

Final- BHSCT 2018/19 MID YEAR ACCOUNTABILITY MEETING**Thursday 24 January 2019, Castle Buildings****Attendees**DoH

Richard Pengelly

Sharon Gallagher

Pat Polin

BHSCT

Peter McNaney

Martin Dillon

1. Welcome and Introduction

Richard Pengelly welcomed the BHSCT Chair and Chief Executive to the 2018/19 Mid-Year Accountability meeting.

2. 2018/19 Financial Position

Richard Pengelly acknowledged the work of the Trust in achieving a break-even forecast for the end of year spend. Peter McNaney said it is an ongoing challenge but the Trust is pleased with its financial performance this year.

3. 2018/21 Financial Outlook

Richard Pengelly said the Department continues to engage with DoF on the Department's 2019/20 Budget requirements but he anticipates a significant shortfall when allocations are eventually made. He said it is likely there will be a need for an additional injection of funds from the in-year monitoring funds but it is difficult to say how much that would be.

4. Transformation Fund (Confidence and Supply)

Sharon Gallagher led a discussion on the under spend with investment in WLI. Martin Dillon advised that work would be undertaken to learn any lessons in relation to commissioning IS services. Sharon reminded the Trust of the need to maximise spend in 2018/19. She further set out the process for allocations in 2019/20 and the need to ensure any investment was

sustainable into 2020/21 and beyond when no further additional funding would be available.

AP Martin Dillon to undertaken a lessons learned exercise in relation to commissioning IS services.

AOB

5 Muckamore

Richard referred to Muckamore and, while recognising that the service had fallen well below acceptable standards, acknowledged the significant effort by Trust staff in responding to the issues emerging. Martin Dillon thanked Richard saying it is a testament to the dedication and resilience of Trust staff that they have coped and remained at their posts through very difficult times. Richard said in terms of Muckamore, he appreciated the extreme challenges involved in moving the remaining Muckamore service users out of the hospital environment.

Neurology enquiry

In terms of the Neurology enquiry Peter McNaney said whilst the enquiry has been carried out in a relaxed and non-adversarial manner, the process was stressful for staff involved. Richard acknowledged this referencing his recent meeting with staff where he was impressed by their professionalism and significant personal effort in ensuring patients were seen as quickly as possible. Richard advised it was important that staff were supported fully at this difficult time.

6. Closing

Richard Pengelly thanked the Chair and Chief Executive for their attendance and closed the meeting.

HSC Sponsorship Branch

January 2019

**Final BELFAST HEALTH AND SOCIAL CARE TRUST
2018/19 End-Year Strategic Accountability Review Meeting
Tuesday 2 July 2019
Castle Buildings**

Attendees:

DoH

Richard Pengelly
Sharon Gallagher
Pat Polin

BHSCT

Peter McNaney (Chairman)
Martin Dillon (Chief Executive)

1. Welcome and Introduction

- 1.1 Richard Pengelly welcomed the BHSCT Chair and Chief Executive to the 2018/19 End-Year Accountability Review meeting.

2. Hyponatraemia

- 2.1 Richard said although Hyponatraemia is not on the agenda he asked Martin Dillon for a brief update on families' reaction to the recent addendum to the report. Martin updated the Permanent Secretary on where the Trust was with its MHPS investigation and confirmed that the Chair had forwarded the QC Opinion to the Families.

3. Neurology

- 3.1 Richard asked for a brief update on Neurology. Martin said he is satisfied that the Trust has done as much as it can do to alleviate concerns and he is confident that everyone affected is clear about their diagnosis. However he is aware that some patients still want a second opinion considered through an alternative health Trust, preferably in England.

4. Muckamore

- 4.1 Richard asked whether the target date of December 2019 to resettle patients is still achievable. Martin replied that it was hugely ambitious and had focussed minds and efforts but that it would take longer to have all the

specialist community infrastructure required in place as well as the additional staff required.

5. Financial position

- 5.1 Richard provided an update on the financial position for 2019/20 and beyond, advising the projected funding is not going to be sufficient to maintain existing services. He said the impact of the pension issue will affect the Department's access to any in-year financial adjustments through the monitoring process. He said it is his belief that the Department of Finance will use any surplus funding to address the pension situation.
- 5.2 Martin highlighted the particular financial challenges facing the BHSCT with respect to achieving financial balance and suggested that Trusts need to work closely together with the Department with a view to achieving financial savings. In answer to a question from Richard, Martin advised that the Trust is not at the stage of considering public consultation on saving plans.

6 Transformation Fund (Confidence and Supply update)

- 6.1 Sharon Gallagher provided an update with regard to the latest position on the transformation programme, emphasising the important role that everyone has to play. She said there were significant underspends in projects in 2018/19, with the final outturn underspend of c£16.1m. She said the Department of Finance has recently confirmed from DoF that end-year flexibility has been granted in relation to unspent confidence and supply monies, meaning that an additional £16.1m is available for investment in Transformation in 2019/20.
- 6.2 Richard asked for a general opinion on the impact of Transformation investment. Peter advised that many new initiatives have brought about improvements in service delivery, however other projects have struggled due to the fact that they do not have sustainability plans or an exit strategy given the uncertainty of secured long term funding. He said some funding had been directed to dealing with waiting list pressures and firefighting projects, but the underlying problem of over-demand and under capacity will still exist when transformation funding runs out.

7. Impact of pension changes on delivery of core activity

- 7.1 Richard said the ramifications of the new pension arrangements for individuals are outside the control of the Department or the Trusts. He suggested those affected should consider taking advice from a financial advisor regarding options to address the additional taxation implications. Peter said there is a clear correlation between consultants reducing their additional PA workload and the reduction in numbers of patients being treated which he believed is already resulting in increased waiting list times.

8. HIA 2018/19 Limited Assurance opinion

- 8.1 Richard asked for an explanation given the HIA's overall limited assurance report. Martin said he agreed it is an unsatisfactory place to be and the Trust is making strenuous effort to bring about improvements. Peter advised that the matter is being taken very seriously by the Trust Board and Audit Committee and an improvement plan has been agreed to ensure that a satisfactory internal audit report is obtained next year. Richard emphasised that the Trust needs to pay strong attention to address the issues raised by HIA.
- 8.2 Richard asked for an assurance that BHSCT is now operating a sound system of internal governance and control, has action plans in place to address the issues raised, and that the learning has been shared as appropriate across the Trust. Martin said the Trust has embarked on a major new set of improvements and actions, and he expected not to be in the same position next year. He provided assurance that the Trust is operating a sound system of internal governance.

9. Closing

Richard thanked the Chair and Chief Executive for their attendance and closed the meeting.

HSC Sponsorship Branch

July 2019

BHSCT MID-YEAR ACCOUNTABILITY MEETING**Wednesday 14 December 2022, Castle Buildings****BHSCT Attendees:**

Peter McNaney - PMcN	Chair of the Board
Dr Cathy Jack - CJ	Chief Executive

DOH Attendees:

Peter May – PM	Permanent Secretary
Jim Wilkinson - JW	EBM Sponsor
Carol Blee – CB	HSC Sponsor Branch

1. Welcome and Introduction

1.1 Following introductions, PM welcomed the return of the accountability meeting and explained the meetings' importance in context of the overall Assurance Framework.

2. Finance**Departmental Financial Position 2022/23**

2.1 PM acknowledged the difficult financial position in year and highlighted that the £7.3 billion budget announced by the Secretary of State provides the Department with a reasonable chance to break even this year.

Trust Financial Position

2.2 CJ acknowledged that the Trust is projecting a deficit of £9.3m which they hoped to meet however she highlighted that winter pressures were leading to additional spend. She said the Trust was beginning to see a reduction in agency staff expenditure particularly in relation to theatre staffing. CJ said the Trust had recruited 350 international nurses over recent times however they are taking longer to train due to cultural and language issues.

2.3 PM highlighted that staffing levels in BHSCT are higher than 3 years ago with 1,251 or 6.9% more full time equivalent staff, but more bank and agency staff are being used to treat fewer patients. He asked for explanation. CJ said the Chief Nurse had asked for supernumerary Ward Sisters to be appointed which had increased headcount but not additional service, CJ believed there was now a need to evaluate these posts.

Action: JW to discuss with CNO

2.4 Discussion took place around how the Health Service here could be run more efficiently with PMcN suggesting more autonomy for Trusts with more accountability for outcomes while reducing control from the Department. PM stated that while the Department retained the need for accountability, it wanted to be fair in terms of its requirements. PM said the Department would be happy to discuss any onerous Departmental requirements particularly those which did not add value to either party.

2.5 CJ said that the MDT requirement for social work in primary care was a cause for concern in being able to meet the Stat functions and ensure CCS did not destabilise. JW said the MDT was being evaluated and reviewed to both support further roll out, but also skills mix.

2.6 CJ suggested there needed to be more transparency of information in relation to productivity and more direct accountability. PM suggested there needs to be more accountability at the appropriate levels in the management chain across the HSC. CJ stated she would like to bring in the Salford Model which involves peer reviews and quality metrics which could lead to improvements and efficiencies. JW said access to comparable data that could be shared in relation Urgent Emergency Care would be useful.

2.7 PMcN suggested that the backstop of 3 hours for ambulances was a good measure and stated that Belfast had the most ambulance diversions currently. He acknowledged that staff were prepared to go the extra mile particularly when the same rigour is replicated across the HSC system and a degree of transparency would help demonstrate fairness. PM said the move to regionalised approaches had

a lot to commend it. Encompass and Regional waiting lists were good examples. He highlighted that these would affect individual Trust Board autonomy.

2.8 CJ said she had concerns about the Trust achieving statutory break-even position for this financial year. She advised that staff sickness levels in the Trust had contributed to this position including nurse sickness rates for the Trust at 11% compared to 5% in England. PMcN emphasised that, despite the demands on the Trust including sickness absence rates, the Trust would do everything in its power to reach a break-even position.

2.9 CJ highlighted the allocation of £4 million for No More Silos regardless of the size of each of the Trusts and felt it should reflect Trust costs e.g. Belfast Trust provides regional services. JW stated that the funding for NMS was primarily to promote and enable actions and not the full cost of all aspects of the NMS actions. In terms of the prioritised actions for this year in NMS these were the actions that had demonstrated impact and also created new services for Urgent and Emergency Care, Phone First, Urgent Care Centres, etc. PMcN advised that it was important that consultation took place with those delivering the service when undertaking reform and highlighted the need to involve staff in broader conversations. In respect of NMS, JW advised that this had been a core element of the process.

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3. Performance

3.1 PM acknowledged there were areas of performance where the Trust was performing well and other areas where improvements could be made and asked PMcN to explain how the Board oversees performance.

3.2 PMcN said the Trust introduced a Quality Management System (QMS) two years ago which enabled the Trust Board to consider performance in its totality including efficiency, effectiveness, safety, and timescales.

He said that Performance is considered at every Trust Board meeting and that the Board receives a QMS report which allows a deep dive on those areas of performance with the highest variances. PMcN highlighted that workforce was a

major issue for the Trust and said the Board had placed a major focus on how to address these issues. He said that the Trust set up a project team with a target of recruiting 350 international nurses. He said that the Trust has achieved the target and 386 nurses have been recruited.

3.3 PMcN said another major issue in the Trust was the availability of Childrens' social workers which he suggested needed a different skills mix and a collective solution. He also said the Board had a big focus on the ED and had a developed winter plan, but that the solutions are Trust wide, and the Board wanted to see every part of the organisation doing their bit creating direct pathways for patients rather than everything being channelled through ED.

3.4 PMcN said the Trust had a united board with good relations and people with good skills who added value. He highlighted that a least a third of the last Board meeting was spent on Muckamore Abbey Hospital and that Inquiries and look backs were taking up a lot of Board time. He suggested that the Department should review how Boards are asked to demonstrate effectiveness. In his previous role in the council, he had to submit an end of year report on effectiveness.

3.5 PM said that waiting lists are a system wide indicator of where the HSC service is at and there is a need to start considering waiting lists from a regional perspective. PM said he had asked SPPG to undertake an exercise in respect of all of those waiting over 5 years. PMcN suggested considering those areas where waiting list reduction has been successful, with a view to sharing best practice across the Trusts.

3.6 CJ raised the issue of COVID Testing before patients are released to care homes and asked if it will be reviewed. CJ said the five Chief Executives had met to discuss moving patients to a suitable home after 72 hours if their home of choice wasn't available and said they had consulted with RQIA, the Patient Client Council and Eddie Lynch COPNI.

4. In Patient Day Cases (IPDC) Waiting Lists

4.1 CJ said the total number of patients on the waiting list has increased by 5.8% over the year with the number of patients waiting longer than 52 weeks increasing by 1.3%. She said theatres were now operating at 86% of SLA as more lists have been commissioned. Theatre staff vacancies had been 20% but were now 8.5%. This has resulted in the Trust delivering more surgical sessions. In MPH orthopaedics we are now delivering 73 lists per week with a different skill mix and if funding for more anaesthetics and consultants available could within the same budget provide more than the 73 lists. Ideally, she would like to provide 90 lists per week. PM acknowledged the progress that is being made.

5. New Children's Hospital

5.1 PM stated that issues in relation to value for money and affordability were a big challenge and the Department was working through them. He acknowledged that this was not the only flagship project where costs had increased but that not proceeding with project would have a detrimental impact. He said that the Department was working to find a way to make sure the project proceeds. PMcN and CJ both said that it was important that the project proceeded.

6 Muckamore Abbey Hospital – Resettlement

6.1 CJ explained the work being done to resettle patients currently in the hospital and highlighted that a relative of one of the patients would be going on TV next week to talk about resettlement issues.

7 Children's Community Services

7.1 CJ said a big problem in Children's Services was the skill mix of social workers and that she has asked one of her directors to undertake a review of social work and how time is being spent.

7.2 PM stated he will be meeting Ray Jones in February and any information that could be shared at that meeting would be useful. JW said the MDT model was being redesigned and would include a review of the skills mix and an audit of the type of working being carried out.

7.3 CJ said a review of the skills mix would help manage and monitor the service but another issue that needed to be considered was how often care packages are reviewed as some were developed several years ago and needs may have changed over time. PM agreed that a review process needed to happen.

7.4 CJ said the Trust has appointed an Interim Children's Manager and an Executive Director of Social work and said she would write to PM with the details as this was an additional interim post.

8. AOB

8.1 As PMcN would shortly stand down as Chair, PM thanked him for all his work during his time as Chair of BHSCT. PMcN thanked PM and expressed his appreciation for the work being done by all the team at BHSCT.

No further business was raised, and the meeting was brought to a close.

From the Deputy Secretary, Social Services Policy Group/
Chief Social Work Officer
Seán Holland



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

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BT4 3SQ

Tel: [REDACTED]

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Our Ref: SH133

Date: 26 November 2018

Chief Executive, HSCB
Director of Social Care and Children, HSCB

Dear Colleagues

DELEGATED STATUTORY FUNCTIONS – OVERVIEW REPORT 2017/18

Thank you for receipt of the HSCB DSF End Year Overview Report for 2017/18 received by the Department on 14 September 2018.

Whilst there are key improvements in the Report, this could be further strengthened with a greater level of analysis. There continues to be some issues regarding data quality and I draw this matter to your attention as a governance issue.

A number of other governance matters have been identified concerning DSF in the delivery of both Children's and Adult Services as set out below:

1. Domiciliary care packages /DoH Domiciliary Care Audit;
2. Children with Disabilities;
3. Unallocated Cases in children's services;
4. Adult Safeguarding Referrals;
5. HSCTs Usage of Article 15 Payments under the Health and Personal Social Services (NI) Order 1972;
6. The Approved Social Work Workforce; and
7. Carers and Direct Payments.

As part of the governance and accountability arrangements and Departmental processes, I am seeking a meeting with you to discuss the overall performance of the Trusts and to provide assurances that all necessary actions continue to be taken to ensure the safe and effective delivery of services.

I have asked my secretary to make arrangements.

Yours sincerely

SEÁN HOLLAND
Chief Social Work Officer

Copy distribution list:

Chief Executives, HSCTs

Directors of Children's Services/Executive Directors of Social Work, HSCTs



BELFAST HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2018

REPORTING TEMPLATE INDEX

SECTION 1 – INTRODUCTION

- to be completed by Executive Director of Social Work

SECTION 2 – EXECUTIVE SUMMARY

- to be completed by Executive Director of Social Work (inc signature & date)

SECTION 3 – GENERAL NARRATIVE & DATA

- to be completed for each Programme of Care by the Social Work Leads for that Programme
- the data returns 1-6 & 8-9 for each programme should follow the narrative
- all Programmes must complete an individual Data Return 1-6 & 8-9 inclusive
- Data Return 9 (Mental Health) can be compiled by the ASW Lead but should have a separate data set for each Programme
- Data Return 10 is only to be completed by the Family & Child Care Programme (this is for the 6 month period 1st October – 31st March)
- Data Return 11 replaces the Training Accountability Report
- please ensure complete reporting of all Data Returns (**nil returns or non-applicable should be reported**)

DATA RETURNS

- 1 General Provisions (Returns 2-9 below relate to specific statutory duties, the data returned therein constitutes a sub-set of this return)
- 2 Chronically Sick and Disabled Persons
- 3 Disabled Persons (NI) Act 1989
- 4 Health and Personal Social Services Order
- 5 Carers and Direct Payments Act 2002
- 6 (Safeguarding Adults)
- 7 (Social Work Teams and Caseloads)
- 8 Assessed Year in Employment
- 9 Mental Health
- 10 Family and Child Care specific returns (CC3/02)
- 11 Training Accountability Report

	Page
Section 1: Introduction	4-5
Section 2:	6-14
Section 3: Service Areas	
Older Peoples	15-46
Physical and Sensory Disability	47-80
Mental Health (Adults)	81-114
Learning Disability (Adults)	115-153
Family and Child Care	154-180
Children’s Disability/Child and Adolescent Mental Health Services	181-212
 Appendices:	
Belfast Local Adult Safeguarding Panel (LASP) Report 2017-2018	
Data Return 8 Assessed Year in Employment	
Data Return 11 Accountability Report 2017-2018	
Regional Emergency Social Work Service	

1. Introduction

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services delivered by the social work and social care workforce (the social care workforce) during the reporting period 1 April 2017-31 March 2018. It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme for Delegation) and identifies on-going and future challenges in the provision of such services.

