



HM Prison &  
Probation Service

# **Policy Framework - Notification and Review Procedures for Serious Further Offences**

Annex E(i) SFO Action Plan and Action Plan Update  
Guidance

This guidance should be read in conjunction with the Operational Guidance (Annex B), which provides wider information about the identification of good practice and appropriate case specific learning.

No one SFO action plan will be same and your task as a RM is to ensure that all good practice and learning identified in the SFO review is translated into appropriate actions to improve future practice, unless you have clearly stated reasons for not doing so in the review.

Use the content of the plan to clearly differentiate between (i) the practice that has been identified for sharing/improvement, (ii) the actions that need to be taken to improve practice and (iii) the methods by which the effectiveness and impact of actions will be measured. Follow the guidance below, which has been created to assist with this and sets out how both the action plan and action plan update templates should be completed.

The action plan consists of two distinct sections to identify 1) good practice for sharing and 2) actions to be taken to address deficits and improve practice. Make sure that all actions are specific, measurable, achievable, relevant and time-bound (SMART) and structured to improve the quality of future practice at an individual and/or organisational level.

## **Good Practice**

### **Good practice – outcome focused objective**

In the first part of the action plan, identify good practice for sharing more widely in order to improve practice, be that within the team, PDU, region or nationally. Refer to the guidance contained in Annex B about what constitutes good practice to inform the content of your plan.

Include outcome focused objectives to share good practice. For example, *“To develop practice across the team in transition cases by sharing details of PP3’s continual focus on maturity issues, including three-way meetings with the YOT prior to transfer and bi-weekly contact with supervised individual following transfer”*.

To ensure that action plans work as a standalone document, make sure that this column clearly identifies the specific areas of work that need to be shared. For example, an objective *“to share practice to improve the management of transitions cases”* would not give the reader, or the individual responsible for sharing, a clear understanding of what they should be sharing and how.

### **Who the action will be shared with**

Identify and discuss good practice with relevant staff during interview. Be clear at what level the good practice will be shared further e.g. staff within the local team, PDU, the region or at a national level. To determine the appropriate level for sharing, consider what you want to achieve e.g. practice changes locally or more widely. Agree any action to share good practice at a national level with the relevant lead/policy owner in the first instance.

### **Action to share good practice**

Identify what activity will take place to effectively share good practice locally or in the wider organisation in order to have maximum positive impact on future working.

### **How the sharing of good practice will be monitored and reviewed**

Stipulate in this column how the delivery of the action will be evidenced, monitored and reviewed to ensure that good practice has been effectively shared. This section is not about demonstrating that sharing has impacted future practice, although in some cases it may be appropriate for you to include a review or audit to confirm this or for routine audit processes to be utilised to identify the positive impact.

### **Owner**

Identify all staff involved, including the person responsible for sharing the practice and the individual responsible for monitoring delivery of the action.

Clearly identify staff by their role and not their name (SFO reviews should be anonymous).

### **Date for completion of action**

Include appropriate and reasonable timescales for sharing practice.

Actions must be progressed as soon as the plan has been submitted to HMPPS SFO team, although the plan may be subject to some change following QA.

Refer to the guidance template below for an example of a good practice entry.

### Example Entry - Good Practice for Sharing

	Good practice (outcome focused objective)	Who it will be shared with	Action to share good practice	How sharing of practice will be monitored and reviewed (where applicable)	Owner	Date for completion
1	To develop practice across the team in YOS transition cases by sharing PP3's focus on maturity issues, including regular three-way meetings with YOT in weeks prior to transfer, and bi-weekly contact with the supervised individual following transfer from the YOT	Team	<p>SPO3 to brief team members at next monthly meeting on:</p> <ul style="list-style-type: none"> <li>• Case background</li> <li>• Supervised individual's maturity issues and PP3's response, including enhanced frequency of contact with YOT and supervised individual</li> <li>• Key issues for PPs to consider when preparing to manage supervised individuals transferred from YOS to the PS</li> </ul>	PDU1 to discuss the delivery of the briefing with SPO3 in supervision and ensure the objective has been met in full.	<p>SPO3</p> <p>PDU1</p>	<p>Sharing to have taken place <b>by 30/11/20XX</b></p> <p>PDU1/SPO discussion to have taken place <b>by 15/01/20XX</b></p>

## **Learning**

### **Area for improvement – outcome focused objective**

Use this part of the action plan to set out the issues identified in the review that need to be addressed to improve future practice. Ensure learning objectives address all appropriate deficits in practice at all levels of the organisation and/or any significant underpinning issues – the reasons for the deficiencies. For example, where the review identified that SPO1 had not provided a new PP with sufficient support and the reason for this was that SPO1 was temporarily covering four offices and as a result was significantly overworked, the focus should be the organisational issues that underpinned the poor practice – SPO resources.

