

Probation inspection

Domain one rules and guidance

HMI Probation, March 2018



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1. Organisational delivery

1.1 Leadership

The leadership of the organisation supports and promotes the delivery of a high-quality, personalised and responsive service for all service users.

Judgement:

In order to form an initial judgement about this standard lead inspectors should weigh up the balance of 'yes' and 'no' judgements for each key question within this section.

1.1.1 Is there a clear vision and strategy to deliver a high-quality service for all service users?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where, on balance, the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given the significance of prompts a), b) and d), a negative judgement for any of these is indicative that the overall response to this question should be 'no'.

a) Does the vision and strategy prioritise the quality of service and adherence to the evidence base?

Guidance:

Each Community Rehabilitation Company (CRC) and National Probation Service (NPS) division should have a vision and strategy that is clearly stated and set out in relevant documents such as strategic and business plans, and which gives a very high priority to delivering quality services. It should be aligned with the NPS overall strategic plan (NPS divisions), and may be aligned with plans for other CRCs under the same ownership. There must be evidence that the vision and strategy is current or emergent within the present business year and not merely statements of intent.

Quality of service: we are interested in what services are like to use, from the perspective of those receiving them. We also consider whether they do what they are supposed to do in relation to reducing reoffending; managing and minimising risk of harm to others; and ensuring individuals abide by the sentence of the courts. Quality of service is more than simply achieving agreed performance targets.

Adherence to the evidence base: there should be clear evidence of how the strategy intends to achieve high quality services and the key actions that leaders and managers will take to ensure these are delivered. The strategy should be explicit about the evidence base which underpins the strategic vision.

Evidence:

The evidence will be current strategic, business or delivery plans, but these should be supplemented by meetings with senior managers for them to articulate their approach in more detail.

Judgement:

In judging evidence against this prompt, lead inspectors should consider how far quality is prioritised in practice, drawn from the current vision and articulated in strategic planning.

b) Have leaders effectively communicated the vision and strategy to staff partners, suppliers and other stakeholders?

Guidance:

It is important that staff from across the organisation and at all levels understand what the vision and strategy is. They may not agree with all of it, but they should all have had adequate opportunity to have it explained and have their questions answered. Similarly, other partners, suppliers and stakeholders should have been well briefed on the vision and strategy.

Leaders refers to anybody who is acting in a leadership position within the organisation and includes board members, senior, middle and first line managers.

The vision and strategy may be communicated through a variety of channels and mechanisms, including staff conferences and events, written documentation, intranet, Q and A fora, staff consultations, team meetings and first line briefings.

Senior leaders should have processes in place for judging how effectively the vision and strategy has been communicated, through staff surveys; feedback from middle managers; making themselves available in a variety of ways to front-line staff across the organisation; and through feedback from other stakeholders.

Evidence:

This could include plans for communicating the vision and strategy, presentations made to meetings (internal and external), events and online, staff and other stakeholder surveys, and other mechanisms leaders have used for judging the effectiveness of the communication. It should also include discussion with middle managers and front-line staff about how well they understand, own or have contributed to the vision and strategy.

Judgement:

Here we are looking for evidence that the majority of staff across the organisation understand the current vision and strategy. We are also seeking evidence that the vision and strategy has been shared with other stakeholders beyond the organisation.

c) Does the organisation's culture promote openness, constructive challenge and ideas?

Guidance:

For an organisation to be effective it should promote a culture where staff at all levels feel able to contribute to service improvement and where they are clear about how decisions are made and how they can input to them. Staff should have opportunities to contribute to the formation of the vision and strategy as they are then more likely to own it.

Culture refers to 'the ways things are done around here', and incorporates the organisation's beliefs, behaviours and values that influence the way people work. An open culture is one where staff are routinely consulted about issues affecting them and their work, and receive clear explanations for how important decisions are made. Staff should have opportunities to constructively challenge (i.e. question) plans and decisions affecting them and their work, for example through team meetings, and meetings between management and unions which are valued by both sides. Processes for being open to ideas might range from suggestion schemes at the most basic, through to full-blown innovation strategies, the formation of development teams, and the championing of new initiatives to which staff have contributed. An open culture is also one which is responsive to ideas and challenges which may come from service user forums and consultation with external stakeholders such as sentencers and partner organisations.

Evidence:

This may include innovation strategies, consultation arrangements including minutes of management and union meetings, and examples of staff suggestions and initiatives which have been progressed. It will also come from discussion with managers and staff about how things are done around here and how decisions are made.

Judgement:

Here we are looking for evidence that senior managers have provided opportunities for constructive challenge, that there is open communication up and down the organisation, and that ideas from staff, service users and partner organisations are sought and progressed. Where there is a culture of secret decision-making, blocks in communication or inattention to the views and ideas of front-line staff, this would lead to a negative judgement.

d) Is there an effective governance framework and clear delivery plans that ensure the vision and strategy are translated into practice?

Guidance:

There must be a clear governance and management framework in place to ensure that vision and strategy is turned into reality. It should set out clear lines of accountability and decision-making through relevant boards and meeting structures, with clarity about who is responsible for delivering each element of the strategy (the responsible owner). Delivery plans should set out the mechanisms by which the strategy will be translated into practice, where and to whom progress should be reported, and how and when the plans will be reviewed. There should be clear feedback loops to responsible owners about what is and what is not working, and

necessary changes to implementation agreed. There should be evidence that appropriate programme and project management approaches have been followed to ensure that strategies have been implemented in a timely fashion, within an agreed budget and to a good standard.

Evidence:

There should be a clear organogram and accountability diagrams, which set out responsibility, accountability and decision-making structures for the organisation as a whole, and for each element of the strategy, with examples of delivery plans. It would be helpful to follow through individual examples of how strategies have been translated into practice as evidence of a corporate approach to implementation. Evidence should also include consideration of delivery plans, programme and project documentation and the minutes of governance meetings.

Judgement:

Here we are looking for evidence that the organisation uses a consistent approach to strategy implementation, which is coordinated within a well-defined accountability structure using clear delivery plans.

e) Is progress against the strategy monitored and is the strategy regularly reviewed?

Guidance:

There should be a clear structure for monitoring progress against the strategy at senior management and/or relevant board level, preferably two or three times a year, with an annual review of the strategy as a whole, which should feed through into revised and updated business and delivery plans. Monitoring should be informed by information about the progress of each of the delivery plans. Reviews of the strategy should be based on an analysis of changes in the internal and external operating environments, changes in mandates, legislation, instructions and guidance and following consultations with key stakeholders.

Evidence:

This should include progress reports, strategy reviews, and comparisons with previous strategies, along with the minutes of relevant board and management meetings where progress has been reviewed or which relate to strategy revision. This should be supplemented with discussion with senior managers and those responsible for monitoring progress against the strategy. Annual reports will also be relevant.

Judgement:

A positive judgement should reflect evidence of regular scheduled progress reviews against an agreed strategy by the board and/or senior management, utilising appropriate monitoring information, which has led to amendment of the delivery plans where required. There must also be a full review of the strategy at least on an annual basis which is more than a superficial exercise. If there are no reviews of

progress and no significant reviews of the plan, this may be reflected in a negative judgement.

f) Does the leadership team engage effectively with partners, suppliers, the courts and other stakeholders to support the delivery of the vision and strategy?

Guidance:

Each organisation should have a map of their key stakeholders to identify who they ought to consult with in the development and implementation of their vision and strategy. Stakeholders are all those who have an interest in the delivery of the products and services of the organisation, and for the NPS divisions and CRCs these will include, but are not limited to:

- CRC/NPS
- courts
- suppliers (including supply chain partners) and potential suppliers
- police
- Multi-Agency Public Protection Arrangements (MAPPA) (NPS)
- prisons (including local resettlement prisons)
- police and crime commissioners
- local authorities
- child and adult Safeguarding Boards
- community safety partnerships
- housing providers
- significant local employers and training providers
- family intervention programmes
- substance misuse commissioners and service providers
- health commissioners/health and well-being boards
- YOTs
- local voluntary organisations, especially those providing services for offenders
- victim services (NPS)
- women's organisations
- organisations representing black and minority ethnic (BME) groups

Senior leaders should have mechanisms for consulting with these stakeholders in the production of their strategic and business plans to identify where their interests are aligned, where there are opportunities for joint-work or commissioning, and where there are opportunities for providing improved access to services for offenders or victims. Consultation could include events to outline and review annual service commissioning plans.

Evidence:

This may include agendas for consultation forums with key stakeholders, inputs to commissioning fora, section 11 safeguarding audits, information on joint initiatives, and interviews with key stakeholders about their involvement, and any alignment of priorities with the NPS or CRC.

Judgement:

Evidence that senior leaders have a planned approach to engaging with key stakeholders in the development and delivery of their vision and strategic plans would support a positive judgement. Where involvement and engagement is patchy, sporadic or inconsistent, or where there is limited evidence of joint initiatives aimed at providing improved services to offenders and/or victims, this would suggest a negative judgement.

1.1.2 Are potential risks to service delivery anticipated and planned for in advance?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given the significance of prompt a), a negative judgement against this is indicative that the overall response to this question should be 'no'.

a) Are risks to the service sufficiently understood, with appropriate mitigations and controls in place?

Guidance:

Each CRC and NPS division must have detailed risk registers in place which are overseen by senior managers and/or an audit committee, and describe risks at the corporate, divisional and operational levels. These should include all likely potential serious risks across categories such as risk to service delivery, financial risk and reputational risk. Each risk should be succinctly described, identifying likely causes, the likelihood of the event happening and the seriousness of the potential impact, combining both to reach an agreed risk score. Plans to mitigate each risk which are appropriate and achievable should be detailed with specific risk owners allocated. Controls should be specified, which should provide warning if a risk is increasing, and there should be processes in place for regular reviews of risk registers and risk management plans, and these should be subject to appropriate governance and audit arrangements. Risk registers should be regularly reviewed to identify any new risks and those that no longer require attention. NPS divisional risk registers should be set within the context of the overall NPS risk register but identify and weight risks in the divisional context.

Evidence:

This must include a description of service risk management arrangements and sight of recent risk registers and their reviews, along with recent minutes of risk management and/or audit committee meetings.

Judgement:

To form a positive judgement, there must be evidence that current risk management arrangements and risk registers provide sufficient understanding of the current and potential future risks and that the mitigations in place are likely to be effective.

Where there is recent evidence of risks emerging, which should reasonably have been foreseen, where there has been significant adverse impact on service delivery, and/or where there were no appropriate mitigations in place, this would suggest a negative judgement.

b) Are appropriate arrangements in place to ensure business continuity in the event of major incidents?

Guidance:

Each CRC and NPS division should have current and up to date business continuity plans in place. These should cover issues such as loss of essential ICT, loss of utilities, loss of premises (including approved premises for the NPS), severe weather events, and loss of key personnel. These should specify in detail who to contact for each eventuality, who will be responsible for coordinating arrangements (and who to contact in their absence) and detail what these potential alternative arrangements are. The plans should be available on and off site to middle managers and above.

There should be evidence that the plans have been communicated across the organisation as appropriate, that managers are aware of their responsibilities, and that they have been tested via exercises and walk-throughs.

The test of appropriateness is whether, in the event of a major incident or event happening, arrangements will be in place to ensure that services can continue (after a brief period) without major disruption.

Evidence:

This should include sight of the business continuity plan, checking with managers about its location, application and understanding of their responsibilities, and reviewing evidence of any test or walk-throughs.

Judgement:

There must be a current and appropriate business continuity plan which is readily available and has been tested in order to form a positive judgement. If there is no plan, it cannot easily be located, or managers are unsure of their responsibilities, this should suggest a negative judgement.

c) Is the impact on safety and security assessed when carrying out changes to systems, processes or staffing?

Guidance:

For each significant change to systems, processes or staffing, there should be an impact assessment produced which identifies any potential safety and security concerns, including the security of service delivery. This should form part of an organisation's standard, documented change management processes. Safety includes

the safety of staff, service users and any potential victims. Security includes security of premises, operations and information security.

There should at all times be safe systems of working which have been properly risk-assessed under health and safety regulations, so significant changes should result in changes to risk assessments and operating procedures.

Evidence:

This could include change management plans, impact assessments for recent changes and revised risk assessments for specific services or activities. It will be important to check these out with recent specific examples, including speaking with those who have been responsible for change management or have been party to its impact.

Judgement:

A positive judgement should result from evidence that the organisation has a consistent approach to assessing the impact of significant changes on safety and security, illustrated with specific examples. If there is no recent evidence of impact assessments, or if there is evidence of safety and security including security of delivery being significantly compromised by recent planned changes, this will contribute to a negative judgement.

1.1.3 Does the current operating model support effective service delivery, meeting the needs of all service users?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Does the operating model support meaningful contact and continuity of contact with service users?

