



HM Prison &  
Probation Service

Action Plan Submitted: 4<sup>th</sup> June 2020

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

Report Published: 10<sup>th</sup> June 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.

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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.

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**ACTION PLAN: Merseyside 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	Merseyside CRC should improve the quality of work to assess, plan for, manage and review risk of harm.	Agreed	<p>Merseyside CRC (MCRC) have been using the 'Enabling Plan' which has resulted in a disjointed approach to assessment and planning. Implementation of the OASys plan will create a one system assessment, planning and review approach to address risk of harm. The following actions will be implemented:</p> <ul style="list-style-type: none"> <li>• MCRC will continue to roll out training on the OASys Sentence Plan and Review which will fully replace the CRC planning tool (Enabling Plan). 80% of staff have already received this training and the remaining 20% will receive this virtual training by the end of June 2020. Using the OASys Sentence Plan and Review approach, the Self-Assessment Questionnaire will be used as standard which will ensure the service user is involved in sentence planning.</li> <li>• MCRC will develop and implement a targeted OASys countersigning strategy. This strategy will ensure that all new staff within the last 12 months are subject to three OASys countersignatures. The volume may be increased depending on the quality standards reached which will be determined by the Responsible Officer's (RO) manager. Staff subject to Performance Plans will also be subject to OASys countersigning for a minimum of three assessments to demonstrate to managers improved competence and quality. Staff that have recently received domestic abuse and safeguarding training will also have at least three domestic abuse cases OASys countersigned. This approach will ensure that Case Managers and Senior Case Managers receive timely feedback on Risk Assessments, Risk</li> </ul>	<p>Director of Operations and Community Directors</p> <p>Director of Operations and Community Directors</p>	<p>June 2020</p> <p>September 2020</p>

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			<p>Management Plans and Sentence Plans. This will be in place by the end of June 2020 and fully embedded by September 2020.</p> <ul style="list-style-type: none"> <li>• MCRC will introduce a pre-assessment session 'ABC' analysis between the RO and service user (SU) which will focus on an analysis of strengths and current and previous behaviours in respect of offending which will be incorporated into the risk and sentence plan. Assurance of this will be addressed through the countersigning and quality assurance process.</li> <li>• All relevant sentence plans will include an objective targeting risk of harm and victims, with detailed control measures and contingency planning outlined in the Risk Management Plan. This will be monitored through the countersigning strategy, Enhanced Management Oversight (EMO) activity and the OASys Quality Assurance (QA) process reviewing 1% of caseloads every six months.</li> <li>• Sentence Plans will include at least one objective to attend a structured intervention linked to an identified criminogenic need. They will also include a focus on barriers to compliance including diversity which will be included in all sentence plans. Monitoring of this will take place by reviewing the volume of both supply chain service delivery interventions and internal intervention delivery including Accredited Programmes, structured Rehabilitation Activity Requirements (RARs) and Brief Interventions. Further assurance will be provided through the EMO process and the OASys QA process reviewing 1% of caseload every six months. Equality data will continue to be reported, monitored and analysed monthly. MCRC has a well-established Equality and Diversity Board which monitors performance including action pertaining to service user equality data collection.</li> <li>• MCRC will deliver the Programme of NPS Risk Assessment, Risk Planning and Management to equip staff with knowledge and skills to ensure all relevant information is considered in OASys assessments. Feedback will be gathered using an evaluation form to determine the effectiveness of the training and completions will be monitored locally. The application of learning</li> </ul>	<p>Interchange Managers (IMs) and Quality Officers</p> <p>Director of Operations and Community Directors</p> <p>Director of Operations, Community Directors and Interventions Manager</p> <p>Director of Operations/ Community Directors/ Lead Interchange Managers for Learning and Development and Quality Officers</p>	<p>June 2020</p> <p>September 2020</p> <p>September 2020</p> <p>December 2020</p>
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			will be monitored through the completion of the Learning into Practice form which will be applied to three cases and reviewed by the ROs line manager post training, 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.		
2	Merseyside CRC should improve the effectiveness of quality assurance and management oversight of all casework.	Agreed	<p>Merseyside CRC will improve the effectiveness of quality assurance and management oversight of casework by completing the following actions:</p> <ul style="list-style-type: none"> <li>• MCRC will undertake a formal review of current management practice oversight approaches and the roles and responsibilities of Interchange Managers (IMs). Following this review, proposals will be agreed and implemented to ensure future arrangements are proportionate, effective and support improved risk of harm practice.</li> <li>• MCRC will establish a refreshed management oversight process to ensure consistency of 70% of EMO across all Local Delivery Units (LDUs). Management oversight will focus 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 also include live observations using technology such as Skype where this is not possible in person.</li> <li>• 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 three subsequent assessments, to demonstrate to managers improved quality and competence.</li> <li>• The Senior Management Team (SMT) will undertake a review to understand managers' development needs. Following this practice focused supervision skills training to including coaching, leadership and performance skills will be delivered to relevant managers. Attendance and impact will be monitored through</li> </ul>	<p>Director of Operations across Purple Futures CRCs with Interserve Central Team</p> <p>September 2020</p> <p>Director of Operations across Purple Futures CRCs with Interserve Central Team</p> <p>September 2020</p> <p>Interchange Managers and Quality Officers</p> <p>June 2020</p> <p>Director of Operations and Community Directors</p> <p>December 2020</p>	

