



HM Prison &
Probation Service

Action Plan Submitted: 18th Sept. 2019

A Response to the HMI Probation Inspection: Norfolk and Suffolk Community
Rehabilitation Company (NSCRC)

Report Published: 11th Sept. 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: Norfolk and Suffolk 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	Improve the quality of assessments and reviews, ensuring that checks are made of children's social care and police domestic abuse units in all relevant cases, and that assessments draw on all relevant sources of information.	Agreed	<p>NSCRC will utilise the key recommendations from this inspection and the Operational & System Assurance Group (OSAG) Responsive Audit into case management (July 2019) to form a baseline of data in order to measure progress made.</p> <p>NSCRC aim to increase the proportion of cases that are rated as sufficient standard by 25% over the next 12 months from the known base line.</p> <p>Specific areas to improve and identified actions to achieve this intention:</p> <ul style="list-style-type: none"> • NSCRC will implement a policy to ensure domestic abuse and safeguarding checks are completed on all cases. • The Safeguarding and Domestic Abuse Policy will be amended to ensure that all new starts have children social care and domestic abuse checks within 4 weeks of a case commencing. • Case audits will be conducted to ensure all commencements in that month have appropriate checks and safeguarding activity and that the information is incorporated into risk assessment. • NSCRC will review the content of its safeguarding and risk training to ensure it meets HMIP criteria and that it addresses any deficits identified. 	<p>Deputy Director (Quality)</p> <p>Regional Training Manager</p>	<p>01/07/2020</p> <p>16/09/2019</p> <p>16/09/2019</p> <p>01/09/2019 Monthly Monitoring</p> <p>16/09/2019</p>



			<ul style="list-style-type: none"> • All operational staff (responsible officers) will attend refresher training to include: <ul style="list-style-type: none"> ○ Offender Assessment System (OASys) quality assurance training for all managers and selected Probation Officers. ○ On line refresher training for all frontline staff in safeguarding children and vulnerable adults. ○ Safeguarding training to be delivered to all front-line staff. ○ Best practice in lone working and home visits training. ○ Work in conjunction with the Safeguarding Children's Board to deliver safeguarding children's training and multiagency safeguarding arrangements. ○ Protected Characteristics and strength based approach • Managers will assess the impact of this training, and the extent to which Responsible Officers are putting this learning into practice which would be evidenced through supervision, observation of practice and case reviews. • NSCRC will monitor the quality of information and that it is received in a timely manner from multi agency organisations including: Children's Services, Police, NPS, Health and Prison. • All team managers will attend refresher OASys counter-signatory training. NSCRC will complete an assessment on their competency to sign off OASys. • NSCRC will assess two medium risk cases, per practitioner, per quarter assessing against HMIP criteria (particular attention will 	Deputy Director (Training)	28/12/2019 31/10/2019 Completed 31/10/2019 30/11/2019 28/12/2019
				Team Manager	30/11/2019 28/12/2019
				Deputy Director (Quality)	15/09/2019 Monthly Monitoring 30/09/2019 16/09/2019 Quarterly Monitoring



			<p>be given to the breadth of quality and relevance of the sources of information drawn upon to inform risk of harm).</p> <ul style="list-style-type: none"> Any deficits in individual practitioner performance or training needs will be addressed by Deputy Directors for each LDU via a robust and bespoke individual improvement plan. Organisational learning will be disseminated through Directors Blog, CRC Communications and Deputy Director meetings. NSCRC will issue comprehensive OASys guidance to all Responsible Officers, which outlines good quality risk assessments and reviews. All Responsible Officers OASys assessments will be counter-signed, until the Team Manager is assured that individuals practice is consistently good/satisfactory. 		<p>16/10/2019 Quarterly Monitoring</p> <p>Completed</p> <p>01/10/2019</p>
2	Improve the quality of risk management plans, with particular attention to the use of constructive and restrictive interventions, links with other agencies and planning for specific contingencies.	Agreed	<p>NSCRC aim to increase the proportion of cases that are rated as sufficient standard by 25% over the next 12 months from the known base line.</p> <p>Specific areas to improve and identified actions to achieve this intention:</p> <ul style="list-style-type: none"> Case audits will be conducted to ensure all commencements in that month have appropriate checks and safeguarding activity and the information is incorporated into risk management plans. NSCRC will review the content of its risk training to ensure it meets HMI Probation criteria and that it addresses deficits identified in responsible officers working other agencies and the use of constructive and restrictive interventions. All operational staff (Responsible Officers) to attend refresher training as outlined above but additionally: 	<p>Deputy Director (Quality)</p> <p>Deputy Director (Quality)</p> <p>Deputy Director (Training)</p>	<p>01/07/2020</p> <p>15/09/2019 Monthly Monitoring</p> <p>30/09/2019</p> <p>31/12/2019</p>



