



HM Prison &
Probation Service

Action Plan Submitted: 19th November 2018

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

Report Published: 7th November 2018

Action plan

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 HMI Probation website. Progress against the implementation and delivery of the action plans will be monitored by HMPPS/MoJ and reviewed annually by HMI Probation.

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: Northumbria CRC

1. Rec No	2. Recommendation	3. Agreed/Partly Agreed/Not Agreed	4. Response Action Taken/Planned	5. Responsible / Policy Lead	6. Target Date
1.	<p>The Northumbria CRC should:</p> <p>Better integrate the assessment tools Justice Star and offender assessment system (OASys) to improve the quality of sentence planning and risk management.</p>	Partly Agreed	<p>Rather than seek to integrate Justice Star and OASys as per the recommendation, all Sodexo CRC's have taken a decision to cease use of Justice Star as our criminogenic needs assessment tool and revert to the use of OASys. This is largely due to an inability at this stage in the contract to achieve an adequate technological solution to ICT (Information and Communication Technology) system integration.</p> <p>From 1st October 2018 Northumbria CRC has instructed all staff to undertake a full layer 3 OASys for new commencements. This operational change has included:</p> <ul style="list-style-type: none"> • Staff training and team based briefings (specifically focusing on how we can improve the quality of risk assessment, management and sentence planning). • Revised case audit and monthly quality assurance (QA) work to monitor and improve OASys completion. This will be aligned with the HMIP standards. 	Deputy Director, North of Tyne.	Complete (supported by ongoing QA activity).
2.	<p>The Northumbria CRC should improve the quality of management oversight so as to enhance the analysis and development of risk management and sentence plans.</p>	Agreed	<p>We accept that HMIP found examples of Management Oversight entries made on NDelius (national case management system) which did not qualitatively outline on what basis actions in a case were "signed off" as having been completed. The following actions are planned to address this:</p> <ul style="list-style-type: none"> • Workshops with Team Managers led by the Head of Performance and Quality Assurance, to bench mark current Management Oversight practice and agree future expectations. • Creation of guidance and instruction to managers in the use of a Management Oversight contact on NDelius. • Continued monthly monitoring of the number of Management Oversight contacts. 	Deputy Director, North of Tyne.	February 2019 (supported by ongoing QA activity).

			<ul style="list-style-type: none"> Quarterly dip sampling to be completed by the Head of Performance and Quality assurance. In line with the benchmarking exercise and guidance/instruction to managers (as outlined above), quality will be measured against these standards. The content and quality of Management Oversight contacts will be monitored to ensure accuracy, appropriate decision making and direction of staff. Results will be included in the monthly Management Accountability Report to monitor and measure progress and improvement. 		
3.	The Northumbria CRC should ensure that all CRC premises are accessible to disabled people.	Partly Agreed	<p>In response to this recommendation Northumbria CRC are presently reviewing management arrangements to ensure Disability Discrimination Act (DDA) access is provided. At this stage it is not possible to outline subsequent actions or intentions until all implications and costs are understood and a review of these has been undertaken. The outcome of this review will be reported back to the Contract Management Team (CMT) by 01/04/2019.</p> <p>Until this review is concluded, Northumbria CRC will continue to ensure that we work with Service Users, partners and staff to understand individual need and make appropriate arrangements which do not disadvantage or limit access to services.</p>	Director	April 2019
4.	The Northumbria CRC should ensure that an individual's suitability for group induction has been considered.	Agreed	<p>As outlined in the HMIP report, Northumbria CRC's induction can be delivered on a one to one basis or in a group setting based on suitability. The induction process is made up of two parts and in all cases the second part is delivered in a one to one setting. In order to ensure that we better evidence that suitability for a group based induction has been considered the following actions are in train:</p> <ul style="list-style-type: none"> Consultation with the Service User Council in relation to group induction to ascertain Service User views and suggestions. Re-issue guidance to staff in relation to assessment of suitability for group induction. This will include a specific instruction to staff as to how and where suitability assessment is to be recorded. Re-issue guidance to Court colleagues in the NPS to ensure that they are aware that any case assessed as unsuitable at the point of sentence is offered a one to one induction appointment. Monitoring of the accurate recording and assessment of suitability for group induction will be undertaken through monthly case audit with specific questions included to assess adherence. 	Deputy Director, North of Tyne	April 2019

5.	The Northumbria CRC should improve staff awareness of the role of partner link workers and deploy more of them to support delivery of the Building Better Relationships accredited programme	Agreed	<p>We accept that there has been lack of staff clarity about the role and acknowledge that we need to improve our offer and refocus staff and service user engagement. We know from internal analysis that although a letter is sent in each case which commences Building Better Relationships (BBR) or the SOLO Domestic Abuse programme, take up rates are low. We presently have a position by which we attach partner link work to our women's champions role. We have engaged with our staff group and our actions are as follows:</p> <ul style="list-style-type: none"> • Northumbria CRC to recruit dedicated Partner Link Worker resource by the end of December 2018. • Northumbria CRC to work with Victims First to ensure that we are able to pro-actively engage with victims and offer intervention in all areas. • Northumbria CRC to monitor "take up" rates of the Partner Link Work service. 	Deputy Director, South of Tyne	December 2018
6.	The Northumbria CRC should better coordinate risk management plans and resettlement plans, when prisoners are released.	Partly Agreed	<p>As highlighted in the HMIP report, this recommendation is largely predicated on delivery of the proposed Enhanced Through the Gate (ETTG) specification and the additional resource attached. ETTG will ensure that Northumbria CRC and our partners have additional staffing levels within all of our custodial establishments to better coordinate delivery and offer seamless resettlement pathways for all Service Users. Furthermore, the proposals provide better clarity and demarcation of roles and responsibilities across risk management and criminogenic pathways. Our plans in this regard are well defined, with oversight through national and local CMT channels. Progress against all actions, plans and milestones will be communicated to CMT through monthly Senior Management Group (SMG) meetings. The intention is that ETTG will be fully operational by April 2019. In light of the additional funding streams required to fulfil this recommendation attached to ETTG, this is recorded as "partially agreed" at this stage.</p>	Deputy Director, South of Tyne	April 2019