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			<p>practitioner feedback by developing a survey to capture RO experience of line management which will directly link into the Supervision and Appraisal cycle 2020/21.</p> <ul style="list-style-type: none"> <li>MCRC will develop a guidance tool/checklist to support IMs to consistently apply a quality management oversight when completing OASys countersignature processes, focusing on current and previous behaviour and capturing information from other agencies.</li> <li>The risk management oversight practice of IMs will be tested through dip sampling of two management oversight activities 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.</li> </ul>	<p>Community Directors/ QA Officers and lead Learning and Development Interchange Managers</p> <p>Community Directors</p>	<p>June 2020</p> <p>September 2020</p>
3	Merseyside CRC should ensure staff with responsibility for case management oversight have the skills and knowledge to undertake the work effectively.	Agreed	<p>Merseyside CRC will take the following actions:</p> <ul style="list-style-type: none"> <li>MCRC will review the Passport to Practice and training pathway for new case managers to complete before they are allocated domestic abuse cases. This will be completed by all newly recruited case managers.</li> <li>Building on current feedback, MCRC have, and will continue to schedule a consistent quarterly CM induction programme to provide timely onboarding and induction training for new starters. 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.</li> <li>Appraisal reviews will be completed on a 6-monthly basis to benchmark practice with case managers and inform development. Community Directors will review with IMs and this will be collated within MCRC Quality and Performance meetings to inform training and performance needs across the CRC.</li> <li>Learning in to Practice forms following training will be completed on three cases following Domestic Abuse, Safeguarding and Risk training. Evidence of completion and case discussion will be</li> </ul>	<p>Director of Operations across PF CRCs with Interserve Central Team</p> <p>Director of Operations and Community Directors</p> <p>Director of Operations and Community Directors</p> <p>Community Directors</p>	<p>June 2020</p> <p>Completed and ongoing</p> <p>September 2020</p> <p>September 2020</p>

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			<p>recorded in the RO's supervision documents and improvements monitored through OASys countersignature and quality assurance processes including Interchange Quality Assurance Managers.</p> <ul style="list-style-type: none"> <li>Community Directors will regularly provide assurance using ILEARN to monitor that supervision is occurring monthly for new starters and every six weeks for all staff.</li> </ul>	Community Directors	September 2020
4	Merseyside CRC should explore the reasons for better casework in the Prescott LDU and use this learning to improve effectiveness elsewhere.	Agreed	<p>HMIP found that Prescott LDU demonstrated better casework. MCRC is committed to understanding the reasons for variations in quality work across the CRC. In order to explore these reasons, the following actions will be progressed:</p> <ul style="list-style-type: none"> <li>MCRC will work constructively with the CMT &amp; OSAG together to draw out the factors that contributed to securing a positive outcome in Prescott. Presentation of the findings will be shared with the wider management team in MCRC and across the Purple Future CRCs.</li> <li>Subsequent analysis will be considered by the SMT which will include analysis of central performance data and engagement with staff. Benchmarking activity will follow allowing for individual LDU actions to be identified and taken forward.</li> </ul>	<p>Director of Operations and Community Directors</p> <p>Community Directors</p>	<p>July 2020</p> <p>August 2020</p>
5	Merseyside CRC should improve liaison between responsible officers and partner agencies, particularly in relation to keeping other people safe.	Agreed	<p>Merseyside CRC will improve liaison between responsible officers and partner agencies to ensure people are kept safe by improving the interface with the Multi-Agency Safeguarding Hub (MASH). The following actions will be taken:</p> <ul style="list-style-type: none"> <li>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 of two cases per SCM/CM carried out by IMs, followed by timely developmental feedback to the S/CM.</li> </ul>	Director of Operations and Community Directors	July 2020

