



HM Prison &  
Probation Service

Probation  
Service

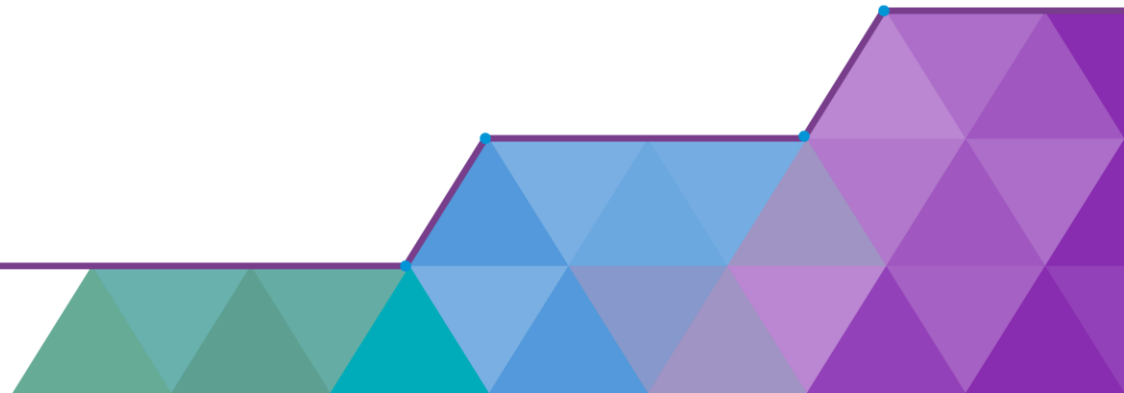


# HMIP PDU Inspection – Lewisham and Bromley

## Presentation to Safer Bromley Partnership Board

January 2023

Preventing victims by changing lives



## Context

- Lewisham and Bromley (LAB) probation delivery unit were subject to an inspection in the summer of 2022
- The inspection was announced towards the end of June 2022, with fieldwork taking place during the week of 22 August 2022.
- The inspection was supported by fieldwork surveys completed with people on probation, the week prior to a review of cases
- 42 cases were inspected across the PDU, which constitutes about 0.02 of the overall caseload
- LAB was one of six PDU's inspected across the London region
- Three inspection reports, relating to the areas of Hammersmith, Fulham, Kensington, Chelsea & Westminster; Lambeth; and, Ealing & Hillingdon were published on 18 October 2022
- The inspection report for LAB was published on 21 November 2022, alongside Barking, Dagenham & Havering; and, Newham



Her Majesty's  
Inspectorate of  
Probation



Inspectors use the standards to ask the right questions and look for evidence to rate the quality of service delivery across each aspect of a service.

Probation inspection:  
[Standards for inspecting probation services \(PDF, 351 kB\)](#), updated July 2021

### PDU standards – Domain one

- Leadership
- Staff
- Services
- Information and facilities

### PDU standards – Domain two

- Court work
- **Assessment**
- **Planning**
- **Implementation and delivery**
- **Reviewing**
- **Outcomes**
- Statutory victim work

# HMIP's Rating model- an example

## Assessment

### Requires Improvement

Does assessment focus sufficiently on engaging the person on probation?	#	%
Yes	30	75%
No	10	25%

Does assessment focus sufficiently on the factors linked to offending and	#	%
Yes	28	70%
No	12	30%

Does assessment focus sufficiently on keeping other people safe?	#	%
Yes	24	60%
No	16	40%

In this example, the scores for two of the key questions under the Assessment standard fall into the 'Good' band, but as the score for the final key question is in the 'Requires improvement' band, the overall standard is rated as 'Requires improvement'

Lowest banding (proportion of cases judged to be sufficient at key question level)	Rating (standard)
Minority: <50%	Inadequate
Too few: 50-64%	Requires improvement
Reasonable majority: 65-79%	Good
Large majority: 80%+	Outstanding ☆



## Overall Rating

Straightforward scoring rules are used to generate the overall provider rating. The Outcomes standard is not rated. Each of the other nine standards is scored on a 0–3 scale:

- 'Inadequate' = 0
- 'Requires improvement' = 1
- 'Good' = 2
- 'Outstanding' = 3

Adding these scores produces a total score ranging from 0 to 27, which is banded to produce the overall rating, as follows:

- 0–4 = Inadequate
- 5–13 = Requires improvement
- 14–22 = Good
- 23–27 = Outstanding

In those exceptional instances where there is no rating for court work, as a result of the PDU not delivering services to any court, the following bands are used for the 0–24 score range:

- 0–4 = Inadequate
- 5–12 = Requires improvement
- 13–20 = Good
- 21–24 = Outstanding

# LAB Outcomes – Domain one

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## 1. Organisational delivery

1.1 Leadership

Requires improvement



1.2 Staff

Requires improvement



1.3 Services

Requires improvement



1.4 Information and facilities

Requires improvement



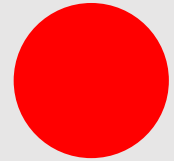
## LAB Outcome – Domain Two

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### Court work and case supervision

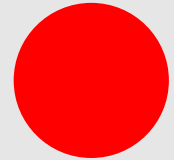
Assessment

Inadequate



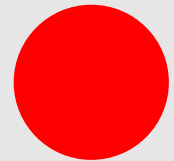
Planning

Inadequate



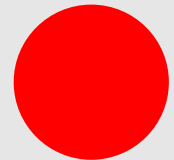
Implementation and delivery

Inadequate



Reviewing

Inadequate



## Recommendations

1. improve the quality of work to assess, plan for, manage and review risk of harm
2. ensure risk related information is obtained from and shared with other agencies in all relevant cases to support the assessment and management of risk of harm
3. improve the effectiveness of quality assurance and management oversight of all casework
4. ensure that the interventions necessary to improve desistance and reduce reoffending and risk of harm are provided in all cases
5. ensure sentence management staff receive the training they need in order to fulfil their roles effectively
6. ensure appropriate management information is available to analyse and consider any potential disproportionality in the quality of service delivery to people on probation from ethnic minority backgrounds.



## Actions Undertaken

- A feedback session was undertaken within the PDU in October 2022, with the lead inspector, to review the key learning areas
- HMIP Action plan was completed in November 2022. The actions from LAB were wrapped into a pan-London action plan
- As a region, a Quality Improvement Programme was commenced in November 2022, reflecting the outcomes of the HMIP inspection, and findings from a pan-learning internal inspection conducted by the operational assurance group (OSAG) in HMPPS in 2021
- The most recent OSAG audit, concluded in December 2022, demonstrated a 6% uplift in the overall score
- Significant recruitment and retention activity continues – for example, 3 Newly Qualified Officers are joined the PDU in November, and 6 new Probation Service Officers have joined since July 2022
- As a PDU, specific strategies have been implemented to support learning and development (learning into practice forum; risk management panels, female service user strategy)

# Overview of Quality Improvement Programme – Nov '22 to June 23



**Any Questions?**

