HM Prison & Probation Service

Action Plan Submitted: 13/03/2020

A Response to the HMI Probation Inspection: West Yorkshire Community Rehabilitation Company

Report Published: 10/03/2020

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 **mus**t 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: XXX 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	West Yorkshire CRC should ensure there are enough qualified and trained staff to deliver a sufficient quality of case supervision.	Agreed	The West Yorkshire (WY) CRC revised affordable delivery model has a mix of Senior Case Managers (SCM) who have a recognised probation qualification, and Case Managers (CM) who have followed a vocational training route and who are mentored by the SCMs. Challenges to this model and increased workload arise when staffing is not at full complement due to vacancies, sickness and Maternity Leave. Therefore, WY CRC will: **Actions:** 1. Hold weekly business continuity meetings using Human Resource Management Information and the Workload Management Tool (WMT) to ensure workload is accurately recorded and reflected, and to understand demands across the staff groups. This will support appropriate planning for sickness, Maternity Leave and proactive and timely recruitment to all affordable establishment vacancies.	Director of Operations (DOO)	March 2020
			2. Implement a Case Manager (CM) rolling recruitment programme to ensure waiting lists are in place for new starters when required.	HR Manager & Director of Operations (DOO)	April 2020
			3. Review local Learning and Development (L&D) governance arrangements and appoint a dedicated Senior Management Team (SMT) lead, with responsibility to refresh and deliver the training plan to focus on Domain Two (Case Supervision) training needs in response to HMIP recommendations.	Director of Operations (DOO)	March 2020
			4. Building on current feedback, schedule a consistent quarterly CM induction programme to provide timely onboarding and induction training for new starters, with clear guidance to managers on workload levels for new recruits. This will allow new starters time to consolidate learning	Director of Operations (DOO) & SMT Training Lead	May 2020

			whilst building a caseload supported by a mentor, and with monthly supervision from the line manager.		
			5. Review the feasibility of linking Case Manager training to a recognised qualification.	Director of Operations (DOO) & SMT Training Lead	May 2020
			6. Undertake a review of SCM workload capacity to ensure mentoring and Quality Assurance activity is captured in the Workload Management Tool where SCMs are doing this work.	Director of Operations (DOO)	April 2020
			7. Identify affordable, time limited, dedicated staffing resource to complete the Institute of Leadership & Management (ILM) accredited Training Skills programme, as required, to deliver improved quality of Learning and Development, by providing a consistent, high quality approach to training delivery.	Director of Operations (DOO)	June 2020
			8. 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).	Director of Operations (DOO), Business & Project coordinator & SMT Training Lead	December 2020
			9. Design and implement a system to evaluate the quality and impact of local training delivery and provide a mechanism for staff to confirm the extent to which learning needs have been met. Feedback will be collated by the L&D lead and reported at monthly Operations and Practice Meetings. Bi-monthly audit activity following each training event will review if key information has been retained and applied. It will be further verified during practice supervision and management oversight.	SMT Training Lead	May 2020
			10. 'Your Voice' Staff Survey action plan will be delivered annually in each Local Delivery Unit, to support staff engagement and wellbeing. This will be reviewed through monthly local management meetings, and Community Directors will provide progress updates to the monthly Performance and Quality Meetings chaired by the Director of Operations.	Community Directors, Director of Operations (DOO)	March 2020
2	West Yorkshire CRC should improve the quality of work to assess, plan for,	Agreed	WY CRC have been using the 'Enabling Plan' as an interim planning tool while awaiting the implementation of a new assessment and planning tool. This has resulted in a disjointed approach to assessment and planning. Implementation		

manage and review risk of harm (this recommendation has been repeated from the previous inspection).		of the OASys plan will create a one system assessment, planning and review approach: **Actions:** 1. The current CRC planning tool (Enabling Plan) will be replaced with the OASys Sentence Plan as the WY CRC planning tool. This will support alignment of sentence plans to risk assessment and risk management.	Dedicated training resource & Quality Officer	April 2020
		2. All Senior/Case Managers will attend an initial Practice Development Event followed by mandated NPS Training, as described in Recommendation 1, Action 8, above.	Director of Operations (DOO)	April 2020
		3. Delivery of the Programme of NPS Risk assessment, risk planning and management to equip staff with knowledge and skills to ensure all relevant information is considered. Training completion will be monitored locally, and application of learning will be monitored through bi-monthly audit activity, Operational & Systems Assurance Group (OSAG) auditing, management countersigning and management oversight. Themes from all aspects of monitoring will be collated by the Quality Officer for review and action in the monthly Performance and Quality Meeting, chaired by the Director of Operations, to promote continuous improvement.	Director of Operations (DOO), Quality Officer, Business & Project coordinator & SMT Training Lead	December 2020
		4. On every case a checklist, which will include a requirement for multiagency consultation, will be completed by the SCM/CM to ensure all information has been actively reviewed, in order to create a good assessment by all SCM/CMs. Application of the checklist will be monitored in bi-monthly quality assurance checks carried out by Interchange Managers (IM), followed by timely developmental feedback to the SCM/CM.	Quality Officer & Interchange Managers.	June 2020
		5. All sentence plans will include at least one objective to attend a structured intervention linked to an identified criminogenic need, and every service user will have an objective related to risk of harm and victims, with detailed control measures and contingency planning outlined in the Risk Management Plan. This will be monitored through Countersigning, management oversight activity and OASys Quality Assurance (QA).	Quality Officer & Interchange Managers.	October 2020
		6. Domestic abuse (DA) checks will be made available at allocation of the case and review point by using dedicated Case Co-ordinator resource to access CORVIS Police systems in each district and within the Professional Services Centre (PSC), the details from which will then be	Director of Operations (DOO)	April 2020

