



HM Prison &
Probation Service

Action Plan Submitted: 16th April 2020

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

Report Published: 16th April 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.

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.



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	<p>South Yorkshire CRC should:</p> <p>Work with the NPS to increase communication with sentencers at a strategic level, to improve information exchange and build confidence</p>	Agreed	<p>A significant amount of work has taken place since the previous inspection that has been evidenced, which has included an update of the Sentencer Information Newsletter. South Yorkshire Community Rehabilitation Company (SYCRC) will look to further improve by increasing the profile of CRC staff and continuing to build the relationship with the National Probation Service (NPS) and improving communicating with sentencers at a strategic level. The aim is to further develop a 'joint' approach with the NPS to improve information exchange and confidence.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Ensure that by December 2020, SYCRC has attended a magistrate's open day for South Yorkshire and commits to continuing to attend this event once per annum (when undertaken by the Courts). This will promote the work that the CRC delivers for sentencers to see. This will be evidenced by attendance and photo opportunities presented in weekly bulletins. • Ensure that by September 2020 all senior managers attend Court Engagement meetings that are held jointly with the NPS to ensure consistent communication. Deputy Directors will link with the local court lead(s) to create a communication link directly between the CRC and the Courts. Evidence will be provided through meeting minutes, letters of correspondence to the Courts and stakeholder feedback. • Senior Managers within SYCRC will also link with the NPS as part of the probation reform process. Plans regarding training for SYCRC staff in Court work will be developed and enacted by December 2020. This will enable joint working with the NPS. Evidence will be provided through action plans of the training programmes. 	<p>Deputy Director SYCRC</p> <p>Deputy Director SYCRC</p> <p>Deputy Director /Head of Operational Assurance (OA) & Performance - SYCRC Transition Manager SYCRC.</p>	<p>December 2020</p> <p>September 2020</p> <p>September 2020</p>



2	<p>South Yorkshire CRC should: Improve the implementation and delivery of sentences, to ensure that suitable interventions are delivered.</p>	Agreed	<p>SYCRC will respond to this recommendation by implementing the Thinking Skills Programme (TSP) and concentrating on completion rates of current programmes and 1:1 supervision of Rehabilitation Activity Requirement (RAR) days offered. To enable this the following actions are planned:</p> <p>Actions:</p> <p>Go live with Thinking Skills Programme Delivery, write to NPS and Courts with a newsletter of when the go live date is and submit a reminder of what is offered as part of the Rate Card. This will be delayed due to COVID-19 therefore refresher guidance will be submitted by SYCRC.</p> <p>SYCRC will improve short duration programme completion rates from the current baseline by 10%, increasing overall by a minimum of 50% from the current 20% baseline. This will be reviewed when programmes re-commence following COVID19 restrictions. Programme completion rates will improve by taking the following action:</p> <ul style="list-style-type: none"> Plan and implement training for staff in relation to pre-motivational work to engage Service Users (SU) with programme delivery. Use of protective and positive factors along with diversity issues with the SU will be included in the training. Programme staff to use telephone and text reminders to enhance compliance. Embed a database of RAR material that all staff can use to enhance 1:1 work (interventions) with SU's and provide ongoing training to support staff in its use, through Practice Development Forums (PDFs), Action Learning Sets (ALS) and weekly floor walks in each Local Management Centre (LMC). SYCRC will deliver PDF/ALs to operational staff to ensure Sentence Plans are shared and reviewed with the SU. SYCRC managers will consider how to re-engage SU's that are not completing programmes effectively and put a model into place to enable staff to follow to assist with improving the completion rate by 10% from the current baseline. 	<p>Deputy Director /Programmes Team Manager) TM</p> <p>All TMs/OA Team/Performance Team.</p> <p>OA Team/Programme Responsible Officers(ROs)/TM</p> <p>OA Team</p> <p>Programme TM/Deputy Director/Programme Team</p>	<p>October 2020</p> <p>March 2021</p> <p>September 2020</p> <p>October 2020</p> <p>September 2020</p>
---	--	--------	---	--	---