Guidance:

The operating model must be clearly set out. For the NPS there is likely to be one operating model which covers all divisions. CRCs under the same ownership may have the same operating model though locally there may be some minor differences. Care must be taken in assessing each organisation to ensure that similar judgements are being applied when the model is the same or almost identical.

Meaningful contact focuses on addressing risk and desistance factors in a way that is accessible and acceptable to service users. Service users will be engaged in relevant activities and address any risk of harm they present. This requires services and interventions to be operated in a planned and coordinated way.

Continuity of contact requires that sentences are delivered consistently and are carefully coordinated, preferably by one responsible officer working with the same service user throughout, but, failing that, through systems and operational processes that achieve the same end.

The operating model must be responsive to the needs of service users, which requires that in most situations contact should be face-to-face to ensure that needs are being assessed appropriately and service users are being actively engaged. There may be occasions when face-to-face contact is interspersed with telephone appointments, but this should be the exception rather than the rule and be based on a clear rationale.

Evidence:

This should include careful examination of the operating model on paper and in practice along with any relevant practice instructions. Discussions with senior managers and those responsible for designing the model will be important to fully understand how it is supposed to work and what it is expected to achieve. Service user surveys and consultations should provide evidence as to whether contact is considered meaningful, and whether the sentence has been well coordinated. Information from InfoPath will give some indication as to whether there has been continuity of responsible officer. We will also look for evidence that managers monitor and manage the rate of internal case transfers between responsible officers.

Judgement:

A positive judgement requires evidence that the operating model has been designed to ensure meaningful and consistent contact with service users. Where it is unlikely to achieve this end or there is clear evidence that this is not happening with any reasonable consistency, then a negative judgement may be drawn.

b) Does the operating model allow for *personalised approaches* with service users, taking account of diversity factors?

Guidance:

A ***personalised approach*** is one in which services are tailored to meet the needs of individuals, giving people as much choice and control as possible over the support they receive. This personalised approach must include, but by no means be limited to, an individual's protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex). It should also include a range of other diversity factors that could have an effect on the individual's ability and capacity to engage in interventions, such as maturity, rurality, learning needs, mental health concerns, cultural identity. There should be evidence that that consideration has been given to how **that** individual will be able to respond to **that** intervention at **that** time.

Evidence from desistance theory emphasises the need for a holistic, flexible and person-centred approach to supporting people. There must, therefore, be scope within the model for individual as well as group interventions. Service users will have different learning styles so there must be the potential for services to be delivered in different ways through a variety of channels: e.g. one-to-one with a member of staff,

with support from a mentor, through activities, groupwork or formal learning. There should be arrangements for service users to be involved in planning which services they will be working with and how they should be delivered to meet their individual needs.

Diversity factors must be taken into account within the operating model so that service users can make appropriate choices and receive services which are designed to work with their protected characteristics. There should be services which are specifically designed to meet the needs of women service users, those with learning disabilities, and those who require an interpreter or signer, and consideration should be given to the needs of those from specific BME groups represented in the geographic area.

Evidence:

This should include examination of the operating model and related practice instructions, to identify how it is intended that services will be delivered according to the needs of individuals, how these needs will be met, how the service users will input into their plans, and the choices that may be available to meet their needs including being responsive to any protected characteristics. Some of this information may also be included in the organisation's diversity and equality or engagement plans. It will also be important to work out how these approaches and choices operate in practice.

Judgement:

A positive judgement requires clear evidence that the operating model is designed to assess individual needs and plan services which are responsive to individuals and their learning styles, and which are suitable for individuals according to their diversity needs. This must be demonstrated in the way that the operating model works in practice through discussion with staff and service users.

c) Do staff understand the operating model, how the service should be delivered and what they are accountable for?

Guidance:

Operating models should be written clearly and concisely and must be easily available where staff and volunteers can readily access them. For the NPS this will be on EQuIP. They should be supplemented by practice guidance which sets out what each staff role involves and for what it is responsible and accountable. To be effective, staff need not only to understand their role, but also the roles of staff they work with, including those working in the supply chain and partner agencies.

Practice guidance should also set out in detail how services are to be delivered, whether in-house, through the supply chain or through partners. The NPS model should set out what they are accountable for and what is the responsibility of the CRCs or other partners and provider services. The CRCs should set out how they will work with the NPS, the CRC supply chain and partner agencies. There must be an alignment of respective models which avoids any potential confusion as to the responsibilities of each organisation.

Operating models must be internally consistent and should be communicated effectively to staff, volunteers, supply chains and partners through formal briefings and training events.

Accountabilities and reporting lines should be set out in job descriptions for each role.

Evidence:

The prime evidence will come from meetings and discussion with staff working in different roles across the organisation, to ascertain their understanding of how the model should work and their own particular accountabilities within that. This should be supplemented by, and cross-referenced with, job descriptions and the operating model and related guidance to see whether they concur.

Judgement:

To form a positive judgement there must be a significant level of consistency between the understanding of staff interviewed about how the model should operate and the model itself, and between their understanding of their roles and their job descriptions.

Where the model is unclear as to how it should be delivered or the accountabilities of different roles and supply chain partners, then a negative judgement may be drawn.

d) Is there alignment between the operating model and local plans?

Guidance:

For any operating model to work it must be implemented locally. It is anticipated that there will be local plans in each local area, which set out how the operating model will be delivered at a lower geographical level within each CRC and NPS division. The plans should set out in detail how the model will be translated into the local context. It is likely that, given geographical factors, population density, and the availability and capacity of supply chain and other partners, there will be some differences in how the model operates from locality to locality. These local plans and any variations in how the core operating model is to work should be clearly set out and readily understandable to staff. The plans and any variations should be agreed at senior management level, should be appropriate given the circumstances, and there should be considerable alignment between local plans and the overall model itself. Any variations should be consistent with the overall model. There should be a clear link between the organisation's business plan, and local business and team plans, which should be updated to reflect any changes in the organisation's operating model.

Evidence:

This should include examination of several local plans to consider how well the model is being implemented locally, and discussion with local senior managers about any difficulties with implementation and any variations to the model which were necessary to fit the local circumstances.

Judgement:

To make a positive judgement there must be evidence of planned local implementation of the organisation's model with clear alignment between the overall model and what is implemented locally. Where there is evidence that the operating model has not been implemented locally or where what has been implemented is at considerable variance to the model, a negative judgement may be appropriate.

e) Where there are significant planned changes to the operating model, are these communicated and implemented effectively?

Guidance

Changes to operating models may occur across the whole NPS or all CRCs within a single ownership, or they may just occur within one CRC or NPS division. In considering this prompt lead inspectors should take account of this to ensure consistent assessment. This prompt refers to significant changes to the operating model, not minor tweaks. Significant changes may include but are not limited to:

- establishing new teams or new delivery functions
- implementing new programmes or activities
- implementing new assessments or other processes
- changes consequent on the implementation of new ICT systems
- changing the balance of staff or increasing the use of volunteer/mentors
- changing the location of operations
- major change to the extent of the supply chain or changes to delivery partners.

For any significant change, there should be an implementation plan subject to appropriate governance arrangements which sets out the nature of the change, the reasons for it, how it is to be delivered, and how it will be monitored. An appropriate programme or project methodology may be used to manage the change effectively. Training should reflect the scale of the changes. There should be a communication plan that sets out what the changes will be, and allows staff and partners to raise any questions or concerns. The operational changes should be deployed consistently across the whole CRC or NPS division and should be reflected in changes to unit and team operating plans.

Evidence:

Planned changes to the operating model over the past year should be considered, along with evidence drawn from implementation and communication plans, monitoring and progress reports to senior management and other governance arrangements. The deployment of the changes should be tested through an examination of local plans and discussion with local managers and front-line staff affected. Changes to CRC operating models should be supported with evidence of how the change control process has been followed, and changes to NPS operations should be communicated through changes to EQuIP.

Judgement:

The test here is whether any planned changes have been communicated well and implemented effectively. To make a positive judgement, evidence on how the plan was to be communicated and implemented must be supported by confirmation from managers and staff affected that they understood what was required and why, and that they have been able to put it into practice without undue disruption. If it is evident that it was unclear what was required or why changes were being made, or the changes have not been deployed consistently, then a negative judgement may be appropriate. If there has not been a recent significant planned change then a judgement against this prompt will not be necessary.

1.2 Staff

Staff within the organisation are empowered to deliver a high-quality, personalised and responsive service for all service users.

Judgement:

In order to form an initial judgement about this standard, lead inspectors should weight up the balance of yes and no judgements for each key question within this section.

1.2.1 Do staffing and workload levels support the delivery of a high-quality service for all service users?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given the significance of prompts a) and b), a negative judgement for any of these is indicative that the overall response to this question should be 'no'.

a) Are staffing levels planned and reviewed to meet the changing demands and profiles of service users?

Guidance:

Organisations should have a staffing plan which is updated and reviewed at least annually to reflect changes in the profile of service users. Profile here refers primarily to the proportion of offenders on the total caseload at each level of risk of serious harm or risk of reoffending and the proportion serving each type of sentence or subject to different requirements. The plan should include realistic assumptions about the expected workload and the caseloads of staff, retention levels, staff progression and retirement, segmented by role and grade. It should cover how and when staff are to be recruited and contingencies, including the use of sessional and

agency staff should there be significant fluctuations in workload or sickness levels. There should be guiding principles about how decisions on staffing are to be made and who is responsible for making these. Flexibility should be built in to respond to changing demands which may include taking on new functions or ways of working in line with service delivery plans, in addition to increases or decreases in workload.

Evidence:

This may include a formal staffing plan and reviews, including workload and other assumptions. In the absence of a formal plan or in addition to it, evidence can be gathered through discussions with HR and other senior managers or from minutes of senior management meetings.

Judgement:

A positive judgement requires evidence that staffing levels are planned and reviewed across the organisation, and that the planning includes effective arrangements to respond to changing demands. If responses to changing demands are ad hoc or simply reactive, this would support a negative judgement.

b) Do practitioners have manageable workloads, given the profile of the cases and the range of work undertaken?

Guidance:

The lead inspector should assess whether practitioners are able to manage effectively the work they are undertaking within the hours available, most of the time. Workloads should be reasonable so that practitioners are able to deliver high quality services, including at times when staff are absent due to long-term sickness and maternity/paternity leaves. Where a workload management tool is used, there should be reasonable consistency in the allocation of allowances for specific activities to ensure fairness and to prevent some staff from becoming overburdened. In assessing workloads, consideration should be given to the extent to which face-to-face work is delivered by supply chain and partner agencies or groupwork as part of the organisation's operating model.

Evidence:

This may include data from any workload management tool, segmented by team and individuals, along with any workload allocation policies. It may also be derived from focus groups with operational staff (responsible officers) and from staff surveys. Information is also available from the relevant InfoPath question (view 5) reflecting responsible officers' perspectives on their own workload.

Judgement:

To arrive at a positive judgement, lead inspectors must weigh up all the evidence from a range of sources to decide whether workloads for practitioners are manageable. Aggregate caseloads of more than 60 cases would normally be considered difficult to supervise effectively. Where fewer than 65% (the reasonable majority) of respondents to the relevant InfoPath question indicate that their workload is manageable, this would suggest a negative judgement.

c) Do middle managers have manageable workloads?

Guidance:

It will be important here to look at both spans of control (the number of staff they are responsible for), and the weight of other functional responsibilities. The extent to which middle managers have administrative support will be relevant, as will the size of the geographical area they are responsible for and the number of office locations. Middle managers should be in a position to provide effective supervision and support for their staff, to hold them accountable for their work, and to support and develop them. Role and job descriptions should be appropriate.

There should be a level of consistency in middle managers' workloads across the CRC or NPS division, and there should be defensible reasons for any apparent disparities, taking into account both line and functional responsibilities. Managers should be able to complete their work to a good standard within their normal working hours, most of the time.

Evidence:

This should include examination of organograms showing spans of controls and information on middle manager's additional responsibilities. Information from focus groups and staff surveys with middle managers will be important, as will operational staff (responsible officers') responses to questions about the support and supervision they receive.

Judgement:

To arrive at a positive judgement, lead inspectors must weigh up all the evidence from a range of sources to decide whether workloads for managers are manageable. There should also be confirmation from the reasonable majority (>65%) of middle managers spoken with or surveyed that they consider their workloads to be manageable.

d) Do administrative staff have manageable workloads?

Guidance:

Administrative staff here covers case administrators and those responsible for functional tasks, including reception staff and senior administrative managers. Manageable workloads are tasks which can reasonably be completed to a good standard within normal working hours, most of the time.

Evidence:

This may include examination of job descriptions and should include focus groups with administrative staff. Information may also be available from staff surveys. Discussions with operational staff (responsible officers) may also prove relevant in as far as they may have to take work off administrative staff when they are under pressure. There may also be relevant performance measures and targets for process completion in hubs or customer service centres which should be considered.

