

Action Plan: Essex CRC

A Response to the HMI Probation Inspection Report

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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.

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: HMIP REPORT

CRC or NPS Division: Essex CRC

1. Rec no	2. Recommendation	3. Agreed/Partly Agreed/Not Agreed	4. Response Action Taken/Planned	5. Responsible / Policy Lead	6. Target Date
1	Improve its understanding of service user need and risk of harm so as to support further development of commissioning and co-commissioning of services.	Agreed	<p>A full and up to date strategic and operational analysis of the desistance needs of Essex CRC (ECRC) offending cohort is to be produced.</p> <p>Action: Data to be taken from current case management systems and the appropriate management information produced (which will be utilised internally and externally with partners when developing or commissioning services.</p> <p>The Implementation of OASys for multi-requirement orders and licences should improve the ability for ECRC to gather and analyse service user risk and needs. The identification of gaps in provision will support the</p>	Head of Performance and Head of Contracts and Business Development.	April 2019

			<p>development and commissioning of services.</p> <p>Action: Implement OASys in November 2018 and analyse data after a 3 month period. Use the data in conjunction with existing management information to provide an up to date analysis of the desistance needs of our offending cohort. Identification of gaps in service can be used to inform commissioning.</p> <p>OASys National Reporting data will be reviewed twice per annum at the governance meeting.</p> <p>ECRC will continue to work closely with the service user council to support and inform gaps in provision.</p> <p>Action: convene focus groups of BAME service users.</p>		<p>November 2018</p> <p>January 2019</p>
2	Develop and deliver a clear action plan to improve responsible officers' skills in identifying, managing and reducing service user risk of causing serious harm to others.	Agreed	<p>Utilise current training provision to develop staff's awareness of assessment, planning and risk management in line with their identified training needs.</p> <p>Action: All responsible officers will be required to complete risk training including specific training on</p>	Deputy Directors	January 2019

		<p>assessment, risk management and intervention planning.</p> <p>With the implementation of OASys in November 2018 specific OASys risk assessment workshops will be delivered.</p> <p>Action: To ensure all responsible officers attend and receive training during the introduction of OASys.</p> <p>OASys quality assurance procedures will be implemented to ensure all responsible officers are producing assessments and individualised sentence plans that address the individual's specific risks and needs in order to keep people safe.</p> <p>Action: Quarterly OASys QA will commence in Contract Year 5 Q.4. A minimum of 1 QA per Responsible Officer (RO) will be in the sample.</p> <p>Action: Managers will re-install countersigning where an OASys assessment is deemed to be below the sufficient standard with individual learning needs incorporated in staff Personal Development Plans to ensure the relevant competencies are met.</p>		<p>November 2018</p> <p>January 2019 - March 2019</p> <p>January 2019</p>
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			<p>Essex CRC will ensure that perpetrators and victims of Domestic abuse are accurately identified through the Delius registration and ensure that appropriate risk management plans and activity reflects the risk and actions undertaken to keep people safe. Evidenced through Quality assurance activity.</p> <p>ECRC will ensure Responsible Officers have the right training, coaching and support to identify and manage the risk of harm posed by service users, including perpetrators of domestic abuse. Each Local Management Centre (LMC) has scheduled a minimum of fortnightly mandatory coaching and training workshops for teams, which will be used to provide on-going support to develop risk practice. Feedback from quality assurance work and staff supervision will be used to focus the coaching and training on identified areas of need to develop proficiency.</p> <p>Action: All ROs are required to have attended the specific DA/risk training.</p> <p>Essex CRC will continue to deliver interventions to address risk of harm through Building Better Relationships</p>		<p>Ongoing</p> <p>January 2019</p>
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			<p>Programme (BBRP) and other accredited programmes, group and One to One RAR activities.</p> <p>Action: Accredited programmes and RAR activity will be commenced at the earliest opportunity in accordance with the individualised sentence plan, risks and need.</p> <p>Responsible Officers are required to comply with minimum home visiting requirements outlined in policy for all safeguarding cases (within 4 weeks of a concern, following a change of address, minimum of quarterly).</p> <p>Essex CRC will ensure that Responsible Officers understand the need to record all contacts with service users and take appropriate action.</p> <p>Action: The existing case recording instruction will be reviewed and implemented to ensure it is fully up to date with current requirements.</p> <p>Essex CRC are strengthening the QA procedures to ensure a consistent framework is applied. This includes adapting our tool in line with HMIP standards, and ensuring greater accountability for the feedback loop.</p>		<p>December 2018</p> <p>December 2018</p> <p>Ongoing</p> <p>November 2018</p> <p>November 2018</p>
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			<p>Essex CRC will embed the SEEDS observation schedule with 1 observation per RO per quarter. With quality feedback provided to ensure that delivery of services and intervention are fit for purpose with sufficient focus on risk and the individual's needs.</p> <p>Action: Essex CRC will ensure that 1 Case per RO per month is quality assured and quality feedback provided for ongoing development and learning.</p>		
3	Review and refine the operating model, to reduce the numbers of complex cases supervised by the hub, as it has already done with female service users.	Agreed	<p>The operating model has been redefined to include minimum Face to Face contact for all multi-requirement orders, licences and cases with safeguarding concerns. These cases will be managed in the Local Management Centres).</p> <p>Action: Essex CRC will monitor compliance with assurance metric K through data extraction and the production of management reports.</p>	Head of Performance, and Deputy Directors.	<p>January 2019</p> <p>Ongoing</p>
4	Review the processes underpinning the delivery of Through the Gate work, to make systematic and better use of the available resources.	Agreed	<p>A review of the TTG provision has been completed and the revised TTG specification has been approved.</p>	Head of Contracts and Business Development and Deputy Director	April 2019

			<p>Mobilisation and implementation of the revised specification will take place.</p> <p>To support the revised TTG specification Essex CRC will introduce a Hub resettlement team to work specifically with custody cases prior to their release. This will improve the interface between TTG providers and in-reach aiding the successful reintegration into the community.</p> <p>Action: Essex CRC will introduce a dedicated TTG manager with responsibility for the Hub resettlement team, CIO interface with NACRO TTG services and to improve the delivery of pre-release intervention and support; as well as ensuring better integration and joined up working between the in-custody and community teams.</p> <p>Essex CRC will also incorporate relevant recommendations in the HMP & YOI Chelmsford inspection report [21 May – 7 June 2018] to further enhance our partnership with the prison as we implement the enhanced TTG specification, as we recognise that improving our service, will positively impact the prison.</p>		<p>February 2019</p>
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			Action: Undertake focus groups with BAME services users and staff to facilitate the co-production of a specific intervention.		December 2018 and January 2019
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