



Action Plan Submitted: 20th May 2020

A Response to the HMI Probation Inspection: Durham Tees Valley Community
Rehabilitation Company

Report Published: 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.



ACTION PLAN: Durham Tees Valley 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	Durham Tees Valley CRC should ensure recommendations and actions from audits and internal quality assurance procedures are sufficiently acted upon, monitored and followed up by local managers and responsible officers.	Agreed	<ol style="list-style-type: none"> The Durham Tees Valley (DTV) CRC Quality Team will develop a written policy identifying a Red, Amber, Green (RAG) response to Quality Assurance and audits which will include; generating a quarterly report for Heads of Area to scrutinise and track identified actions from audits. An additional standard will be added to the Operational Management Minimum Standards (OMMS) that identifies the required follow up period for a Management Oversight action. Middle Managers supervision agenda with Responsible Officer's (RO's) to include a prompt to monitor that management oversight and audit actions have been completed. All Operational Middle Managers to produce a monthly performance report to Heads of Area to include feedback and actions on any cases that have been Quality Assured during the month. Heads of Area will dip sample Middle Managers work. Terms of Reference (TOR) for the dip sampling audit will be created and will include cases where feedback from the Quality Team has been identified from internal audit. All outstanding Operational Middle Manager's to complete management training and development which includes: Management theory, methods and processes, and Management Oversight. 	<p>Quality Team Manager</p> <p>Heads of Area</p> <p>Operational Middle Managers</p> <p>Operational Middle Managers</p> <p>Heads of Area</p> <p>Head of Human Resources</p>	<p>May 2020</p> <p>Completed</p> <p>Commenced</p> <p>May 2020</p> <p>May 2020</p> <p>September 2020</p>
2	Durham Tees Valley CRC should enable staff to develop appropriate levels of skills and knowledge to sufficiently analyse	Agreed	<ol style="list-style-type: none"> Durham Tees Valley CRC has developed a training calendar to include the following for all operational staff: Domestic abuse and trauma; Domestic Abuse, Safeguarding and Risk refresher; Motivational Interviewing; 	Head of Area	Completed



	offending behaviour and risk of harm.		<p>Spousal Assault Risk Assessment (SARA) refresher training; Cognitive Behavioural Thinking.</p> <p>2. All practitioners to attend Serious Further Offence (SFO) workshops 'So What, Now What' which is a themed exploration of practice and risk; how they link together. Training will incorporate live cases and 7-minute briefing material and will be delivered by the Quality Team and Operational Managers.</p> <p>3. Durham Tees Valley CRC has a Quality Assurance Framework (QAF) which will continue to include a programme of audits with a minimum of 75 cases being audited a quarter, with 25 cases audited using a thematic approach (i.e. Domestic Abuse, Safeguarding, Substance Misuse, vulnerable adults etc.). A development programme will be created for RO's who score 'inadequate' through this activity.</p> <p>4. Holistic case management training – links between assessment, risk and intervention (catch up and refresher training). Training explores the 'golden thread of supervision' that enables Responsible Officers to develop individual 'theories of offending' for service users through formulation and contextual case management.</p> <p>5. Adverse Childhood Experiences (ACE) workshops for all operational staff to develop an understanding of trauma informed, trauma responsive and trauma specific practice and the perceived dichotomy of this approach whilst managing risk.</p> <p>6. Skills for Effective Engagement, Development and Supervision (SEEDS) training (in preparation for transition to new National Probation Service (NPS). All operational staff will undergo training in SEEDS methodology to promote reflective practice and defensible decision making in order to develop more robust, individualised risk management strategies in case management. Operational Managers will facilitate this approach within teams.</p>	<p>Quality Team and Training department</p> <p>Quality Assurance Team</p> <p>Quality Team and Training department</p> <p>Quality Team and Training department</p> <p>Quality Team and Training department</p>	<p>October – December 2020</p> <p>Completed and Ongoing</p> <p>July - October 2020</p> <p>January 2021</p> <p>March – June 2021</p>
3	Durham Tees Valley CRC should improve the quality of work to assess, plan for, manage and review work to protect potential and actual victims. This	Agreed	<p>1. Durham Tees Valley CRC will develop a programme of interventions with Risk Champions to support operational practice focusing on individualising the Risk Management Plans (RMPs) with a focus on the voice of the victim. This will include the roll out of developmental team meetings quarterly, with an agreed Terms of Reference (TOR) and a set Agenda. These will link to the core topics covered by Risk Champions with the focus on generating</p>	Quality Team Manager	May 2020