			provided to the Responsible Officer (RO). This will be included in the checklist in action 4, above, which SCM/CM's will be required to complete in all cases.		
			7. Guidance will be provided to improve consistency of Safeguarding and Domestic Abuse information recording, to inform reliable management information reporting.	Director of operations	May 2020.
			8. 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, as priority areas. This will include Enhanced Management Oversight, supervision and practice observations, and will include measurement of progress through Quality Assurance activity.	SMT Public Protection Lead & Interchange Managers	June 2020
			9. All Case Manager/Senior Case Managers scoring below 'meets expectations' for risk assessment in OASys QA are to be made subject to OASys Countersigning for a minimum of 3 subsequent assessments, to demonstrate to managers improved quality and competence.	Quality Officer & Interchange Managers	June 2020
3	West Yorkshire CRC should equip all staff with the skills and knowledge needed for work to keep people safe (this recommendation has been repeated from the previous inspection).	Agreed	**Actions:** 1. In order to release Managers from training responsibilities, identify an affordable, time limited, dedicated staffing resource to complete the Institute of Leadership & Management (ILM) accredited Training Skills programme, as required, to deliver improved quality of Learning and Development, by providing a consistent, high quality approach to training delivery.	Director of Operations (DOO)	June 2020
			2. Building on current feedback, schedule a consistent quarterly CM induction programme to provide timely onboarding and induction training for new starters, with clear guidance to managers on workload levels for new recruits. 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.	Senior Management Team & (SMT) Training Lead	May 2020
			3. With ongoing support from transition boards, proactively source NPS Offender Assessment System (OASys) Training and roll out to CRC practitioner staff. Priority training will be risk assessment, risk planning and risk management (1 day), OASys for practitioners (2 days), OASys QA & risk management (1 day), Child Safeguarding and Domestic Abuse (2 days).	Director of Operations (DOO), Business & Project coordinator & SMT Training Lead	December 2020

			4. In order to improve confidence in multiagency working, all IMs and operational staff will undertake NPS Multi-Agency Public Protection Arrangement (MAPPA) briefings. WY CRC will develop a memorandum of understanding to support the understanding of Public Protection partnership expectations.	SMT Public Protection Lead	July 2020
			5. Improve Spousal Assault Risk Assessment (SARA) completion levels by permitting use of SARA 2 or SARA 3 assessments in domestic abuse cases. Completion of SARA assessments will be monitored through OASys QA, audit activity, and management information reports.	SMT Public Protection Lead	June 2020
			6. A feasibility study will be undertaken and reported back to the Senior Management Team, to scope the potential for Case Manager Practitioner Forums, aimed at developing practitioner confidence and skills in working with Domestic Abuse/Safeguarding cases.	SMT Public Protection Lead & Quality Officer	May 2020
4	West Yorkshire CRC should better involve individuals in producing and reviewing supervision plans, taking account of their diversity and protected characteristics.	Agreed	**Actions:** 1. A working group, including service users, will review and streamline the induction paperwork and develop a Practice Development Event to focus on the purpose of the induction, as well as how to use diversity information within the assessment to offer the service user a personalised approach.	SMT Equality & Diversity (E&D) Lead, Service User Council	May 2020
			2. Implement the move to OASys sentence plans to ensure diversity factors and barriers to compliance are fully captured and monitored in planning. All practitioners will be provided with tools to assist when carrying out assessment and planning, including questions to capture diversity and personalisation. The current 'about me' (self-assessment tool) will be replaced with OASys Self-Assessment Questionnaire, to evidence integration of service user views in planning. The Sentence Plan will be used during all Case Management sessions, allowing the service user the opportunity to engage with, and review, the wider sentence planning objectives. The impact is to be assessed through OASys QA and the Case Management 'Check-In, Review, Intervention, Summarise and Set Task' (CRISS) model.	Quality Officer & Interchange managers	June 2020
			3. Review & re-issue diversity practice guidance to Interchange Managers and SCM/CMs, and deliver the guidance to teams via a practice brief.	E&D SMT Lead	April 2020