Judgement:

To arrive at a positive judgement, lead inspectors must weigh up all the evidence from a range of sources to decide whether workloads for administrative staff are manageable. There should also be confirmation from the reasonable majority (>65%) of administrative staff spoken with, or surveyed across the organisation and at various levels, that they consider their workloads to be manageable. If it is clear that certain groups of administrative staff have unmanageable workloads, then consideration should be given to making a negative judgement.

e) Are workloads actively managed, with resources being redeployed, when reasonable and necessary, in response to local pressures?

Guidance:

Work should be appropriately allocated, and workloads monitored and adjusted as necessary to reflect a reasonable caseload using appropriate workload management tools. There should be evidence that this is operating consistently across the CRC or NPS division. There should be a clear set of priorities in place to signify which work or tasks should take precedence in times of significant pressure and there should be evidence that appropriate tasks are prioritised. Local pressures include sickness, parental leave, resignations and spikes in workload, which may require that resources be redeployed. In addition to prioritising work, this could include moving staff between tasks or locations, bringing in additional resources such as sessional or agency staff, or greater use of supply chains.

Active management should aim to maintain the quality of work and prioritise those who pose the greatest risk and not simply be fire-fighting, and should involve both middle and senior management as necessary and appropriate. Workload management and redeployment policies should be operating.

Evidence:

This should include examination of workload management and any redeployment policies, guidance on prioritisation of work, and trend data from any workload management tools. In the NPS, the minutes of the HR workforce committee will be relevant. Evidence will also come from discussion with staff at all levels in the organisation. Evidence from responsible officers will be contained in the responses to the relevant question in InfoPath (view 5).

Judgement:

To arrive at a positive judgement, there must be consistent evidence that processes are in place to move work or staffing resources in response to local pressures, and that there are examples of this happening appropriately.

1.2.2 Do the skills and profile of staff support the delivery of a high-quality service for all service users?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given the significance of prompt b), a negative judgement here is indicative that the overall response to this question should be 'no'.

a) Do the skills and diversity of the workforce meet the changing demands and caseload profiles?

Guidance:

In their workforce, organisations must ensure they have the right balance of **skills**, which includes but is not limited to: -

- A range of operational staff with skills in:
 - managing offenders (male and female) with different levels of risk of harm, domestic abusers, sexual offenders, and those with gang affiliations
 - using a range of assessment tools
 - delivering interventions on a one-to-one or groupwork basis
 - working with partner agencies and supply chains
 - brokering access to resources
 - delivering activities and managing placements
- Administrative staff who can
 - support case management
 - manage facilities
 - support the delivery of front and back office processes
- Middle managers who can manage:
 - operations
 - people
 - partnerships
 - information
 - resources.

Organisations should map the knowledge and skills that they have in their workforce to ensure that there is a good fit with the caseload profile. As that caseload profile changes, they must review the staffing they have available to ensure that they can continue to deliver quality services. The organisation should aim to have a workforce which reflects the diversity of the local communities it serves, to promote

understanding and confidence in delivery, and to ensure services are designed to better meet the needs of service users.

Evidence:

This may be found by examining documents such as people plans, diversity and equality strategies demonstrating compliance with the Equalities Act, skills surveys and staff development and training plans. It should also come from discussion with HR and staff development managers and diversity specialists. Information about the adequacy of the skills, abilities and knowledge of responsible officers to supervise their caseloads will be found in the relevant InfoPath question (View 5).

Judgement:

In order to form a positive judgement, the lead inspector should consider whether the skills of the workforce, including managers, staff and volunteers, are sufficient to meet the needs of the caseload and whether any initiatives are required or being undertaken to enable the workforce to better reflect the local population. Where fewer than a reasonable majority (<65%) respond positively to the relevant InfoPath question, this would support a negative judgement.

b) Are cases allocated to staff who are appropriately qualified and/or experienced?

Guidance:

In the NPS we would expect all high and very high risk of serious harm cases to be managed by a qualified probation officer, or by a trainee under the guidance of a qualified officer.

In CRCs we would expect more complex medium risk of serious harm cases to be managed by a qualified probation officer, or as a minimum a PSO who has had several years' experience or training in working with cases with that level of risk or complexity.

In all services we would expect complex cases with active domestic abuse and/or child safeguarding issues, whatever the level of risk of serious harm, to be managed by a qualified probation officer. Where there is a decision to allocate medium risk of serious harm cases, including less complex domestic abuse and/or child safeguarding cases, to staff without a probation officer qualification, we expect those staff to be suitably experienced and trained, and to be actively supported.

Evidence:

This should come through an examination of allocation policies and a review of team and individual caseloads, with particular reference to risk levels and active safeguarding concerns. Evidence will also come through focus groups with middle managers and operational staff and consideration of the responses to the relevant InfoPath question (view 5).

Judgement:

To form a positive judgement, there should be evidence that the large majority of very high, high and medium risk of serious harm cases have been allocated appropriately. Where fewer than the reasonable majority (<65%) of answers to the relevant InfoPath question is 'yes', this would support a negative judgement.

c) Where volunteers and mentors are used, are they appropriately selected and supported to fulfil clearly-defined roles?

Guidance:

The terms volunteers and mentors here refers to people from a range of backgrounds, including those who may have 'lived experience' of the criminal justice system. Everyone should be safely recruited and selected via interview, following DBS checks and with references taken up, and for those with previous experience of the criminal justice system, the process and decisions made should be signed off by a manager with an appropriate level of seniority. There should be clear role descriptions that apply and tasks should be carefully defined. Current service users undertaking mentoring roles should be closely supervised. There should be clear accountability for work through a defined management structure, including the provision of appropriate training and supervision. Care should be taken when matching people to tasks and individuals, and records of activity must be maintained and shared with supervisors and entered into case management systems.

Evidence:

This may include examination of volunteering and mentoring strategies, review of role profiles and individual schemes, combined with meetings with volunteers/mentors and those responsible for managing them. Consideration of recruitment and selection processes and training programmes will also be important.

Judgement:

To make a positive judgement, there must be evidence that the organisation has a clear policy for recruiting, selecting, training and deploying volunteers and mentors; that it demonstrates how risks to service users, volunteers/mentors and reputation are being managed and mitigated; and that appropriate support structures are in place and operating. Where volunteers and mentors are not being used across the organisation, then a judgement is not required.

d) Do all staff have clearly-defined roles which support the delivery of a high-quality service?

Guidance:

Organisations should set out how their staff contribute to the delivery of high quality services. This should include all support staff who play a front or back office role at whatever level in the organisation They should all have clear roles and job descriptions, which are current and preferably reviewed and updated though the appraisal process in the preceding year, so that they fit with what the staff actually do. Staff should understand their role and be clear about how it contributes to the

delivery of a high-quality service. They should be clear about how their role fits with others involved in delivering services, and should have clear standards by which their work is measured.

Evidence:

This should include examination of a range of staff job and role descriptions, with attention to the organisation's policy on the role and deployment of support staff. This should be complemented by interviews with administrative staff individually or via a focus group. Information should be compared against the response to the InfoPath question (view 5), where responsible officers are asked 'do your administration and support staff have clearly defined roles which support the delivery of a high-quality service?'

Judgement:

To form a positive judgement, there must be evidence that the organisation has set out how all staff support quality services, and, in particular, that administrative staff are clear about what they do and how they contribute. Where fewer than a reasonable majority (<65%) respond positively to the relevant InfoPath question, this would support a negative judgement.

e) Is there an appropriate strategy in place to identify and develop the potential of individual staff to support succession planning?

Guidance:

Succession planning is critical to ensure an adequate supply of qualified and trained staff to fill key roles as they become vacant. It is also an important part of staff development and an important motivator to encourage staff to improve and progress. Organisations should have a strategy in place for succession planning as part of their staff development and appraisal processes. The strategy should include how staff are identified and considered for progression in line with the organisation's diversity and equal opportunities policies. Structured interventions should be available, such as coaching, mentoring, job shadowing or temporary promotions to provide opportunities for staff to test out their capabilities and fit for more senior roles. Attention should be paid to identifying staff from under-represented groups and providing them with opportunities which might prepare them for advancement.

Evidence:

This may be found in an organisation's staff development, people or diversity and equal opportunity policies and strategies. They may have a specific succession planning strategy or run specific programmes which prepare people for and support staff progression. Discussion with HR, middle and senior managers may provide further evidence.

Judgement:

To form a positive judgement, there must be evidence that the organisation has a strategic approach to succession planning and that there are clear examples of

where this has operated in practice with individuals. If a strategy or policy only exists on paper, but is never implemented, this would suggest a negative judgement.

1.2.3 Does the oversight of work support high-quality delivery and professional development?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Do staff receive effective supervision to enhance and sustain the quality of work with service users?

Guidance:

Effective supervision should pay attention to personal support and development as well as accountability for work within the individual's role or job description. The focus should not be limited to ensuring that performance targets are met, but should extend to how staff are learning, developing, and applying skills which will improve the quality of work with service users.

Effective supervision should take place at all levels across the organisation and should be tailored to the nature of the individual's work, their stage of development, and individual learning needs. It may include group supervision, and, for those delivering case management and interventions, may include active observations to provide feedback on the quality of their interventions, the skills demonstrated, and areas for improvement. For those involved with the most traumatic or distressing cases including serious sexual offenders, domestic abusers or victims of rape or murder, it may include arrangements for clinical supervision to enable staff to address the impact of their work on them personally in a confidential setting. There should be recognition that working with difficult and serious offenders is emotionally taxing and that provision of appropriate support is necessary for staff to continue to do a good job without burning out. This may be particularly relevant in the NPS.

Organisations should have a supervision policy which sets out how supervision should be conducted, the aims of supervision, what supervisees can expect and the frequency with which it should happen. Any link to appraisal policies should be clear. Supervision should be incorporated within the organisation's quality assurance processes.

Evidence:

This could include supervision and quality assurance policies and processes along with details of any arrangements for clinical supervision. The extent to which the NPS supervision policy is being followed across divisions will be relevant. Discussion with staff and managers should provide illustrated examples of how effective

supervision has enabled staff to continue to deliver quality work. Responses to InfoPath questions (view 5) will provide evidence of the frequency of supervision of case management staff within the sample and its effectiveness

Judgement:

To support a positive judgement, there must be evidence that the organisation has agreed policies or clear expectations of supervision of service delivery staff; that it is happening regularly; and that it is linked to the provision of quality services. Where the evidence from the InfoPath questions is that it is infrequent, irregular or where fewer than a reasonable majority (<65%) respond positively about whether supervision enhances and sustains good quality work, this would support a negative judgement.

b) Is there an effective induction programme for new staff?

Guidance:

All staff should receive a comprehensive induction relevant to their role and function within the organisation. Induction programmes should enable staff to operate effectively within a short period following commencement of their duties. In addition to understanding their role, induction should also cover the overall aims of the organisation and how individual roles fit those of others, in order to support joined up delivery of services to users and other stakeholders.

Evidence:

This may be drawn from staff development plans and examination of group and individual programmes, including materials and training available on service intranets. Discussion with HR and training managers should provide further evidence of what is planned, and this should be supplemented by discussion with recently appointed staff from across the organisation to judge how effective the induction programmes have been.

Judgement:

To support a positive judgement there must be evidence of a consistent approach to planned inductions, which is confirmed by recently appointed staff. Where there are several examples of staff who have not received a planned induction, then a negative judgement may be appropriate.

c) Is the appraisal process used effectively to ensure that staff are competent to deliver a quality service?

Guidance:

Organisations should have an appraisal policy in place which sets out how effective staff appraisals and regular reviews should happen. Appraisals should contain realistic objectives to enhance practice and performance and they should make clear to members of staff how they are performing and provide *both* affirmation and developmental feedback. Staff should be appraised within a performance management framework and against agreed competencies, in accordance with their role and identified development needs. Performance management should be used

actively to improve services. Appraisals should be linked to individual and organisation-wide staff development plans. All staff should be covered by the appraisal policy, including sessional and agency staff.

Evidence:

This should include appraisal policies and data on their deployment, implementation and completion, segmented where appropriate by role, grade and diversity characteristics. This should be checked against some sample appraisals and/or reviews to identify whether they contain appropriate objectives and developmental feedback in the light of relevant competencies.

Judgement:

To form a positive judgement, the lead inspector should be satisfied that there is evidence of effective and regular appraisals being conducted, that appropriate objectives are set, and that the process supports the delivery of high quality services.

d) Is sufficient attention paid to identifying and addressing poor performance?

Guidance:

Organisations should have in place formal procedures for addressing staff competence issues. Where poor performance is identified, managers should identify the causes of the poor performance, such as heavy workload, inefficient processes, lack of resources or suitable ICT, or staff competence. Managers should be transparent with staff about their practice deficits and follow a staged and proportionate response, which should start by focusing on support to develop practice, but could result in formal improvement plans if practice does not improve.

