



Her Majesty's  
Inspectorate of  
Probation

# **Consultation on HM Inspectorate of Probation quality assurance of Serious Further Offence reviews**

February 2021

# Contents

---

Foreword.....	3
1. Background .....	4
2. Our proposed approach to quality assuring SFO reviews.....	6
3. How to respond .....	9
Annexe A .....	10

## Foreword

---

In May 2020, we published our thematic inspection report on the Serious Further Offences (SFO) investigation and review process.<sup>1</sup> We examined the way probation services review and learn lessons in these cases. Inspectors also looked at how HM Prison and Probation Service (HMPPS) quality assure those reviews and use information to improve national policies and practice. Victims and their families were asked about their experiences too. Inspectors found:

- SFO reviews often set out the timeline of events but are less effective at explaining and analysing the underlying deficiencies. Reviews should draw clear conclusions on failures of probation practice
- SFO reviews focus solely on probation practice, unlike reviews conducted in other parts of the criminal justice system and statutory multi-agency reviews, such as those following domestic homicides. Offenders are usually known to other agencies, but these interactions are not explored and important opportunities for joint learning are being missed.<sup>2</sup> HM Inspectorate of Probation recommended that external agencies that have been involved in the case, such as the police and children's services, should be involved in the Serious Further Offence review. We also recommended that consideration should be given to whether this should be mandatory for all homicide cases not currently covered by other multi-agency procedures. While the latter two recommendations were not accepted by HMPPS, our approach will include the development of multi-agency learning panels.
- reviews are not analysed nationally to identify themes, which could improve policy and practice
- staff shortages have led to backlogs and unacceptable delays in the central HMPPS quality assurance process which should take 20 days but was actually taking six months on average
- there is a lack of independent oversight and transparency in the process with HMPPS auditing the quality of its own work.

In June 2020, responding to our thematic inspection, the Secretary of State for Justice asked HM Inspectorate of Probation to provide ongoing independent oversight as part of the SFO quality assurance process. We will commence this work in April 2021. In this consultation we are seeking your views on our proposed approach which we are currently developing in collaboration with the HMPPS SFO team. We are particularly interested in views on the consideration given to victims and how we engage with other criminal justice agencies. I hope you will take the opportunity to respond.



**Justin Russell**  
Chief Inspector of Probation

---

<sup>1</sup> HM Inspectorate of Probation. (2020). [A thematic inspection of the Serious Further Offences \(SFO\) investigation and review process.](#)

<sup>2</sup> Probation, like many other agencies, also conducts internal management reviews after a serious incident, the SFO review is the internal management review conducted after an offender subject to supervision has committed a serious further offence.

# 1. Background

---

- 1.1 A Serious Further Offence (SFO) is a serious violent or sexual offence committed by an offender whilst under probation supervision. The comprehensive list of offences which qualify as an SFO can be found in Annexe A of the [Probation Instruction 06/2018](#) (PI 06/2018). This probation instruction, which was amended in November 2020, sets out that the purpose of the SFO review process is to ensure rigorous scrutiny of those cases where offenders under the management of the NPS or CRCs have been charged with a specified violent or sexual offence, in order that:
- the public may be reassured that the NPS and CRCs are committed to reviewing their practice in cases where offenders managed by them are charged with certain serious offending
  - areas for improvement and best practice are clearly identified, along with how and within what timescales action will be taken in respect of the former and what will be expected to improve as a result
  - victims and their families can be provided with relevant information on how the service user was supervised and where there were shortcomings how action to drive improvements has been, or will be, taken and;
  - Ministers, other senior officials and managers and the wider Ministry of Justice (MoJ) can be informed of high-profile cases of alleged SFOs.
- 1.2 The HMPPS SFO review team quality assure SFO reviews against the practice standards set in the operational guidance. In our thematic inspection, we found SFO reviews were strong in their analysis of assessment, sentence planning and implementation but weaker in their consideration of multi-agency management. Of the 46 SFO reviews we inspected, we found that around 30 per cent required some improvement in terms of their analysis of risk of harm factors or risk management plans and 22 per cent failed to give a clear judgement as to whether all reasonable steps were taken to manage the risk of serious harm. Despite guidance to the contrary, reviews were very much focused on 'what' had happened, including very detailed historical chronologies of every contact the probation service had ever had with the offender, rather than 'why', in terms of the underlying, more immediate causes of the factors leading to the offence and a clear conclusion on whether there were any failures of probation practice – which is likely to be the biggest priority for the victim and wider public. The action plans developed were overwhelmingly aimed at individual staff members and any actions for the organisation focused on the practice of local teams or units. This focus on individual practice limits the potential for wider learning from reviews.
- 1.3 SFO reviews focus solely on probation practice, and external agencies such as the police and mental health services are not directly involved in the review of the case. The complexity of the probation caseload means that nearly all service users under probation supervision are also involved with other services. In our view, the lack of multi-agency involvement in the current SFO review process means that opportunities for learning and improved coordination of cases are missed.
- 1.4 There is no strategy to use findings from SFO reviews to inform policy and procedure. Changes have been made to policy and practice because of SFO reviews but in the main this has been a reaction to high-profile cases rather than from a systematic process for identifying learning. The individual actions and practice issues