			4. WY CRC will ensure Equality & Diversity (E&D) and service user protected characteristics information is captured, recorded and used to inform sentence planning, including barriers to compliance, through the completion and uploading of the E&D screening forms in the induction pack.	E&D SMT Lead & Quality Officer.	June 2020
			5. A Management Information report will be used to monitor and drive improvements in completion levels of Equality & Diversity (E&D) and service user protected characteristics information.	Performance and Quality Manager	June 2020
			6. Bi-monthly OASys QA will monitor that the information gathered is reflected in assessment, planning and review. Feedback from assurance will be collated by the Quality Officer for review and action in the monthly Performance and Quality Meeting, chaired by the Director of Operations, to promote continuous improvement.	Quality officer & Interchange Managers, Director of Operations	September 2020
			7. User Voice to undertake an independent feedback survey to evaluate the impact of the actions responding to recommendation 4, for review and action in the monthly Performance and Quality Meeting, chaired by the Director of Operations, to promote continuous improvement.	E&D SMT Lead & User Voice	November 2020
5	West Yorkshire CRC should ensure that sufficient interventions are included in supervision plans and delivered subsequently, to enable individuals to desist from offending.	Agreed .	**Actions:** 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).	SMT Interventions Lead Community Director (CD)	May 2020
			2. The number of Rehabilitation Activity Requirement (RAR) structured 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 reports and reporting to the monthly Performance & Quality meeting.	Performance & Quality Manager, SMT Interventions Lead & Performance & Quality Manager	June 2020
			3. Case Management / Interventions / Resettlement interface meetings will be undertaken on a monthly-basis, to share information regarding RAR development, local information to support practitioners and embed structured interventions in sentence planning and delivery.	Interventions Lead CD, Interchange lead managers.	March 2020
			4. All sentence plans will include at least one objective to attend a structured intervention linked to an identified criminogenic need, and every service user will have an objective related to risk of harm and victims, with	Director of Operations (DOO)	June 2020

			detailed control measures in the Risk Management Plan. This will be monitored through Countersigning, management oversight activity and OASys Quality Assurance.		
			5. All operational staff will be required to complete an OASys Plan Quality Practice Development Event which will focus on the accurate recording of RAR days meeting criminogenic need, as well as appropriate levels of contact. This will be incorporated in the formal induction for all new staff.	Quality Officer & Interchange Managers.	September 2020
			6. IRAM (Interchange Resource Allocation Model) will be rebranded and relaunched to reflect recommended contact levels proportionate to the assessed level of Risk of Serious Harm (ROSH), including home visits. Compliance with agreed contact levels will be monitored through management information reports.	Director of Operations (DOO), Performance & Quality Manager	June 2020
			7. Successful outcomes and positive stories will be promoted via fortnightly newsletters to improve confidence in practitioners to refer to RAR.	Director of Operations (DOO)	March 2020
6	West Yorkshire CRC should enable team managers to provide effective management oversight of practice (this recommendation has been repeated from the previous inspection).	Agreed	**Actions:** 1. Undertake a formal review of current management practice oversight approaches and the roles and responsibilities of IMs. Agree and implement proposals to ensure future arrangements are proportionate, effective and support improved risk of harm practice. This will include a review of current approach to Enhanced Management Oversight and Practice Observation framework.	Director of Operations (DOO) & SMT Public Protection Lead	June 2020
			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.	SMT Public Protection Lead	April 2020
			3. Senior Management Team (SMT) to undertake a review to understand managers' development needs. Source and deliver practice focused supervision skills training to all managers. Attendance and impact will be monitored through practitioner feedback.	Director of Operations (DOO) & SMT Training lead	June 2020
			4. The risk management oversight practice of Interchange Managers will 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.	SMT Public Protection Lead Quality Officer	June 2020

			5. In order to release managers from training responsibilities, identify an affordable, time limited, dedicated staffing resource to complete the Institute of Leadership & Management (ILM) accredited Training Skills programme, as required, to deliver improved quality of Learning and Development by providing a consistent, high quality approach to training delivery.	Director of Operations (DOO) & SMT Training lead	June 2020
			6. Learning from audit activity will be disseminated through leadership forums, team meetings, supervision and newsletters.	Director of Operations (DOO) & Quality Officer	April 2020
7	West Yorkshire CRC should provide sufficient opportunities for unemployed individuals on unpaid work requirements to participate in activities that improve their chances of gaining employment.	Agreed	**Actions:** 1. Develop an Employment, Training and Education (ETE) Strategy to increase the availability of opportunities for unemployed offenders undertaking unpaid work. This will include: 1.1 A review of potential accreditation of current provision; 1.2 Identification of local opportunities to source ETE placements and training; 1.3 Delivery of existing brief interventions, such as pathways for employment, as part of the induction process; 1.4 Clarify with staff the criteria for ETE which counts towards 20% of Unpaid Work (UPW) hours, as well as recording expectations, to ensure all hours completed in ETE are captured in-line with best practice guidance and promoted in induction sessions; 1.5 Outcome measures and performance reporting.	SMT Community Payback lead / Network Developer	May 2020
			2. The Community Payback ETE lead will engage with the Yorkshire and Humber Reducing Reoffending Partnership, focusing on offender employment placement and opportunities to improve pathways to ETE through Community Payback.	SMT Community Payback lead	April 2020
			3. ETE opportunities and positive outcomes will be promoted in newsletters and muster areas to raise awareness and increase confidence of opportunities within Community Payback (CP).	SMT Community Payback lead	March 2020

Recommendations	
Agreed	7
Partly Agreed	0
Not Agreed	0
Total	**7**