Line managers should be trained and competent in implementing development and improvement plans, with support from more senior managers. Senior managers should monitor the use of performance improvement notices and plans, to ensure that they are being used fairly and appropriately across the organisation. Monitoring should identify any disproportionate use of such processes for diverse groups.

Evidence:

This could include performance management and improvement policies and processes and reviews of staff performance improvement plans. Discussions with managers and staff about the application of performance improvement in the organisation will be important. Consideration should be given to monitoring data on staff subject to performance improvement, capability and disciplinary processes, by location, grade and protected characteristics.

Judgement:

Where there is evidence of identification of under-performance and consistent application of performance improvement processes which have resulted in improvements in practice, this would support a positive judgement. Where processes for identifying, and communicating poor performance are ineffective, or are not applied robustly where appropriate, this might indicate a negative judgement.

Examples may include where, following the identification of poor performance by a member of staff, subsequent lack of improvement has not been appropriately responded to by managers, or where the use of performance improvement processes are inconsistent, or lack a developmental focus.

1.2.4 Are arrangements for learning and development comprehensive and responsive?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Does the organisation identify and plan for the learning needs of all staff?

Guidance:

Organisations should have systems in place to identify the learning needs of all their staff groups, based on an up to date training needs profile/analysis and linked to supervision and appraisal processes. The analysis should lead to development plans for staff at all levels across the organisation, including sessional and agency staff. CRCs should also satisfy themselves that supply chain staff have relevant training. The organisation should respond effectively to the identified needs of staff – both for the staff group as a whole and where individual needs have been identified. Training needs should be regularly reviewed.

Evidence:

This may include a recent training needs profile/analysis; good practice would mean up to date training records and the latest staff development plan having been completed within the last 12 months. Any recent Investors in People or European Excellence Model assessments or similar accreditation should also be considered. Evidence may come from staff feedback in relation to whether their learning needs for their current role have been met. The InfoPath question (view 5) asked of case managers will be relevant, but note this only covers one segment of the organisation's staffing complement.

Judgement:

Where there are no effective systems in place, they are not being used by the organisation to identify the learning needs of staff, and/or there is no evidence of a recent training needs analysis having been completed, this would support a negative judgement. Without these in place, learning is unlikely to be 'needs-led', meaning resources may be targeted inappropriately, and gaps will be present in the provision of required learning for staff. Where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question, this would

support a negative judgement, but should be considered together with responses from staff in other roles.

b) Does the organisation provide sufficient access to pre-qualifying training routes to support the delivery of a quality service?

Guidance:

Probation services require sufficient qualified staff to manage the range of offenders they supervise and must therefore have processes which enable staff to achieve recognised probation officer qualifications. This will entail: -

- supporting PSOs to achieve VQ3 awards
- providing specific programmes to allow existing or new staff to achieve the PQiP award
- providing dedicated learning time, study support and learning opportunities for staff to progress
- providing assessors and practice developers, and opportunities for cross-deployment between the CRCs and NPS divisions.

Managers in both CRCs and NPS should have identified the numbers of staff they need to recruit or enable to progress to qualifying awards and have detailed plans in place to achieve these numbers within their geographical area. They should monitor these plans segmented by diversity characteristics, to ensure that certain groups are not disadvantaged and the needs of trainees with diverse characteristics are met.

Evidence:

This may include recruitment and development plans, information on the qualifying routes available, data on projected numbers needing to achieve qualifications, the numbers of staff progressing through these routes, success rates and the support arrangements for staff to enable them to progress satisfactorily. There may be examples of work placements shared between the NPS and CRC. Information will also be available in the responses to the relevant InfoPath question asked of responsible officers (view 5), and from discussion with HR and training managers, along with the experience of staff undertaking these qualifying routes.

Judgement:

To support a positive judgement, CRCs and NPS divisions should demonstrate that they have an achievable plan to recruit, train and support enough staff to progress to the probation officer qualification to meet their projected needs for qualified staff. Where there is evidence that this is not the case or where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question, this would support a negative judgement.

c) Does the organisation provide sufficient access to in-service training to support the delivery of a quality service?

Guidance:

Systems should be in place for staff to access in-service training, and the range and availability of in-service training should be well communicated and readily accessible.

Staff should be supported to attend in-service training relevant to their learning needs. Training should be evaluated to identify whether it is effective at meeting identified objectives, and whether it meets the learning needs of staff and supports them to deliver a quality service. Appropriate training should be available as a minimum covering: -

- assessment of offenders
- planning of interventions
- delivery of interventions, both group and individual work
- safeguarding
- management of risk
- diversity and equality.

Evidence:

This may include electronic or other systems for staff to access and book in-service training, and systems and processes for communicating the availability of training, for example newsletters, bulletins, website updates, or email circulations. The range of training available and frequency of delivery should be set out in staff development plans, and policies on accessing training and providing cover for staff to access training should also be considered.

Data on numbers of staff trained should be reviewed along with any annual training reports. Information from staff from across the organisation about whether they can access sufficient in-house training and whether it meets their learning needs will be important, as will responses to the relevant InfoPath question asked of responsible officers whose cases have been reviewed (view 5). It will be important to tease out differences between formal training and briefings/presentations, which would more appropriately be considered when looking at the effectiveness of communications.

Judgement:

Where staff at various levels and in different parts of the organisation confirm they can access sufficient in-house training, which meets their learning needs and supports them to deliver a quality service, it may be appropriate to form a positive judgement. Where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question, this would support a negative judgement. This should be considered alongside responses from staff in other roles.

d) Does the organisation promote and value a culture of learning and continuous improvement?

Guidance:

Promoting and valuing a culture of learning and continuous improvement should be clearly demonstrated by the organisation. Staff should have access to, and support to engage in, a diverse range of learning and development opportunities. The organisation should use learning to improve services and should be striving to improve opportunities for learning, which may come through:

- evaluation of training and staff development processes
- provision of support for external study
- support for obtaining relevant qualifications.

Evidence:

This may include:

- examples of learning and development opportunities which have recently (within the last 12 months) been made available to staff, and which staff have taken up
- evidence of how these opportunities have supported staff learning and continuous improvement, for example blogs, case studies or the sharing of emerging good practice
- quality assurance/audit processes and how these are used by the organisations to support continuous improvement. Examples may include dip-sampling of cases, case reviews, peer support
- staff feedback in relation to the culture of learning and continuous improvement within the organisation.
- evidence of staff obtaining new qualifications.

Evidence will also include responsible officers' responses to the relevant InfoPath question (View 5), and any strategies or plans that the CRC or NPS division has for promoting organisational learning.

Judgement:

Where the lead inspector is satisfied that the organisation is committed to a culture of learning and continuous improvement, and can evidence a range of recent (in the last 12 months) examples of how this is working in practice, this would support a positive judgement. However, where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question, this would support a negative judgement, but should be considered alongside the views of staff in other roles.

1.2.5 Do managers pay sufficient attention to staff engagement?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Are staff motivated to contribute to the delivery of a quality service?

Guidance:

Staff motivation will depend on a range of factors but most staff should take pride in their work, will want to come to work to do a good job and make a difference.

Managers should be aware of the various motivations of different staff and diverse groups, they should monitor motivation levels and have approaches in place that ensure high levels of motivation are sustained.

Attention should be given to maintaining staff motivation when changes are proposed and implemented to enable staff to respond positively. Sickness and absence levels can be symptomatic of low motivation and should be managed well and within appropriate limits. High turnover rates should be investigated to see whether they are linked to low levels of staff motivation.

Evidence:

This may include:

- staff survey results
- records of sickness and absence monitoring
- records of staff turnover (taking into account demographic factors and local labour markets))
- feedback from staff in respect of the ethos of the organisation, and how well they are supported to do their work
- managers' accounts of what they are doing to maintain a highly-motivated workforce.

Judgement:

In speaking to staff and managers, the inspector will get a 'feel' for what it is like to work within the organisation, whether it has a positive ethos and supportive culture, particularly in relation to managing change. If the inspector considers that staff are well-supported, enthusiastic, and motivated to deliver a quality service to service users, this would support a positive judgement. High sickness and absence levels, and high staff turnover rates compared with similar organisations, particularly where there is an increasing trend in these, can be strong indicators of discontent and lack of motivation within an organisation. If the inspector considers sickness absence or high staff turnover to be an ongoing issue for the organisation, combined with other indicators of poor staff motivation, then a negative judgement may be appropriate.

b) Is appropriate attention paid to monitoring and improving staff engagement levels?

Guidance:

Organisations should have appropriate strategies for engaging staff. The accessibility and visibility of senior and middle managers will be important and a range of channels and initiatives could be used to enable managers and staff to engage, such as staff conferences, management visits, question and answer fora and web chats. Managers should use a range of methods to monitor staff engagement, including staff surveys, face-to-face encounters, feedback from line managers and management/union meetings. There should be recognised channels for raising and responding to staff concerns, and the reasons for how and why decisions are reached should be clearly communicated.

Evidence:

This could include information on engagement activities, staff survey responses for the past two years and follow up activity, staff consultations, suggestion schemes, minutes of management and union meetings and discussion with management and staff groups.

Judgement:

To arrive at a positive judgement there must be evidence that managers have assessed and are aware of current levels of staff engagement with the organisation and that they are taking positive action to improve on this, as evidenced through recent staff surveys showing an improving trend across the organisation. Where there is evidence of low levels of staff satisfaction about working in the organisation and/or where there is evidence that managers are remote and lacking in understanding of the issues and concerns of front-line staff, then a negative judgement may be appropriate.

c) Do managers recognise and reward exceptional work to encourage improvement and development and retention of staff?

Guidance:

The CRCs and NPS divisions should identify and celebrate good practice and innovation and consistently use recognition, celebration and reward processes to recognise exceptional work.

Evidence:

This may include staff recognition and reward strategies and schemes and how these are consistently implemented, for example; highlighted within newsletters, bulletins and websites, awards evenings and presentations. There could be evidence of staff and/or teams being nominated for awards such as the Butler Trust, Howard League or the annual probation awards. Evidence may come from initiatives for sharing good practice, e.g. via team meetings, workshops, demonstrations, electronic or other means of promoting positive work and recognising achievements.

Another indicator may be the offer of development opportunities and take-up of these by staff. Examples may include attendance at conferences or workshops, training courses, work shadowing, or attachments to another service or function.

Judgement:

Where the organisation can demonstrate it recognises and celebrates exceptional work, proactively supports staff in their development to encourage improvement, and can show it has effective processes in place for managing the retention of staff, a positive judgement will be appropriate. Inspectors should note that difficulties in retaining good-quality staff can be an indicator of lack of support for front-line staff within an organisation. If the inspector considers staff retention to be an ongoing issue for the organisation, combined with other negative indicators such as the lack of development opportunities, then this may suggest a negative judgement.

d) Is appropriate attention paid to staff safety and wellbeing, and improving the resilience of staff?

Guidance:

This prompt refers to staff safety, wellbeing, and resilience; it should be read in conjunction with the guidance to 1.4.2c which refers to safe working arrangements in premises and offices. Working with some offenders can be difficult and dangerous on occasions and organisations have a legal duty to ensure that staff safety and wellbeing is promoted. This should be set down in relevant policies, procedures and guidance which should cover, but not be limited to:

- health and safety inductions for all new staff (including inspectors) who use the premises
- arrangements for physical security, including the logging and monitoring of visitors and staff attendance
- a system of incident alarms and clear procedures for responding
- clearly signed and readily available first aid and welfare facilities
- a lone working policy and procedure along with guidance on making home visits
- regularly completed and logged display screen equipment assessments
- a health and safety committee in place with management and union involvement
- a member of staff appropriately qualified and trained to fulfil a lead health and safety role
- health and safety reports featuring on senior management and governance meetings.

Staff wellbeing goes further than health and safety and includes provision of welfare facilities; support after critical incidents; occupational health services (immunisations, well-being clinics etc.); and support for staff experiencing stress and personal problems which are impacting on their work. Organisations should ideally have strategies and facilities which are designed to support a healthy workforce so they are better able to provide quality services. A good example may be resilience training for staff.

Evidence:

This should include inductions, health and safety documentation, including procedures, minutes of health and safety committee meetings, discussion with relevant management and health and safety personnel. Staff wellbeing policies and provision should also be examined, for example, guidance on the management of stress, dependent care, and sickness absence. Evidence will also come from discussions with staff and the relevant question on staff safety and wellbeing asked of responsible officers in InfoPath (view 5).

Judgement:

To support a positive judgement, there should be evidence of comprehensive health and safety policies and systems in place in relation to staff, applied consistently by middle managers. A range of staff wellbeing policies and facilities should also be

evident. A lack of focus on staff health and wellbeing and evidence of high levels of stress and sickness absence, and/or where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question, would support a negative judgement.

e) Are reasonable adjustments made for staff in accordance with statutory requirements and protected characteristics?