	<p>recommendation has been repeated from the previous inspection.</p>		<p>good quality RMPs and generating evidence robust risk management strategies.</p> <p>2. One case administrator has been placed in each Police Force Domestic Violence Unit (Cleveland and Durham) to facilitate access to information, which will support the RO's in identifying and managing risks posed to past present and potential future victims, including specifically safeguarding concerns for adults and children.</p> <p>3. The QAF (detailed above) will continue to monitor the quality of assessments and address any practice deficits.</p> <p>4. All operational staff are required to attend one Quality Event each year, which will focus on key themes including safeguarding of adults and children. Quality events utilise HMIP standards to benchmark cases in a group setting, generating discussion and development. Learning will be covered in team meetings and supervision as well as being shared on the intranet.</p> <p>5. Planned SFO workshops will focus specifically on actual cases where child and adult safeguarding factors have been a key feature. Workshops will have the specific aim of developing knowledge and understanding of effective multi-agency work and planning to protect victims.</p>	<p>Heads of Area</p> <p>Head of Area and Quality Team Manager</p> <p>Quality Team</p> <p>Quality Team and Training Department</p>	<p>Durham – completed Cleveland – May 2020</p> <p>Ongoing practice</p> <p>Commenced and ongoing</p> <p>October – December 2020</p>
4	<p>Durham Tees Valley CRC should ensure that necessary interventions are being delivered and assess and analyse their impact on addressing offending behaviour, risk of harm and supporting desistance.</p>	<p>Agreed</p>	<p>1. Organisational roll out, training and implementation of the online Interventions Hub (IH) to all teams. Monitoring of usage via monthly the Management Information (MI) report from the IH provider. Quality Assurance will be provided by Operational Manager checking and recording during supervision sessions assisted by MI report.</p> <p>2. Development of Domestic Abuse (DA) 121 'Creating Relationship Change' programme for all operational staff to use with DA cases that are not suitable for Building Better Relationships (BBR). Pilot programme to run in June 2020 with review of effectiveness by Quality Team Manager and selected RO's.</p> <p>3. Embed ASPIRE (solution focused, cognitive behavioural and trauma informed programme for females) and agree the start of the evaluation period. Usage will be monitored via the programme manager in conjunction with the project plan.</p>	<p>Head of Area Operational Middle Managers IH provider</p> <p>Head of Area Programmes Unit Quality Team Manager</p> <p>Head of Area Coventry University Female Lead Operational Manager</p>	<p>May 2020</p> <p>June 2020</p> <p>May 2020</p>



			<p>4. Review with the Criminal Justice Liaison Team ensuring appropriate intervention and detail of work being completed is captured. Develop reporting and evaluation processes linked to case management recording and the QAF. Enable feedback via regular quarterly meetings.</p> <p>5. QAF thematic audits to focus on interventions and partnership working. Evidence of learning to be recorded, briefings prepared, which will be published and included as part of thematic team meeting agendas.</p> <p>6. Review of the Citizenship intervention working group to determine how this intervention will be delivered and utilised in conjunction with the IH and other new interventions. Develop a monitoring tool to provide evidence of effectiveness of use.</p> <p>7. Ongoing Quality Events with focus on providing evidence on the effectiveness of interventions with feedback shared via learning on intranet and in team meetings.</p> <p>8. QAF quarterly audits that focus on providing information that will address the effectiveness of interventions and report feedback to the Senior Leadership Team (SLT) via a quarterly report.</p> <p>9. Organisational instruction regarding utilisation of Partner Link Workers (PLW). Monitoring of PLW referrals for all cases where domestic abuse is flagged and seen as a dynamic risk.</p>	<p>Heads of Area Operational Leads for partnerships</p> <p>Quality Team Manager Operational Middle Managers</p> <p>Quality Team Manager And Operational Manager Lead</p> <p>Quality Team and Operational Middle Managers</p> <p>Quality Team Manager; SLT</p> <p>Head of Area Harbour Operational Middle Managers Business Support</p>	<p>June 2020</p> <p>July – September 2020</p> <p>November 2020</p> <p>Ongoing practice</p> <p>Ongoing practice</p> <p>May 2020</p>
5	Durham Tees Valley CRC should strengthen information-sharing agreements with all partners, local agencies and providers of interventions, to inform assessments, plans and reviews undertaken by responsible officers.	Agreed	<p>1. Durham Tees Valley CRC will review all Information Sharing Agreements (ISAs) for use with partner agencies to ensure they support ease of access to relevant information in order to support the RO's assessment, plans and review of the work they do with their Service User's (SU's). A communication strategy will be developed and circulated to all partner agencies to ensure that information sharing protocols are understood and responsibilities are clear relating to each partner agency.</p> <p>2. One case administrator has been placed in each Police Force Domestic Violence Unit (Cleveland and Durham) to facilitate access to information.</p>	<p>Head of Area Information Security and contracts Operational Middle Managers</p> <p>Heads of Area</p>	<p>September 2020</p> <p>Durham – completed Cleveland – May 2020</p>



			3. A QAF audit focusing on engagement with partners and sharing of information will be undertaken to assess the effectiveness of ISA's. This will be reported to the SLT via a quarterly report.	Quality Team Operational Middle Managers	July – September 2020
6	Durham Tees Valley CRC should fully assess the risk of harm and the impact considered when allocating individuals to unpaid work placements and ensure that necessary actions are clearly recorded and communicated to those supervising individuals.	Agreed	<ol style="list-style-type: none"> 1. Durham Tees Valley CRC will publicise the need for all RO's to use the Unpaid Work (UPW) service delivery guide. Use of this will be monitored through QAF process and via supervision with Line Managers. 2. A dedicated stand-alone UPW management process will be implemented allowing the identification of resources to focus on risk and criminogenic need, including all High Risk UPW cases to be allocated and overseen by a dedicated Operational Middle Manager. 3. The Probation Services Officer induction programme will include a specific session on Post-Sentence Assessment Interviews (PSAIs) as well as refresher training being offered where identified through a Training Needs Assessments (TNA). 4. The QAF to include samples of stand-alone UPW cases alongside SLT dip sampling of cases to include stand-alone UPW and focus on quality of PSAI and Offender Assessment System (OASys). 	<p>Heads of Area Operational Middle Managers</p> <p>Head of Area</p> <p>Training department and Quality Team</p> <p>Quality Team Manager</p>	<p>Ongoing practice</p> <p>June 2020</p> <p>May 2020</p> <p>October – December 2020</p>

