus on contingency planning will continue to be assessed via internal audit, management oversight and OASys countersigning.</p> <p>5. Delivery of the Programme of NPS Risk assessment, risk planning and management training, to provide staff with the necessary knowledge and skills to ensure all relevant information is considered. Implementation of learning from training will be assessed through bi-monthly audit activity, focusing on risk assessment and management, OSAG audits and assurance, countersigning, and management oversight. Themes from these activities will be collated by the Quality Officer for review and action within the Quality and Performance meeting.</p>	<p>Community Director</p> <p>Director of Operations, Business & Project coordinator, L&D Business Partner & SMT L&D Lead Community Director</p> <p>Director of Operations Community Directors Interchange Managers Quality Officer</p> <p>Director of Operations Dedicated training resource Quality Officer</p>	<p>December 2020</p> <p>July 2020 and ongoing</p> <p>December 2020 and ongoing</p>
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		<p>6. An assessment checklist will be developed for Senior Case Managers (S/CMs), to ensure information is collated from previous records and external agencies, to inform risk assessments. This will be uploaded to case records and monitored via the Interchange Quality Assessment Model (IQAM) and management oversight, and will be used in formal supervision by IM. Develop practice guidance for staff to support reviewing relevant information. The CRC's QIP has is an over-arching improvement plan, encompassing all the responses to inspection reports, audit reports, SFO learning points etc, rather than a plan focused on a specific area of practice which is utilised by all managers.</p>	<p>Quality Officer, Business & Project coordinator SMT L&D Lead Community Director</p>	<p>July 2020</p>
		<p>7. Sentence plans for Band 3 & 4 cases will include at least one objective to attend a structured intervention, linked to an identified criminogenic need, and every SU will have an objective related to risk of harm and victims, with detailed control measures in the Risk Management Plan. This will be monitored through Countersigning, management oversight activity and OASys Quality Assurance (QA), plus MI reports for NSI referrals.</p>	<p>Director of Operations Quality Officer Business & Project coordinator SMT L&D Lead Community Director</p>	<p>July 2020 and ongoing</p>
		<p>8. Community Directors will ensure effective information sharing processes are maintained in each Local Delivery Unit, to facilitate domestic abuse and safeguarding information exchange.</p>	<p>Community Directors Interchange Managers</p>	<p>July 2020 and ongoing</p>
		<p>9. Guidance will be provided to improve consistency of Safeguarding and Domestic Abuse (DA) information recording, to inform reliable management information reporting.</p>	<p>Quality Officer and Interchange Managers SMT Public Protection Lead</p>	<p>June 2020</p>

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			<p>10. Establish a refreshed management oversight process which focuses on risk assessment, and the dynamic nature of risk management, and review in-line with policy, and where there is a significant change of circumstances, priority these areas. This will include Enhanced Management Oversight, supervision and practice observations, and will include measurement of progress through Quality Assurance activity.</p>	Community Director and Interchange Managers	September 2020
			<p>11. All CM and S/CM's scoring below the 'meets expectations' standard for risk assessment in OASys QA, will continue to be made subject to OASys Countersigning for a minimum of 3 subsequent assessments, to demonstrate to managers improved quality and competence.</p>	Director of Operations Community Directors Interchange Manager	June 2020 and ongoing
			<p>12. Operational guidance will be developed to outline the importance of home visits, including the value of engagement with the SU, and the key individuals in their lives. A MI report has been developed to monitor home visit activity, particularly for Domestic Abuse and safeguarding cases. This will be reviewed by IM's in case focussed supervision with S/CMs, and reviewed in the HLNy Quality and Performance meeting.</p>	Quality Officers Performance & Quality Manager Interchange Managers.	July 2020
			<p>13. The use of the Spousal Assault Risk Assessment (SARA) tool will be reviewed, with a view to improving the completion of focussed domestic abuse risk assessments and the quality of risk management plans.</p>	SMT Public Protection Lead Community Director and Interchange Managers	August 2020

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			increase confidence of opportunities within Community Payback (CP).		
6	Interserve should provide staff with access to pre-qualifying training routes.	Partly agreed	<p>Interserve are not in a position to resource provision of the Vocational Qualification in Probation Practice and PQiP (VQ3) qualification for staff, in light of the proximity to the end of the contract, lack of infrastructure and resource to support delivery, and financial constraints. The following actions will however be pursued;</p> <p>The L&D offer to unqualified staff will be reviewed and refined, to ensure they are best supported in acquiring the necessary skills and knowledge, to deliver high quality case supervision. (see planned actions above in relation to L&D).</p> <p>The CRC will work in partnership with the Yorkshire & The Humber Transition Board, to scope opportunities for access to VQ3 pre-qualifying routes in advance of transition to the unified model</p>	<p>L&D Business Partner SMT L&D Lead Community Director Director of Operations</p> <p>L&D Business Partner SMT L&D Lead Community Director Director of Operations</p>	<p>August 2020</p> <p>June 2020 and ongoing</p>

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