Guidance:

Organisations must make reasonable adjustments for all staff who have a disability which falls within the definition of the Disability Discrimination Act, to enable staff to work effectively. They must ensure that monitoring of disability is conducted and recorded for all staff, and where staff identify disabilities which require reasonable adjustments, provision is made, which might include but is not limited to: -

- an accessible workplace
- appropriate furniture and furnishings
- provision of assistive technology
- additional support staff
- reduced workload or reduced hours.

Organisations must also undertake health and safety risk assessments for pregnant staff and make reasonable adjustments to enable them to continue working effectively and safely whilst pregnant. Adjustments to hours and working patterns should be given reasonable consideration for staff with parental and dependent caring responsibilities.

Evidence:

This could include relevant HR policies relating to diversity and equality, including adjustments for staff with disabilities, maternity care provision and policies that cover parental responsibilities and dependent care. Evidence will also come from talking with staff, HR and line managers and from responses to the relevant InfoPath question asked of responsible officers (view 5).

Judgement:

A positive judgement requires evidence that the organisation has the relevant policies and provision in place and that they are being operated fairly and appropriately.

Where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question, this would support a negative judgement.

1.3 Services

A comprehensive range of high-quality services is in place, supporting a tailored and responsive service for all service users.

Services:

For the NPS, this includes services to courts and prisons, the allocation service to CRCs, directly-provided services, services on the rate card, the victim contact service and services in the community. For CRCs it includes accredited programmes, unpaid work and Through the Gate (all provided as a service to the NPS as well as to their own cases), supply chain services (including via the rate card), and services in the community.

Judgement:

In order to form an initial judgement about this standard, lead inspectors should weigh up the balance of yes and no judgements for each key question within this section.

1.3.1 Is there a sufficiently comprehensive and up to date analysis of the profile of service users, to ensure that the organisation can deliver well targeted services?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Does the analysis capture sufficiently the desistance and offending-related factors presented by service users?

Guidance:

To provide the right range of services and interventions that are responsive to individual needs, it is essential that there is a well-informed understanding of the reasons which led service users to offend and what will assist them to stop offending. There should be an analysis completed within the past year (which may be called 'a strategic needs assessment'), using approved assessment tools and other research and information which include both staff and service users' perspectives, that provides aggregate information on the profile of service users' desistance and offending-related factors in the area inspected.

Desistance factors include:

- strength of professional relationships and engagement
- social and family contexts
- diversity needs

- opportunities for change, participation and community integration
- levels of motivation
- sense of identify and self-worth
- opportunities for engaging in restorative justice

Offending-related factors include:

- accommodation
- employment, training and education
- finance, benefits and debt
- relationships
- emotional wellbeing including mental health
- drug misuse
- alcohol misuse
- thinking and behaviour
- attitudes to offending

Evidence:

This may include analysis derived from assessment tools, surveys of users, research reports, data from the SMART targeting tool used by report writers to identify appropriate and available sentences. Data may be segmented by geography, offence and sentence type.

Judgement:

To arrive at a positive judgement, there must be a recent analysis and report, appropriately segmented, which provides a profile of service users in the area inspected that addresses most relevant factors.

b) Does the analysis capture sufficiently the risk of harm profile of service users?

Guidance:

To provide well targeted services, it is important to have an analysis of the level and nature of risk of serious harm that service users present. The analysis of offending-related and desistance factors should be segmented by level of risk of serious harm. This will enable services to be commissioned and targeted at the most appropriate offenders. The analysis of risk of serious harm levels in the NPS should be benchmarked across divisions and Local Delivery Units (LDUs), and with the CRCs should be benchmarked with other similar CRCs and across localities where appropriate, to identify and explore the reasons for any differences.

Evidence:

This may come from reports and analysis of risk of serious harm levels including trend and benchmarking data and may be segmented by geography, offence and sentence type and by the nature of the risk posed or MAPPA classification.

Judgement:

To arrive at a positive judgement, there must be a recent analysis report of needs and risk of reoffending, appropriately segmented by risk of serious harm level.

c) Does the analysis pay sufficient attention to diversity factors and to issues of disproportionality?

Guidance:

To ensure that services are appropriate and equally effective for groups of offenders with different diversity characteristics, it is important to know the profile of risk, needs and desistance factors for each group and to commission and plan services to address these factors. To ensure that systematic discrimination is eliminated, it is essential to examine where groups with different diversity characteristics are disproportionately represented in proposals for sentences, assessment of risk of serious harm, types of interventions, breach, recall and successful completion. As a minimum, the data should be segmented by gender, race and age, with other protected characteristics examined where feasible.

Evidence:

This may come from analysis reports of need, risk of reoffending, and desistance factors segmented by diversity characteristics. It may be supplemented by information from surveys of users from diverse groups about the appropriateness of the services they receive. There should also be an analysis of disproportionality as service users with diverse characteristics are allocated to and progress through the different processes, services and sentences. Comparisons should be made of the profile of offenders with the demographics of the local population, and any equality impact assessments should also be considered.

Judgement:

A positive judgement would require evidence that enough information about the needs of service users segmented by race, gender and age had been collected and analysed to inform the planning and commissioning of services. There must also be evidence that issues of disproportionality by race and gender have been considered and the reasons for this analysed.

d) Is there sufficient analysis of local patterns of sentencing and offence types?

Guidance:

Ensuring that appropriate services are planned and commissioned in each judicial and police force area requires an analysis of the pattern of offending and the numbers, type and trends of sentences passed over time. Aggregate information on offending patterns should be supplemented by intelligence gathered locally on the prevalence of specific types of serious offending. e.g. gang- or organised crime-related. The analysis of sentencing patterns should consider the use of different disposals on initial sentence and for breach. These patterns should be benchmarked with national and regional data to identify over- or under-use of disposals, which may reflect the quality and range of services available to the courts or the extent to

which they are proposed in reports. The analysis should be used to inform local planning and commissioning and to address apparent over- or under-use of sentencing options, including the availability of, and confidence of sentencers, in the delivery of different disposals.

Evidence:

This should include information from the police on recent patterns of offending supplemented by more specific intelligence on more serious patterns of criminality. Where available, the NPS should consider the latest sentencing data, segmented where available by gender, race and age. There should be evidence that this information has been analysed to inform planning and subsequent action.

Judgement:

To arrive at a positive judgement, providers must evidence that where available they have considered and analysed the most recent local offending and sentencing data from the majority of police force and judicial areas they cover, and have used this to plan an appropriate response.

1.3.2 Does the organisation provide the volume, range and quality of services to meet the needs of service users?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given their significance, the evidence for prompts a) and e) should have received a positive judgement for the overall judgement to be a 'yes'.

a) Are appropriate services provided, either in-house or through other agencies, to meet the identified needs and risks?

Guidance:

The analysis of needs and risks identified in 1.3.1 should lead to the planning, commissioning, provision and referral to an appropriate range of offender services intended to address these needs and risks. The NPS or CRC should have undertaken a gap analysis to identify where there is a lack of provision and have plans to address this. Services should be provided in sufficient quantity to avoid waiting lists under normal circumstances. Services should include, but should not be limited to: -

- a sufficient range of accredited programmes to address thinking and behaviour needs
- accommodation advice, finding, brokerage and support
- approved premises (NPS) and supported housing
- education, training and employment advice and brokerage
- finance, benefit and debt advice

- alcohol advice and treatment
- drug testing and treatment
- mental health diversion and forensic mental health services
- integrated offender management
- electronic monitoring
- unpaid work placements
- attendance centres (CRC)

Provision may be made internally by the CRC or NPS division; it may be commissioned by the NPS through the CRC and through its supply chain; it may be delivered in partnership or through a referral pathway with other organisations providing specialist offender services, such as specialist forensic mental health, electronic monitoring contactors or substance misuse services. The services should be provided in ways that are accessible and appropriate to service users' circumstances.

Evidence:

This may be found in service and commissioning plans, any gap analysis, rate card brochures, service directories, information on service use (including monitoring and analysis of rate card purchases), waiting lists, and offender surveys. Information on appropriate service provision in individual cases can be aggregated from the relevant InfoPath question (view 3) and from the views of responsible officers (view 5).

Judgement:

To arrive at a positive judgement, as a minimum there should be clear evidence of service planning and commissioning based on a comprehensive analysis of service users' needs and risks which identifies how the reasonable majority of these will be met. Where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question (View 5), this would support a negative judgement. Where there are significant waiting lists for key services with no credible plans to address these, this would support a negative judgement.

b) Is sufficient attention paid to building on strengths and enhancing protective factors?

Guidance:

To support and promote desistance from offending, organisations need to build on individuals' personal strengths and protective factors. At the aggregate level, therefore, there must be plans to enable service users to maintain stable accommodation, maintain employment and continue in treatment for mental ill-health or addiction. Initiatives should also be in place to support and enhance lifestyle and personal factors, such as constructive and pro-social personal routines or pastimes, stable and supportive relationships, and influential relationships with friends or family with pro-social, anti-criminal attitudes. This might be achieved through initiatives to support parenting and family life, to undertake reparation or to participate in volunteering or to receive mentoring support. Enabling and supporting service users to access appropriate mainstream services is also important.

Evidence:

This should include data on the extent to which service users are suitably housed and achieve education, training and employment (HETE data). It should also include information on the availability and use of reparation, family, volunteering and mentoring initiatives and other projects or programmes to enhance social inclusion for service users. Evidence of work with mainstream providers to improve access by probation service users would also be relevant. In particular, for CRCs, evidence on the achievements of Through the Gate services will be particularly pertinent.

Judgement:

A positive judgement requires that CRCs and NPS divisions demonstrate they have provided or commissioned programmes or initiatives that have maintained or improved offenders' employment or accommodation status and have retained service users in, or successfully exited them from, drug or alcohol treatment.

c) Are diversity factors and issues of disproportionality sufficiently considered in the range of services provided?

Guidance:

The range of services commissioned and provided should be appropriate for service users with the full range of protected characteristics. In most cases, individual service provision should be made accessible for all, but there will be justifiable exceptions where a particular provision is required and designed to meet the needs of service users with a particular diversity characteristic e. g. women-only services, programmes for service users with learning disabilities or mentoring initiatives for BME service users. Probation services should have plans which set out how the needs of service users with protected characteristics are to be met, either through inclusion or specialist provision.

Where there is evidence of inappropriate over-representation of any group. e.g. BME or mentally ill offenders in custody, or very low risk women on community sentences, then attention should be given to ensuring that services are sensitive and appropriately tailored to their needs, which may include specific diversion schemes or additional support. Guidance on services for women service users should be followed, such as the provision of women-only reporting, access to bespoke women's services delivered at women's centres, the availability of women-only accommodation and regional approved premises, presumption of female responsible officers and the option of women-only provision on unpaid work.

Evidence:

This may take the form of specific diversity and equality plans, contracts for service provision, project reports, data on take-up and use, and user surveys segmented by diversity characteristics.

Judgement:

A positive judgement should be supported by evidence that the CRC or NPS division has paid specific attention in its planning, commissioning or contracting for services to meeting the needs of service users with the range of diversity characteristics,

taking into account information about any disproportionate over or under-representation of service users in existing services.

d) Are services available and accessible to service users in appropriate locations?

Guidance:

Appropriate location refers to centres of population; it also refers to specific locations and their suitability for delivering probation services.

Services should be reasonably accessible to most service users, and where they may be geographically distant, as in sparsely populated rural areas, then consideration should be given as to how to support service users' compliance without entailing excessive travel time. Probation services should have travel policies in place which specify reasonable expectations of service users and how compliance will be supported. Where responsible officers are based in a centralised hub at considerable distance from where service users live, then opportunities must be available for service users to receive face-to-face services at locations nearer to where they reside.

Locations can include shared premises, community centres where other services may be available, or outreach services, as well as designated probation offices. They include places where services are delivered by contracted providers. Each location should have been assessed for its suitability for delivering services to offenders under supervision. Particular care should be taken when considering locations for women-only services which should promote a women-friendly environment.

Services include supervision centres, unpaid work delivery sites, programme delivery locations and regional approved premises.

Evidence:

This could include estates strategies, maps of delivery sites showing locations and distances from centres of population, assessment of individual sites and their suitability (including unpaid work delivery), travel policies and surveys of users.

Judgement:

To reach a positive judgement, service locations should be reasonably accessible and there should be evidence that consideration has been given to the suitability of specific locations. Where there are unsuitable locations, then a negative judgement would be appropriate.

e) Is the quality of services reviewed and evaluated with remedial action taken where required?

Guidance:

CRCs and NPS divisions must have a quality assurance strategy and plan in place which includes arrangements for the routine monitoring of service delivery. Where services are not delivered directly by the NPS or CRC, they should have agreed arrangements with providers which set out how quality will be monitored, and

processes for obtaining assurance that these monitoring arrangements are being followed and action taken to improve delivery and respond to any concerns.

