



Action Plan Submitted: 7<sup>th</sup> February 2020

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

Report Published: Week commencing 10<sup>th</sup> February 2020

#### INTRODUCTION

HM Inspectorate of Prisons (HMIP) and HM Inspectorate of Probation for England and Wales are independent inspectorates which provide scrutiny of the conditions for, and treatment of prisoners and offenders. They report their findings for prisons, Young Offender Institutions and effectiveness of the work of probation, Community Rehabilitation Companies (CRCs) and youth offending services across England and Wales to Ministry of Justice (MOJ) and Her Majesty's Prison and Probation Service (HMPPS). 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 plans 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 sent to HMIP and published on the HMPPS web based Prison Finder. Progress against the implementation and delivery of the action plans will also be monitored and reported on.

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 <b>must</b> 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 <b>must</b> 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: Northumbria CRC/ NPS

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	The Northumbria CRC should ensure that all staff who assess, plan, work with and review risk (of harm to others) have the requisite skills, knowledge and resources	Agreed	<p>Northumbria CRC agrees with this recommendation. It currently has a mandatory training suite for all staff grades (up to and including middle manager). Northumbria CRC will:</p> <ul style="list-style-type: none"> <li>• Continue to review the training offer, including the induction package, in conjunction with its regional Learning and Development lead and its contracted training provider, Laurus. This is undertaken on an annual basis in conjunction with its staff, and in response to all internal and external audit and inspection activity, to ensure that the offer remains fit for purpose.</li> <li>• Continue to develop a collaborative training plan alongside this with its National Probation Service (NPS) colleagues as part of its “People” transition work stream, which forms part of the Probation Reform Programme.</li> <li>• Use existing governance arrangements against the training matrix to ensure that all mandatory training is completed in line with expectations. This will continue to be shared and reported to its Contract Management Team, on a monthly-basis.</li> </ul> <p>In addition to the training offer Northumbria CRC will:</p> <ul style="list-style-type: none"> <li>• Develop, deliver and evaluate new practice development workshops to be delivered to all staff in their teams. These are to be titled “Stop, Reflect, Review” and cover themes associated with safeguarding, professional curiosity and good risk practice. Within these workshops, good practice relating to Domestic Abuse, Child Protection, Arrest Notifications, and Review of Risk will be explored.</li> <li>• It is identified within the HMIP report that in relation to risk practice, HMIP have assessed Probation Officer (PO) grade staff</li> </ul>	Deputy Director, South of Tyne.	December 2020



			<p>as being better than Probation Service Officer (PSO) grade staff. Northumbria CRC intends to identify a PO staff member in each team to support, coach and nurture the talent and development of its PSO's. This includes an on-going commitment to identifying PSO's who have the potential to become PO's and supporting their access to the Probation Qualification in Practice (PQIP) qualification.</p> <ul style="list-style-type: none"> <li>• Northumbria CRC will invite its Contract Management Team to observe/participate in one of these workshops to evidence completion.</li> </ul> <p>To quality assure that this work has an impact in improving its risk practice, Northumbria CRC will:</p> <ul style="list-style-type: none"> <li>• Continue to work with its colleagues as part of the National Quality Assurance Group (NQAG) across the Sodexo 6 CRC's, to consistently audit case work using Sodexo's developed methodology against the HMIP standard. This will include assurance activity to ensure there is consistency in the threshold of "inadequate, requires improvement, good and outstanding" categorisations.</li> <li>• Continue to audit cases as per the current programme of activity to measure improvements in risk practice.</li> <li>• Continue to report the findings of its case audit activity to its Senior Management Group (SMG) each month.</li> </ul>		
2	The Northumbria CRC should ensure that people who require home visits receive them	Agreed	<p>Northumbria CRC agrees with this recommendation. It currently has an implemented Practice Standard relating to home visits. This standard requires that:</p> <p><i>"A purposeful home visit by the Responsible Officer or other relevant practitioner will be completed on all cases with an active safeguarding concern within 4 weeks of that concern being identified."</i></p> <p>The standard further outlines detail as to what is expected from a purposeful home visit and how this information should be used to support risk practice.</p> <p>To evidence agreement with this recommendation Northumbria CRC will:</p> <ul style="list-style-type: none"> <li>• Continue to monitor compliance with this standard across all cases. This includes cross-referencing the NDelius (case management system) correlation between a recorded home visit and a safeguarding "flag" having been added.</li> </ul>	Deputy Director, South of Tyne.	July 2020