Focus objectives as appropriate on the deficits in all areas which might include (i) organisational policy and processes and issues (such as resources, liaison with other agencies etc), (ii) individual (including managers at all levels) or (iii) team practice, or (iv) local/regional issues.

Rather than simply providing a brief description of the issue that the learning point needs to cover e.g. *“PP1’s RMPs and SPs”* or *“management of gang risks”*, include within this column outcome focused objectives to address the deficits identified. The action plan should work as a standalone document; therefore, ensure plans clearly identify the specific areas of work that need to be addressed.

Example entries:

*“PP3 to evidence effective practice in line with PS policy in relation to risk management planning, including the recording of statutory orders specific to protecting identified people (e.g. restraining orders) and ensuring all factors likely to increase risk of serious harm are covered by the contingency activities”.*

*“Local guidance and training to be improved to ensure practitioners at all levels are better informed about, and can evidence, effective risk assessment and risk management of supervised individuals affiliated with gangs”*

### **Who is the action for**

Be clear who the action is for. Include objectives for all relevant practitioners and managers, other staff within the team, PDU or region or at a national level where appropriate, including those responsible for making changes at an organisational level e.g. to policy/processes/resources. To determine the appropriate level for learning, consider what you are trying to achieve. Agree any national learning in the first instance with the relevant policy owner.

Include separate outcome focused objectives for a specific practice area where improvements are required at different levels, for example, the actions and outcomes required will be quite different where significant gaps are identified in DA practice at both an individual level (e.g. not chasing up the outcome of DA checks) and at a local organisational level (e.g. lack of robust information sharing agreements with the police).

Avoid devising plans with too many learning points (LPs). Areas of learning for a specific individual, team, PDU or region should be grouped together where possible.

### Learning related to the practice of other agencies

You should refer to Annex B for guidance about the structure of learning related to the practice of other agencies; such actions are always for a specific member of probation staff to take forward e.g. SPO4, QD officer, local DA lead, PDU Head.

### **Action required to improve practice**

This is the most important part of the action plan where you need to **identify appropriate actions to address deficiencies and improve future practice within the organisation.** This activity may be directed at an individual level but consideration should always be given to wider development for the organisation, including processes, policy and multi-agency working arrangements.

Actions are the **activity that needs to take place to achieve change and therefore should in most instances be structured with a developmental focus.** An action requiring “*SPO2 to adhere to expected countersigning practice*” does not require SPO2 to do anything over and above what was previously being expected of them and this objective would need strengthening to be effective.

Ensure that the action is clear about what needs to be done to achieve the objective and to achieve change (this should stem from the analysis of underpinning reasons for any deficits in practice in the review), for example the organisation producing and disseminating revised guidance or ensuring the provision of training, and individuals or teams attending training, briefings, engaging in reflective discussion, revisiting guidance or having structured input from a quality development officer. Actions must be realistic and achievable. Refer to Annex B for further guidance on the formulation of developmental actions.

Include dip sampling or audit activity as an action but only in those cases where it is needed to establish the extent of concerns (if you could not do so during the investigation and interview process), to ensure change is embedded if action is already underway or has been completed (e.g. in high profile cases where the early look identified learning to take forward and those actions have been successfully delivered), or if managers identify that deficits in this case were an anomaly. In such cases monitoring may be the only action required at that stage to ensure improvements.

### **How improvements in practice will be measured**

Provide detailed methods for monitoring and reviewing practice following delivery of the identified actions to evidence their effectiveness i.e. the impact of learning on practice for the individual or organisation – this should normally include audits of particular areas of work and dip sampling of a number of cases (timescales for this should be given in the final column) to demonstrate whether or not the objectives have been met – refer to Annex B for further guidance about methods to measure effectiveness. Give clear detail about what audits and dip sampling are expected to evidence.