Quality assurance is much more than ensuring performance indicators and targets are met. It involves ensuring that services are delivered in the way intended. It should include activities such as scheduled case sampling, observations of practice, data on attendance, outputs and outcomes achieved and feedback from responsible officers, and from service users about what the services are like to use. This should lead to service reviews where agreed actions are taken and documented to address any deficits. Where significant deficits are evident, this should lead to the production and implementation of a formal improvement plan.

Evidence:

This should include quality assurance strategies, plans and schedules, minutes of service review meetings, quality improvement plans and reviews of complaint handling. Where services are contracted out these arrangements should be included in the service specification and contract documents, and there should be evidence of how the contracting organisation (usually a CRC) has undertaken quality assurance of their supply chain.

Judgement:

To support a positive judgement, there must be evidence that the CRC or NPS division has established quality assurance processes in place; that these are being implemented for key services, including those delivered by supply chains; and that improvement plans have been drawn up and implemented where necessary.

1.3.3 Are relationships with providers and other agencies established, maintained and used effectively to deliver high-quality services to service users?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'. Given its significance, the evidence for prompt b) should have received a positive judgement for the overall judgement to be 'yes'.

a) Are there effective relationships with other agencies to support desistance through access to mainstream services both during and after the sentence?

Guidance:

The focus of this prompt is on relationships with other agencies delivering mainstream, non-specialist services to service users during their sentence and

following its completion, recognising that service users' desistance journeys may continue long after sentences have finished and, therefore, they must be able to access services which are available more widely). These services may be distinct from those provided as part of any formal supply chain. Other agencies include but are not limited to: -

- police, with specific reference to integrated offender management (IOM)
- police and crime commissioners (PCCs)
- local authorities
- generic substance misuse services
- health and mental health services
- accommodation advice and housing providers
- employment and training providers
- family support and intervention programmes
- local volunteering organisations
- generic and specialist advice services.

Effective relationships may be demonstrated through active participation in initiatives such as reducing reoffending boards, health and wellbeing boards, homeless strategies, substance misuse commissioning, and community safety partnerships etc. This should result in agreed referral pathways for service users to access mainstream services that are appropriate for them without discrimination or barriers resulting from previous convictions.

Evidence:

This may come from minutes of relevant fora such as reducing reoffending boards and community safety partnerships, submissions to commissioners (including substance misuse service commissioners), referral pathways and protocols, and initiatives such as mental health diversion schemes. Information on access to mainstream services in individual cases can be aggregated from the relevant InfoPath question (view 3) and from the views of responsible officers (view 5).

Judgement:

A positive judgement should be supported by evidence that the CRC or NPS division has developed good working relationships with key mainstream providers across the majority of their delivery area and can provide sufficient examples of where this had led to specific arrangements for service users to access these services. Where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question (View 5) this would support a negative judgement. Where there is a significant gap in accessing key mainstream services, and there is no credible plan to address this, then consideration should also be given to making a negative judgement.

b) Are there effective relationships with other agencies to manage the risk of harm to others?

Guidance:

Ensuring that key relationships with other agencies are working well is an essential part of ensuring that the public are kept safe. There should be good working relationship at all levels in the organisation. This includes senior managers engaging with their counterparts at a high level to ensure that working arrangements are sound; middle managers working to improve communication and unblock problems; and practitioners following key agreements, protocols and pathways to ensure that information is exchanged and referrals dealt with appropriately.

Through middle and senior managers' involvement in key partnership arrangements, there should be evidence of joint initiatives undertaken to strengthen single and joint agency practice in managing risk of serious harm and safeguarding. For the NPS, the active involvement of LDU directors or their equivalents in MAPPA Strategic Management Boards (SMBs) is a pre-requisite. There should be evidence of appropriate engagement at all levels with MAPPA arrangements.

Both CRC and NPS senior managers should be involved in local child safeguarding arrangements at board level with engagement at relevant sub-groups, such as training and effectiveness, by appropriate personnel. Whilst there is no statutory requirement for membership of Safeguarding Adults Boards (SAB), the NPS National Partnership Framework June 2015 stipulates that each LDU or LDU cluster lead should be a member of a SAB. Where a CRC is not a member of a SAB, they should have an established agreement and protocol for working with it.

Other key relationships which should be nurtured are with the police over serious and organised crime, guns and gangs, domestic abuse units and MOSOVO (management of sex offenders and violent offenders) teams; with children and adult social care services, including Multi Agency Safeguarding Hubs (MASH) or their equivalent, with Multi-Agency Risk Assessment Conferences (MARACs), local prison governors and with forensic mental health services. For the NPS, it will be important to have good working relationships with local authority and independent housing providers over the safe accommodation of those assessed as high and very high risk of causing serious harm, and with Youth Offending Teams (YOTs) over the transfer of cases to adult probation services.

There should be clear referral pathways, protocols for information-exchange and active involvement in key boards and fora, the effectiveness of these arrangements should be demonstrated through initiatives to improve joint-working on specific issues, joint training initiatives and lessons learned reviews.

Evidence:

This could include minutes of relevant meetings (e.g. MAPPA SMBs. MAPPA panels, Safeguarding Boards, MARACs); meetings with senior personnel from relevant agencies; referral protocols and agreements; and from focus groups with managers, administrators and front-line practitioners. Information on the effectiveness of relationships to manage the risk of serious harm can be aggregated from the views of responsible officers contained in the relevant InfoPath question (view 5).

Judgement:

Forming a judgement about the effectiveness and consistency of working relationships with these key agencies across a wide geographical footprint is not easy. To make a positive judgement requires a sampling of arrangements, protocols and minutes of meetings to identify whether there is consistent practice and involvement as far as can reasonably be judged. This might be further supported by evidence provided by the NPS division or CRC about how they ensure the effectiveness of these working arrangements, where they are aware of any difficulties and what they are doing to resolve these. Where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question (View 5), this would support a negative judgement unless there is other strong supporting evidence to the contrary. If there is a significant breakdown in relationships in one key area, this should result in a negative judgement.

c) Are courts made sufficiently aware of the services available to support sentencing options?

Guidance:

For both magistrates' and Crown Courts to make appropriate use of the full range of sentencing options, they need to have enough detail about the services provided by the NPS and the CRCs in the areas where the service users live. The services which support sentencing options include but are not limited to: -

- accredited programmes
- Rehabilitation Activity Requirements (RARs)
- drug treatment
- alcohol treatment
- Mental Health Treatment Requirements
- attendance centres
- electronic monitoring
- approved premises
- unpaid work placements.

The primary interface with the court is with NPS staff but the CRCs must also have arrangements for providing information in enough detail and in such a way as to give the courts confidence when passing sentence about what the sentence is likely to achieve and what activities are likely to be delivered as part of the sentence.

Services delivered by the CRC or through its supply chain should be detailed in a current brochure, which is updated at least annually to reflect changing provision. In addition to detailing activities, it should also give some indication as to when and where they are likely to be available across their area. There should be information on the types of unpaid work placements that are available including arrangements for women and those with disabilities. The aims and typical activities undertaken on programmes and interventions, including women's programmes available under RARs should be spelt out along with any evidence of their effectiveness.

The NPS should provide detailed information on the programmes and interventions they deliver and the arrangements for drug, alcohol and mental health treatment, in liaison with local treatment providers.

In addition to the provision of written information, arrangements should be made by the NPS and the CRC to make presentations to sentencers at bench meetings, training events and other appropriate fora about the availability and nature of interventions, the outcomes achieved and their effectiveness. Any sentencer surveys should clarify whether sentencers are content that they have the detailed information they require.

Evidence:

This should include the NPS division or CRC sentencer liaison arrangements or strategy, and could include service brochures, newsletters and other communication channels, minutes of liaison meetings and presentations made, and responses to sentencer surveys if available. There should also be interviews conducted with liaison judges and chairs of magistrates' benches.

Judgement:

To support a positive judgement, there must be evidence of a strategic, planned approach to sentencer liaison both at the magistrates' and Crown Courts, backed up with samples of the information provided and evidence of the use of appropriate communication channels.

1.4 Information and facilities

Timely and relevant information is available and appropriate facilities are in place to support a high-quality, personalised and responsive approach for all service users.

Judgement:

In order to form an initial judgement about this standard, lead inspectors should weigh up the balance of yes and no judgements for each key question within this section.

1.4.1 Are the necessary policies and guidance in place to enable staff to deliver a quality service, meeting the needs of all service users?

Guidance:

There should be a comprehensive range of policies available to support the delivery of quality services. For the NPS, these should be easily available on EQuIP. For each CRC, they should be available in one centralised place, preferably on an intranet or knowledge-base which is accessible to all. 'All service users' encompasses offenders, and victims eligible for the victim contact scheme. The following prompts address key aspects of policy and guidance and their communication. Where it is considered

that key areas of policy or guidance are missing, these should be noted and may impact on the overall judgement for this question.

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Are policies and guidance communicated effectively to all those to whom they apply?

Guidance:

Policies and guidance must be communicated in such ways that they are understood by those to whom they apply, which in addition to staff includes service users (both offenders and victims), sentencers, unpaid work beneficiaries, partner organisations and suppliers. This prompt therefore refers to both internal and external communication channels which should be reflected in the organisation's communication strategies and plans.

Effective communication should be matched to the needs and learning styles of recipients, should be multi-modal and should allow where appropriate for a two-way exchange of information.

For internal communication to staff and volunteers, communication channels could include:

- intranet-based resources and knowledge banks
- email communication and discussion forums
- presentations and road shows by managers
- line management briefings and team meetings
- newsletters and bulletins
- question and answer sessions
- training and development sessions.

External communication channels for service users and partner organisations could include:

- service user handbooks
- internet resources
- newsletters
- briefing sessions
- liaison manager roles/named contacts
- telephone helplines.

Effectiveness could be judged by the clarity and ease of use of communication channels and feedback from recipients.

Evidence:

This could include examination of recent implementation of key policies and guidance and the communication channels used. It should be combined with evidence from interviews and meetings with staff and service users about the extent to which the policy or guidance has been understood and applied. Aggregate information from responsible officers will be available from the responses to the relevant question on InfoPath (View 5).

Judgement:

To support a positive judgement, there must be evidence that staff know where to find key policies and guidance, understand their purpose and what they need to do to apply them. Where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question (View 5), this would support a negative judgement, though consideration must also be given to the views of staff in other roles.

b) Is there a clear policy about case recording that supports defensible decision-making and effective communication?

Guidance:

NPS policy on case recording is likely to be national, but may be supported by additional guidance at a divisional or local level. With CRCs, there may be guidance which covers all CRCs within a particular ownership, so this should be taken into account in making consistent judgements. Policy and guidance should be clear about what to record, where to record, when to record and with whom information should be shared.

Defensible decision-making requires that there should be guidance about the use of professional judgement and how this should be recorded when departing from a particular standard, instruction or operational guidance. There should also be a clear understanding about the recording of management oversight in case records, especially where managers are approving departures from standard guidance, approving breach or recall, or are involved in supporting or making decisions about how a case should be managed where there are issues of risk of serious harm.

Effective communication requires that there must be clear systems and processes for recording assessments, risk management plans and sentence plans, including who is responsible for taking particular actions.

For CRCs, there should be clear protocols and guidance for enabling access to key records by supply chain partners and how they should record interventions.

Evidence:

This should include the relevant national or local policy on case recording. There may also be guidance available about the use and recording of professional judgement. Agreements with supply chain partners about recording of information will also be relevant. Aggregate information on this question from the perspective of responsible officers will be available from the relevant question on InfoPath (View 5).

Judgement:

A positive judgement requires there must be a clear written policy which includes guidance about defensible decision-making. Where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question (View 5), this would support a negative judgement.

c) Is there clear guidance about the full range of services available, their suitability for individual service users and referral processes?

Guidance:

For the NPS, the range of services available includes all those delivered internally along with those accessed via the CRC and its supply chain, any commissioned from elsewhere or in partnership, along with substance misuse and mental health treatment services available as requirements.

For the CRC, the range of services include those they deliver themselves or through their supply chain, in partnership with others or as part of treatment requirements.

Guidance should be up to date and should specify who services might be suitable for and any specific exclusions.

The referral process should set out what information is required, the process for transmitting this securely, and how and when decisions about acceptance will be made including any further assessments required.

Clear guidance should also be available to service users about the range of services available and suitability e.g. in service directories, service user handbooks, website or other media, and how they can be referred or refer themselves.

Evidence:

This should come from examination of the guidance available for staff and service users and from discussion with staff and service users about the clarity and accuracy of the material and the ease of making referrals. Timetables for delivery of accredited programmes or RAR activities and policies on waiting lists should also be examined.