			<ul style="list-style-type: none"> <li>• In any case where it is identified against the standard that a home visit has not been undertaken, the quality assurance practitioner will make direct contact with the Responsible Officer to seek assurance that one will be undertaken and that this is recorded.</li> <li>• Concordance with this standard will be reported to our Senior Management Group (SMG) each month to account for any exceptions.</li> </ul>		
3	The Northumbria CRC should improve the quality of management oversight, to enhance the analysis and development of risk management and sentence plans ( <b>this recommendation has been repeated from the previous inspection</b> )	Agreed	<p>Northumbria CRC agrees with this recommendation and will:</p> <ul style="list-style-type: none"> <li>• Continue to monitor the number of management oversight entries made by its managers.</li> <li>• Continue to quality assure the content of management oversight entries using the existing case audit tool.</li> <li>• As part of its monthly case audit activity, ensure that it assesses the quality of management oversight practice in addition to the work of the Responsible Officer.</li> <li>• Workshops have been undertaken with all managers to consistently define and better understand what “good” looks like with regards management oversight. The workshop delivery will be revisited with examples of “good practice” highlighted and shared, including details of practice expectations relating to risk management and contingency planning, thereby promoting consistency in staff understanding.</li> <li>• The findings from these activities will be fed-back to individual managers on a quarterly basis.</li> <li>• Thematic overview and exceptions will be reported to our Senior Management Group each quarter.</li> </ul>	Deputy Director, South of Tyne.	December 2020
4	The Northumbria CRC should ensure that services are not experienced disproportionately for different groups of people	Partly Agreed	<p>Northumbria CRC can only partly agree with this recommendation. The generalised recommendation made by HMIP that it should ensure that “services are not experienced disproportionately for different groups of people” is activity it already undertakes, and Northumbria CRC remains committed to promoting equality and inclusion across all aspects of its service delivery. Within the body of the report there is a specific finding (page 26) which identifies that “the CRC does not formally review levels of disproportionality within services delivered by its supply chain.” It accepts this and as suggested will seek to embed monitoring of such activity within its Contract Review Process with Operational Partners.</p>	Director.	December 2020.



			<p>It currently collects self-reported data in relation to each of the recognised nine protected characteristics. There are a number of limitations with regards to its ability to record this information using agreed Authority based systems, as not all fields are mandated for completion on NDelius. Nevertheless, Northumbria CRC measures disproportionality by protected characteristic against various measures of compliance and engagement, and this is reported annually to the Authority in its Equality and Inclusion (E&amp;I) Plan.</p> <p>For 2019/2020 it has 5 identified priority areas in relation to E&amp;I which are governed through a regional plan (held by its Regional Chief Executive Officer), which directly informs a local plan of activity.</p> <p>In addition, Northumbria CRC analyses the results and responses to its annual Service User Survey by protected characteristic to understand any thematic issues for any collective of service users.</p> <p>Through these extensive and on-going areas of work no experience of disproportionality by protected characteristic has been identified. However, Northumbria CRC will:</p> <ul style="list-style-type: none"> <li>• Continue to record and analyse all available data sources to better understand the profile of its service user cohort by protected characteristic.</li> <li>• Continue to address, through the creation of appropriate actions in its annual E&amp;I plan, any areas of disproportionality.</li> <li>• Present progress each quarter against its Regional and Local E&amp;I plans to the Contract Management Team through the Relationship Management Group (RMG). The action plans enable Northumbria CRC to build upon the recommendations outlined by the Lammy Review, with the review process enabling it to remain pro-active in responding to any change in need.</li> </ul>		
5	The Northumbria CRC should increase the variety of projects available for unpaid work, to allow for better employment-related skills to be developed, with only pre-employment activity counted towards	Agreed	<p>Northumbria CRC agrees with this recommendation. It accepts that only pre-employment activity may now be counted towards allowable unpaid work hours, and maintains that its current offer for unpaid work projects is efficient and provides sufficient variety. However, as part of implementing this recommendation it will review the current offer of groundworks related provision.</p> <p>Towards the end of the final week of the HMIP field work a new Probation Instruction (PI 04/2019 Unpaid Work) was introduced. Unlike previous</p>	Deputy Director, North of Tyne.	June 2020.