The Trust, as a corporate entity, is responsible in law for the discharge of statutory social care functions delegated to it by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. The Trust is accountable to the Health and Social Care Board (HSCB) for the discharge of such functions and is obliged to establish sound organisational and related assurance arrangements to ensure their effective discharge.

The following themes underpin the delivery of statutory services:

- Promoting and supporting the service user's engagement as fully as possible in the planning for and reviewing of arrangements for their care.
- Empowering service users to exercise as much autonomy as possible in their choices and decision-making about their life circumstances.
- Supporting parents/carers/and other key individuals in their caring roles through the provision of flexible, individualised supports and access to support networks.
- Working in partnership with voluntary, community, independent and statutory organisations to build resilience and capacity across communities to develop safe, inclusive, supportive localities.
- Provision of high quality, evidence informed services, which deliver positive outcomes for individuals, families and communities.
- Proportionate exercise of statutory authority to secure the safety and welfare of children and adults who are vulnerable to abuse/exploitation/neglect/marginalisation.
- A continuous focus on improvement, quality and safety in the delivery of services.
- The recruitment, retention and development of a skilled and committed workforce through a culture of continuous learning and the pursuit of excellence.
- An ongoing focus on promoting the wellbeing of the workforce through their accessibility to bespoke supports and services and their engagement in and contribution to the development of corporate, Directorate and service planning processes.

The Scheme for Delegation provides the overarching assurance framework for the discharge of statutory social care functions. It outlines:

- The powers and duties delegated to the Trust.
- The principles and values underpinning the delivery of statutory services.
- The policies, circulars and guidance to which the Trust must adhere in the discharge of such functions.
- The organisational assurance arrangements in relation to the discharge of statutory functions.

The Scheme for Delegation requires the Trust to complete an annual report addressing how it has discharged those statutory functions pertaining to social care services delivery.

The Trust's exercise of these functions, in particular those relating to the protection and care of children and vulnerable adults and restrictions of personal liberty, give rise to significant levels of public interest and scrutiny.

The Executive Director of Social Work is professionally accountable for, and is required to report to the Trust Board, on the discharge of statutory social care functions. An unbroken line of professional accountability runs virtually from the individual practitioner through the Divisional professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

This Report has been prepared using the HSCB regional template and is sub-divided into the following sections:

SECTION 1: An introduction to the Report.

SECTION 2: An overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Divisions by the Executive Director of Social Work.

SECTION 3: Individual reports, each of which addresses a range of key themes including: a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory social care functions; challenges with regard to the delivery of statutory social care services; workforce issues; and areas of emerging significance.

The individual Service Area reports include a number of information returns prescribed by the HSCB relating to statutory social care service delivery.

APPENDICES:

BHSCT Assessed Year in Employment (Social Workers) Annual Overview Report.

BHSCT Social Services Workforce Learning and Development Accountability Report

The Belfast Local Adult Safeguarding Panel (LASP) Report 2017-2018

I would like to take this opportunity to recognise the role and contributions of Trust staff across all Directorates in the discharge of statutory functions, which is complex, challenging, highly skilled and rewarding work.

I would wish to express my appreciation, in particular, of the professionalism and dedication of the Trust's social care workforce in this regard.

John Growcott

(A) Executive Director of Social Work/Director of Childrens Community Services/ Director

May 2018

2. GENERAL

Executive Director of Social Work:

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2.1 Statement of Controls Assurance

(Brief statement is sufficient, however any gaps / breaches in terms of compliance should be highlighted and the action taken to resolve these)

Reference to RQIA should be included.

Reference to NISCC and the Trust’s mechanisms for monitoring registration status should be included.

The Trust has achieved satisfactory compliance with the requirements specified in the Scheme for Delegation.

The individual Service returns provide detailed commentaries on the levels of compliance, areas of difficulty, achievements and emerging trends in relation to the delivery of statutory services.

In the context of a particularly challenging operational and budgetary environment characterised by significant resource and capacity pressures, enhanced levels of public expectation, related scrutiny and a continuous drive for innovation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory social care functions.

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its functions.

The Trust is compliant with NISCC’s Code of Practice for Employers. With regard to the registration of the workforce. The Trust has robust organisational arrangements in place to monitor and assure compliance with registration requirements. The Trust is engaged in regular formal and informal contacts with NISCC.

The registration of social care staff (those staff who are not professionally qualified) during the reporting period has presented significant organisational and logistical challenges. As at 31 March 2018, the Trust had achieved full compliance with NISCC registration across all sectors of its social care staff.

2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work.

This must include confirmation that all Social Work staff receive formal and regular professional supervision from a professionally qualified social worker who can function in this supervisory role. Please state when this is not the Social Work Line Manager.

The Executive Director of Social Work is accountable for assurance of Trust organisational and governance arrangements underpinning the discharge of social care statutory functions and for the discharge of such functions by the Trust's social care workforce. An unbroken line of professional accountability "runs" from the individual practitioner through the Service professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's social care workforce is located in within two Directorates, Adult Social and Primary Care and Childrens Community Services. During the reporting period, mirroring the situation in all of the Trust's operational Directorates, both Directorates have taken forward their phased transition to shadow Division status, as part of the embedding of an overarching collective leadership model and related organisational structures within the Trust.

Each of the operational Directorates have established Divisions mirroring the former service delivery units and have appointed/are in the process of appointing Senior Leadership Teams, which will have accountability for Divisional service delivery performance and governance arrangements. The new post of Divisional Social Worker will assume the responsibilities of the Associate Directors of Social Work and will have enhanced responsibilities and accountabilities as a member of their Division Senior Leadership Team for the range of corporate governance and service delivery functions.

Throughout the reporting period, the Associate Directors of Social Work have had a key organisational role in providing assurance with regard to the discharge of statutory functions. They have responsibility and are accountable for

- The professional leadership of the social care workforce within their respective Services.
- The provision of expert advice within their Services on the discharge of statutory functions and professional issues pertaining to the social care workforce.
- Ensuring organisational and assurance arrangements are in place within their Services to facilitate the discharge, monitoring and reporting on the discharge of statutory functions.
- The completion of the individual Service's Annual and Interim Statutory Functions Reports.
- Ensuring that arrangements are in place within the Service to monitor compliance with NISCC workforce regulatory requirements.

The Trust's Adult Social Services Professional Social Work Supervision Policy (January 2014) and the Regional Supervision Policy Standards and Criteria

(Revised November 2013) provide the framework for the delivery of professional social work supervision to social work staff in adult and children's services. The Trust's Supervision Policy and Procedures for Social Care Staff in Adult Services October 2011 outlines the processes and standards informing supervision delivery to social care staff. A community team within the Learning Disability Service participated in a pilot of a Draft Revised Adult Professional Social Work Framework (2016). The pilot sought to integrate group and peer supervision processes within professional supervision structures and to profile reflection, developmental and improvement dimensions to the delivery of supervision.

Compliance with supervision standards is monitored on an ongoing basis through Service and Trust-wide audit processes.

2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.

(Narrative should be specific. Trusts should take the opportunity to append their Adult Safeguarding Report).

Within the individual Services, the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service reports.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes, which provide assurance as to the effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes.

The Executive Director of Social Work:

- Provides professional leadership to the Trust's social care workforce.
- Provides expert advice to the Trust Board on all matters pertaining to the discharge of statutory functions.
- Is accountable for the assurance of all issues pertaining to the social care workforce's compliance with professional and regulatory standards.
- Is accountable for ensuring that appropriate arrangements are in place to discharge the Trust's statutory social care functions and for the assurance of same.
- Is required to report directly to the Trust Board on the discharge of these functions. The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented to Trust Board for consideration and approval.
- The Executive Director of Social Work is responsible for the completion of a quarterly update report to the Assurance Committee on the work of the Social Care Steering Group (Associate Directors of Social Work) and the Adults and Childrens Safeguarding Committees respectively.

The Trust has established a Social Care Committee. The Committee Chair is Ms Anne O'Reilly, Non-Executive Director. The other two members of the Committee are also Non-Executive Directors Ms Miriam Karp and Dr Martin Bradley. The Committee is a sub-committee of the Trust's Assurance Committee. It is authorised by the Trust Board to review the Annual and Interim

Statutory Functions Reports, the six-monthly Corporate Parenting Reports and miscellaneous other reports pertaining to the discharge of statutory functions prior to their presentation to Trust Board.

The Social Care Steering Group (membership of which is made up of the Associate Directors of Social Work Group) is a sub-committee of the Trust's Assurance Committee with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions.

The Trust has established a Children's Safeguarding Committee, which has responsibility for providing assurance to the Trust Board that appropriate and effective Trust-wide arrangements are in place to facilitate the discharge of its statutory responsibilities to safeguard the welfare of its childhood population. Membership of the Committee is drawn from senior operational and professional staff from each of the Trust's Directorates and is chaired by the Executive Director.

The Trust has established an Adult Safeguarding Committee, which mirrors the remit and structures outlined in respect of the Children's Safeguarding Committee from an adult safeguarding perspective. In the context of the dissemination of the Revised Regional Adult Safeguarding Policy, the Adult Safeguarding Committee will have a substantial focus on assuring the implementation of and compliance with the Regional Policy.

With the establishment of the Divisional structures, the Terms of Reference of each of these committees with a focus on the strengthening of their respective governance functions.

The Trust's Risk Management Framework outlines the organisational arrangements underpinning the identification/assessment, ongoing management and review of risks and the related Trust Risk Register structures and processes. Each Service has its local Risk Register, which serve to populate Directorate and Trust's Corporate Risk Registers and Principal Risks Document respectively. Directorate and corporate governance structures afford the mechanisms for the ongoing management and review of risks across the respective Registers.

2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions.

Trust should where appropriate include brief descriptions and cross references when the matters being reported are dealt with in detail in other sections of this report. Where such cross-referencing is not appropriate the failure to discharge any statutory function must be reported in this section.

This has been a challenging year for the Trust in the context of the following issues: the demands, levels and complexity of need across all settings; enhanced public expectations and levels of scrutiny; the impact of the phased re-structuring of regional commissioning and reporting structures; the overarching financial and resources context; and ongoing difficulties with the regional recruitment pathway.

The Trust has prioritised: **MAHI - STM - 118 - 3334**

- Safe and qualitative service delivery.
- The embedding of a culture and underpinning values, which promote excellence, innovation and continuous learning as, reflected in its investment in its workforce's knowledge and skills base.
- Partnerships with local communities and voluntary, private and statutory agencies.
- Community capacity building.
- Co-production, partnership and purposeful engagement with service users, carers and communities to improve service delivery.

The following is an overview of a number of areas, which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. The individual Service reports provide additional commentary on these themes.

DEPRIVATION OF LIBERTY:

The Trust's Legal Adviser had previously commented on the Trust's need to review and prioritise all those situations in which service delivery arrangements had given rise to a deprivation of a service user's liberty. He had recommended that, on a risk-based stratification of the nature and extent of the deprivation, the Trust should engage with the Courts to progress applications for Declaratory Judgements in relation to individual situations.

During the reporting period, a number of Service initiated proceedings to secure Declaratory Judgements.

REVISED REGIONAL ADULT SAFEGUARDING POLICY:

The implementation of the-above Regional Policy has significantly enhanced the scope and service delivery responsibilities of the Trust in relation to adult safeguarding. While the Trust is supportive of the thrust and aims of the Policy, the lack of the necessary resources to support implementation has been a major concern for the Trust. In particular, the Trust would highlight its view of the need for a significant investment in professional adult social work service delivery capacity in light of the prescribed responsibilities of Band 7 social work staff.

ASW DAYTIME ROTA

The Mental Health Service Report provides a detailed commentary on the current challenges the Trust is encountering in the delivery of the ASW Daytime Rota.

These include:

- The diminution over a number of years of the complement of designated social work posts in the Mental Health Service Area.
- The demands on available social work capacity within the Service of the rise in adult safeguarding activity, particularly in relation to Band 7 staff.
- The difficulties of out-of-Trust admissions for assessment.
- Operational interfaces with the PSNI and NIAS.

- The pressing need to develop a robust workforce planning approach to social work requirements in Adult Services (including ASWs).
- The resourcing of and supports for staff engaged in the Regional ASW Training Programme.

PLACEMENT CAPACITY IN CHILDRENS SERVICES

Pressures with regard to placement availability across residential and fostering services in the context of the volume and complexity of needs of the Trust's looked after children population.

WORKFORCE

There is a pressing need to develop a robust Trust-wide workforce planning approach to social work and social care to secure the necessary workforce volume, skills and knowledge base to meet service delivery demands across, currently those relating to safeguarding, ASW functions and domiciliary provision.

The investment in the professionalisation of adult social care service delivery and the parallel development of the status and skills base of domiciliary and residential care staff are of particular significance in light of the strategic emphasis on care at home and the growing awareness of the importance of the social dimension to health and wellbeing.

There is a pressing need to address domiciliary care workforce recruitment and retention in light of the ongoing difficulties in providers' ability to deliver the necessary range of packages to meet assessed needs.

While improving relatively, the ongoing difficulties in delivering the Trust's Daytime ASW Rota re-inforce the risks associated with genericism in multi-disciplinary service delivery models and the importance of strong uni-professional structures and workforce pathways.

Within childrens services, there are significant challenges in retaining experienced staff in fieldwork and residential settings.

HOUSING

The cessation of supported living funding for new accommodation projects and the proposed 5% reduction in funding for ongoing projects has presented substantial challenges across all services. The availability of bespoke accommodation and related community infrastructure to support vulnerable individuals with complex and layered needs is of crucial significance.

The Services are exploring new partnerships with private, voluntary and community providers to address bespoke accommodation solutions.

CO-PRODUCTION

Co-production is the template, which informs engagement with/of service users and carers in the development and delivery of safe, high quality and effective services. It embraces purposeful engagement, partnership, listening with respect and transparency.

Ongoing challenges in relation to the implementation of the PARIS system within children's social care services and the optimising of PARIS functionality in Adult Services.

➤ The complexity and volume of service demands across all service settings.

2.5 Progress report on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4), actions arising and progress made.

Statutory Functions Action Plans:

The HSCB, in consultation with the Trust, has established a schedule of meetings and review arrangements in relation to assurance of discharge of statutory functions.

2.6 Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register.

The individual reports provide a synopsis of risks listed on Risk Registers.

The following risk pertaining to the discharge of statutory functions is listed on the Trust's Principal Risks Register:

There is a risk that the Trust cannot quality assure and provide accurate reporting returns for social work and social care activity relating to the discharge of Statutory Functions.

This risk relates to the recommendation of an Internal Audit into the collation of information returns to the Commissioner in relation to the discharge of statutory functions.

The following provides an update on the Trust's actions to address the Audit recommendation:

The regional nature of PARIS implementation across children's social care services and the current volume of mandatory reporting requirements necessitate the regional standardisation of business and related data inputting processes.

The ongoing development of software and its subsequent testing had presented substantial logistical and resource demands and had resulted in a series of delays and re-scheduling of implementation. This situation was compounded by difficulties in retaining a core ICT resource base to support PARIS implementation and challenges associated with the "going live" of the ECR platform to facilitate cross-Trust searches and access to Child Protection and Looked After Children Registers.

The Childrens Services Directorate has been engaged in a phased implementation of PARIS across its service base and has recently completed the migration of data from SOS CARE onto the ECR platform.

The individual Service reports address co-production initiatives and achievements.

INFORMATION

Investment in the development of data management and analytics capacity and skills across social work and social care services is a pressing priority. The potential benefits of digitalisation within strong information governance structures to rationalise non-value bureaucracy, to facilitate transformational working practices and to enhance outputs and outcomes for service users are substantial.

The implementation of PARIS across social care services has been a complex and challenging process. Significant difficulties in PARIS reporting functionality in Adult Services in particular have been significant. Implementation of the system in Childrens Services is progressing in the context of the pending implementation of the Signs of Safety model and further criticism of the efficacy of the UNOCINI Pathway model.

There is a pressing need to secure a Trust-wide PARIS support-infrastructure to optimise the system's potential and to build information management capacity across both adults and childrens services to meet Divisional performance, governance and improvement reporting and development requirements.

2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance.

This should include a summary (more detailed information should be provided within the relevant sections of this report) of Audits, Service Improvement evaluations etc, conducted by the Trust or by others, including Recommendations and progress.