Judgement:

To support a positive judgement there should be current comprehensive guidance for staff and service users about the availability of services that covers suitability, availability, referral processes and any waiting lists.

d) Are policies in place to support an effective interface between NPS and CRC?

Guidance:

There should be a range of policies which cover the significant interfaces between the NPS and CRCs and cover such issues as:

- allocation of cases and requirements
- risk escalation

- enforcement of orders and licences
- information-exchange relating to court appearances.

It is essential not only that the policies are in place, but that they are working effectively and that there are agreements in place for addressing and resolving any areas of difficulty or uncertainty. There should be regular and effective interface meetings between the CRC and NPS division which demonstrate that any difficulties are being actively and effectively dealt with, and policies are being updated and communicated effectively as a consequence.

Evidence:

This should come from an examination of the policies themselves. Some of these may be national and it will be important to judge these consistently. Minutes of interface meetings, actions arising, and any amendments to policies will also be relevant. There will also be evidence derived from the examination of any difficulties in the NPS/CRC relationship in individual cases in InfoPath (View 3) and in responsible officers' experience (View 5). Information on the effectiveness of the NPS/CRC interface may also come from the HMPPS contract manager as part of the evidence in advance.

Judgement:

For a positive judgement, it will be necessary to evidence not only that policies are in place but that they are operating effectively and processes are in place to ensure any difficulties are addressed. Where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question (View 5), this would support a negative judgement, but should be considered along with the views of managers and staff in other roles.

e) Are policies and guidance regularly reviewed?

Guidance:

There should be a consistent approach to reviewing policies and guidance at appropriate intervals in order to ensure that they are updated in line with the developing evidence base about best practice. In particular, reviews should take account of changes in contractual requirements and instructions, and developments in effective practice, and where appropriate should consider the views of service users and key stakeholders.

Evidence:

This may come from an examination of current policies and guidance to identify whether they are still relevant and up to date. Organisations may have a schedule of regular reviews available. Managers and staff should be clear about which are the most recent documents and where they can be found.

Judgement:

To form a positive judgement here must be evidence that key policy documents and guidance are current and up to date and have been reviewed in response to developments in policy and practice.

1.4.2 Do the premises and offices enable staff to deliver a quality service, meeting the needs of all service users?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Are the premises and offices sufficiently accessible to staff and service users?

Guidance:

This prompt refers to all sites where probation services are delivered. Accessibility here refers to how easy it is for staff and service users, including those with disabilities and those whose first language is other than English to access the premises. It relates to opening times and the availability of the premises to those who are working or have dependent caring responsibilities. The ease of access by telephone, email or text should also be considered along with response times. (The physical location of services was covered in 1.3.2d).

In assessing accessibility, it will be important to look at the physical environment of the premises, the welcome they provide, signage, opening times, and information available in a range of formats and languages, along with guidance for service users about access to offices. The safety and needs of female service users, and service users who may be vulnerable should be considered.

Organisations should have completed their own assessments of the accessibility of premises, which may be included as part of an estates strategy. They may also have consulted staff and service users about their access needs and used this information to make offices more accessible. There should have been an audit under the Disability Discrimination Act, which should be considered along with the actions that have resulted. Where there are particular difficulties in accessing specific premises that cannot easily be resolved, then reasonable adjustments should be put in place on how access to the relevant services can be achieved.

Evidence:

This could include the estates strategy, access audits, service user consultations and surveys. It should also include a visual assessment by inspectors of the welcome and accessibility of the offices visited, along with information on telephone response times. Where there are particular reported problems with telephone response times, these should be tested by inspectors, where practicable.

Judgement:

To make a positive judgement, there should be evidence of a strategic, planned approach to making offices and premises accessible, with processes in place so that organisations can assure themselves that this is working. Where there are several

examples of where access issues have not been addressed, and there is no immediate plan to address these, this should result in a negative judgement.

b) Do the premises and offices support the delivery of appropriate personalised work and the effective engagement of service users?

Guidance:

Premises should as a minimum provide for discrete and confidential interviewing space where service users can be seen without the possibility of being overheard, including in buildings which are shared with other users and members of the public. They should provide spaces which are conducive to effective engagement including:

- reception facilities with seating and access to toilets
- refreshment facilities available
- appropriate decoration, signage and lighting
- positive rehabilitative posters, images and quotes
- information available in a variety of formats and languages
- separate suitably sized group rooms, if group activity is to be undertaken
- separate facilities or reporting times available for women service users
- staff, volunteers or mentors to meet and greet
- separate secure office space for staff.

Premises and offices should be well planned and thought through, potentially with input from service users

Evidence:

This could include design specifications, premises audits and information from service users, along with visual observations by inspectors when on site.

Judgement:

For a positive judgement, there should be evidence of appropriate planning of office and premises environments with the aim of delivering personalised work and effective engagement. This should be substantiated on visits. Where there is evidence of a couple of offices and premises that do not achieve this, with inadequate confidential interviewing facilities, then this would support a negative judgement.

c) Do the premises and offices provide a safe environment for working with service users?

Guidance:

Premises and offices should provide a safe environment for both staff and service users, along with any partner agencies, providers and other members of the public who use them. There should be an acknowledgement that health and safety should be everybody's business and that everybody has a role to play in ensuring this.

The following should normally be in place:

- a guide for each premises or office which sets out the health and safety arrangements, along with a log of accidents and incidents, health and safety

inspections, emergency equipment tests and fire drills, in order to comply with relevant health and safety regulations

- health and safety risk assessments, detailing the risk of particular activities, mitigation measures and training that should be in place
- arrangements for physical security, including the logging and monitoring of visitors and staff attendance
- separate reporting arrangements, where there are concerns about the potential of rival gang members meeting
- a system of incident alarms and clear procedures for responding
- a health and safety committee with management and union involvement and a member of staff appropriately qualified and trained to fulfil a lead health and safety role
- health and safety reports featuring regularly on senior management and governance meetings.

Evidence:

This should include inspector's inductions, health and safety documentation including procedures, risk assessments, audits and logs, minutes of health and safety committee meetings, discussion with relevant management and health and safety personnel.

Judgement:

To support a positive judgement, there should be evidence of clear health and safety systems in place, evidenced in local offices and premises visited, with a clear accountability to senior management who should be actively monitoring and addressing significant issues. A record of significant health and safety failures or significant gaps in procedures, processes or specific resources should lead to a negative judgement.

1.4.3 Do the Information and Communication Technology (ICT) systems enable staff to deliver a quality service, meeting the needs of all service users?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a 'no' negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Do the ICT systems enable staff to plan, deliver and record their work in a timely way, and to access information as required?

Guidance:

ICT systems comprise both the hardware and infrastructure elements including telecommunications, and the software or applications systems. Information systems include but are not limited to: -

- assessment tools such as OASys or CRC equivalent
- case management tools such as nDelius or CRC equivalent
- risk management data sharing tools such as ViSOR (for the NPS)
- knowledge-sharing applications such as intranets, EQuIP, websites and internet-based applications
- email and word processing
- diary, booking and logistics applications.

ICT must be robust and reliable, avoiding downtime, and must also draw together the necessary information from relevant applications in a timely way. It must be ergonomically designed for ease of use so that it is simple to access relevant information from a variety of applications and to record and transmit information without any difficulty. Applications should work with assistive technology to enable staff with a range of access needs to use them without any difficulty.

Telecommunication systems should be designed to enable staff and service users to connect to the right people with minimum delay.

Organisations should have processes for testing the effectiveness and ease of use of their ICT systems and be responsive to feedback from users.

Evidence:

This could include information on the organisation's ICT strategy and policies, data on system downtime, inspector's experience of accessing systems, minutes of relevant ICT meetings, information from staff surveys and telephone answering times. Aggregate information on the usability of ICT systems will be available on individual cases (InfoPath, View 3) and responsible officers' opinions (View 5).

Judgement:

To support a positive judgement, organisations must demonstrate that they have in place an ICT strategy and applications that easily facilitate planning, delivery and recording of work in a timely fashion. Where there is evidence of excessive downtime which is not the fault of other agencies, then a negative judgement may be appropriate. Where fewer than a reasonable majority (<65%) of responsible officers respond positively to the relevant InfoPath question (View 5), this would support a negative judgement, but should be considered along with the perspectives of staff in other roles.

b) Are arrangements in place to ensure that the necessary information is exchanged with partners and other key stakeholders?

Guidance:

For risk to be managed appropriately and for the right services to be delivered effectively, it is essential that agreements and arrangements are in place and that information-exchange works consistently. Necessary arrangements include, but are not limited to:

- information-exchange with the police and prisons on risk management, including appropriate use of ViSOR (NPS)
- information received from the police on domestic abuse call-outs

- information-exchange with children and adult social care services on safeguarding issues
- procedures for accessing and exchanging information when young adults transfer from YOTs to adult probation services
- referral arrangements with supply chain and other delivery partners, including the exchange of risk information, and agreements on information-exchange about attendance and outcomes
- information received from the CPS on cases to be sentenced by the courts (NPS) and receipt of previous conviction information from the police
- information from the court service on people appearing in court (NPS).

Arrangements should be underpinned by current agreements and protocols with the relevant agencies, which should be reviewed as necessary. Information-exchange can also be facilitated by co-location of staff, such as in Multi Agency Safeguarding Hubs (MASH), or in IOM teams, along with agreements to access other agency's systems (with appropriate safeguards on information security).

Evidence:

This should include agreements and protocols for information-exchange with relevant agencies (e.g. MASH, MARAC and MAPPA), minutes of meetings about arrangements for information-exchange, and meetings with partner agencies and service managers. Note, some of the agreements will be national for the NPS in line with the National Partnerships Framework and should only be judged once as to appropriateness, though deployment may vary from division to division and locality to locality. Evidence may also include the deployment and use of information exchange systems such as ViSOR and arrangements for co-location of staff.

Judgement:

To support a positive judgement, there must be evidence of arrangements working effectively in key aspects of delivery, including the exchange of risk, need, attendance and outcome information.

c) Do the ICT systems support remote working where required?

Guidance:

To provide flexible services it is helpful to have mobile ICT systems which enable staff to work remotely in a variety of locations in the community and in the premises of other agencies, without being restricted to a hard-wired network. To do so requires communication technology which is robust enough and can access strong enough signals to operate effectively. It is recognised that this may be difficult or impossible in remote locations and allowance must be made for this.

Supporting remote working requires:

- laptops and devices that can access assessments and case records to view and record information with reasonable efficiency
- telecommunication devices that can receive good signals in the relevant locations and have facilities for providing alerts regarding staff safety (e.g. security lanyards)

- information security policies which address remote working and the safe use, storage and transmission of confidential information
- systems of working which address the relevant display screen equipment regulations.

Evidence:

This may include remote-working guidelines, information security policies and the minutes of meetings with staff who use these systems, and observation of the facilities available and their use by inspectors on site.

Judgement:

There is an expectation that both the NPS and the CRC will need facilities for remote working on occasions and that systems need to be in place. However, the use of remote working will vary from organisation to organisation, so the focus should be on the ease and safety of use of the systems, rather than the extent of their use. To support a positive judgement, there must be clear evidence that the systems deployed work effectively without constant interruption, and that appropriate policies, guidelines and facilities are in place to support their use.

d) Do the ICT systems support the production of the necessary management information?

Guidance:

ICT systems should be designed to store and easily retrieve, collate and analyse key data accurately, including but not limited to data on: -

- service user characteristics, including needs, risk and location
- sentencing data
- diversity data including protected characteristics
- performance and output/outcome information
- HR data
- resource utilisation and workload management
- complaints
- staff and user surveys.

Appropriate management information systems (MIS) should be in place which can produce routine reports and ad hoc reports on demand in accessible and usable formats according to the needs of users, including senior and middle managers and front-line staff, as required. Processes should be in place for identifying and meeting the MIS needs of users and refining requirements as necessary.

Evidence:

This should come from an examination of the catalogue and examples of the MIS reports available, meetings with managers and responses to inspector's requests for information.

Judgement:

To support a positive judgement, there must be evidence that a broad range of management information is available, covering most categories, and that it can be quickly extracted, analysed and presented in ways that are accessible to users of the information.

1.4.4 Is analysis, evidence and learning used effectively to drive improvement?

Judgement:

In deciding whether to answer 'yes' to this question, lead inspectors should consider the extent to which delivery is above or below the line for each prompt, and whether those aspects that are judged sufficient outweigh those that are not. Where on balance the areas below the line outweigh those that are above, the lead inspector should consider a negative judgement. One or more areas that are considered below the line may be of such importance that they preclude a judgement of 'yes'.

a) Are appropriate assurance systems and performance measures in place and used to drive improvement?

Guidance:

Each organisation should have its own performance management and assurance systems in place which cover each of its key service delivery functions. Performance measures may be nationally prescribed as part of its contract or service level agreement (SLA). Equally, performance measures may be developed internally by the organisation to measure progress in the achievement of its service delivery objectives, and in the effectiveness of its processes in achieving these objectives.