	allowable unpaid work hours		<p>instructions this provides very clear direction as to the use of Education, Training and Employment (ETE) towards the sentenced hours. As a result, Northumbria CRC will:</p> <ul style="list-style-type: none"> <li>• Issue revised guidance to its staff group to instruct that only pre-employment activity can be credited towards the Unpaid Work (UPW) work to a maximum of 20%.</li> </ul> <p>With regards to its wider strategy of enhancing the ETE offer and aligning that with the delivery of UPW, Northumbria CRC has action and activity already in place. To qualify this Northumbria CRC will:</p> <ul style="list-style-type: none"> <li>• Continue to pursue the development of two UPW “hubs” (one North of Tyne and one South of Tyne) to provide a multi-purpose environment for UPW induction, muster and the delivery of ETE provision.</li> <li>• Continue to work with a range of training providers through its ETE Board to improve the ETE offer to service users.</li> <li>• Continue to work with its parent company, Sodexo, in ensuring that all suitable jobs across all segments are actively advertised to its service users to meet its Public-Sector Pledge. This will be delivered through the local ETE advisors who will support the application processes and work to enhance the interview skills of service users.</li> <li>• Monitoring of this activity will be reported to the Senior Management Group (SMG) on a monthly basis.</li> </ul> <p>With regards the recommendation that it should increase the variety of UPW work projects, Northumbria CRC already have the following activity in place and will:</p> <ul style="list-style-type: none"> <li>• Review its existing assessment of individuals to ensure our approach maximises opportunities to best match a service user to a placement.</li> <li>• Explore and review the potential to expand its group based delivery. This will include an assessment as to whether there is a business case to include activity over and above the present groundworks offer.</li> <li>• Continue to build on its existing strategy of accommodating a 60/40 split between internal agency placement and external project placement.</li> </ul>		
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			<ul style="list-style-type: none"> <li>• Continue to resource two “project and placement” officers to build and maintain relationships with a broad spectrum of beneficiaries across the communities it serves.</li> <li>• Continue to work with Housing Departments (and others) across its 6 Local Authority areas to increase its indoor projects. This is with a particular view to improve available housing stock for those in priority need of accommodation support.</li> </ul>		
6	The Northumbria CRC should ensure that information about people leaving prison is handled safely and transferred to responsible officers appropriately	Partly Agreed	<p>Northumbria CRC do not agree with the recommendation as it has been worded by HMIP. There is no evidence that information about people leaving prison is handled “unsafely” or transferred “inappropriately”. Northumbria CRC is fully compliant with the internationally recognised ISO27001 standard with regards information security. In 2019 Northumbria CRC met this standard and was certified with no non-conformances.</p> <p>Within the body of the report, HMIP express a finding that the “flow” of information sharing between custody and the community could be improved. It does accept that in any process, where there are multiple ICT systems to record the flow of information, is stilted. It therefore partly agrees this recommendation and as such intends to:</p> <ul style="list-style-type: none"> <li>• Ensure that through its Enhanced Through the Gate Quality Board it continue to monitor the flow of information to front line Responsible Officers.</li> <li>• Utilise its Practice Advisory Group (PAG) to continue to develop practice to better enhance its resettlement pathway.</li> </ul> <p>To support the decision to only partly agree this recommendation, the current process used by Northumbria CRC is best clarified as follows:</p> <p>‘Enhanced Through the Gate’ workers will only record and store data on Authority approved IT systems. These consist of OASys, PNOMIS and the prison’s electronic shared folder systems, whereby access to the folder structure has to be approved by individual prisons. Basic Custody Screening Tool Assessments (BCST Part 2s) and Pre-Release Plans are completed using the OASys system which can be viewed by both custody and community Responsible Officers. Northumbria CRC uses a word document known as a Contact Log to record detailed activity related to the ‘Enhanced Through the Gate’ pathways, and these logs are held on the prison’s electronic folder</p>	Director	December 2020