			<ul style="list-style-type: none"> ○ Victim Perspective training. ○ Trauma Informed Approach. • Managers will assess the impact of this training, and the extent to which Responsible Officers are putting this learning into practice which would be evidenced through supervision, observation of practice and case reviews • NSCRC will assess two medium risk cases, per practitioner, per quarter assessing against HMIP criteria (particular attention will be given to the breadth of quality and relevance of the sources of information drawn upon to inform risk of harm). • Any deficits in individual practitioner performance or training needs will be addressed by Deputy Directors for each LDU via a robust and bespoke individual improvement plan. Organisational learning will be disseminated through Directors Blog, CRC Communications and Deputy Director meetings. • All Responsible Officers OASys assessments will be counter-signed, until the Team Manager is assured that individuals practice is consistently good/satisfactory. 	<p>Team Managers</p> <p>Deputy Director (Quality)</p>	<p>30/11/2019</p> <p>30/11/2019</p> <p>31/12/2019</p> <p>15/09/2019 Monthly Monitoring</p> <p>15/10/2019 Monthly Monitoring</p> <p>01/10/2019</p>
3	Strengthen the resources available for staff development, so that all responsible officers are appropriately skilled, knowledgeable and professionally curious about identifying, analysing and reviewing the factors related to risk of harm and	Agreed	<p>The Senior Leadership Team will strengthen the resources available for staff development:</p> <p>Specific areas to improve and identified actions to achieve this intention.</p> <ul style="list-style-type: none"> • Current staffing levels will be maintained and monitored through regular review of establishment and timely recruitment via the Staffing Review Group. • NSCRC will ensure all staff have completed their core training before they are allocated complex cases. 	<p>Director</p> <p>Director</p> <p>Deputy Director (Training)</p>	<p>01/09/2019</p> <p>15/09/2019 Monthly Monitoring</p> <p>15/09/2019 Monthly Monitoring</p>



reoffending, and can produce plans to address these.			<ul style="list-style-type: none"> • NSCRC will ensure all staff undertake mandatory training within six months of commencement of their role and all staff that have passed that point will be required to complete outstanding training. • Introduce two new management roles to pick up petty cash, estates, and other office support functions to free team managers to focus on the quality of service delivery and increasing staff engagement. • NSCRC will ensure that sufficient training is available for all front-line staff and provide additional resource from the region to support delivery. • NSCRC will ensure managers attend '<i>Empowering and Engaging a Team</i>' training event. • Core training is assessed regionally on an annual basis for its effectiveness and applicability. The content of the core training will be reviewed against the findings of this inspection and any missing elements will be included in the core training plan. • All Responsible Officers will have two observations of practice, per quarter, using Skills for Effective Engagement and Development observations (SEEDs) methodology and 1-1 coaching to improve practice. Individuals training needs will be assessed and delivered as required. • Workshop reflective practice sessions will be introduced at team level in each Local Delivery Unit on various themes which may emerge throughout the year. • Ensure the appraisal system and objectives are linked to individual performance and practice and drive quality and managers adhere to the policy of six weekly supervision of staff 	<p>Deputy Director (Training)</p> <p>Director</p> <p>Deputy Director (Training)</p> <p>Deputy Director (Training)</p> <p>Director</p> <p>Deputy Director (Quality)</p> <p>Deputy Director (Training)</p> <p>Director</p>	<p>31/11/2019</p> <p>31/11/2019</p> <p>15/09/2019 Monthly Monitoring</p> <p>31/10/2019</p> <p>30/09/2019</p> <p>16/09/2019 Quarterly Monitoring</p> <p>31/10/2019</p> <p>30/09/2019</p>
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			<ul style="list-style-type: none"> • Deliver Domestic Abuse training, which is explicit in identifying professional curiosity and changes in risk factors. • Managers will assess the effectiveness of this training, and the extent to which Responsible Officer's are putting this learning into practice through supervision, observation of practice and case reviews 	Deputy Director (Training) Team Managers	Completed Ongoing new staff 30/09/2019
4	Evaluate, review and improve their approach to ensuring the effectiveness of their quality strategy for case management.	Agreed	<p>The Senior Leadership Team will ensure that its quality strategy for case management supports the aim of improving on the HMIP Benchmark as indicated above.</p> <p>Specific areas to improve and identified actions to achieve this intention:</p> <ul style="list-style-type: none"> • NSCRC will align the Quality Assurance Processes to HMIP standards and OSAG key lines of enquiry. • NSCRC will conduct a Through the Gate (TTG) Audit on Jul-Aug 2019 cases. • NSCRC will conduct a Serious Further Offences (SFOs), Domestic Homicide Reviews (DHRs), Death Under Supervision (DUS) collation of learning Sept/Oct 2019 cases. • NSCRC will ensure all Responsible Officers have two observations of practice per quarter, using Skills For Effective Engagement and Development observations (SEEDs) methodology and 1-1 coaching to improve practice. Individuals training needs will be assessed and delivered as required. • NSCRC will conduct a Quarterly Inspection Oct 2019 cases • NSCRC will assess 2 medium risk cases, per practitioner, per quarter assessing against HMIP criteria. 	Deputy Director (Quality)	01/07/2020 31/10/2019 Completed 13/11/2019 16/09/2019 Quarterly Monitoring 13/11/2019 16/09/2019 Quarterly Monitoring