It is good practice to include here any further action to be undertaken should the measurement of progress identify that the action was not effective in promoting change.

## **Owner**

Identify all staff involved in the learning, including the person whose practice is to be improved (if it is not an organisational learning point) and the individual responsible for delivering the action (it would be unusual for these to be the same person), for example a manager or QDO or policy owner. Where learning has been identified for another probation region, agree with them who the individual is that is responsible for delivery of the learning, prior to inclusion of the learning in the plan. Where learning relates to organisational change e.g. to policy or processes, ensure the most appropriate individual is identified to take it forward e.g. local/regional/national policy lead.

Identify the person responsible for measuring the impact of the action.

Clearly identify individuals by their role and not their name (SFO reviews should be anonymous).

## **Date for completion**

Provide timescales for delivering actions and measuring the impact on practice. Ensure they are appropriate and reasonable. Consider the prioritisation of particular objectives; for example, immediate action will be required if you identify ineffective organisational processes that need to be quickly rectified, or fundamental gaps in an individual's knowledge and there is a need to audit the management of associated practice in other cases to identify if they have been affected. In relevant cases, clearly differentiate between the timescales for the action and the completion dates to measure progress and impact e.g. audit activity.

Actions must be taken forward as soon as the plan has been submitted to HMPPS SFO team, although the plan may be subject to some change following QA.

Refer to the guidance templates below, which highlight the key areas set out in this section and provide an example of learning objectives.

**Guidance Template** – Key points to remember (areas for improvement)

Area for improvement  (outcome focused objective)	Who the action is for	Action required to improve practice (organisational and individual)	How improvements in practice will be measured	Owner	Date for completion
<p>Write as an outcome focussed objective</p> <p>As far as possible, group together objectives for the same individual, team etc.</p>	<p>Be specific about what level the learning is aimed at:</p> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Team</li> <li>• PDU</li> <li>• Region</li> <li>• National</li> </ul> <p>Avoid focussing the action plan only on the individual practitioner and consider whether actions need to be set for SPOs, senior managers or the organisation. If practice was evident across a number of practitioners, is a wider learning point for the team, PDU or region required?</p> <p>To determine the appropriate level for</p>	<p>Include developmental activity that will seek to achieve change, for example:</p> <ul style="list-style-type: none"> <li>• Training</li> <li>• Reflective supervision discussions, to include a review of current guidance &amp; PP understanding of it</li> <li>• One-to-one work with the QDO</li> <li>• Changes to guidance/policy and planned briefings to disseminate this</li> </ul> <p><b>Avoid:</b></p> <p>Activity that simply requires practitioners/managers to do what was already required of them e.g.</p>	<p>Include clear measures for evidencing change such as:</p> <ul style="list-style-type: none"> <li>• Audits</li> <li>• Dip sampling</li> <li>• Performance measures</li> </ul>	<p>Identify the specific staff and managers involved in the learning, actions and measurement of the outcomes</p>	<p>Sequence learning points according to priority and with realistic timeframes, including specific dates where possible.</p> <p>Break down timescales into when the developmental activity will commence and when the auditing activity will take place.</p>



	<p>learning, consider what you are trying to achieve.</p> <p>Agree national learning in the first instance with the relevant policy owner.</p>	<p><i>'PP1 to follow the enforcement policy'</i></p> <p>In some cases include dip sampling or a full audit if it is being used as a way of establishing the extent of concerns or if the PP has already had further training (or the SPO identified that deficits in this case were an anomaly) and only monitoring is needed to ensure change.</p>			
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### Example Entry – Learning Objective