			<p>system. This detailed log is shared with community Responsible Officers using recognised MOJ approved secure emails.</p> <p>Northumbria CRC welcomes on-going observations and scrutiny from its Contract Management Team and ISOQAR (certification body in relation to ISO27001) as part of business as usual activity, to identify any concerns or issues. In retaining the ISO27001 certification internal audits are undertaken at monthly intervals. This ensures that appropriate governance arrangements are in place to assure appropriate, safe transfer and storage of all information. These are reported into SMT and to the Contract Management Team through the relevant annual contractual returns.</p>		
7	The Northumbria CRC should provide sufficient private interview space to allow all structured interventions and sensitive discussions to take place confidentially	Not Agreed	<p>Northumbria CRC does not agree with this recommendation. Over the contract length, it has undertaken retrospective re-design in all of its service user facing buildings. This has included the creation of private interview space in each office. In the past year it has further undertaken extensive evaluation and capacity assessment of its existing estate and made further improvements in relation to accessibility. It is satisfied that the current estate provides sufficient private interview space to allow all structured interventions and sensitive discussions to take place confidentially. This continues to be monitored directly with its staffing group and through service user feedback. Mechanisms are in place through existing governance arrangements to address any issues were they to arise.</p> <p>As the current contracts will terminate in eighteen-months Northumbria CRC will not make any further modifications to its estate over and above regular building maintenance.</p> <p>Any activity in relation to the creation of additional private interview space and on-going estates requirements will be undertaken through the established "Estates Transition Sub-group" as part of transition arrangements.</p> <p>Northumbria CRC welcomes on-going observation from its Contract Management Team across the estate to highlight any concerns or issues in line with the existing contract.</p>		
8	The Northumbria CRC should ensure that learning from formal reviews, such as serious	Agreed	<p>Northumbria CRC agrees with this recommendation. In relation to formal feedback relating to the submission of Serious Further Offence Reviews, it is experiencing an eight to nine-month delay from the Authority. As such learning from the quality assurance process is very difficult to disseminate in a timely</p>	Director	December 2020



<p>further offence reviews, is disseminated both to individuals and thematically.</p>			<p>manner. This does not however prevent it from implementing relevant Action Plans as soon as they are agreed internally.</p> <p>Due to its very small number of Serious Further Offences per annum (5 submissions throughout 2019) in relation to thematic learning Northumbria CRC will:</p> <ul style="list-style-type: none"> <li>• Use its established National Quality Assurance Group (NQAG) to collect Serious Further Offence (SFO), Domestic Homicide Review (DHR) and Death Under Supervision (DUS) learning across all 6 Sodexo CRC's and disseminate via team meetings to frontline staff. This will be undertaken twice per annum.</li> <li>• Use local Interface arrangements with NPS colleagues to ensure that the lessons learned from SFO/DHR and DUS case reviews across both agencies are disseminated via team meetings to front line staff. This is part of on-going activity in relation to its "People" transition work-stream as part of the Probation Reform Programme, aiming to develop effective mechanisms that allow information sharing and practice improvement across the NPS and CRC structures.</li> <li>• The learning from NQAG and NPS will be combined into a quarterly document which, following SMT approval, it will upload to its staff intranet.</li> <li>• This document will be shared on a quarterly basis with the Contract Management Team at the Senior Management Group (SMG).</li> </ul> <p>With regards individual feedback and learning Northumbria CRC will:</p> <ul style="list-style-type: none"> <li>• Ensure that all Responsible Officers, managers and staff interviewed as part of an SFO review are provided with face to face individual feedback and learning. This will be undertaken at the conclusion of the internal review rather than waiting for Authority feedback.</li> </ul>		



Recommendations	
Agreed	5
Partly Agreed	2
Not Agreed	1
<b>Total</b>	<b>8</b>