			<ul style="list-style-type: none"> • NSCRC will conduct an Operational Partners Audit Nov/Dec 2019 cases. • NSCRC will conduct a 2nd TTG audit on Sept/Oct 2019 cases • NSCRC will conduct a Quarterly Inspection on December 2019 cases. • All audits set out in this action plan will be evaluated, drawn together into an overarching quality plan, to improve the quality of practitioner service delivery. Any areas for improvement identified will result in a clear plan to address the deficit either at individual or policy level. • NSCRC will introduce a benchmarking mechanism for Responsible Officer quality incorporating SEEDS & case reviews. 		<p>31/01/2020</p> <p>15/11/2019</p> <p>30/07/2020</p> <p>01/10/2019</p>
5	Work with strategic and operational partners to improve individuals' access to settled and stable accommodation.	Agreed	<p>NSCRC will seek to improve accommodation outcomes for service users in settled and suitable accommodation by 10% over the known baseline.</p> <p>Specific areas to improve and identified actions to achieve this intention:</p> <ul style="list-style-type: none"> • NSCRC will work with the Ministry of Housing, Communities and Local Government. Rough Sleeping Initiative to identify strategic homelessness issues in relation to Norfolk and Suffolk. • NSCRC will provide local information to this Government Department to explore potential for Government intervention into the local area. The outcome of these discussions will be reported to the Contract Management Team (CMT) through the action plan review meetings quarterly. 	<p>Deputy Director (Quality)</p> <p>Deputy Director (Accommodation)</p>	<p>01/07/2020</p> <p>30/09/2019</p> <p>30/09/2019</p>



			<ul style="list-style-type: none"> • NSCRC will ensure the operational partner with responsibility for accommodation liaises with Local Authority and housing stock providers to maximise housing availability. • NSCRC will ensure the operational partner with responsibility for accommodation liaises with the in custody team to address homelessness on release from prison. • NSCRC will monitor operational performance in contract review meetings and reported to the CMT through the quarterly action plan review meetings. • NSCRC will ensure that individual practitioners improve their recording of service user accommodation status by introducing 'accommodation status review' as part of the existing management oversight scrutiny. 	Deputy Director (Accommodation)	Commenced & Monthly Monitoring
				Deputy Director (Quality)	Commenced & Monthly Monitoring
6.	Ensure that there is effective continuity of supervision, information exchange and risk management, as individuals start custodial sentences and are released from prison	Agreed	<p>NSCRC will ensure that there is effective continuity of supervision and timely exchange of information for people in custody and on release.</p> <p>Specific areas to improve and identified actions to achieve this intention:</p> <ul style="list-style-type: none"> • NSCRC will deploy a Resettlement Practice Instruction and ensure practitioner compliance through the audits mentioned above. • NSCRC will ensure the resettlement team Responsible Officers comply with Resettlement Practice Instruction and engage with TTG in custody team to maximise outcomes for service user. • NSCRC will conduct two thematic Quality Assurance processes on sampled cases in the next nine months, with a focus on monitoring losses in continuity, information exchange and risk management issues. Any deficits identified will result in a clear 	Deputy Director (Quality)	28/02/2020
				Team Manager (Custody)	Completed
				Team Manager (Hub)	30/09/2019 & 28/02/2020
				Deputy Director (Quality)	30/09/2019 & 28/02/2020



			<p>plan to address the deficit either at individual or policy level and shared with the CMT.</p> <ul style="list-style-type: none"> NSCRC will adopt the Key Lines of Enquiry for TTG to inform quality appraisal of work being delivered in custody and ensure that the Enhanced Through the Gate model is complying with the contractual specifications. 	Deputy Director (Quality)	Completed
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Recommendations	
Agreed	6
Partly Agreed	0
Not Agreed	0
Total	6