that emerge from SFO reviews often follow established themes. The HMPPS SFO review team is responsible for contributing to policy and practice development but does not have the resource to analyse findings and identify themes. There is some evidence of NPS divisions and CRCs sharing information, but learning is not shared routinely with external agencies where they have been integral to the management of the case. Examples include those cases subject to Integrated Offender Management (IOM) and Multi Agency Public Protection Arrangements (MAPPA). Significant delays mean that, with the exception of high-profile and victim disclosure cases, the quality assurance process has limited impact. The wider perception is that the process is not truly independent, and risks undermining public confidence.

- 1.5 The national SFO team is currently working on updating the SFO Procedures and will issue a Policy Framework, to address actions arising from the findings from the thematic inspection, including a proposed new review format and will be consulting on this within HMPPS, NPS and CRCs.

## 2. Our proposed approach to quality assuring SFO reviews

---

2.1 Our approach aims to provide assurance that:

- there is independent oversight of the quality assurance of a sample of SFO reviews
- reviews of SFOs are thorough, robust and objective
- reviews are not just focused on process failures but are broader and look at system/culture and policy
- poor practice is identified, and the action plan addresses failings
- learning points are identified and disseminated
- good practice is identified and disseminated
- where relevant, partnership work is examined and areas for improvements identified
- issues relating to national policy and procedures are identified.

2.2 The Inspectorate will quality assure a sample of SFO reviews completed by the National Probation Service (NPS) and Community Rehabilitation Companies (CRCs)<sup>3</sup>, which will be approximately 20 per cent of SFO reviews submitted annually – likely to be around 90 to 100 reviews a year based on recent volumes. The HMPPS SFO team will continue to quality assure the remaining 80 per cent of SFO reviews against the same set of standards developed collaboratively by HM Inspectorate of Probation and HMPPS SFO team. To avoid duplication and to ensure reviewing areas receive feedback as soon as possible, the central SFO team will not quality assure the reviews completed by HM Inspectorate of Probation. Any actions and recommendations made for CRCs will still be owned by the new unified probation service following the termination of CRC contracts in June 2021. The reviews subject to quality assurance by HM Inspectorate of Probation will be selected randomly, with additional parameters assigned to ensure there is geographical coverage and variation of offence type in the sample.

2.3 The quality assurance of reviews will be undertaken against a clear set of standards, which can be found in Annexe A. The standards have four distinct areas of focus:

1. analysis of practice
2. overall judgements
3. learning
4. victims and their families.

The **analysis of practice** standard considers the quality of the review undertaken by the SFO reviewer in the NPS or CRC. The four key questions assess the sufficiency of the review in relation to assessment, planning, implementation and delivery, and reviewing. The quality assurer will consider the quality of the reviewer's work done to analyse the practice of probation practitioners and others involved in the case.

---

<sup>3</sup> From 25 June 2021, CRC contracts will be terminated, and a new probation service model will be implemented, therefore SFO reviews of CRC managed cases will gradually end.

The **overall judgements** standard will focus on practice and other areas of service provision that may contribute to areas of learning or good practice that fall outside of the ASPIRE model, such as management oversight and reviewing of systematic and procedural factors.

The **learning** standard will review the sufficiency of learning and good practice that has been identified. The focus should be local and national including opportunities for sharing learning across partnership agencies.

The **victims and their families** standard considers how accessible the SFO review is to victims and their families, the extent to which it provides an overview of the areas of learning and action required.