- RQIA independent reviews and inspections of regulated facilities. RQIA and the Mental Health Review Tribunal's statutory duties to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- External and internal performance management and accountability arrangements facilitate scrutiny of the Trust's performance in respect of the provision of statutory services.
- The Trust's Serious Adverse Incidents Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and HSCB monitoring and related learning from significant events.
- The Trust's arrangements for the investigation and management of complaints and the Trust's interface with the Office of the Commissioner for Complaints.
- The Trust's discharge of its statutory duties to co-operate with the SBNI-in particular its responsibilities with regard to Case Management Reviews (CMRs) and related children's safeguarding inquiries.
- The Trust's engagement with the NI Adult Safeguarding Partnership and its discharge of its responsibilities in relation to Case Management reviews and related adult safeguarding inquiries.

CONCLUSION:

The financial context has presented ongoing challenges to all Services during the reporting period. The position going forward remains unclear at this point. The volume and complexity of demand for services is unrelenting. The following are recurrent priorities across all service settings: workforce pressures particularly in relation to domiciliary care, Band 7 capacity and ASW provision; the need for significant investment in housing/residential care models to meet specialist needs; investment in the development of governance structures to support Divisional organisational arrangements; and investment in digital systems, data management and analytics.

Transformation investment funding will support the spread of a number of innovative social care service models across childrens and adult services. The implementation of Signs of Safety in childrens services presents an opportunity to embed strengths-based, evidence informed and outcomes focussed interventions with children in need and their families.

The Older Peoples Services Workforce Review has reconfigured service delivery arrangements across hospital and community settings with a focus on increasing professional social work capacity in community services and developing seamless pathways across hospital and community services. Both developments profile the importance of the social care workforce's skills and knowledge base in delivering high quality, safe and effective services within a wider multi-disciplinary structure. The development of the Trust's Collective Leadership structures will afford opportunities to strengthen the profile of community services, improve the management of internal and external interfaces and promote purposeful partnerships with and meaningful engagement of service users and carers.

The Trust would wish to acknowledge the importance of the Regional Social Work Strategy in facilitating a "re-energising" of the profession. It has articulated a coherent vision for the future of social work, which positions the profession at the centre of the modernisation and improvement of health and social care service delivery.

The maintenance of vulnerable adults and children with complex health and social care needs and enhanced levels of risk in their own communities will require a sustained investment in community infrastructure and capacity. Strong partnerships with statutory, voluntary, community and private sector organisations and organisational structures, which embrace service user and care engagement, will be pivotal to optimising available resources and outcomes.

Signature**John Growcott****(A) Executive Director of Social Work/Director of Childrens Community Services/ Director****May 2018**

GENERAL NARRATIVE

<p>3.1</p>	<p>Named Officer responsible for professional Social Work</p>
	<p>During the reporting period, Ms Katie Campbell, Service Manager, has discharged the role of Associate Director of Social Work (Associate Director) in the Older Peoples Service.</p> <p>As part of the Trust’s phased implementation of a Collective Leadership model, the OPS and Physical, and Sensory Disability Services (P&SD) have assumed shadow Divisional status within the Adult Social and Primary Care Directorate.</p> <p>The postholder has had responsibility for professional issues pertaining to the social work and social care workforce within the Older OPS Service. She has been accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service.</p> <p>The postholder has been responsible for:</p> <ul style="list-style-type: none"> ➤ The provision of professional leadership of the social care workforce within the Service. ➤ The establishment of structures within the Service to provide assurance to the Executive Director on the discharge of statutory functions. ➤ As a member of the Directorate’s senior management group, the provision of specialist advice on professional issues pertaining to the social care workforce and social care service delivery. ➤ The collation and assurance of the Service’s Interim and Annual Statutory Functions Reports ➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce ➤ Ensuring that arrangements were in place within the Service to identify and provide access to training and post-qualifying accredited learning and development opportunities. ➤ Ensuring that arrangements were in place to provide assurance with regard to workforce compliance with NISCC registration and regulatory requirements. <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service’s line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p>

	The Associate Director has assured the OPS Service's Annual Statutory Functions Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.
3.2	Supervision arrangements for social workers
	<p>Trusts must refer to Assessed Year in Employment (AYE) compliance and caseload weighting arrangements.</p> <p>AYE The Service has had 19 AYE staff during this reporting period. Assurance can be given that AYE social workers have a protected caseload and receive the mandatory training and supports required, through direct supervision and involvement in the AYE peer support group. AYE staff report finding the peer sessions particularly helpful in their development.</p> <p>The Service in this reporting period has continued with the bespoke social work induction programme for all newly appointed social workers. There has been a particular focus on relationship based social work and training linked to this.</p> <p>Supervision arrangements The Service continues to audit performance around professional supervision and where appropriate develops action plans to address issues and provide assurances around meeting the requirements of the revised policy. Supervisors are required to report monthly on instances where staff have not received supervision and identify actions in place to address this. The Service's Principal Social Worker (PSW) monitors supervision compliance returns and analyses findings and trends to identify any necessary remedial actions.</p> <p>Within this reporting period, the Service has increasingly struggled with recruitment to key Band 7 first-line management roles. Delays in filling gaps in this cohort of posts have, at times, impacted on the Division's compliance with supervision timescales. Risk associated with this issue are currently included in the Divisional Risk Register.</p> <p>Caseload weighting There have been a number of discussions with ECAT regarding the development of a bespoke Service social work caseload-weighting tool. Team managers have operationalised a manual caseload analysis approach with social work staff, which has focussed on the prioritisation of work within the teams. The next phase of the Service's modernisation of its social work workforce will address caseload sizes promoting flexibility to ensure the targeting of professional social work resources on those service delivery areas, which are most challenging and complex.</p> <p>Consolidation of Professional Structure Within the reporting year, the Trust has moved on a phased basis to a shadow Collective Leadership model. The process of recruiting to a Divisional Social Work post in OPS and P&SD, which will subsume the Associate Director roles across both Services, has commenced.</p> <p>The Divisional Social Worker will be part of the Divisional Senior Manager</p>

	<p>Team and will share in the senior leadership group's collective accountability for performance, quality and safety. The postholder will have responsibility and accountability for professional social care governance arrangements within the Division. As a Divisional senior manager, the postholder will lead on a number of corporate governance and service delivery areas across OPS and P&SD.</p> <p>The ongoing social care modernisation programme has sought to strengthen the professional social work role and structures across the Division. Within this reporting period the Service has stood down the care management role in community social care service delivery processes. All community social care functions have been unified under 4 core roles – social care co-ordinator; social worker; senior social work practitioner; and social work Team Leader.</p> <p>Within hospital and community social work settings, operational and professional responsibilities and accountability are delivered through a bespoke, single professional line of professional social work middle and senior management postholders.</p> <p>Recruitment and retention of staff</p> <p>As noted previously, this reporting period has been a challenging in terms of the stability of staff, particularly at the Band 7 Team Leader role across hospital and community social work. This has had a significant impact on the delivery on operational management capacity and related assurance processes.</p> <p>The Service has commenced a specific management development and support programme for Band 7 staff with a focus on developing leadership and management skills and competencies. Presently one team manager and three Assistant Service Managers (ASMs) are completing the Managing Effective Practice and the Leading with Care programmes respectively.</p>
3.3	<p>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</p>
	<p>Social Work and Social Care Workforce Review (the Review)</p> <p>Across the Service, social work and social care staff have participated in a further period of significant change. As part of the outworkings of the Review, the Division has “stood down” the care management function as at the end of November 2017. The management and review of people in long-term care placements has successfully transferred to the newly established Care Review and Support Team (CReST).</p> <p>CReST has been operational since September 2017. It consists of fifteen practitioners and two Senior Practitioners. To date case management responsibility for 1600 service users in residential and nursing homes has transferred to CREST, with the completion of the transition process scheduled for the end of May 2018. Early evaluation returns have indicated that positive outcomes for service users across a range of qualitative and quantitative measures. CReST has engaged with RQIA to share and receive feedback on this service delivery model with a view to enhancing collaboration with and to support the work of the Authority.</p>

As part of on-going work in relation to the continual improvement of the service user experience, CReST will pilot the Adult Social Care Outcome Tool (ASCOT) in Trust.

NISCC Registration

The Service has been compliant with NISCC workforce regulatory requirements.

Regulation Quality and Improvement Authority

The Service is achieving satisfactory compliance with the majority of regulated services standards. All services inspected have demonstrated compliance with requirements in relation to safeguarding and quality Improvement plans. Annual service evaluations are shared with service users and carers.

Risk Register

The Service has arrangements in place to review and update its Risk Register in line with Directorate and corporate governance processes.

Accidents and Incidents

The Service and wider-Directorate's governance and reporting arrangements meeting afford robust reporting and scrutiny of accidents and incidents.

Reflective Practice

There are a number of practice groups, which provide opportunities for reflection, shared learning and supports for Investigating Officers, Designated Officers, Achieving Best Evidence (ABE) Division's trained interviewers and Approved Social Workers.

The Crest Team participates in focused reflective practice sessions on a monthly basis. The Service has developed reflective practice fora for newly recruited social workers as part of induction and ongoing supports to consolidate their knowledge and skills base in OPS during their first year.

Enhancing Quality Assurance for Commissioned Services

The Service has strengthened its assurance arrangements with regard to the quality of domiciliary care, through the development of a new commissioning services governance structure.

A newly funded 8B-managed service will have responsibility for assuring the quality of services commissioned from nursing home, residential home and domiciliary care sectors.

As part of Divisional assurance structures, a group with representation from safeguarding, CREST, commissioned services, complaints and community social work will continue to monitor complaints across independent sector services with a view to identifying trends or patterns which require investigation.

Contracts with Independent Domiciliary and Care Home Providers

As part of ongoing assurance arrangements, Service staff meet at least annually with all independent domiciliary care providers to review compliance with contractual obligations in relation to safety, quality and effectiveness of

	<p>services provided.</p> <p>The Division is currently recruiting a Contracts Governance Manager to support this process.</p>
3.4	<p>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care) Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>Declaratory Judgements</p> <p>The Service continues to face professional and ethical challenges in those circumstances in which a service user is incapacitous. Pending the implementation of the Mental Capacity legislation, the absence of a statutory framework within which to progress decision making as to the appropriateness of an application for a Declaratory Judgement in respect of an adult who lacks capacity remains an ongoing area of concern. The Service has initiated four Declaratory applications to date. On each occasion, the High Court made a judgement in favour of the Trust. The individual hearing processes have been complex and resource intensive.</p> <p>The Service has a further three applications pending. The Trust would welcome regional practice guidance in this area.</p> <p>Commissioner for Older People</p> <p>The Commissioner for Older People engaged with the Service while undertaking a review of the situation in relation to Dunmurry Manor. The review report and recommendations are due for publication over the next number of months. This has been an area of learning for the Service in relation to the remit, application and breadth of the Commissioner's powers. The review has required a significant level of resource to meet the Trust's statutory responsibilities to the Office of the Commissioner in this matter.</p> <p>NISCC</p> <p>The Service has worked collaboratively with NISCC throughout the reporting period to achieve full registration of its domiciliary care workforce. The Service will continue to work with the Regulator in relation to the registration of its cohort of social care co-ordinator staff.</p> <p>Northern Ireland Fire and Rescue Service (NIFRS)</p> <p>In response to findings of the Coroner detailed in last year's Annual DSF Report, the Service has developed its links with colleagues in the NIFRS. A service level agreement signed in March 2018 outlined reciprocal referral pathways when fire risk concerns emerged in relation to an older person. Fire Service officers and social work staff will undertake joint visits to service users in such circumstances. There have been a number of joint training events for Trust staff hosted in NIFRS facilities. These have afforded staff with the opportunity to discuss and assimilate clear guidance in relation to the management of risks of fire for vulnerable older people. The Trust has reciprocated with training events for NIFRS on the needs of vulnerable older people and the nature of the Trust's statutory duties to promote and safeguard their welfare. A number of NIFRS Senior Officers have attended Trust Safeguarding and Dementia Awareness training.</p>

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>DOMICILIARY CARE</p> <p>There have been very significant challenges in relation to the delivery of domiciliary care during the reporting period.</p> <p>As at 31st March 2018:</p> <ul style="list-style-type: none"> ➤ Four hundred and thirty-four (434) people were awaiting a care package. This amounted to 3088 unmet need hours. (On 31st October 2017, 591 people were awaiting a care package, the equivalent of 4589 unmet hours). ➤ 74% of all people awaiting a care package were living in their own home; and 10% were waiting to exit reablement services. <p>This level of unmet need has presented particular challenges to service users, carers and staff. Within community teams, staff have had to work with increased levels of complexity of needs and associated levels of risk. An analysis of the unmet</p>	<p>The peak in the level of unmet need coincided with the outcome of the domiciliary care procurement process in October 2017. There was a retraction of services by providers at that time. In light of the levels of potential risk to service delivery capacity availability over the Winter and the projected levels of need across the City, the Trust in consultation with the DoH and HSCB took the decision to stand down the procurement process. Subsequently the Trust has taken the following actions:</p> <ul style="list-style-type: none"> ➤ Further engagement with providers to identify capacity and to review the current model of provision. ➤ Increased capacity within the RAPS Statutory Homecare Service with additional night-runs in IDSS commenced at the beginning of April 2018. ➤ Ongoing recruitment into the statutory Home Care Service. ➤ Implementation of twice-weekly 	<p>This is recorded as a principal risk on the Corporate Risk Register</p>

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>need indicates that there are significant difficulties in delivering services into East Belfast with the attendant impact on the Trust's ability to maintain flow from the Ulster Hospital.</p>	<p>telephone conference calls to prioritise high-risk cases.</p> <ul style="list-style-type: none"> ➤ Development of an information system to capture daily activity, demands, capacity and flow. ➤ An increase in the numbers of service users commencing with Direct Payments in lieu of a Domiciliary Care service. ➤ Short-term Review Team operationalised in January 18 to focus on unmet need and to develop a new commissioning model for social work staff. ➤ Secured investment in a Domiciliary Care Governance Team to assure the quality and safety of commissioned services. ➤ A rapid response model to facilitate discharge and maximise flow across transitional services operationalised in East Belfast. ➤ Bed capacity in Intermediate Care has been temporarily increased to support hospital discharge 	

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>MAINTAINING HOSPITAL FLOW</p> <p>During the reporting period, there were unprecedented levels of demand across the acute sector throughout the Winter months. Limited domiciliary care capacity significantly compounded these difficulties, adversely affecting the normal exit pathway from intermediate services such as reablement and community rehabilitation. Whilst the Service’s performance improved in relation to complex and weekend discharges managed by the hospital social work services, this remained a very challenging time, and has led to an increased dependency on interim beds as an alternative to an appropriate pathway. Thirteen service users were awaiting a package of care in an interim bed on 31st March 2018.</p>	<p>The Service continues to implement a community-facing Community Discharge and Support Hub model across three acute sites to support continuous and appropriate flow from hospital. The Hub has been operational across six wards in the RVH. Strongly interfacing with the community, the vision is to discharge service users from hospital within the standard timeframes of the appropriate pathway, working to the principle of “home first” as soon as the person is medically fit for discharge.</p> <p>The establishment of Community Complex Discharge Hubs within acute settings will deliver the centralisation of information and co-ordination of community support services, which will facilitate service users’ pathway from treatment to home in a timely manner.</p>	<p>Not currently on the Trust Risk Register.</p>
	<p>LIMITATIONS IN STATUTORY HOME CARE SERVICE</p> <p>The Statutory Home Care Service has had a history of rigid eligibility criteria, historically only accepting people who</p>	<p>Significant work has been undertaken to modernise and reform the Trust Home Care service, ensuring that it becomes more</p>	

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>required the assistance of one person to meet their assessed needs.</p>	<p>responsive to changing demands, effective and efficient. This process has resulted in the service making a substantial contribution to unblocking delays across intermediate care and to securing additional capacity within RAPS and the IDSS service.</p> <p>Mirroring wider workforce challenges, the service struggles to recruit staff and is currently exploring innovative and new ways of doing so. A new recruitment event is in planning for Home Care and IDSS as part of a rolling recruitment campaign. Links have also been made with Belfast Metropolitan College and staff have been identified as ambassadors for the service to speak at careers / recruitment events</p>	
	<p>CHALLENGES IN DELIVERING STATUTORY EMI PROVISION</p> <p>The Trust currently has five EMI residential homes. One of these homes, Ballyowen, will close when the new supported housing scheme, Cullingtree Meadow, opens in May 2018.</p> <p>The Trust is mindful of its commitment to ensuring that current residents will be able to remain in Ballyowen provided the unit</p>	<p>A review of current Statutory EMI provision is on-going using an Appreciative Inquiry approach. Consultation has taken place with all key stakeholders. The Service is drawing together the themes and recommendations emerging from the review to inform options for future consultation decision-making.</p>	<p>This matter is currently on the Directorate Risk Register.</p>

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>can continue to meet their assessed needs and that it remains their placement of choice. This situation will give rise to a cost pressure.</p> <p>The future of statutory EMI homes ongoing and significant challenges in light of the significant recruitment challenges, outdated buildings and falling occupancy levels. For over three years, the Service has struggled to appoint and retain competent registered managers for these homes. As of 31 March 2018, three homes are still without a permanent manager and two are not receiving permanent admissions due to a range of staffing difficulties and an over-dependency on agency and bank staff.</p>		
	<p>STAFF RECRUITMENT AND RETENTION ISSUES</p> <p>The Service has continued to implement key recommendations of the Social Care Workforce Review. This has involved a significant change to management structures to achieve professional and line management alignment.</p>	<p>The Service and HR have developed a workforce plan to recruit permanently across all grades of staff, as there is an over-dependence on temporary posts within the Service. As part of this process, the Service is undertaking a review of the role and</p>	<p>Risk assessment in place and reviewed regularly. Risk rating high.</p>

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>The phasing out of the care management role in November 2017 was a complex process and coincided with a number of underlying and situational challenges across the Service, including escalating hospital and domiciliary care pressures and a level of instability across the nursing home sector.</p> <p>The requirement to hold posts for re-deployment opportunities delayed the appointment of team managers to two vacant posts and coincided with a number of retirements. In December 2017, 75% of community social work team manager posts were vacant. This reduced to 50 % in January 2018.</p> <p>Assistant Service Managers are absorbing team manager responsibilities. This situation is not sustainable. The Service has made significant efforts to recruit to these posts but has not achieved stability to date across its middle management structure with attendant impact on the Service's compliance with its range of assurance requirements.</p>	<p>banding of the Band 7 Team Leader post.</p> <p>The Service is holding a Social Worker Job Fair in June 18 to develop a waiting list for Band 5/6 social workers to support stability at a practitioner level</p>	

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>HRPTS</p> <p>HRPTS continues to place substantial demands on managers' workloads, as they spend lengthy periods undertaking system-related administrative tasks. Completion of system business processes are demanding, exacerbating difficulties with the processing of recruitment and selection documentation. This has been particularly challenging during the reporting period due to changes in Service management structures and the need to amend Organisational Management structures on HRPTS.</p>	<p>The system continues to escalate issues/concerns related to the system</p>	<p>No</p>
	<p>CONTINUING HEALTHCARE</p> <p>A lack of regional policy and guidance in this area is leading to an escalating number of challenges from the public. This is both distressing for families and frustrating for staff, who continue to have to respond to protracted complaints in relation to this area. Whilst there have been previous findings set out by the Ombudsman, the Trust is unable to move forward due to the</p>	<p>The Trust continues to await the issuing of Departmental guidance following their recent consultation on the matter</p>	<p>No</p>

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	lack of Departmental guidance and direction on this issue. A further case has been referred to the Ombudsman.		