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			<ul style="list-style-type: none"> <li>Guidance will be provided to improve consistency of Safeguarding and Domestic Abuse information recording, to inform reliable management information reporting.</li> <li>MCRC will coordinate and deliver the actions set out in the Section 11 audit action plan (this plan is created following an annual audit of organisational safeguarding practice against defined standards monitored through local safeguarding arrangements). The current improvement activity is focused on referral processes including ensuring thresholds are understood and alignment of CRC operations for MASH arrangements across Merseyside. This will include guidance for staff on Children Social Care processes and associated reports e.g. Child Protection Plans.</li> <li>MCRC will provide a report on governance arrangements to demonstrate how MCRC is integrated into partnerships to manage risk and keep people safe. Barriers, opportunities and good practice will be identified to drive continued improvement across the whole Merseyside area.</li> <li>MCRC will ensure that for each local authority area a designated intranet page is created in Wisdom outlining the referral pathways for Children and Adult Social Care. Additionally, local multi-agency practice and policy including clarity of Clare's Law, MARAC and mental health referral pathways will be included. Information stored on Wisdom is available to all staff and additional documents and information will be promoted through newsletter updates and the governance arrangements established in the CRC including local team-based meetings.</li> </ul>	<p>Quality Assurance Officers and Learning and Development lead Interchange Managers</p> <p>Community Directors</p> <p>Community Directors supported by Business and Project Support Manager.</p> <p>Business and Project Support Manager/ Performance and Quality Manger</p>	<p>July 2020</p> <p>September 2020</p> <p>July 2020</p> <p>July 2020</p>
6	Merseyside CRC should improve case allocation to ensure appropriate cases are always allocated to	Agreed	<p>Merseyside CRC have improved oversight of resource issues by monitoring staffing in each LDU via monthly Mobility Meetings. This supports the CRC in making decisions on resources so that re-deployment can be considered, recruitment approved, or temporary staff authorised. The following actions will also be taken:</p>		

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	sufficiently experienced and trained staff.		<ul style="list-style-type: none"> <li>MCRC will undertake a formal review of the current banding and allocation model to assess the extent to which allocation processes ensure service users presenting the highest risk of serious harm are appropriately allocated to qualified staff.</li> <li>MCRC will ensure by scrutinising allocations that all are allocated to appropriately trained staff and provide a monthly performance report to demonstrate adherence to policy.</li> <li>MCRC will develop guidance and a process to provide monthly assurance to ensure that in circumstances when a caseload requires re-allocation those cases are subsequently allocated to S/CMs of suitable experience and capability and in accordance with policy and the Banding and Allocation Tool. The Mobility Meeting held monthly will provide the governance for this activity.</li> </ul>	<p>Director of Operations across Purple Futures CRCs with Interserve Central Team</p> <p>Performance and Quality Manager</p> <p>Business and Project Support Manager/ Performance and Quality Manger, Quality Assurance Officers and Learning and Development Lead Interchange Manager</p>	<p>September 2020</p> <p>June 2020</p> <p>June 2020</p>
7	Merseyside CRC should ensure assessments for unpaid work fully consider individual circumstances and risk factors.	Agreed	<p>MCRC will carry out a review of the Interserve CRC's achieving satisfactory quality levels for unpaid work assessments which identify individual circumstances and risk factors. The following actions will be taken:</p> <ul style="list-style-type: none"> <li>A consultation with Humberside, Lincolnshire and North Yorkshire CRC has already commenced and this will be completed by September 2020. Learning and information from the activity mentioned in respect of the above model for induction, risk assessment and project placement will be adapted to ensure a robust risk assessment process is created and implemented considering individual circumstances.</li> <li>A communication and training strategy will be developed and rolled out to support the implementation of the new model. Communication will be carried out by managers in the form of Skype or face to face sessions with staff in a group setting where possible followed by written guidance disseminated via email. The training will be to all appropriate staff including Community Payback and Case Management where there is an involvement in the induction and allocation process.</li> </ul>	<p>Community Payback Community Director</p> <p>Community Payback Director/Professional Service Centre</p>	<p>November 2020</p> <p>November 2020</p>