3	<p>South Yorkshire CRC should:</p> <p>Ensure that planning, delivery of interventions and reviewing take comprehensive account of risk of harm issues, and that adjustments to ongoing plans are made, where necessary.</p>	Agreed	<p>SYCRC will continue to utilise the key recommendations from the Operational and System Assurance Group (OSAG) responsive case audits and will also plan more robust monitoring of actions from all audits and performance reports.</p> <p>Actions:</p> <ul style="list-style-type: none"> Plan and deliver training events for all staff in managing risk through interventions, specifically focusing on the improvement of risk management plans, sentence plans and contingency planning. This will include the use of positive and protective factors in risk management and the sharing of plans with other agencies and the SU. Guidance will be sent to staff regarding recording the sharing of sentence plans with other agencies and the SU. This will be recorded and monitored by managers in a report produced by the performance team. PDF will be held in each LMC with a specific focus on domestic abuse (DA) management. All cases with a DA flag must have regular police call outs requested, minimum every 3 months. An increase of 20% from the current baseline to be achieved. SYCRC will implement a process of managing audit actions, so that TMs are accountable for ensuring all actions are completed on an S/RO case that has been audited. This action also relates to recommendation no 4. Risk training will be delivered to all appropriate staff within the next 12 months. SYCRC will identify who needs this training and deliver accordingly. The training will include the use of restrictive or constructive interventions to enable the delivery of the sentence plan and risk management plans. SYCRC will increase the amount of OASys reviews completed over the next 12 months by 20% from the current baseline. Managers will receive guidance in managing this. A weekly report, will be prepared to enable TMs to hold S/ROs to account. 	<p>OA Team</p> <p>Performance TM/Deputy Directors/ All TMs</p> <p>OA TM/TMs/Deputy Directors</p> <p>OA Team</p> <p>OA Team/ TMs/ Performance TM</p>	<p>October 2020</p> <p>September 2020</p> <p>March 2021</p> <p>March 2021</p> <p>March 2021</p>
---	---	--------	--	---	---



			<ul style="list-style-type: none"> Over the next 12 months, SYCRC will develop training and provide ongoing support for all S/ROs in the use of Professional Curiosity, to enhance risk assessments and planning. PDFs and Action Learning sets will be delivered across all of SYCRC on a monthly basis. Bespoke and standard audits will assess quality of assessments and contingency planning, as well as the use of protective factors and diversity issues. Community Payback (CP) assessments will ensure risk logs and recording risk of harm codes are managed and that the SUs positive strengths and protective factors are taken into consideration. SYCRC will achieve this by deploying dedicated staff within the unit to assess each SU who are sentenced to Unpaid Work. The team manager in CP will then spot audit 10 cases per calendar month to analyse the quality and accuracy. 	<p>OA Team</p> <p>CP TM</p>	<p>March 2021</p> <p>September 2020</p>
4	<p>South Yorkshire CRC should:</p> <p>Ensure that management oversight through supervision is effective, and that actions identified are followed through by responsible officers.</p>	Agreed	<p>SYCRC in response to this recommendation will monitor, more closely, management oversight in all SYCRC caseload.</p> <p>Actions:</p> <ul style="list-style-type: none"> All TMs will audit 2 cases per month within their team to ensure risk is being managed and feedback to S/RO. TMs will then record management oversight in Delius. All staff will be informed whereby a case has 2 or more unacceptable absences (UAs), within a 6-month period, then management oversight will need to take place. This will assist in making enforcement timelier. All staff will be sent clear instructions regarding timely enforcement and management oversight. This will be monitored in performance reports and Management Information System (MIS) reporting. All case discussions, in supervision or general 1:1 discussions, will be recorded in Delius by managers. SYCRC managers will improve management oversight by 25% from the current baseline. All TMs will complete at least one observation per S/RO to ensure risk is linked to delivery and a record to be sent to business support when this has been completed. Any actions will be recorded as management oversight in Delius. Monthly standard audits will take place to ensure 	<p>TMs/Performance TM</p> <p>TMs</p>	<p>October 2020</p> <p>October 2020</p>



			<p>management oversight is recorded appropriately and not just regarding enforcement action.</p> <ul style="list-style-type: none"> The Performance team will produce weekly reports which will be available to all SYCRC managers to highlight management oversight recorded in Delius. Deputy Directors will hold TMs to account during supervision sessions. 	TMs/Performance Team/Deputy Directors	October 2020
5	<p>South Yorkshire CRC should: Ensure that service users who require home visits receive them.</p>	Agreed	<p>SYCRC will, in response to this recommendation, ensure that home visits are undertaken and are linked with the new target operating model under the probation reform process to ensure a consistent approach.</p> <p>Actions:</p> <ul style="list-style-type: none"> Home Visits will improve by 10% from current baseline. SYCRC data currently evidences an average of 220 home visits per calendar month. SYCRC will seek a 10% increase month on month for a period of 6 months. Monthly standard case management audits will be conducted on 50 cases to ensure home visits are completed on all appropriate cases, within that audit sample, which will represent a fair selection of cases with a range of risk factors. In addition to this audit, regular planned and thematic audits are carried out which will include assurance that home visits are taking place on appropriate cases. The operational assurance manager/team will write the practice direction regarding home visits, then disseminate to all staff through easy access desk top locations for all practice directions and through PDFs and ALS/Floor walking. Within the next 12 months home visits will be threaded through all PDFs including Professional Curiosity raising awareness events and risk training to enhance culture of home visits for all case that have Child Protection issues and or Domestic Abuse. 	<p>Deputy Directors/TMs/ROs</p> <p>OA Team</p> <p>OA Team</p>	<p>December 2020</p> <p>August 2020</p> <p>March 2021</p>