3.8	Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.
	<p>As previously detailed in 3.5 – 3.7, the Division is experiencing significant recruitment and retention issues.</p> <p>On 31st March 2018, there were no vacancy controls in place across the Service.</p>
3.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	<p>Home help Service – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service</p> <p>Residential & Nursing Homes Charging – The Trust operates in accordance with the DHSSPS April 2017/ 18 Charging Residential Accommodation Guide (CRAG) to determine charges.</p>
3.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	<p>As part of the Service’s Social Work and Social Care Workforce Review, it has prioritised the reform and modernisation of the role of hospital social workers across acute and specialist settings. The Service’s aims are to modernise and reform the planning, design and delivery of hospital social work services. This involves the operationalising of a more community-facing, outcomes-based service delivery model, predicated on a co-production template, that will focus on supporting service users to remain in their own homes or as close to their own localities as possible after a period of treatment in hospital. This evidence-based recovery model will provide better health and wellbeing outcomes and enhance quality of life experiences for older adults.</p> <p>The establishment of Community Complex Discharge Hubs within acute settings will deliver the centralisation of information and co-ordination of community support services. These Hubs will operate as a gateway to hospital social work and community pathways. This model will enable hospital social workers to outreach into community services’ networks. This will promote continuity of social care and enable older adults to move from hospital to home in a more timely and seamless manner. Accessing of time-bound social care supports informed by social work assessments and reviews of service users in their own homes utilising reablement, rehabilitation and making connections with community support networks will improve the experience of service users.</p> <p>There has been an emphasis on maintaining flow across the hospital system within a functional model of assessment of need predicated on the primacy of progressing discharges. This had adversely impacted on the professional social work role in hospital settings, shifting practice and</p>

	<p>service delivery to transactional, service-led as opposed to user-centric approaches. The complexity of bureaucratic pathways and processes necessary to access services consumed professional time and resulted in significant backlogs in the maintenance and closure of case records. Significant investment in training and re-visiting of core assessment skills and standards are core features of a transformational pathway.</p>
<p>3.11</p>	<p>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</p>
	<p>Human Rights principles are mainstreamed and central to the design, development and practice of all Belfast Trust policies and proposals. One of the Trust's five core values is to treat everyone with respect and dignity – including colleagues, patients and clients. Cognisant of the intrinsic link between human rights, equality and disability, Belfast Trust screens all corporate policies to ensure their compliance with human rights statutory requirements.</p> <p>Training</p> <p>Mandatory Human Rights training is provided on an on-going basis.</p> <p>The Service works to promote a human rights approach in all social work and social care interventions and service delivery. Documentation has been reviewed and updated on an on-going basis to ensure that consideration of the human rights of service users is inculcated into everyday practice and evidenced in decision making and recording.</p>

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>DEPRIVATION OF LIBERTY ISSUES</p> <p>The Service continues to be concerned in relation to the human rights issues specific to those adults who lack mental capacity. The Service has highlighted previously its concerns about the absence of a legal framework or regional guidance to support staff in managing these complex issues.</p>	<p>Within this reporting period, the Service has implemented a “Best Interests” toolkit, has held a Service –wide workshop and organised a master class with the Directorate of Legal Services on human rights-based approaches in social work and social care service delivery. The Division has completed in-house training with Senior Practitioners and Team Leaders to disseminate learning from Declaratory Judgement cases focusing on Deprivation of Liberty Issues.</p>	<p>Regional guidance is required in the absence of statutory safeguards</p>
	<p>DOMICILIARY CARE</p> <p>As has been previously stated, the Service has experienced a particularly challenging Winter period with increasing hospital pressures and domiciliary care shortages. In order to maintain flow through the system, the Division has had to increase its interim bed base. This has resulted in a significant number of people having to await their package of care in an intermediate facility when it was their wish</p>	<p>The Division has implemented a number of controls which have included:</p> <ul style="list-style-type: none"> ➤ No service user incurs a cost for a placement whilst awaiting their package of care ➤ Social Workers try to identify interim beds that are closest to the person’s home, where possible. 	<p>Ongoing review of domiciliary provision, including the development of an East Belfast Rapid Response pilot to support discharges from hospital and intermediate care.</p>

	<p>to be in their own home.</p>	<ul style="list-style-type: none"> ➤ All people in these circumstances have social work and AHP supports whilst awaiting their package of care ➤ The Trust has in place systems to monitor lengths-of-stay for those awaiting a package of care. 	
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3.15	<p>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</p>
	<p>Connected Community Care Service The Connected Community Care Hubs have been operational across Belfast since January 2018. There has been a steady growth in referrals, particularly from GP's, with an expectation of increasing activity as the service "beds down". This is a core part of the Belfast Integrated Care Partnership's development of services for the delivery of chronic disease prevention, management and supports for older people. The overarching vision is the establishment of a single point of access through which GPs, Trust community teams and other health professionals can refer people to community and voluntary services within their local communities. This will also influence and shape the development of community support services and tap into community assets to support people in meaningful ways and to prevent avoidable deterioration.</p> <p>Compassionate Care Conference The Service held a Compassionate Care conference in April 2017 for social work and social care staff working with older people. This was facilitated by Dr David Sheard, Dementia Care Matters and supported by Dr Denise Tanner, Senior Lecturer, University of Birmingham. The conference assisted the Service to reflect upon the culture, behaviours and activities that support the delivery of compassionate and person-focused social work and social care practice.</p> <p>Dementia Navigator Service Dementia Navigators are aligned to Community Hubs. Referrals to the service are increasing with an average referral rate of 45 per month. Feedback from service users has been consistently positive, in particular the provision of timely information and sign posting. The navigators support "Dementia Friendly" community development initiatives. The Service has funded these posts at risk.</p> <p>Development of Cullingtree Meadow Work has progressed significantly on the development of the fourth supported housing scheme for older people living with a dementia, Cullingtree Meadow, which is due to open in late May 2018. This model is in line with the Service's core objective of moving away from the direct provision of outdated residential home models to rights-based support models where there is clear evidence of improved health and social wellbeing outcomes.</p> <p>In addition, the Service has worked with community groups, PHA and other organisations, schools and youth clubs to raise awareness of dementia and to support the development of a dementia-friendly community within the Grosvenor and Lower Falls areas.</p>

	<p>Best Interests Toolkit</p> <p>The Best Interests Toolkit for Social Workers supports better and more inclusive decision making for people who are unable to consent to social care decisions. The Service developed and implemented the Toolkit as an improvement initiative under the auspices and support of the Regional Social Work Strategy. A masterclass held in June 2017 launched the Toolkit regionally. The Toolkit was awarded second place in the Safety and Excellence category at the Trust's annual Chairman's Awards in November 2017.</p>
3.16	SUMMARY
	<p>This has been a challenging yet progressive year for the Service. The Social Care Workforce Review has achieved key milestones in embedding a culture of improvement, safety and quality as the Service transitions to its shadow Divisional status. The Service will make a pivotal contribution to the vision of a service use and carers-centric, outcomes led, compassionate, caring and dynamic Division underpinned by robust performance and governance frameworks and delivered by a skilled, resilient and engaged workforce.</p>

OLDER PEOPLES SERVICE**DATA RETURNS**

- 1 General Provisions (including Hospital Social Work)
- 2 Chronically Sick and Disabled Persons
- 3 Disabled Persons (NI) Act 1989
- 4 Health and Personal Social Services Order
- 5 Carers and Direct Payments Act 2002
- 6 Safeguarding Adults
- 7 Social Work Teams and Caseloads
- 8 Assessed Year in Employment
- 9 Mental Health
- 10 Training Accountability Report

**OLDER PEOPLES SERVICE
DATA RETURN 1**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	N/A	4875
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	N/A	3926
1.3	How many adults are in receipt of social work or social care services at 31 st March? This figure includes: <i>a) The Figure for 1.3a</i> <i>b) Total figure for 1.4</i> <i>c) total figure for 5.4 (61)</i> <i>d) intermediate care (64)</i>	N/A	6397
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	N/A	254
1.4	How many care packages are in place on 31 st March in the following categories:	N/A	6018
	i. Residential Home Care <i>This includes self-funders/ step down but not interim beds</i>	N/A	565
	ii. Nursing Home Care <i>This includes self-funders/ step down but not interim beds</i>	N/A	1571
	iii. Domiciliary Care Managed	N/A	2887
	iv. Domiciliary Non Care Managed	N/A	886
	v. Supported Living	N/A	109
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. The Service's care management function is transitioning to a professional social work workforce base to strengthen compliance with the Care Standards referenced in the Care Management Circular. The Service is implementing Phase 2 of the modernisation process with a particular focus on improving the quality of assessments of need. The operationalising of the CREST service will significantly enhance assurance with regard to care management functions.		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.		

	The Service is cognisant of the need to develop confidence and competence of professional staff in decision-making. It is aware of potential legal challenges to decisions made. The Service works to complete reviews within ten weeks of commencement of a placement, followed by annual reviews for care placements and those in receipt of domiciliary care.		
1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision-making process, review and care planning.</p> <p>The Service recognises the centrality of users and carers to the development of best practice. Staff are increasingly making use of advocacy services and seeking to support individuals and families through the decision-making processes associated with often life changing circumstances. The Service continues to encourage staff to work in the spirit of the pending capacity legislation, particularly in the area of assisted decision-making.</p>		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care <i>This figure is for those people registered with the day centre on 31 March 2017</i>		
	- Statutory sector	N/A	725
	- Independent sector	N/A	473
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	N/A	45
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	N/A	183
	- Independent sector - (there are no specifically commissioned EMI places in the independent sector. The service is unable to disaggregate this information)	N/A	
1.8	Unmet need (this is currently under review)	X	X
1.8a	<p>Please report on Social Care waiting list pressures</p> <p>There are a substantial number of people at any given time waiting domiciliary services for which they have been assessed. This pressure has increased at times particularly through 'winter pressures' in hospital sites. On 31st March</p>		434

	<p>2018, 434 people were awaiting a care package and this constituted 3088 unmet need hours</p> <p>There remain a small, reducing number of carers on waiting lists for assessment. Staff are working towards a position where a carer's assessment is managed in line with any other referral to the Service Area.</p>		
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p>The dementia navigator service has been developed with non-recurrent funding and currently exists as a cost pressure.</p>		
1.9	<p>How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?</p>		4
1.10	<p>Complaints –Analysis of complaints</p> <p>There have been high levels of complaints and constituency inquiries in relation to the dissatisfaction of the public regarding delays in accessing domiciliary care. The Service has struggled to manage these complaints within normal timescales, due to the volume of activity and the pressures associated with gaps in the middle management structure.</p> <p>As previously stated the Service has experienced a significant increase in complaints relating to Continuing Healthcare.</p> <p>The Service has strengthened its arrangements for disseminating learning from complaints through local Team and staff meetings, Service-wide reflective practice and learning events including a bespoke Service governance workshop in July 2017, and corporate training programmes.</p>	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns..

**OLDER PEOPLES SERVICE
DATA RETURN 1-HOSPITAL**

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	40	2920	8646
1.2	Of those reported at 1.1, how many assessments of need were undertaken during the period? The Service is not able to provide this information, as increasingly Social Workers are undertaking screening for discharge, rather than assessments. The system is currently not able to disaggregate these activities.			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March? <i>NB unable to break figure down by age 1271 is total across all age groups</i>	N/A	N/A	1271

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

**OLDER PEOPLES SERVICE
DATA RETURN 2**

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	N/A	N/A
2.2	Number of adults known to the Programme of Care who are:		
	Blind	N/A	410
	Partially sighted	N/A	219
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	N/A	56
	Deaf without speech	N/A	29
	Hard of hearing	N/A	1928
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	N/A	145

These figures represent all people aged 65 and over. However, the Service is not able to disaggregate from the register those people who may have a Learning Disability.

**OLDER PEOPLES SERVICE
DATA RETURN 3**

3 DISABLED PERSONS (NI) ACT 1989		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	N/A
	Number of Disabled people known as at 31 st March.	N/A
3.2	Number of assessments of need carried out during period end 31 st March.	N/A
3.3	This is intentionally blank	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	N/A

**OLDER PEOPLES SERVICE
DATA RETURN 4**

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]		

4.1	Number of Article 15 (HPSS Order) Payments	7
	Total expenditure for the above payments	£138.59
4.2	Number of TRUST FUNDED people in residential care Figure relates to those in residential care on 31 March 17 (including step down but not interim-does not include self-funders)	427
4.3	Number of TRUST FUNDED people in nursing care Figure relates to those in nursing care on 31 March 17 (incl step down but not interim) (does not include self funders)	1033
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	538
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	6

**OLDER PEOPLES SERVICE
DATA RETURN 5**

5 CARERS AND DIRECT PAYMENTS ACT 2002				
		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	N/A	732	1179
5.2	Number of adult individual carers assessments undertaken during the period. (This includes re-assessments).	N/A	311	382
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	N/A	N/A	0
5.4	Number of adult carers receiving a service @ 31 st March The Service Area is unable to accurately report this figure as cleansing of information has revealed flaws in current reporting in CSW. Only reporting that which has been validated by service areas	N/A	N/A	61
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments undertaken during the period.	0		
5.7	Number of young carers receiving a service @ 31 st March	0		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	64		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	64		
	(c) Number of adults receiving direct payments @ 31 st March	141		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0		
5.10	Number of carers receiving direct payments @ 31 st March	29		
5.11	Number of one off Carers Grants made in-year.	402		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary				
The Division continues to operate a small waiting list for carers assessments. The Division is confident that the increase in professionally qualified staff will continue to benefit carers in relation to both timely assessments and the number of referrals and assessments which the Division will be able to manage. The Division is mindful that, with the renewed emphasis in the Revised Adult Safeguarding Policy on risk reduction, earlier intervention and provision of supports to carers are central to the ongoing care planning, assessment and review processes.				