*QUESTION – SFO QA standards:*

*We welcome views on the standards set out in Annexe A, specifically if there are any significant gaps at prompt level (listed with lettered bullet points).*

*QUESTION – victims and their families:*

*We propose to review the quality of information that probation services make available to victims and their families through the SFO review process. We welcome views on whether the standard and prompts in Annexe A focus on the right areas.*

## Ratings

2.4 We propose to look at how well each SFO review meets these four standards. We will use a four-point scale to rate each of the four standards and to give an overall rating. Our ratings are:

- ‘Outstanding’
- ‘Good’
- ‘Requires improvement’
- ‘Inadequate’.

Each individual standard is scored as: ‘Outstanding’ = 3; ‘Good’ = 2; ‘Requires Improvement’ = 1; ‘Inadequate’ = 0

2.5 Each individual SFO review will have an overall composite rating. The overall rating is calculated by adding the score for each standard rating.

<b>Banding based on four standards (and number of points on scale of 12)</b>	
<b>0-2 points</b>	‘Inadequate’
<b>3-6 points</b>	‘Requires improvement’
<b>7- 10 points</b>	‘Good’
<b>11-12 points</b>	‘Outstanding’

2.6 We will be rating solely on the quality of each SFO review and how comprehensively it assesses the quality of practice demonstrated in each case. Judgements on whether the ‘right’ or ‘wrong’ course of action was taken by practitioners are for local SFO reviewers themselves to make.

- 2.7 The results of the HM Inspectorate of Probation quality assurance will be reported directly to the local SFO review teams within 15 working days of the review being received. The quality assurance report will include the rating for each standard, the overall rating and written feedback to explain the judgements.
- 2.8 We propose to publish an annual summary of our SFO quality assurance findings. This will include emerging themes and an analysis of the rating data.

*QUESTION – annual summary:*

*We welcome views on specific areas the annual summary should report on.*

### **Multi-agency learning panels**

- 2.9 In addition to undertaking benchmarking sessions with SFO reviewers and central quality assurance teams, we are setting up multi-agency learning panels to promote collaborative learning from SFO cases and to influence improvements at local and national levels for other agencies. This is vital because partnership working features in many cases supervised by the NPS and CRCs. We are exploring effective methods for ensuring the panels have a good representation of relevant agencies.
- 2.10 We are proposing to convene multi-agency panels periodically to support multi-agency learning. The Inspectorate will identify specific cases where multiple agencies were involved in the management of a service user and where there might be further opportunities for cross-agency learning. Ahead of each panel, we will notify the agencies involved in the case. We will identify relevant case details and ask each agency to review their own records to verify their involvement and to identify any learning; representatives from those agencies will then attend the multi-agency panel to share their findings. The panels will focus on improving practice and strengthening partnership working.

*QUESTION – multi-agency learning panels:*

*We are interested in views about this approach and if it will maximise opportunities for learning across a range of agencies and criminal justice sector?*

*We are interested to hear from criminal justice agencies if there are similar learning panels or work in place.*

*We welcome views on which criminal justice agencies or probation partners should be involved in the learning panel approach.*



### 3. How to respond

---

The deadline for responses is 05 March 2021 00.00. Please email responses to [consultations@hmiprobation.gov.uk](mailto:consultations@hmiprobation.gov.uk). As part of your response, please ensure that:

- you state clearly who the submission is from, for example, from an individual in a personal capacity or sent on behalf of an organisation
- you include a brief description of yourself/your organisation
- you state clearly if you wish your submission to be confidential and/or you do not want to be contacted with follow-up enquiries (see confidentiality statement below).

#### **Confidentiality statement**

The information you send HM Inspectorate of Probation may be published in full or in a summary of responses. All information in responses, including personal information, may be subject to publication or disclosure in accordance with the access to information regimes (these are primarily the *Freedom of Information Act 2000*, the *Data Protection Act 1998* and the *Environmental Information Regulations 2004*).

If you want your response to remain confidential, you should explain why confidentiality is necessary and your request will be acceded to only if it is appropriate in the circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding.