Assurance systems should be both internal, organised by the organisation itself, and external as part of the assurance of the contract or SLA. Where they are internal, they should sit outside the strict line management chain but involve an active dialogue with line managers to interrogate performance measures and identify and implement ways of making improvements. With external assurance processes, the organisation should demonstrate active commitment to working with contract/SLA monitors and implementing the findings.

There should be evidence of benchmarking of systems, processes and performance measures with other similar organisations, setting and reviewing stretch targets to drive forward improvement, analysing trends, and identifying and addressing causes of performance and under-performance.

Performance measures should be regularly reviewed to ensure that they are driving the right behaviours and refined when necessary so that they do not encourage perverse behaviours or have unintended consequences.

Evidence:

This may include descriptions of the performance management and assurance systems, examples of performance and assurance reports which address how

improvements will be made, minutes of performance management meetings, and discussions with senior managers and those responsible for performance management, contract compliance and assurance. External awards such as Recognised for Excellence or the achievement of International Organization for Standardization (ISO) standards might provide further assurance.

Judgement:

To make a positive judgement, there must be evidence of comprehensive assurance and performance management systems applying across the large majority of operations and that this has led directly to specific improvements being made.

b) Is there a sufficient understanding of performance across the organisation?

Guidance:

Management and staff should be able to articulate the key performance measures that apply to their part of the organisation, the reason why they are important, and the part they play in achieving high levels of performance. This should be informed by the routine provision of accessible performance information, appropriately segmented at the unit, team and individual level, and which is interrogated to identify trends, causes and potential improvements.

Understanding of performance should include analysis of processes, the availability of resources and the training and motivation of staff.

Evidence:

This should include performance information appropriately segmented, discussion with senior and middle managers and front-line staff from different parts of the organisation, and presentations by managers on the reasoning why particular measures are important, the drivers of performance and the roles of staff in pursuing them and improving service delivery. It should include examples of detailed understanding of trends and causes both of high and poor performance. Staff should be able to describe links between individual appraisals, organisational performance improvement and the achievement of objectives in business plans.

Judgement:

This prompt is not specifically about the achievement of high performance, rather, it questions whether management and staff across the organisation understand what is happening and why. In order to reach a positive judgement, there must be sufficient evidence that staff understand their role in achieving performance and that managers have analysed and understood what is causing trends in performance across the majority of their organisation.

c) Are service improvement plans supported through evaluation and development of the underlying evidence base?

Guidance:

For service improvement plans to be effective, they must be informed by regular and routine monitoring to check whether they are achieving their aims. They should also be informed by evidence from research about what is likely to work and improve delivery.

Monitoring should include examination of the process improvements to identify whether they are achieving what was intended, with feedback from stakeholders on how they are working in practice. Improvement plans should be routinely monitored by somebody responsible for managing the relevant process, reporting under an appropriate governance arrangement.

They should be aligned with the evidence base, both building on existing research and contributing to it. Where appropriate, external monitoring should be considered to improve the integrity of the process, and opportunities for engaging researchers, or collaborative working with similar organisations undertaking a similar improvement process, should be considered to benchmark progress and maximise learning.

Evidence:

This should include examination of service improvement plans and monitoring reports, and evidence of the extent to which they are informed by or contribute to research and collaborative activity. This should be supplemented by discussion with those involved with leading or contributing to the improvement plans. Consideration should be given to national published performance measures and the action being taken to improve performance.

Judgement:

To reach a positive judgement, there must be evidence of a number of service improvement plans in place which build on an evidence base. There should also be evidence of monitoring taking place to ascertain whether the improvement plans are achieving their objectives.

d) Are processes in place to ensure that learning is communicated effectively?

Guidance:

NPS divisions and CRCs should have an agreed and understood approach to organisational learning and development, which assists their journey of continuous improvement. Learning can take place at all levels in an organisation, so there must be processes in place for capturing, assessing, applying and communicating the learning up and down and across the organisation as applicable. This entails that for example:

- evaluations and lessons learned reviews are completed on service improvement activity
- management fora routinely receive information from learning activity and actively plan dissemination through line managers, training and other events

- organisational learning is disseminated through appropriate structures such as quality improvement fora, learning groups and the work of quality development officers (QDOs), practice development assessors and similar roles
- there is a process for cascading organisational learning through units and teams
- learning is built into future organisational development plans and incorporated into training programmes
- information from research is published on intranet forums and included in knowledge banks
- learning is communicated internally, externally and between providers through exchanges, showcases, and research and evaluation publications.

Evidence:

This could include examples of the dissemination of evaluation reports, the terms of reference of learning and quality fora, along with notes and presentations made, meeting with QDOs and similar roles, examination of organisational development and learning plans, and discussion with senior managers and development teams.

Judgement:

To support a positive judgement, there should be evidence on an agreed, consistent approach to organisational learning which can be demonstrated through a number of different practice examples where this has taken place.

e) Are the views of service users and other key stakeholders sought, analysed and used to review and improve the effectiveness of services?

Guidance:

Organisations should have a sound approach to service user consultation and involvement, which should contribute to the improvement of services. Service users here primarily refers to offenders and those receiving victim contact services, but it could also be extended to include community payback beneficiaries (CRC) and sentencers (NPS).

Views may be sought through a variety of mechanisms, including surveys and questionnaires, but should also include more sophisticated approaches such as the creation of focus groups and service user councils to provide a more in-depth understanding of the needs of service users, where there are gaps and where they are being met effectively, and how services should change to better address their needs.

The analysis of these views should be segmented to identify the different experiences of service users by disposal, team, gender, race, ethnicity, age and other protected characteristics, so that the needs and issues for each of these groups is better understood.

Service user views should be fed into service reviews, and service user representatives may be included directly in the groups conducting these reviews. The specific contributions that service users have made to reviews and the results of their

input should be drawn out and publicised to promote confidence in the service user consultation and involvement process.

Evidence:

This should include service user and key stakeholder consultations and involvement strategies, analysis of responses to consultations and surveys, minutes of service user fora and actions following, a provider's discussion with service user representatives, and examples of where service user consultation has led to specific improvements.

Judgement:

To support a positive judgement, there must be evidence that the organisation has developed a sound approach to user and stakeholder consultation, covering key delivery functions and where views have been analysed and led to specific identifiable improvements in services.

f) Are processes in place to ensure that the organisation learns from things that go wrong?

Guidance:

In any organisation, there are likely to be situations where services have not been delivered as intended, or where things go wrong – or nearly go wrong. In probation services, this may result in serious reoffending, where members of the public, staff or service users may be harmed.

It is critical that the organisation focuses on maximising the learning from these events – and from 'near misses' making improvements for the future and avoiding developing a blame culture. There should be robust processes for:

- completing thorough unbiased serious further offence reviews (SFOs) and contributing to MAPPA Serious Case Reviews (SCRs).
- contributing to other multi-agency reviews, including Domestic Homicide Reviews (DHRs), safeguarding adult reviews, serious case reviews conducted by Local Safeguarding Children Boards, child practice reviews (Wales) and mental health homicide reviews.
- handling complaints
- reviewing serious incidents including injuries sustained in the working environment, and serious health and safety failures reviewing and learning from 'near misses'.

All such reviews should be conducted by an experienced manager outside the line management structure of the case/service involved, with suitable governance arrangements in place. For multi-agency reviews a review of the lessons learned must be completed in conjunction with partner agencies. A structure for disseminating the lessons learned should be evidenced both for the individual members of staff involved and for the wider organisation and partners. For the individuals, this may include specific training and development objectives. For the wider organisation, in addition to staff briefings, there should be an agreed series of

actions implemented to review, monitor and strengthen service delivery processes to reduce the risk of repetition.

Reviews of serious incidents may involve the health and safety executive, and there should be evidence that any necessary changes that are recommended are completed and monitored.

Complaints processes should be widely publicised and regular reviews of complaint-handling undertaken to ensure that resolutions have been followed through and that any trends have been identified and addressed.

Evidence:

This should include a description of the processes for completing and disseminating lessons learned reviews, e.g. from SFOs or SCRs, examples of how this has been done and how lessons have been incorporated into changes to practice and training. Relevant information should be found in CRC annual service reports. Evidence of quality assurance of reviews and complaint-handling, and feedback from reviewers will also be relevant.

Judgement:

To make a positive judgement, there must be clear examples of where the organisation has conducted thorough reviews of serious failings and has systematically extracted the learning and ensured that it has been embedded in changes to practice and service delivery.

g) Where necessary, is action taken promptly and appropriately in response to performance monitoring, audit or inspection?

Guidance:

CRCs and NPS divisions should draw up action plans to address significant performance issues and responses to assurance visits and HMI Probation inspections, including thematic inspections. These should be produced in a timely fashion in line with relevant guidance, including taking immediate action to address critical deficits. Action and improvement plans must include monitoring arrangements, and should be reviewed at appropriate intervals and be subject to suitable governance arrangements to ensure that specific actions are concluded and necessary improvements achieved. It will be particularly important to assess the extent to which action has been taken to follow up and improve service delivery after the previous full HMI Probation Inspection.

Evidence:

This should include action plans, monitoring arrangements and subsequent reviews. It will also include an examination of the actions taken since the previous inspection and the impact they have had.

Judgement:

To reach a positive judgement, there must be evidence of the organisation completing the large majority of appropriate actions in response to significant

performance shortfalls, assurance visits and HMI Probation inspections during the past year.

2. Glossary

Accountability	When people have responsibility to make decisions and take actions for areas of work within their remit
Approach	The overall way by which something is made to happen; an approach comprises processes and structured actions within a framework of principles and policies
Benchmarking	A systematic comparison of approaches with other relevant organisations to gain insights that will help the organisation to take action to improve its performance
Business plan	A plan that sets out an organisation's objectives. It may also be known as an organisational plan or corporate plan
Continuous improvement	A type of change that is focused on increasing the effectiveness and/or efficiency of an organisation to fulfil its policy and objectives
Culture	The organisation's beliefs, behaviours and values that influence the way people work
Diversity	The extent to which people within an organisation recognise, appreciate and utilise the characteristics that make an organisation and its service users unique. Diversity can relate to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex
Empowerment	Giving people the authority or power to make and implement decisions
Equality	Ensuring that everyone is treated with dignity and respect, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex. It also means recognising that different groups have different needs, and ensuring that they have equal and fair access to appropriate opportunities
Governance	A framework of authority and control within an organisation used to help it fulfil its legal, financial and ethical obligations
Impact	A measure of the consequences of one action or influence upon another

Leaders	A leader is anyone with responsibility for managing, directing, motivating or supervising others within the organisation. This includes senior managers, team leaders, supervisors and anyone else with a similar role. They are influential members within an organisation to whom others look for advice opinions and direction
Learning styles	The different ways in which people are best able to learn. They can include, for example, solitary or group scenarios, discussion, written information, pictures, hands-on learning and seminars
Line manager	A person with direct managerial responsibility for a particular employee
Mentoring	The advice and guidance offered by a more experienced person to develop an individual's potential
Partner	An external party that the organisation strategically chooses to work with to achieve common objectives and sustained mutual benefit.
Personalised approaches	are ones in which services are tailored to meet the needs of individuals, giving people as much choice and control as possible over the support they receive. A personalised approach must include, but by no means be limited to, an individual's protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex). They should also include a range of other diversity factors that could have an effect on the individual's ability and capacity to engage in interventions such as maturity, rurality, learning needs, mental health concerns, or cultural identity. There should be evidence that that consideration has been given to how that individual will be able to respond to that intervention at that time
Process	A set of activities that interact with one another because the output of one activity becomes the input for another activity. Processes add value by transforming inputs into outputs, using resources
Service user	In this document, this normally refers to offenders, however, in certain contexts it can also refer to victims who are eligible for the NPS Victim Contact Scheme
Stakeholder	A person, group or organisation that has a direct or indirect stake or interest in the organisation because it can either effect the organisation, or be affected by it. Examples of external stakeholders are owners (shareholders), customers,

	suppliers, partners, government agencies and representatives of the community. Example of internal stakeholders are people or groups of people within the organisation
Strategy	The plan an organisation has for how it aims to achieve its vision
Structure	The way in which parts of a system are arranged or organised, or the system itself.
Succession planning	The process of identifying suitable people and preparing them to replace significant roles in an organisation when people leave
Values	Operating philosophies or principles that guide an organisation's internal conduct as well as its relationship with the external world. Values provide guidance for people on what is good or desirable and what is not. They exert major influence on the behaviour of individuals and teams and serve as broad guidelines in all situations
Victim contact scheme	A scheme designed to ensure that victims are given regular updates about an offender, are able to make representations about an offender's release arrangements and can receive information about licence conditions
Vision	What and where an organisation wants to be in the future, and how it wants to be described by its people and stakeholders