**OLDER PEOPLES SERVICE
DATA RETURN 6**

6 SAFEGUARDING ADULTS

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS
PROVIDED IN THE ADULT SAFEGUARDING REPORT**

**OLDER PEOPLES SERVICE AREA
DATA RETURN 7**

7 SOCIAL WORK STAFF

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS
PROVIDED AT YEAR END 31ST DECEMBER**

**OLDER PEOPLES SERVICE
DATA RETURN 8**

8 ASSESSED YEAR IN EMPLOYMENT

**TRUST-WIDE RETURN SUBMITTED BY TRUST SOCIAL SERVICES LEARNING
AND DEVELOPMENT SERVICE IN SEPARATE REPORT**

OLDER PEPOLES SERVICE DATA 9 MENTAL HEALTH (NI) ORDER RETURN			
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115			
Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	37	Reported by RESW
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	26	Reported by RESW
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	Reported by RESW
	Requests for second ASW inputs have remained low both at Service and Trust-wide levels.		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge? Appropriate involvement of the nearest relative in planning for discharge is a core aspect of practice. The Service takes all practicable steps to inform the nearest relative seven days prior to discharge.		
Use of Doctors Holding Powers (Article 7)			
9.2	How many times did a hospital doctor use holding powers?	26	
9.2a	Of these, how many resulted in an application being made?	19	
ASW Applicant reports			
9.3	Number of ASW applicant reports completed	37	
9.3.a	How many of these were completed within 5 working days	32	
	There continues to be significant challenges in relation to ASW's and this has arisen due to ongoing work pressures. This trend will be reported in the Mental Health Service Area report		
Social Circumstances Reports (Article 5.6)			
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation</i>	0	
9.4.a	Number of completed reports which were completed within 14 days	0	
	<i>Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.</i>		

Mental Health Review Tribunal						
9.5	Number of applications to MHRT in relation to detained patients					
	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
	Trust	0	0	0	0	0
	Patient	0	0	0	0	0
	Nearest Relative	0	0	0	0	0
	Other	0	0	0	0	0
	Total					
<i>Comment on any trends or issues in respect of Mental health Review tribunals</i>						
Guardianships (Article 18)						
9.6	Number of Guardianships in place in Trust at period end					1
9.6.a	New applications for Guardianship during period (Article 19(1))					0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))					0
9.6.c	How many were Guardianship Orders made by Court (Article 44)					0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))					0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)					1
9.6.f	Number of Guardianships accepted by a nominated other person					0
9.6.g	Number of MHR hearings in respect of people in Guardianship					
	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
	Trust	1	1	0	0	0
	Patient	0	0	0	0	0
	Nearest Relative	0	0	0	0	0
	Other					
	Total	1	1	0	0	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24))					
	Discharges as a result of an agreed multi-disciplinary care plan					0
	Lapsed					0
	Discharged by MHRT					0
	Discharged by Nearest Relative					0
	Total					0
<i>Comment on any trends or issues in respect of Guardianship.</i>						
Mental Health Review Tribunals are recommending on a consistent basis that the Trust seek Declaratory Judgements from the High Court giving approval to any Deprivation of Liberty related						

	to the provision of services to a service user without capacity. In such situations, the Tribunal is adjourning review hearings pending the outcome of the Declaratory Judgement process.	
Approved Social Worker (ASW) Register		
The Trust takes a corporate approach to the management of the ASW Register. The Mental Health Service provides the management lead for ASW Daytime Rota and related professional, organisational and logistical matters, including the corporate ASW Register.		
9.7	Number of newly appointed Approved Social Workers during period	N/A
9.7.a	Number of Approved Social Workers removed during period	N/A
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	N/A
	Corporate Commentary <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i>	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so, please provide detailed explanation for each and every instance including their age and relevant powers used. NO	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection (OCP) under Article 107? The Service cannot accurately report this figure. It is presently exploring an IT solution to collate this data.	We cannot accurately report
	<i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i> The circumstances of those service users who have no capacity to manage and have no family to assist in the management of their finances continues to present difficulties for the Service. The Service is no longer able to manage the financial affairs of service users, as per the direction of the OCP. The cost of appointing a professional controller is £1000 per year, which is a significant additional expense for service users. Staff who assist service users could be open to allegations of misappropriation of service users' funds. The Trust is currently developing a <i>Community Financial Support Policy</i> to support staff in this area of work. The Service has had to fund costs associated with private mental capacity assessments in relation to financial management in the context of a regional contractual dispute between medical staff and the respective Trusts. The Service has continued to engage with the OCP which facilitated a "Question and Answer" session for staff during the reporting period.	

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. Article 50A (6). Schedule 2A Supervision and Treatment Orders.		
9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	N/A
	Treatment as an out patient	N/A
	Treatment by a specified medical practitioner.	N/A
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	N/A
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	N/A

3 PHYSICAL AND SENSORY DISABILITIES SERVICE (PS&D)

GENERAL NARRATIVE

3.1	Named Officer responsible for professional Social Work
	<p>During the reporting period, Ms Bernie Kelly, Service Manager, has discharged the role of Associate Director of Social Work in Physical and Sensory Disability Services.</p> <p>As part of the Trust's phased implementation of a Collective Leadership model, the OPS and PS&D Services (PS&D) have assumed shadow Divisional status within the Adult Social and Primary Care Directorate.</p> <p>The postholder has had responsibility for professional issues pertaining to the social work and social care workforce within the PS&D Service. She has been accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service.</p> <p>The postholder has been responsible for:</p> <ul style="list-style-type: none"> ➤ The provision of professional leadership of the social care workforce within the Service. ➤ The establishment of structures within the Service to provide assurance to the Executive Director on the discharge of statutory functions. ➤ As part of the Directorate's senior management group, the provision of specialist advice on professional issues pertaining to the social care workforce and social care service delivery. ➤ The collation and assurance of the Service's Interim and Annual Statutory Functions Reports ➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce ➤ Ensuring that arrangements were in place within the Service to identify and provide access to training and post-qualifying accredited learning and development opportunities. ➤ Ensuring that arrangements were in place to provide assurance with regard to workforce compliance with NISCC registration and regulatory requirements. <p>An unbroken line of accountability for the discharge of statutory functions by the Service's social care workforce runs from the individual practitioner through the Divisional line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Associate Director has assured the PS&D Service's Annual Statutory Functions Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>

3.2	<p>Supervision arrangements for social workers</p> <p><i>Trusts must make reference to: Assessed Year in Employment (AYE) and compliance and Caseload weighting arrangements.</i></p> <p>Assessed Year in Employment The Service Area currently has four social workers undergoing their Assessed Year in Employment (AYE). All of these social workers work within the Physical Health and Disability fieldwork Teams. These staff have restricted caseloads and receive professional supervision in line with the prescribed regulatory requirements.</p> <p>Supervision All staff have access to regular supervision and there is generally high compliance with the Trust's supervision policy for adult services. The Service continues to submit exception returns on a monthly basis to monitor its ongoing compliance with the delivery of professional social work supervision. The eleven regulated day care services are inspected by RQIA. The inspectorial process addresses compliance with supervision standards.</p> <p>In addition to staff having access to formal and informal supervision, they participate in annual Staff Development Reviews. They have access to facilitated learning events and reflective practice groups. These include Investigating Officers, Designated Officers and Achieving Best Evidence practice development and support fora.</p> <p>Caseload Weighting Arrangements As reported last year, social work staff in one of the Physical Disability Teams participated in the regional workload management pilot. Whilst this was a useful learning experience, the Service concluded that the caseload-weighting pilot did not evidence improved service delivery outcomes nor provide supports to staff to address caseload management pressures. The Service utilises supervision as an opportunity to review the supervisee's caseload and to determine allocation of work.</p>
3.3	<p>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</p>
	<p>Duty Referral and Allocation Procedure/Process The Service's Duty, Referral and Allocation Procedures (informed by the Regional Sensory Support Services Guidelines and Procedures) details its referral and allocation pathway and related workforce roles and responsibilities. Day care services' compliance with service delivery standards is monitored as part of RQIA's inspection processes.</p> <p>Domiciliary Care Provision There are significant challenges in respect of domiciliary care provision detailed in sections 3.5/3.6 and 3.7. The Trust stood down its engagement with the procurement exercise in a bid to stabilise service delivery capacity and to manage demand levels across the Winter months. The Service has</p>

participated in Trust meetings with key stakeholders and providers to reflect on the short and longer-term challenges and to identify remedial measures.

Community Brain Injury Team (CBIT)

The Community Brain Injury Team continues to work closely with other professionals within the Trust and relevant statutory, voluntary and community organisations in order to progress the twenty-three recommendations made by the RQIA Review of Brain Injury Services in NI (2015).

The Acquired Brain Injury (ABI) Service User and Carer Forum has recently reviewed its remit. It has adopted a new “brand name” as the “Acquired Brain Injury Alliance” (ABIA) and revised vision and mission statement, drawing representatives from service users and carers across Belfast. The ABIA is determined to progress and profile a strong service user and carer voice through its involvement in co-produced service development initiatives carried forward under the Trust’s PPI structures. The Third Sector have positively welcomed this engagement opportunity.

The CBIT has worked collaboratively with Headway and Reconnect on behalf of ABIA in reviewing and updating information for people with acquired brain injury, their families and carers. The outcomes of this HSCB-commissioned collaborative will be launched during Brain Injury Week in May 2018.

During this reporting period, the CBIT again breached the 13-week maximum waiting time from referral to assessment and treatment on two occasions. Breaches have occurred due to workload pressures, ongoing recruitment difficulties and long-term staff sick leave within CBIT. There were periods throughout this reporting period when CBIT had no dedicated social work resource. Physical health and Disability Teams prioritised initial assessments to support the service during these periods.

To promote more timely responses to referrals and to ensure the effectiveness of service provision, the CBIT staff have undertaken a number of small-scale quality improvement initiatives, including a review of the operational policy; re-design of the referral and initial assessment processes; and establishment of weekly assessment clinics.

The HSCB has provided Investment funding to create a Community Link Worker post. The worker, employed by the Third Sector and located within the CBIT, will work in partnership with community, voluntary, statutory and independent sector organisations to provide access to a wide range of community based services and opportunities in the areas of education, training, volunteering, employment, leisure, recreation and arts to promote the needs of people with acquired brain injury. Staff within CBIT will support the postholder in their work to address cognitive, emotional, and behavioural issues within a functional social context.

During the next reporting period, the CBIT in conjunction with the Community Link Worker will implement the Bridges Self-Management Approach to rehabilitation, focussing on its social aspects in order to improve individuals’ health and wellbeing.

Day Care Services

Since November 2016, the Service has had responsibility for seven Older Peoples Day Centres. It now manages a total of eleven-day care facilities across OPS and P&SD. The Service has commenced work to standardise administrative, performance, business and governance arrangements as integral to its overarching focus on the development of a shadow Divisional day care network.

The Service has realigned and standardised the referral process. Implementation of a Day Care Panel has contributed to the Service's understanding of need and demand across OPS and P&SD.

The Service is currently reviewing the transport provision for day care. The aim of this project is to streamline and make effective use of transport resources to ensure each service user benefits from a quality day care experience. The project will consist of key stakeholders working collaboratively to ensure a positive, professional transport service for service users.

In order to meet the requirements of RQIA Minimum Standards and data protection requirements, a group is reviewing day care records management.

During the reporting period, a Regional Adult Dysphagia Regional Working Group was established with representation from each of the Trusts. Three workstreams are reviewing the following areas: Awareness; Identification; and Assessment and Management. A Service nominee is sitting on the Identification Group.

Community Access

Community Access offers opportunities and alternatives to traditional day care for service users with a physical or sensory disability. The Service has continued to establish strong links with other statutory, independent and third sector organisations and agencies to develop the growth of opportunities in the areas of recreation, volunteering, education and employment. There are ongoing challenges for service users with a physical or sensory disability with regard to accessing such opportunities in community settings.

Service users with complex needs are able to access meaningful and enriching social activities and services, not otherwise available to them in a community setting, in day care provision. Access to such services and activities is crucial emotional and physical wellbeing and to sustaining their remaining within their homes and localities.

Sensory Support

As referenced in last year's report, the Regional Sensory Implementation Group (RSIG) has continued to implement the actions detailed in the Regional Physical and Sensory Disability Strategy.

The public consultation on the provision of communication support services for people who are profoundly deaf/hard of hearing concluded in November

2016. The HSCB took forward the implementation of the Regional Communication Support Service (RCSS) in May 2017, the key vehicle for driving forward the principal actions detailed in the Strategy.

The Sensory Support Team has continued to operationalise the recommendations of the Deafblind Needs Analysis Review. Staff have completed requisite training. Profiling of the incidence, levels of needs and workforce training requirements across other Trust services is progressing. Two staff have completed the Diploma in Deafblind Studies and they have a specialist role within the Team in completing deafblind assessments. They provide support and education to colleagues in the assessment and delivery of effective programmes of care for deafblind service users.

Two staff have completed training in counselling skills and tinnitus care and delivered a tinnitus management programme for service users. The Service A has developed a tinnitus support group for service users and carers, in partnership with the British Tinnitus Association. The Service has also worked in partnership with Action on Hearing Loss to deliver tinnitus management programmes, awareness raising events and one-to-one supports to service users.

A Team member delivers courses in lip reading for hard of hearing service users throughout the year. The Service Area has noted that demand for this provision has reduced and feels that there is adequate resource in place at present to meet potential need.

Sustainability of qualified Rehabilitation Workers for blind and partially sighted people remains a concern.

The Service is currently reviewing its compliance with procurement legislation for the ordering of specialist sensory equipment. Representatives from the Service are meeting regularly with other Trusts, the HSCB and BSO to ensure cost effective and equitable provision of sensory equipment.

Self-Directed Support (SDS)

With regard to structures in the Trust for the implementation of SDS, the Trust's Director of Adult Social and Primary Care chairs the SDS Steering Group. The SDS Implementation Group has representation from service users, carers, voluntary sector and Trust Directorates. There is also an SDS Service User and Carer Advisory Group, chaired by a carer, and supported by the SDS Trust Implementation Officer (TIO).

The Trust has adopted a co-production approach to SDS training, which involves service user and carers in the planning and delivery of training events. Their lived experience and contribution is an important dimension to the learning of staff. A quarterly SDS reflective practice group has helped to embed the SDS ethos and practice skills across the social care workforce.

The operationalising of Resource Allocation Panels across three service areas, including PS&D, has contributed to consistency of allocation of resources to service users and carers.

ASCOT (Adult Social Care Outcomes Tool)

The Department of Health advised in January 2015 that the Adult Social Care Outcomes Toolkit (ASCOT) would be the tool adopted by all Trusts moving forward to collate and analyse qualitative service user data. Implementation of the ASCOT model in adult social care services was included in the Programme for Government and Departmental Business Plan during the reporting period.

PS&D commenced ASCOT Implementation in 2018. Other services are presently taking forward their respective implementation plans.

Carers

Following the implementation of the Trust Carers Strategy '*Caring Together in Belfast 2017-2020*', the Service has been working to progress key actions which include the following:

- Reaching Carers of all ages: Communicating with and Involving Carers by reviewing and updating our carers' database and sharing updated information packs and activity programmes. The Service has also lead on the development of a carer guide for self-directed support, which will be available in the next reporting period.
- Development of Carer Support Pathways: During this reporting period - development of a finance and evaluation framework for carer services and provision of a carer support activities guide. Development of a carer referral pathway for day care services, which aims to ensure the identification of all cares and the offer of an assessment of their needs.
- The Service has supported carer health and wellbeing services and initiatives including bespoke information sessions; group activities, "relaxation days"; evening events; and ongoing provision of carer therapies and grants; and promotion of direct payments uptake. A significant number of carers receive indirect supports through service users accessing day care opportunities, domiciliary supports and residential short breaks.

The Service has continued to deliver the Cathos model-to profile the role and needs of carers for people with physical and sensory disabilities by listening to, collating and engaging them in the planning, development and review of services. The Service continues to ensure that each team has a staff member with a designated responsibility to progress carer engagement and ensure effective communication with and on behalf of carers.

The Trust Carer Co-ordinator, who has an integral, advisory role within the Service, provides carer awareness training as part of the induction programme for new staff and carer assessment and support planning training to staff carrying out carer assessments to develop best practice and outcomes for carers.

During the reporting period, the number of carers assessments undertaken has risen by 14%.

PARIS

As previously reported, the community information system (PARIS) is now operational across the Service. Following the implementation of a business support unit in OPS and P&SD, data collation and information has improved significantly. The range and quality of data reporting has improved and its potential to contribute to performance, service improvement and governance is evident.

Generic Reviews, Audits and Evaluations

The Service continues to audit and review service delivery to consolidate and improve practice. Team leaders carry out random case file audits during each supervision session. Assistant Service Managers quality assure compliance with supervision standards.

The Service's governance arrangements are integrated with the Directorate and corporate governance arrangements. The Service Manager chairs Service Governance Meetings, supported by the Service's Governance Lead, to review the management of risks and key themes and trends, identify and disseminate learning and assure compliance with governance reporting requirements.

The Service has participated in one Serious Adverse Incident investigation during the reporting period. The draft investigation report identified a number of generic learning points. There were no Service –specific recommendations.

Contracts with the Voluntary Sector

Managerial staff monitor all contracts. Key staff hold regular meetings with providers throughout the year to review performance against contracted volumes, quality of service and value for money.

During the reporting period, there was agreement with providers to end two small contracts. The Service is working with the HSCB regarding concerns about one jointly funded contract and has taken a number of steps to address concerns identified.

Contracts with Independent Domiciliary Care Organisations

The Service meets with all commissioned providers at least annually to ensure value for money through a qualitative and quantitative scrutiny process. As previously noted, during this reporting period the Service has also actively participated in Trust meetings with domiciliary care providers to determine how best to meet the increasing demands on this service in light of providers' limited capacity.

Contracts with Independent Residential/Nursing/Supported Living Organisations

The Service continues its negotiations, along with Contracts personnel, independent nursing and supported living providers regarding re-configuration/extending provision to include service users with Alcohol

	<p>Related Brain Damage (ARBD) and brain injury/complex needs. (Please refer to section 3.5 and 3.6 for further details).</p> <p>Reflective Practice Groups The Service has continued to promote a peer support model within individual teams, service management groups and social work fora. These groups are invaluable in terms of communicating and discussing lessons learned from research and considering implications for practice.</p>
<p>3.4</p>	<p>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care) Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>NISCC The Service is compliant with regulatory requirements in relation to the registration of the social work and social care workforce. The Service promotes and facilitates staff access to training and other learning opportunities so that they are able to complete their NISCC /PRTL re-registration requirements.</p> <p>RQIA Day Care services continue to be compliant with the RQIA standards and are subject to ongoing inspection and monitoring. The Service also ensures effective communication and engagement with RQIA in all matters pertaining to the delivery of regulated services.</p> <p>The Physical and Sensory Disability Strategy 2012-2015 The Service has representation on two of the Strategy’s workstreams, one focusing on sensory (RSIG) and the other on physical disability (SILIT). These workstreams are scheduled to conclude in September 2018.</p> <p>Community Emergency Response Team (CERT) The commitment of the Trust to ongoing participation in the Belfast Emergency Preparedness Group is of central importance in sustaining its effectiveness. Membership of the Group is drawn from the PSNI, Ambulance Service, Fire and Rescue Service, Belfast City Council (BCC) and key voluntary and charitable organisations.</p> <p>Responsibility for responding to critical incidents in community settings rests with the Community Development Team during daytime hours and the Adult Social and Primary Care Out-of-Hours Rota. The Service Manager in P&SD acts as Co-Ordinator of the Trust Community Emergency Response Team (CERT) during a declared major incident in the community.</p> <p>The Trust responded to six critical incidents, which required a multi-agency response during the reporting period. Additionally, relevant Trust staff attended two multi-agency training exercises-one exercise organised by the Belfast Emergency Preparedness Group and one Regional Mass Casualty Plan testing event.</p>

Syrian Refugees

The UK Government introduced the Vulnerable Persons Resettlement Scheme in early 2014 to provide a safe and legal route for groups of Syrian refugees to travel to the UK. In September 2015, this scheme was extended to include a provision to settle up to 20,000 Syrian refugees in the UK by May 2020.