## Annexe A



Her Majesty's  
Inspectorate of  
Probation



HM Prison &  
Probation Service

### Quality Assurance standards for Probation Serious Further Offence Reviews DRAFT

Standards		Key questions			
<b>1. Analysis of practice</b>	<b>The SFO review provides a robust and transparent analysis of practice.</b>	<b>1.1 Does the SFO review provide a robust and transparent analysis of assessment in the case?</b>  a) Does the SFO review sufficiently consider whether all reasonable action was taken?  b) Does the SFO review sufficiently analyse crucial decisions?  c) Does the SFO review sufficiently analyse missed opportunities?  d) Does the SFO review sufficiently explore underpinning reasons for any deficiencies in	<b>1.2 Does the SFO review provide a robust and transparent analysis of planning in the case?</b>  a) Does the SFO review sufficiently consider whether all reasonable action was taken?  b) Does the SFO review sufficiently analyse crucial decisions?  c) Does the SFO review sufficiently analyse missed opportunities?  d) Does the SFO review sufficiently explore underpinning reasons for any deficiencies in	<b>1.3 Does the SFO review provide a robust and transparent analysis of implementation in the case?</b>  a) Does the SFO review sufficiently consider whether all reasonable action was taken?  b) Does the SFO review sufficiently analyse crucial decisions?  c) Does the SFO review sufficiently analyse missed opportunities?  d) Does the SFO review sufficiently explore underpinning reasons for any deficiencies in	<b>1.4 Does the SFO review provide a robust and transparent analysis of reviewing in the case?</b>  a) Does the SFO review sufficiently consider whether all reasonable action was taken?  b) Does the SFO review sufficiently analyse crucial decisions?  c) Does the SFO review sufficiently analyse missed opportunities?  d) Does the SFO review sufficiently explore underpinning reasons for any deficiencies in

		practice where they existed? e) Does the SFO review sufficiently examine the partnership work with other agencies?	practice where they existed? e) Does the SFO review sufficiently examine the partnership work with other agencies?	practice where they existed? e) Does the SFO review sufficiently examine the partnership work with other agencies?	practice where they existed? e) Does the SFO review sufficiently examine the partnership work with other agencies?
<b>2. Overall judgements</b>	<b>The SFO review provides a clear and balanced judgement on the sufficiency of practice.</b>	a) Does the SFO review include the views of all relevant staff about the case and practice expectations? b) Does the SFO review sufficiently consider the practice of staff at all levels? c) Does the SFO review include sufficient analysis of systemic or procedural factors in relation to probation practice and decision making? d) Does the SFO review sufficiently highlight areas of good practice where they existed? e) Does the SFO review sufficiently identify practice that needs to be addressed through staff performance or discipline, where necessary? f) Does the SFO review link sufficiently to other reviews taking place on the case? g) Does the SFO review contain sufficient judgement of probation policy to inform the action plan? h) Does the SFO review contain sufficient judgement of probation practice to inform the action plan? i) Does the SFO review sufficiently come to conclusions on partnership working that informs the action plan?			
<b>3. Learning</b>	<b>The SFO review enables appropriate learning to drive improvement.</b>	<b>3.1 Does the SFO review identify areas for learning and practice improvement?</b> a) Does the SFO review sufficiently identify areas for improvement for staff at all levels? b) Does the SFO review sufficiently identify areas for improvement at a local level?	<b>3.2 Do the planned actions sufficiently capture the learning and practice improvement?</b> a) Do the planned actions sufficiently address deficiencies identified at a local level in the SFO review? b) Do the planned actions sufficiently address deficiencies identified at a regional level in the SFO review?		

		<ul style="list-style-type: none"> <li>c) Does the SFO review sufficiently identify areas for improvement at a regional level?</li> <li>d) Where relevant, does the SFO review sufficiently identify areas for improvement at a national level?</li> <li>e) Where relevant does the SFO review sufficiently identify areas for improvement in respect of multi-agency working?</li> </ul>	<ul style="list-style-type: none"> <li>c) Do the planned actions sufficiently address deficiencies identified at a national level in the SFO review where they existed?</li> <li>d) Do the planned actions contain sufficient developmental activity to affect change?</li> <li>e) Do the planned actions identify effective measures for evidencing progress/outcomes?</li> <li>f) Do the planned actions include sufficient assurances about how learning will be shared with partner agencies?</li> </ul>
<b>4. Victims and their families</b>	<b>The SFO review is appropriate to share with victims and meets their needs.</b>	<ul style="list-style-type: none"> <li>a) Is the language used in the SFO review sufficiently accessible?</li> <li>b) Is the SFO review written sensitively to account for the impact on victims?</li> <li>c) Does the SFO review sufficiently explain the significance of deficiencies and missed opportunities and the impact these had?</li> <li>d) Does the SFO review sufficiently and transparently focus on practice relevant to the circumstances of the SFO?</li> <li>e) Does the SFO review present sufficient judgments with examples used as evidence to support these?</li> </ul>	