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			<ul style="list-style-type: none"> <li>MCRC will complete an analysis of the volume of new multi requirement orders with Community Payback and stand-alone Community Payback orders across Merseyside CRC delivery sites. Managers will dip sample a minimum of 5% (per manager) and preferable 10% across each delivery site of new Community Payback orders each month to be reassured that the measures for risk assessment and allocation are being carried out and recorded accurately. In addition, Community Payback Managers will observe one induction at each delivery site per month minimum. The analysis will include quality checks that demonstrate diversity issues were identified as part of the induction and allocation process and furthermore have been accurately recorded on nDelius. The Community Director will request evidence of the dip sampling and findings during six weekly supervision sessions with managers to ensure quality is achieved. Where findings are not satisfactory action will be taken in relation to further training or by following internal HR matters if necessary.</li> </ul>	Community Payback Community Director/Community Directors MCRC/Community Payback Managers and MCRC Interchange Managers	December 2020 and ongoing
8	Merseyside CRC should improve access to and knowledge of ETE provision for those on unpaid work.	Agreed	<p>MCRC will improve access to and knowledge of Employment, Training and Education (ETE) for those on Unpaid Work (UPW) by completing the following actions:</p> <ul style="list-style-type: none"> <li>MCRC will review the existing Employment, Training and Education (ETE) Strategy written January 2020 to ensure it supports the achievement of improved access to and knowledge of ETE provision for those completing unpaid work sentences with the aim of ensuring a minimum level of 20% ETE hours. The strategy will be amended where required to show how service users will be made aware of the opportunities for carrying out 20% of their Community Payback hours with ETE activity, what ETE provision there is, what the referral pathways are and how quality of delivery will be measured.</li> <li>The Community Payback (CP) Manager/ETE lead will explore new opportunities for the delivery of ETE externally and internally including the use of online platforms by engaging with internal learning and development, stakeholders and partners. This will</li> </ul>	Community Payback Community Director/Network Developer	September 2020
			<ul style="list-style-type: none"> <li>The Community Payback (CP) Manager/ETE lead will explore new opportunities for the delivery of ETE externally and internally including the use of online platforms by engaging with internal learning and development, stakeholders and partners. This will</li> </ul>	Community Payback Community Director/Community Payback Managers	November 2020

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			<p>ensure that there are an adequate number of ETE opportunities available for the delivery of appropriate brief interventions including Pathways to Employment as part of 20% ETE hours completed by service users.</p> <ul style="list-style-type: none"> <li>• MCRC will complete briefings with written guidance for staff on the criteria for the completion of ETE hours including referral pathways and recording of hours delivered in line with CP best practice guidance. Skype or group training sessions will be used, where possible will be used to ensure all existing staff have been briefed on the above. All new staff into the organisation will receive the same training as part of their Induction process. The training will be followed by a written guide disseminated to staff via email. Managers will check during supervision sessions that staff have participated in training and are aware of the expectations.</li> <li>• MCRC will utilise the induction process as the platform to advise service users of ETE opportunities. The induction delivered by Community Payback and Case Managers will have a section around ETE ensuring that service users are aware that they can use 20% of their hours for ETE purposes and how to progress this with their Case Manager. CP Managers will observe a minimum of one induction session per delivery site each month to ensure ETE access is discussed during induction. Findings will be shared with the Community Director during six weekly supervision sessions.</li> <li>• MCRC will ensure robust performance reporting is in place to allow CP Managers to analyse CP ETE activity. Managers will dip sample 5% (per manager) and preferable 10% of different Community Payback cases each month during the first half of their orders to ensure there is sufficient time for a service user to access ETE provision before the end of their sentence. Community Payback Managers will share their findings and any concerns with IMs to ensure their staff are referring service users into available ETE activity. Outcomes will also be shared with service users and stakeholders.</li> </ul>	<p>Community Payback Managers/Placement Coordinators/Community Payback Supervisors</p> <p>Community Payback Managers/Interchange Managers</p> <p>Performance Lead/Professional Service Centres/Community Payback Managers/Interchange Managers</p>	<p>December 2020</p> <p>December 2020 &amp; ongoing</p> <p>December 2020 and ongoing</p>
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