The Service actively participates in the Syrian Refugee Planning Group, which comprises representatives from other relevant service within the Trust. The group meets on a regular basis to plan for the arrival of each group of Syrian refugees. Information provided by the Immigration Service enables staff to prepare for the needs of the refugees prior to their arrival. It facilitates the opportunity to liaise with other Trusts, as many of the families do not remain in the Belfast area.

The Sensory Support Team has a lead role in assessing the needs of refugees with sight and hearing loss. Together with staff from the Physical Health and Disability Teams and other Trust staff from a range of services, they provide supports the Welcome Centres to families and individuals following their arrivals.

PSNI

The Service engages with the PSNI on an ongoing basis across a number of service delivery settings including adult safeguarding.

MARAC and PPANI

The Service Area continues to participate as appropriate in local MARAC and PPANI Panels.

Office of Care and Protection

The Service continues to engage with the Office of Care and Protection in relation to supporting service users manage their financial affairs.

Judicial Reviews and Significant Court Judgements

The Service has not engaged in any Judicial Reviews or a party to significant Court judgements during the reporting period. It takes full cognisance of any significant judgements or rulings that have implications for practice.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
1.	<p>Lack of private provider capacity</p> <p>Lack of capacity across the independent provider sector remains a significant area of concern. With regard to domiciliary care, providers are frequently unable to secure new packages resulting in delays to service provision with attendant impacts on service users and carers.</p> <p>Providers report that they are unable to recruit to and retain their workforce due to low pay and poor recognition for the role they undertake.</p> <p>Care providers report that, because of the complexity of needs presented by service users, they face particular challenges in providing packages of care.</p> <p>Lack of appropriate domiciliary care capacity impacts across the whole system with adverse implications for hospital discharges and Service performance.</p>	<p>The Service continues to put in place a range of measures to respond to these difficulties including the promotion of Direct Payments uptake and supports to families to enable them to provide assistance with personal care tasks on an interim basis. Service staff complete risk assessments and ongoing reviews in all situations in which the providers are unable to provide care packages.</p> <p>The Service Area participates in twice-weekly conference calls to identify those most in need and to prioritise package availability.</p> <p>The Trust has commenced pilots with a small number of providers in those areas where there are the most significant challenges and risks.</p>	<p>Issues pertaining to the lack of providers are on the Service Risk Register and categorised as High.</p>

<p>2.</p>	<p>Appropriate Accommodation for service users with complex needs</p> <p>As previously reported, the Service continues to struggle to source appropriate accommodation and placements for service users with complex needs, particularly those with Huntington’s disease, bariatric care, brain injury and Alcohol Related Brain Injury (ARBD).</p> <p>These service users are generally placed in generic residential and nursing facilities and staff can often lack the specialist skills and knowledge required to manage their care needs. This can result in additional spend to procure one-to-one supervision to reduce risks to service users.</p> <p>The Service continues to receive the majority of referrals for service users who have a diagnosis of ARBD and notes that there is significant spend required to meet the needs of this service user group.</p> <p>This situation has been exacerbated by difficulties and related costs in securing capacity assessments as a result of a contractual dispute between medical staff and the Trusts.</p>	<p>The Service is pleased to report that it has secured the registration of a re-configured nursing home as an acquired brain injury unit. The facility has employed additional staff and provided specialist training to enable them meet the needs of this complex group. Initial feedback from stakeholders about the performance of the unit is positive.</p> <p>In addition, the Service in partnership with a voluntary organisation and West Belfast Housing Association, have secured agreement to the reconfiguration and registration of a building in West Belfast into a residential rehabilitation unit for people with ARBD. This unit will open towards the end of 2018.</p> <p>The Service contributed to a recent report launched by the Royal College of Psychiatrists “<i>Alcohol-Related Brain Damage in Northern Ireland. Treatment not Just Care</i>” which highlights the needs of this cohort of service users and identifies a number of recommendations for improving services.</p>	<p>Issues pertaining to the lack of appropriate accommodation for service users are on the Service Area Risk Register and are categorised as Low.</p>
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	<p>Whilst there have been positive developments in securing accommodation, for this group of service users, the Service would wish to highlight that, in many instances, accommodation charges are with substantial budgetary implications for the Service.</p>		
<p>3.</p>	<p>Self-Directed Support SDS)</p> <p>A Departmental performance indicator requires that <i>'By March 2019, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified'</i>.</p> <p>The Trust has now exceeded the target in 201/2018 by 6.3%. (This includes direct payments under SDS). As at 31 March 2018, there were 856 service users and carers in receipt of SDS within the Trust. The Service has case management responsibility for is pleased to report that we hold 405 of these cases, over 50% of</p>	<p>The Trust has both SDS Steering and Implementation Groups with service user and carer representation to deliver the effective implementation of SDS.</p> <p>The Trust continues to work internally and with colleagues across the region to develop SDS. One of the key measures of SDS is the number of clients and carers in receipt of Direct Payments.</p> <p>Engagement with provider organisations is ongoing to ensure that the full range of options under SDS are available, in particular Trust managed budgets. The HSCB are currently refining the specification for managed budgets with DLS. The HSCB will work in partnership with the Centre for Independent Living to compile a directory of organisations willing</p>	<p>There is a separate risk register for Self-Directed Support, as requested by HSCB.</p>

	<p>the total figure.</p> <p>All Services are now engaged in the implementation of SDS and are working under the SDS Framework in respect of all new referrals. A number of Services are also applying the SDS framework to new referrals and reviews.</p> <p>As previously, reported, PARIS does not support SDS implementation or the collection of data for the mandatory SDS returns to HSCB.</p>	<p>to work within the framework of SDS, in particular managed budgets.</p> <p>The Learning and Development Service report that staff continue to attend training from across Service to support implementation of SDS. To date, 1597 staff throughout the Trust have completed training at various SDS levels.</p> <p>A manual SDS data collection return, developed by the SDS Implementation Officer, is now operational across all adult community services. The longer-term plan is for a PARIS report to be available to complete the HSCB returns.</p>	
<p>4.</p>	<p>Acquired Brain Injury</p> <p>There continues to be difficulties for the Community Brain Injury Team (CBIT) in providing home-based support packages for service users with prolonged disorders of consciousness (PDOC). These service users are potentially vulnerable, have complex and specialist requirements and present as challenging, particularly for non-family carers. There are difficulties in recruiting and retaining of suitably trained staff.</p>	<p>All previous actions continue- to ensure care arrangements are subject to risk assessment and review and are adequately supported by social work and care management staff.</p>	<p>This is not on the Risk Register at present.</p>

	<p>A number of service users have been being discharged from acute hospital settings to the CBIT The Service does not have the staffing resources, skills or facilities to fully manage their complex needs. These service users are potentially very vulnerable and require high levels of ongoing supports.</p>		
<p>5.</p>	<p>Workforce Recruitment and Retention</p> <p>The Service continues to experience staff vacancies due to retirements, maternity and sick leave. Experience to date has demonstrated that recruiting and sustaining a stable workforce with the requisite skills and knowledge base is a substantial challenge.</p> <p>This is especially the case for specialist staff such as Rehabilitation Workers for the Blind. Previously the Trust put remedial measures in place by employing trainee workers to undertake a two-year training course in Birmingham. However, due to the limited number of rehabilitation workers in Northern Ireland, other Trusts will often employ the trainees once they are qualified.</p>	<p>Ongoing actions to manage this issue include; concerted efforts to navigate scrutiny, Trust re-deployment and Shared Services processes as expeditiously as possible; robust incorporating screening and regular review of referrals; and optimising of capacity within the Service through caseload management framework. The Service has had to recruit an increasing number of agency social work staff to ensure the safe discharge of statutory functions.</p>	<p>Issues pertaining to recruitment are on the Service Area Risk Register and is categorised as High.</p>

	<p>CBIT also experience difficulty recruiting and retaining Psychologists due to a dearth of appropriately qualified psychologists within NI.</p>		
<p>6.</p>	<p>Adult Safeguarding</p> <p>Issues pertaining to adult safeguarding are referenced in the Annual Adult Safeguarding Report.</p>	<p>Please refer to the Adult Safeguarding Report, which outlines a summary of the challenges and measures put in place to address same.</p>	<p>Issues pertaining to Adult Safeguarding are on the Trust Risk Register and categorised as Low.</p>

3.8	<p>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</p>
	<p>Workforce issues including recruitment and retention At a Directorate-level, there are robust vacancy control systems in place. All vacancies are scrutinised to ensure that recruitment to a vacant post is necessary. Any vacancy must be approved by an internal Directorate Scrutiny Process and endorsed by the Directors of HR and Finance before recruitment of new staff can be progressed.</p> <p>Occasional significant difficulties and delays across HR recruitment processes remain an area of concern, in particular along the interfaces with Shared Services.</p> <p>As at 31 March, there were three social work vacancies within the Physical Health and Disability Teams. In addition to retirements and promotions, the Service also has temporary vacancies due to sickness and maternity leave. This has led to an increase in the Service's use of agency staff to ensure the safe discharge of statutory functions. There are currently three agency social workers recruited to the Physical Health and Disability Teams.</p> <p>CBIT has had difficulties during the reporting period in recruiting and retaining Psychologists due to a dearth of appropriately qualified psychologists within NI. However, the Team has, successfully recruited a Clinical Lead who is a Neuro-Clinical Psychologist. A Senior and Band 6 Occupational Therapist were appointed and commenced posts in June 2017.</p> <p>During this reporting period, the Consultant in Rehabilitation Medicine retired from RABIU and the post remains vacant. This has adversely impacted on the Service Area as the post holder provided monthly consultation on cases to the CBIT.</p> <p>Recruiting and retaining Rehabilitation Workers for blind and partially sighted people continues to be a challenge regionally due to the limited number of qualified staff available. During this reporting period, two trainees commenced training in England. One trainee is expected to complete training in July 2018, however one qualified worker in a substantive Trust post has taken up post in another Trust area. In addition, there are currently two vacancies for assistant rehabilitation posts.</p> <p>Flexible Working Arrangements The Service facilitates flexible working and promotes family/carer friendly arrangements to accommodate staff needs where possible via part-time, flexi-hours, compressed hours and term-time options. The Service regularly reviews these arrangements to ensure service delivery is not adversely affected.</p>

3.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	<p>Home Help Service –The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service.</p> <p>Residential and Nursing Homes Charging -The Trust has adhered to the relevant DoH Guidance in this area- Charging for Residential Accommodation Guide (CRAG) March 2017.</p>
3.10	Social Workers that work within designated hospitals. Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	<p>The Service has no operational management responsibility for social work staff in designated hospitals.</p> <p>The Sensory Support service provides direct social work and rehabilitation interventions at the Royal Victoria Hospital Audiology and Low Vision Clinics.</p>
3.11	Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.
	<p>The Service remains committed to incorporating human rights considerations into all aspects of its work. Staff work with service users and stakeholders to support, promote and uphold the UN Convention of the Rights of People with Disabilities. The Service’s human rights based service delivery approach is located in a recognition of the intrinsic rights of people with disabilities to respect and dignity. It seeks to enable service users to exercise as much autonomy as possible in making choices about the delivery of services to support them; to optimise their abilities and contributions to society; and to have the opportunities to enjoy purposeful and fulfilling lives. Human Rights are integral to social work values and practice.</p> <p>All Trust policies are screened to ensure compliance with Equality and Human Rights considerations. Trust staff are supported to attend mandatory and additional equality training. Social workers document their consideration of human rights obligations in all interventions, which involve the exercise of statutory authority, including safeguarding, risk assessment and management, “Best Interests” decision-making and care planning processes.</p> <p>The Service works within a co-production ethos predicated on purposeful and meaningful participation and partnership with service users and carers and fully respecting of their integrity and rights.</p>

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to Manage this challenge?	3.14 What additional actions (if any) do you propose to manage any On-going challenges?
	<p>Adult Safeguarding The balancing of the rights of a service user right to privacy with concerns about their vulnerability and capacity to protect themselves.</p> <p>Particular challenges arise in those circumstances in which a service user trafficked or exploited is reluctant to engage in safeguarding processes.</p>	<p>Adult safeguarding training seeks to address the dilemmas inherent in the proportionate exercise of statutory powers to safeguard the welfare of vulnerable adults while respecting their intrinsic rights to choose whether to engage with safeguarding processes.</p> <p>In completing risk assessments and protection plans, social work staff record their balancing of human rights considerations in their decision-making.</p>	<p>All ongoing</p>
	<p>Deprivation of Liberty This is an ongoing and significant challenge for staff within the Service when they are required to balance the statutory duty to promote the safeguarding of vulnerable service users while affirming the importance of their right to self-determination and the exercise of informed choice.</p> <p>As noted previously, the absence of a statutory framework to inform decision making in those circumstances in which a service user is incapacitous present</p>	<p>As above.</p> <p>The operationalising of robust oversight and professional governance arrangements to monitor the quality of practice and service delivery in this crucial area.</p> <p>An ongoing focus on the quality of risk assessment and review processes to inform balanced and proportionate decision-making.</p>	<p>All ongoing</p>

	<p>substantial challenges in delivering safe, compassionate and person centred care. There is a pressing need to progress the implementation of the Mental Capacity legislation to establish a coherent statutory basis to inform practice in those circumstances in which deprivation of liberty is necessary to secure a vulnerable individuals safety and wellbeing.</p>	<p>A continued focus on multi-disciplinary engagement and co-ordinated decision-making within a “best Interests” framework.</p> <p>Consultation and engagement with extended family and carers as appropriate.</p>	
	<p>Service Users with capacity who are non-compliant with Care Plans</p> <p>Service users deemed to have capacity to make their own informed choices and decisions about their care needs and who choose not to comply with their care plans. In these circumstances, staff are required to balance the risk of harm associated with the individual’s non-compliance with an individual’s right to self-determination.</p>	<p>Staff complete risk assessments with service users, their families and advocates as appropriate and promote a transparent and open engagement to ensure the weighting of human rights considerations.</p> <p>As above</p>	<p>All ongoing</p>
	<p>Acquired Brain Injury</p> <p>Service users with ABI cared for at home require specialist supports. Their care requirements can present particular challenges - recruitment and retention of suitably trained staff to manage their complex needs; major adaptations to accommodation; provision of suitable respite; and provision of tailored supports</p>	<p>As above</p>	<p>All ongoing</p>

	<p>to carers</p> <p>The role of consulting with family and friends in providing information to help determine the best interests of a service user who lacks capacity is demanding and complex in the context of individual expectations and perceptions, personal stressors, resilience and demands.</p>		
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3.15	<p>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</p>
	<p>Notwithstanding the challenges of the overarching service delivery context, the Service has retained its focus on quality, safety and improvement in the delivery of services. Staff are committed to meaningful co-production and partnership working with service users, carers and other stakeholders in promoting a rights-based approach to the planning, provision and review of services and supports.</p> <p>Efforts are ongoing to develop specialist services for those with particularly complex physical and mental health needs through the enhancement of the workforce's skills and knowledge base and engagement with other services to promote seamless service pathways across professional and organisational interfaces. A recent report from the Royal College of Psychiatrists commended the Service for its work with ARBD service users, despite the acknowledged gaps in service provision for this cohort.</p> <p>The Service has lead responsibility for the promotion and co-ordination of the key themes underpinning the Trust's carers Strategy. It strives to promote awareness of carers' needs and to improve services and supports to carers across Trust community and acute settings. The Carers Strategy affirms the pivotal contribution of carers as partners, while reinforcing the need to develop bespoke, flexible supports and services to meet their collective and individual needs. Co-production, partnership, engagement, communication, listening and learning from carers' experiences, are central to the realisation of the Strategy's vision and ambition.</p> <p>The Service also has lead responsibility for the "rolling" implementation of Self-Directed Support (SDS) in the Trust. The Service has consistently led on the personalisation agenda and has promoted a culture of personalisation in its engagements with other Services. This provides a template on which the Trust can respond to the challenging SDS targets. A key strength of the Trust's approach has been the engagement of service users and carers directly in the planning of implementation for SDS through their participation in the development and delivery of SDS training.</p> <p>The Sensory Support Team was a finalist in the regional 2018 Social Work Awards under the Adult Team category in recognition of their work with service users in the co-production of a DVD.</p> <p>Following the review of Physical and Sensory Disability Day Care, the Service is currently adopting a similar approach to the review of day care services for Older People using an Appreciative Inquiry approach.</p> <p>Improving services is a key objective for the Service Area. Staff are encouraged to consider innovative ways to improve practice, facilitated via peer support groups and staff development workshops. Several senior managers have completed a range of quality improvement courses and have taken the learning into their operational practice.</p>