	Area for improvement  (outcome focused objective)	Who the action is for	Action required to improve practice (organisational and individual)	How improvements in practice will be measured	Owner	Date for completion
1	<p>PP1 to evidence effective practice in line with Probation Service policy in all domestic abuse cases, including:</p> <ul style="list-style-type: none"> <li>• Quality risk assessments that analyse all past behaviour, identify relevant risk factors and reach accurate conclusions</li> <li>• Effective RMPs that address all identified risks and have a thorough contingency</li> <li>• Ensuring home visits are undertaken in all DA cases in line with practice expectations</li> <li>• Frequent information sharing with police to share and seek up to</li> </ul>	Individual	<p>SPO2 to undertake reflective discussion with PP1 about the findings of the review and to discuss practice expectations in relation to the content of risk assessments and RMPs.</p> <p>QDO to undertake two 1:1 sessions with PP1 to focus on the production of quality assessments and plans.</p> <p>SPO2 to undertake reflective discussion with PP1 about the findings of the review related to the management of DA cases.</p> <p>SPO2 to provide PP1 with local written guidance about home visits and guidance relating to information sharing with the police in DA cases.</p>	<p>Head of PDU (PDU1) to monitor, discuss and record the delivery of the action with SPO2 in supervision.</p> <p>On completion of actions, SPO2 to undertake an audit of six of PP1's OASys' to ensure that:</p> <ul style="list-style-type: none"> <li>• past behaviour has been appropriately analysed</li> <li>• risk factors and levels are accurate</li> <li>• RMPs include all relevant risks and comprehensive contingency plans</li> </ul> <p>On completion of actions, SPO2 to undertake an audit of six of PP1's DA cases to ensure that:</p>	<p>PP1</p> <p>SPO2</p> <p>PDU1</p> <p>QDO</p>	<p>Actions to improve practice (PP1 and SPO2) to be undertaken <b>by 14/11/20XX</b></p> <p>Action to improve practice (QDO) to be undertaken <b>by 30/11/20XX</b></p> <p>Caseload audits to be undertaken within three months of actions being delivered e.g. <b>by 28/02/20XX</b></p>

	date intelligence in line with the DA policy		<p>PP1 to familiarise self with above guidance</p> <p>SPO2 to discuss guidance with PP1 to ensure they have an accurate and in depth understanding of expectations.</p>	<ul style="list-style-type: none"> <li>Home visits have been undertaken in line with expectations</li> <li>DA checks have been made and liaison undertaken with the police as required</li> </ul> <p>Where there are an insufficient number of cases available to demonstrate effectiveness of the actions, the date for completion should be extended by four weeks.</p>		
2	XX PDU to evidence effective information sharing with xx Constabulary in domestic abuse cases	PDU	<p>PDU1 and SPO6 (DA lead) to work with senior managers in xx Constabulary to identify current barriers to effective information sharing and communication and devise an agreed information sharing protocol which ensures appropriate flow of information in all DA cases.</p> <p>SPO6 to arrange staff briefings for all relevant practitioners in the PDU to ensure the new information sharing arrangements are understood.</p> <p>All SPOs in the PDU will be expected to track attendance at the training and ensure 1:1</p>	<p>Following delivery of the action, SPO6 to undertake a review of the effectiveness of the new agreement utilising an audit of practice in 15 DA cases within the PDU. The audit will seek evidence of:</p> <ul style="list-style-type: none"> <li>Initial DA checks in all cases</li> <li>Routine DA checks</li> <li>PP liaison with police to follow up on any new information received</li> <li>PP liaison with police to share risk information and discuss victim safety planning in all relevant cases</li> </ul>	SPO6 & PDU1  All PDU SPOs	<p>Information sharing agreement to be in place by the <b>end of Feb 20XX</b></p> <p>All staff briefings to be delivered by <b>31/03/20XX</b></p> <p>Team discussions to be held <b>by 30/04/20XX</b></p>

			<p>discussions with any staff unable to attend.</p> <p>All SPOs to hold follow up discussions at team meetings to ensure all staff understand the new information sharing processes.</p>	<p>PDU1 and SPO6 to undertake a review with xx Constabulary 6 months after the information sharing agreement has been implemented and revise as necessary.</p>		<p>Audit to be undertaken by <b>31/07/20XX</b></p> <p>Review to be undertaken by <b>31/08/20XX</b></p>
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### **Action Plan Update**

Complete an action plan update for each individual case to provide details of, and assurance about, the actions taken against all objectives and the impact these have had on practice at the identified level of the organisation (PDU/regional/national) and/or that of relevant staff.

Record that the action is pending within the “date completed” column in relevant cases e.g. where staff are on leave, and learning hasn’t been progressed as quickly as intended. Provide reasons for this in the final column.