	<p>The Service recognises the importance of evidencing its valuing of its workforce through an emphasis on supported, accredited learning opportunities in a culture of listening, communication, continuous improvement, recognition, opportunities for reflection and personal development.</p> <p>The Trust is currently working towards Investors in People re-accreditation. The Service is engaging all staff in the IIP leading, supporting and improving agenda.</p> <p>The Service communicates with service users and carers via established newsletters:</p> <ul style="list-style-type: none"> ➤ Newsletter for Carers ➤ Newsletter for the Mourne Project ➤ Newsletter for People with Sensory Loss <p>These newsletters include information on services, new developments and articles from service users and providers associated with the Service.</p>
<p>3.16</p>	<p>SUMMARY</p>
	<p>The Service welcomes the strategic direction enunciated in Transforming Your Care, the Bengoa and Power to People Reports. It recognises the significant challenges associated with progressing the vision and objectives in the context of public expectations and constrained resources.</p> <p>The lack of capacity within domiciliary care and the shortage of specialist facilities to meet complex needs are pressing concerns for the Service.</p> <p>Delays in recruitment in relation to both the filling of core social work and specialist posts, adversely impact on throughput, caseload size and Service-wide performance. However, the workforce remains motivated, resilient and committed.</p> <p>The Service has a commitment to developing its improvement and implementation knowledge and skills base. It participates in Trust and regional social work improvement training programmes.</p> <p>Co-production provides an overarching framework within which to develop organisational structures to embed purposeful and meaningful service user and carer engagement and participation in the review, planning, delivery and design of services.</p> <p>SDS implementation has the potential to be transformational for those service users and carers who have the capacity to embrace personalisation-the supported management of their own care. While it will present substantial challenges, the Service is committed to its optimal operationalising.</p>

PHYSICAL AND SENSORY DISABILITY SERVICE
DATA RETURNS

- 1 General Provisions (including Hospital Social Work)
- 2 Chronically Sick and Disabled Persons
- 3 Disabled Persons (NI) Act 1989
- 4 Health and Personal Social Services Order
- 5 Carers and Direct Payments Act 2002
- 6 Safeguarding Adults
- 7 (Social Work Teams and Caseloads)
- 8 Assessed Year in Employment
- 9 Mental Health
- 10 Training Accountability Report

**PHYSICAL AND SENSORY DISABILITY SERVICE
DATA RETURN 1**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	1834	788
1.2	Of those reported at 1.1, how many adults commenced receipt of social work or social care services during the period?	1588	490
1.3	How many adults were in receipt of social work or social care services at 31 st March?	1535	248
1.3a	How many adults were in receipt of social work support only at 31 st March (not reported at 1.4)?	741	248
1.4	How many care packages are in place on 31 st March in the following categories:		
	i. Residential Home Care	24	N/A
	ii. Nursing Home Care	119	N/A
	iii. Domiciliary Care Managed	512	N/A
	iv. Domiciliary Non Care Managed	138	N/A
	v. Supported Living	54	N/A
1.4a	vi. Permanent Adult Family Placement	0	N/A
	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. The Service complies with the DHSSPS Care Management Circular and works closely with the Trust's Finance Department to ensure accurate charging as appropriate.		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.		
	All service users who require care packages to support their personal care needs in the community or to sustain them within a placement are referred to the Care Management Team. Completed NISAT and additional assessments, if appropriate, will determine the level of care required. A private provider or direct payment will be commissioned to meet the assessed need. The Service continues to experience on-going difficulties in securing packages of care as previously referenced. On occasion providers are unable to sustain packages due to the		

	challenging behaviours of service users or individuals non-compliance with their care plans.		
1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision-making process, review and care planning.</p> <p>A NISAT assessment is completed with each service user and carer, if appropriate.</p> <p>Shared decision-making and person-centred working. Co-production with service users of self-directed support and care plans with a copy of the care plan retained by the service user.</p> <p>Service users, their carers and families are invited to attend reviews and contribute to the care planning and decision making process.</p>		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	218	580
	- Independent sector (MS Centre and SENSE)	17	200
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	678	0
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	Unmet need (this is currently under review)	X	X
1.8a	<p>Please report on Social Care waiting list pressures</p> <p>Please see main body of the Report, which addresses the challenges arising from difficulties in securing domiciliary care packages, which have necessitated the development of a waiting list to manage prioritisation following risk-based assessments and ongoing reviews of same.</p> <p>Development of alternative options including engagement with families and localities to optimise informal supports; and promotion of Direct Payments to facilitate service user's purchasing of supports.</p>		

1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding Narrative Non-recurrent funding has been made available for posts associated with SDS to support the implementation of this Strategy.		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	1	
1.10	Complaints –Please describe any service change or improvement implemented or intended as a result of complaint investigations. The Service Area has reviewed and made amendments/changes to aspects of service delivery as appropriate in light of learning from complaints..	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**PHYSICAL AND SENSORY DISABILITY SERVICE
DATA RETURN 1-HOSPITAL**

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	Not applicable to PSD	Not applicable to PSD	Not applicable to PSD
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	Not applicable to PSD	Not applicable to PSD	Not applicable to PSD
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	Not applicable to PSD	Not applicable to PSD	Not applicable to PSD

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

The Physical and Sensory Disability Service Area has no managerial or operational responsibility for Hospital Social Work Staff.

**PHYSICAL AND SENSORY DISABILITY SERVICE
DATA RETURN 2**

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	1	N/A
2.2	Number of adults known to the Programme of Care who are:		
	Blind	261	410
	Partially sighted	131	219
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	127	56
	Deaf without speech	81	29
	Hard of hearing	496	1928
2.4	Number of adults known to the Programme of Care who are:		
	Deafblind	21	145

Please note that this return does not reflect service users registered as visually impaired. There has been a decline in the number of people registered as blind and partially sighted. The Service has noted an increase in service users registered as visually impaired. It believes that it is important to reflect this group in the returns, as these individuals require assessment and service provision.

Adults who are visually impaired: **Under 65: 180**
Over 65: 759

**PHYSICAL AND SENSORY DISABILITY SERVICE
DATA RETURN 3**

3 DISABLED PERSONS (NI) ACT 1989		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	2622
	Number of Disabled people known as at 31 st March.	1783
3.2	Number of assessments of need carried out during period end 31 st March.	1917
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0

**PHYSICAL AND SENSORY DISABILITY SERVICE
DATA RETURN 4**

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;	
Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]	

4.1	Number of Article 15 (HPSS Order) Payments 13	22
	Total expenditure for the above payments	£2659.00
4.2	Number of TRUST FUNDED people in residential care	48
4.3	Number of TRUST FUNDED people in nursing care	137
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	5
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	6

**PHYSICAL AND SENSORY DISABILITY SERVICE
DATA RETURN 5**

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	11	455	75
5.2	Number of adult individual carers assessments undertaken during the period.	10	285	40
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March	2	66	0
5.5	Number of young carers offered individual carers assessments during the period.		15	
5.6	Number of young carers assessments undertaken during the period.		13	
5.7	Number of young carers receiving a service @ 31 st March		13	
5.8	(a) Number of requests for direct payments during the period of 1 st April – 31 st March 2016		32	
	(b) Number of new approvals for direct payments during the period of 1 st April – 31 st March 2016		27	
	(c) Number of adults receiving direct payments @ 31 st March		164	
5.9	Number of children receiving direct payments @ 31 st March		0	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?		0	
5.10	Number of carers receiving direct payments @ 31 st March		13	
5.11	Number of one off Carers Grants made in-year.		479	

Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.

Commentary

Please refer to narrative in main report for comments on carers.

**PHYSICAL AND SENSORY DISABILITY SERVICE
DATA RETURN 6**

6 SAFEGUARDING ADULTS

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS
PROVIDED IN ADULT SAFEGUARDING REPORTS**

**PHYSICAL AND SENSORY DISABILITY SERVICES
DATA RETURN 7**

7 SOCIAL WORK STAFF

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS
PROVIDED AT YEAR END 31ST DECEMBER**

**PHYSICAL AND SENSORY DISABILITY SERVICES
DATA RETURN 8**

8 ASSESSED YEAR IN EMPLOYMENT

**TRUST-WIDE RETURN SUBMITTED BY TRUST SOCIAL SERVICES LEARNING
AND DEVELOPMENT SERVICE IN SEPARATE REPORT**

**PHYSICAL AND SENSORY DISABILITIES SERVICE
DATA RETURN 9**

9 The Mental Health (NI) Order 1986			
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115			
Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	0	*
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	0	*
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	*
	Comment on any trends or issues in respect of requests for ASW assessment or ASW applications	0	*
*Information to be provided by RESWS			
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	N/A	
	Comment on any trends or issues in respect of Nearest Relative applications for admissions	N/A	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.	N/A	
Use of Doctors Holding Powers (Article 7)			
9.2	Total Number of Form 5s/5as completed) NB Form 5a is no longer used How many times did a hospital doctor use holding powers?	0	
9.2a	Of these, how many resulted in an application being made?	0	
	Comment on any trends or issues on the use of holding powers		
ASW Applicant reports			
9.3	Number of ASW applicant reports completed	0	
9.3.a	How many of these were completed within 5 working days		
	Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.	N/A	
Social Circumstances Reports (Article 5.6)			
9.4	Total number of Social Circumstances reports completed. This should equate to number given at 9.1c. If it does not please provide an explanation.	0	
9.4.a	Number of completed reports which were completed within 14 days	0	
	Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.	N/A	

Mental Health Review Tribunal						
9.5	Number of referrals applications to MHRT in relation to detained patients					
	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
	Trust	0	0	0	0	0
	Patient	0	0	0	0	0
	Nearest Relative	0	0	0	0	0
	Other	0	0	0	0	0
Total	0	0	0	0	0	0
	Comment on any trends or issues in respect of Mental Health Review tribunals N/A					
Guardianships (Article 18)						
9.6	Number of Guardianships in place in Trust at period end					0
9.6.a	New applications for Guardianship during period (Article 19(1))					0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))					0
9.6.c	How many were Guardianship Orders made by Court (Article 44)					0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))					0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)					0
9.6.f	Number of Guardianships accepted by a nominated other person					
9.6.g	Number of MHR hearings in respect of people in Guardianship					
	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
	Trust	0	0	0	0	0
	Patient	0	0	0	0	0
	Nearest Relative	0	0	0	0	0
	Other	0	0	0	0	0
Total	0	0	0	0	0	0

9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)		
	Discharges as a result of an agreed multi-disciplinary care plan	0	
	Lapsed	0	
	Discharged by MHRT	0	
	Discharged by Nearest Relative	0	
	Total	0	
	Comment on any trends or issues in respect of Guardianship		N/A
Approved Social Worker (ASW) Register			
9.7	Number of newly appointed Approved Social Workers during period		0
9.7.a	Number of Approved Social Workers removed during period		1
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)		0
	<p>Commentary Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties.</p> <p>The Physical and Sensory Disability Service Area has one ASW who temporarily withdrew from the Daytime Rota due to increase demands on his Service workload. This was result of a reduction in staffing levels in his “home” Team and the need to address core service delivery. When staffing levels return to full capacity, the ASW will resume his Daytime Rota role.</p>		
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so, please provide detailed explanation for each and every instance including their age and relevant powers used.		
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?		5
	Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements The Service reviews on an ongoing basis the management of individual service user finances in those circumstances in which concerns regarding capacity are extant. As previously reported, the Service has noted an increase in the funding of private capacity assessments in such situations.		

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. Article 50A (6). Schedule 2A Supervision and Treatment Orders.		
9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	0
	Treatment as an out patient	0
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	0
	Commentary (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient) <p style="text-align: center;">N/A</p>	

3. MENTAL HEALTH SERVICE

GENERAL NARRATIVE

3.1	<p>Named Officer responsible for professional Social Work</p> <p>During the reporting period, Ms Mary O'Brien, Service Manager, has discharged the role of Associate Director of Social Work (Associate Director) in the Mental Health Service.</p> <p>As part of the Trust's phased implementation of a Collective Leadership model, the Mental Health Service has assumed shadow Divisional status within the Adult Social and Primary Care Directorate.</p> <p>The postholder has had responsibility for professional issues pertaining to the social work and social care workforce within the Mental health Service. She has been accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service.</p> <p>The postholder has been responsible for:</p> <ul style="list-style-type: none"> ➤ The provision of professional leadership of the social care workforce within the Service. ➤ The establishment of structures within the Service to provide assurance to the Executive Director on the discharge of statutory functions. ➤ As a member of the Directorate's senior management group, the provision of specialist advice on professional issues pertaining to the social care workforce and social care service delivery. ➤ The collation and assurance of the Service's Interim and Annual Statutory Functions Reports ➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce ➤ Ensuring that arrangements were in place within the Service to identify and provide access to training and post-qualifying accredited learning and development opportunities. ➤ Ensuring that arrangements were in place to provide assurance with regard to workforce compliance with NISCC registration and regulatory requirements. <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service's line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Associate Director has assured the Mental Health Service's Annual Statutory</p>
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	Functions Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions
3.2	Supervision arrangements for social workers
	<p>Trusts must refer to Assessed Year in Employment (AYE) and compliance and Caseload weighting arrangements.</p> <p>The Service is compliant with the DHSSPS Circular 02/2015, which details the responsibilities of employing organisations in relation to AYE Social Work staff.</p> <p>In total, there were eight social workers in the Service completing AYE during the reporting period, seven of whom have completed AYE and have progressed to Band 6, one has left the Service to take up a permanent post in another Trust after her mid-point review and one is due to complete their AYE in July 2018.</p> <p>All AYE staff had requests for caseload protection arrangements made to Line Managers by their professional supervisors. Concerns about caseload numbers exceeding “protected” levels were addressed directly with the line managers by professional supervisors. It was not always possible for caseloads to remain protected during the AYE period due to team casework pressures exacerbated by the high level of nursing vacancies and the current sick leave in community teams.</p> <p>Professional supervision is provided to all Service social work staff in Ad in line with the requirements detailed in the Trust Adult Services Social Work Supervision Policy and runs in tandem with operational supervision arrangements. There are a limited number of Band 7 Social Work Team Leaders in the Service and, consequently, a high proportion of social work staff are line managed by non-social work operational managers. Currently there are two permanent social work Team Leaders in post, with a further four acting social worker Team Leaders. The Service’s bespoke Professional Social Work (Governance) Team consists of an acting PSW, one permanent Development Lead post (Band 7) (currently vacant) and two Senior Social Work/DAPO practitioners (only 0.5 of these two posts is funded). There is also a Social Work Lead in CAMHS who provides professional supervision to three Band 7 social work staff. In total, nine professional social work trained staff are providing professional supervision across all services (41 in total following the additionality of the Lifeline service) to 71 social work staff.</p> <p>The Acting PSW provides professional social work supervision to nine Band 7 Senior Practitioners, five Team Leaders and one Social Work Lead. The postholder also provides professional supervision to five Band 6 staff and is practice assessor to two ASW Programme candidates.</p> <p>Two Band 7 DAPO/Senior Practitioner staff in the Adult Safeguarding Team offer professional supervision-one supervises eleven social workers, delivers ASW supervision to four staff and is a Practice Assessor on the Regional ASW Programme. The other DAPO/Senior Practitioner provides professional supervision to ten social work staff, of whom seven were undertaking AYE in the reporting year.</p>

The Service currently achieves compliance with the requirements of the Trust's Adult Services Professional Social Work Supervision Policy. Compliance levels are addressed through an annual Trust audit of supervision delivery across adult services.

The following operational supervision issues were identified in the audit across the community teams;

- Supervision agendas – It was unclear from the agendas who had highlighted cases for discussion.
- Guidance offered to newly qualified staff – There was a lack of guidance specifically on report writing, standards regarding detail and agreed actions and actions required to manage/reduce risk areas.
- Caseload easement – It was not clear what easement, had been offered to social work staff who were undertaking other duties as part of their role including ASW, Think Family work.
- Line Manager auditing of case files not evidenced in a number of files reviewed.
- Yearly performance review not regularly undertaken
- Primary Mental Health Care (PMHC) – In a number of files audited, recording of casework decision-making in Family and Child Care cases in particular, was not of the required standard.
- High caseloads, especially in PMHC.

The findings of the audit were addressed with operational managers for their attention and actions. The audit highlighted difficulties in recruiting permanent Team Leaders as a significant factor underpinning the above-findings.

Performance Review

The Trust's Staff Development Review (SDR) Framework provides the organisational structure for the annual appraisal and finalising of the individual staff member's Personal Development and Learning Plan. The SDR process draws together key themes which underpin the on-going delivery of professional and organisational supervision on a yearly basis.. Annual appraisal affords social work and social care staff the opportunity to take stock of their performance and to reflect on their individual learning and career development priorities. It promotes evidence-based, recovery-focused and person centred practice.

Arrangements for provision of professional supervision to Social Workers in the Mental Health Service are as follows.

AYE

There are currently two Band 5 AYE agency staff in post. They receive one-to-one supervision on a two-weekly basis from the Band 7 professional social work supervisor to ensure work is meeting agency and professional standards. The supervisor audits and reviews work provided by the AYE staff member at each supervision session, for example agency documentation such as initial assessments, risk assessments, care plans, case discussion reports and gives constructive feedback and recommendations for improving the quality and standard of content. Where there are concerns with regard to any practice issues, the supervisor addresses these with the candidate and the Team Leader with a view to developing an action plan to address the issue(s).

Temporary Social Work Staff

A further ten Band 5/6 temporary social work staff (back fill for nursing vacancies) are due to take up their posts in the near future. A previously devised three-day induction programme will be utilised. The programme includes the Trust's strategic context, including legislative and policy developments such as the Mental Capacity Act (2016); adult safeguarding awareness; MARAC; role of the social worker in a multidisciplinary team; recovery-orientated practice; triangle of care; Think Family Think Child; child protection awareness; and accredited post-qualifying learning pathways.

Provision of professional social work supervision remains a challenge due to the limited number of Band 7 staff who can undertake this role. There are currently only two Band 7 Senior Practitioners providing professional supervision to other community teams without social work Team Leaders. A further four temporary Band 7 Team Leaders and two permanent Team Leaders provide professional supervision to Band 6 Social Workers within their teams. There are a further nine Senior Practitioners who are unable to undertake professional supervision roles within their respective teams due to current caseload demands.

Work will continue to support and further develop the profile, number and contribution of social work in the Service.

The Supervision Support Group for the nine Senior Social Work staff providing professional supervision will reconvene with the acting PSW assuming chairing responsibilities. "Reflective Practice – A model for supervision and practice in Social Work" has been a useful aid in enabling staff to consider their work from a professional and ethical viewpoint, whilst also supporting staff who are undertaking professional development through the PiP Framework. The Group will progress initiatives to improve the quality and consistency of supervision across the Service.

Quarterly Mental Health Social Work Forum

The forum is an important aspect of social work identity, providing opportunities for networking, supports, reflection and improved appreciation of respective roles and service delivery challenges. The Forum has grown and has acquired an enhanced profile for the Service's social work workforce. Each forum has had a particular theme- delegated statutory functions; assessments of need across carers and young carers; the implications of the Disability Discrimination Act (1995) for service delivery; and preparing for and presenting at an Mental Health Review Tribunal (MHRT). Forthcoming forums will incorporate a focus on preparing for Declaratory Judgement applications; working with substance misuse and mental ill health; and the importance of a social history within a Think Family approach. Following the successful completion of six declaratory reports, the Court commended a social worker on the layout of their report. This will provide an exemplar for other staff.

The Forum affirms the key contribution of social work to mental health service delivery.

	<p>Approved Social Work Forum The Principal Social Worker has developed a bespoke ASW Forum. It provides a mechanism for the development of ASW practice skills. The ASW Forum meets bi-monthly.</p> <p>The PSW or an experienced ASW/DAPO provides bespoke 1-1 professional ASW supervision on an eight-weekly basis.</p> <p>Adult Safeguarding Investigating Officers / ABE / Joint Protocol and DAPO-trained staff are required to attend 75% of the Trust Support Groups, which occur quarterly.</p>
<p>3.3</p>	<p>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</p>
	<p>As noted at 3.2 above, the audit of social work supervision took place in November 2017. The main areas for improvement identified were with regard to compliance with supervision timescales; supervision capacity in light of ongoing difficulties in recruiting social work team Leaders; caseload volumes and related workload pressures; and quality of recording of supervision.</p> <p>File Audits Team Leaders are required to audit two case files during supervision sessions. Operations Managers retain responsibility for assuring this process. Where concerns in relation to performance/professional competencies emerge, the Team Leader, in consultation with the Operations Manager and supervisee, is responsible for identifying the necessary actions/supports/timescales to progress requisite improvements.</p> <p>ASW Assessment/Report Audit – February 2018 The annual ASW audit addresses compliance with the regional standards informing the discharge of statutory functions by ASWs.</p> <p>The main areas that were identified in the recent audit were;</p> <ul style="list-style-type: none"> ➤ 19% of all ASW applications were made to hospitals outside of the Trust area. ➤ Major challenges remain in relation to the staffing of the Trust’s ASW Daytime Rota, notwithstanding the ongoing substantial efforts of management to remediate this situation and relative improvement in staffing capacity. ➤ There was some variation in the completion of applicants’ reports with some outside of the recommended five- day period (RQIA). ➤ There appeared to be considerable delay in completing reports when the application was not made but was required to be submitted to the Principal Social worker. This ranged from 8 to 26 days. ➤ The average time required to complete an assessment was 9 hours. <p>The Service has continued to explore options to address recruitment and retention pressures in respect of the ASW Daytime Rota with some success although underlying workforce challenges remain significant.</p>

Workforce Review

The Service is engaged in a review of social work and social care workforce requirements, which will include a focus on the issue of normative staffing levels to ensure capacity to discharge current and anticipated designated statutory social work responsibilities in mental health service delivery.

The recruitment and retention of Band 7 Team Leaders is a pressing regional challenge. Team Leaders who are professional social workers have additional responsibilities relative to their non-social work peers as they also undertake DAPO and ASW roles. The operational demands arising out of the ASW role and the impact of the Revised Adult Safeguarding Policy's designation of the DAPO role as a social work function has significantly added to the workload volumes of social work Team Leaders. As noted previously, the Service has six social workers in first line management posts (two permanent and four temporary). The cumulative demands on this cohort of staff are not sustainable. The complexity and workload demands of the role are significant disincentives to potential applicants for posts.

Recruitment and Retention

The Trust, mirroring the regional position, has encountered major difficulties in the recruitment and retention of nursing staff in the Service across the reporting period. In community settings, the Service has, where appropriate, backfilled generic vacancies with agency social work staff, mainly band 5 AYE. This has assisted the service in meeting service delivery demands.

The use of agency staff, while necessary, has resulted in regular turnover of staff with changes of keyworker. In this context, the Service decided to recruit ten temporary Band 6 social workers from the permanent waiting list on twelve-month contracts to stabilise service delivery.

Assessment Centres

The Service's Assessment Centre model to meet the increasing need for community-based accessible and timely mental health assessments following re a GP referral was recently operationalised.

The model provides a multi-disciplinary, community-based, seamless referral, assessment and service delivery pathway. It is an evidence-based approach, which will address waiting list pressures.

The two Assessment Centres have workforce complements of are comprised of two Band 6 social workers, two Band 7 senior social work practitioners, four psychiatric nurses, and two co-ordinators located at two sites-Woodstock Lodge and Old See House. The two senior practitioners have responsibility for providing professional supervision to the Band 6 social work staff; to lead in adult safeguarding and Think Child/Think Family practice development and service delivery; and service user and carer engagement.

Think Child, Think Parent, Think Family Strategy

The Think Family Social Work Assessment (TFSWA) pilot commenced in January 2017. The model seeks to deliver improved services to and supports to families

	<p>in which a parent has mental health difficulties. Its ethos is to reduce the potentially negative impact of parental/carer mental illness on children through a practice approach which involves a holistic assessment of the individual family members within a collaborative, inclusive, multi-professional and multi-agency recovery focused, person-centred Support Plan with the aim of improving outcomes for children and parents.</p> <p>The Trust supported five champions to undertake the TFSWA. Fourteen families participated, with eleven fully completing the pilot. Quantitative and qualitative data obtained from participants to inform the evaluation process will contribute to an international study of the Family Model for presentation at symposium in May 2018. A number of overarching themes have emerged:</p> <ul style="list-style-type: none"> ➤ The majority of families involved were known to Adult Mental Health services only. ➤ Main age group of children were 0-15years. ➤ The majority of adults who participated advised that they had developed a better understanding of the impact of mental illness on their children that this enhanced awareness had improved significantly their communication with their children and understanding of their children’s needs. ➤ Children readily engaged with the model. ➤ Adults and professional staff acknowledged the importance of the strengths-based dimension to the model and its affirmation of the significance of culture, community and accessibility of supports in promoting recovery and empowerment. ➤ MDT feedback was positive. It reflected on the model’s promotion of “family conversations” and shared understanding among family members of the impact of mental illness. <p>The pilot affirmed the contribution of social work in supporting families in those circumstances in which a child or parent had significant mental health difficulties. Their skills and practice knowledge in systems-based interventions were central to the underpinning partnership to engagement with families.</p> <p>The consolidation and development of a Trust Think Family Champions network across Adult Mental Health and Childrens Services has been central to the embedding of Think Family practice. Champions attend quarterly meetings, which facilitate shared learning, the dissemination of information and best practice examples and strengthening of collaborative working within and across both services.</p>
<p>3.4</p>	<p>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p> <p>The Service interfaces with a number of other statutory agencies in relation to the discharge of its statutory functions responsibilities. These include:</p>

NISCC

The Service is compliant with NISCC's registration requirements pertaining to the social care workforce.

RQIA

The Service Area complies with reporting of all notifiable incidents in accordance with regulations.

The Service complies with recommendations emerging from RQIA inspections of regulated services provision.

PHA

The Community and Partnerships Service regularly interfaces with a range of statutory agencies in the delivery of services.

The Drug Outreach Team is a PHA-funded service providing an outreach function targeting 'hard-to-reach' injecting drug users, with the aim of encouraging harm reduction approaches to drug misuse and facilitating engagement with Tier 3 services to provide Oral Substitution Therapy.

The Primary Care Talking Therapy Hubs (PCTTHs) have been fully operational since September 2015. The four Locality Hub Co-ordinators continue to work with GPs and the community and voluntary sector providers to deliver a range of psychological therapy interventions. PCTTHs have fully implemented CORE NET as a clinical outcome measure.

OTHER STATUTORY AGENCIES:

The Service is committed to partnership working with all statutory agencies, which have responsibilities interfacing with those of the Service. These include the PSNI; the NIHE; the Probation Service; the Northern Ireland Ambulance Service; Lisburn and Castlereagh and Belfast Councils; the Patients and Client Council; Safeguarding Board for Northern Ireland. (This list is not exclusive).

The Director of Social Work updates RQIA in relation to the appointment of ASWs within the Trust as required.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>APPROVED SOCIAL WORK</p> <p>The Trust is continuing to encounter difficulties in providing full cover for the ASW Daytime Rota. Over the last number of years there has been a decline in the number of operational ASWs. This has resulted from a number of factors: planned retirements; the demands of the role; operational and logistical challenges; perceived diminution of status of the role; and escalation in parallel responsibilities for Band 7 social work staff in the context of adult safeguarding duties and Team Leader functions.</p> <p>There are currently 25 ASWs maintaining the Trust's Daytime Rota. There are three ASWs on the Rota per working day and, as required, there is a need to increase this number when more than three assessments are taking place simultaneously.</p> <p>The current number of ASWs is insufficient to maintain the delivery of the Rota moving forward. There are significant challenges</p>	<p>The Service has pursued a range of options to enhance workforce capacity and to ensure that the Trust has been able to discharge its delegated ASW statutory functions.</p> <p>The Trust has afforded priority to facilitating staff to complete the Regional ASW Programme (the twelve-months post-qualifying accredited Masters-level pathway to ASW registration). Three candidates successfully completed the Programme in the reporting period and a further six have enrolled in the current Programme.</p> <p>In response to the Regional ASW Audit 2016, the Trust had established a Multi-Agency Working Group including representation from PSNI, NIAS, GPs/ Primary Care, Acute Hospital Services and Mental Health Services to provide a forum to promote collaborative strategic and operational service delivery approaches with an initial focus on the operationalising of the 2017 GAIN Audit recommendations</p>	<p>The Daytime ASW Rota remains on the Directorate Risk Register, classified as high risk.</p>

<p>associated with providing the necessary staffing cover during holiday periods. The majority of ASWs require cover a minimum of three Rota sessions per month. (Over holiday periods and periods of unplanned absences, contingencies will necessitate their completion of additional sessions.</p> <p>A key dimension to Service workforce planning is the profiling of future ASW numbers in the context of the enunciation of bespoke statutory duties for social work in the Mental Capacity legislation and regulations.</p> <p>Acute admission beds There continue to be significant difficulties in securing inpatient admissions resulting in 19% of Mental Health Order admissions to out-of-area beds during the reporting period. This situation has generated substantial demands on the ASW role. These include a range of professional, logistical and organisational challenges. The ASW, in many instances working alone, will have to navigate and co-ordinate bed availability while awaiting consultant-to-consultant agreement to the proposed admission. She/he is responsible for arrangements to convey the service user to the receiving hospital and to negotiate with the NIAS and PSNI in those situations in which PSNI attendance is necessary. The</p>	<p>The Trust has continued to engage in the regional consultation processes linked to the development of Regulations, guidance and policy related to the implementation of the Mental capacity legislation. The Trust has highlighted the potential breadth and scale of the legislation across all services, the substantial logistical and organisational challenges in respect of workforce training delivery, service delivery processes and governance structures.</p> <p>As part of cross-Divisional efforts improvements in interface working, the PSW will deliver training on the role of the ASW within MHO assessments to Emergency Department staff.</p> <p>The Service has continued to review the ASW risk assessment to ensure that it has taken the necessary actions to identify and obviate risks to the service user and ASW staff member throughout this process.</p> <p>From 1st of June 2018, the 8A Senior Manager on call will be available to the DATA ASW Rota service to provide practical advice and support with regard to Lone Working in those circumstances in which the Service is completing an intervention, which has “stretched” into “out-of –hours”.</p>	
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ASW has to support an often distressed, agitated, unwell service user while responding to/managing the upset, occasional anger and frustrations of extended family members at the extended delays in the admissions process.

Length of time to complete ASW Assessment

The following table provides a breakdown of the length of ASW-managed admissions for assessment during the reporting period. As noted, 54% of admissions were over eight hours in duration, 22% over eleven hours.

0-3 hours	16%
4-7 hours	40%
8-10 hours	32%
11 hours +	22%

The cumulative impact of these demands on the ASW workforce give rise to significant concerns. In ongoing engagement with staff members, staff side and professional representatives, the Service is seeking to further services and supports to staff to secure their physical and emotional wellbeing and to maintain service continuity and delivery across wider

The Service is exploring options to provide a second staff member to accompany ASWs during complex admissions. These include initial assessments, which indicate a potential for aggression or violent behaviours on the part of a service user, likely delays in PSNI/NIAS attendance or a range of other factors, which indicate an extended and difficult admission process.

The Service and Regional Emergency Social Work Service are in ongoing discussions about the establishment of cross-service arrangements and supports to provide operational and professional supports to ASW staff. They are exploring the development of a Memorandum of Understanding between the Services, which would incorporate the possibility of the transfer of ASW functions in the management of a “live” case from one Service to the other. There are significant logistical, organisational, professional, governance and legal themes to be addressed prior to the progressing of such an option.

<p>service provision.</p> <p>Conveyance to Hospital</p> <p>The Regional Interagency Protocol on the Operation of Place of Safety and Conveyance to hospital under the Mental Health Order (1986) (2017) provides the current operational framework for PSNI attendances at ASW-managed admissions for assessment.</p> <p>The Trust has advocated for a review of the Protocol in light of the issues associated with PSNI capacity and attendance referenced above.</p> <p>ADULT SAFEGUARDING</p> <p>The referral numbers for 2017/2018 were 688. This is an increase of 22% from levels recorded during the preceding year. Completed investigations during the reporting period were 377. This is also an increase of 18% on the previous year's figures.</p> <p>The Adult Safeguarding Policy has identified the Designated Adult Protection Officer (DAPO) role as a Band 7 senior practitioner or manager social work post.</p>	<p>The Trust had established a Multi-Agency Working Group including representation from PSNI, NIAS, GPs/ Primary Care, Acute Hospital Services and Mental Health Services to provide a forum to promote collaborative strategic and operational service delivery approaches. (Review of Group planned for 2018).</p> <p>The Trust has made representations to the HSCB with regard to the operationalising of the Protocol.</p> <p>The Trust has raised this matter in its ongoing engagement/ discussions with local PSNI personnel.</p> <p>.</p> <p>The Service is taking forward the development of data collation, management and analysis on PARIS as part of a Directorate-wide focus on substantially enhancing its information infrastructure and reporting capacity.</p> <p>Ongoing embedding of adult safeguarding awareness and practice knowledge, particularly in those services in which there</p>	
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<p>The demands upon a limited pool of Band social work Band 7 staff within the Service arising out of the increase in adult safeguarding activity and their related ASW and operational management duties are unsustainable.</p> <p>At present there are twelve DAPOs delivering the role into over forty services, with the most substantial remit carried by the Adult Safeguarding Team providing DAPO support to twenty-three services. The DAPO role involves:</p> <ul style="list-style-type: none"> ➤ The provision of advice and guidance to Service staff (all professions) and outside agencies on safeguarding issues. ➤ Liaison with the PSNI regarding whether investigations should be single agency or joint protocol managed. ➤ The provision of social work professional supervision to social work staff who have a non-social work operational manager. ➤ Practising as ASWs on the Daytime Rota . ➤ Practice Assessors for ASW Programme. ➤ ASG Team DAPOs discharge Service MARAC lead role and collate Service adult safeguarding data returns. 	<p>is no current social work resource.</p> <p>The Service has addressed with the Commissioner on an ongoing basis the need for additional investment in social work capacity to respond to the increase in the levels and complexity of adult safeguarding activity.</p>	
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<p>3.8</p>	<p>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</p>
	<p>Vacancies Currently there are four Band 6 temporary vacancies due to secondments. There are one Band 7 Senior Practitioner, one Band 7 Team Leader and one Band 8A PSW permanent vacancies. All these posts are currently in a recruitment process.</p> <p>Social Work and Team Leader Recruitment and Retention The Service continues to experience significant difficulty in the recruitment of Team Leaders and, in particular, social work applicants for these posts. This is a particularly challenging role, as in addition to the Team Leader responsibilities(incorporating line management and professional supervision), they are required to complete the DAPO role and are invariably involved the ASW Daytime Rota in addition to their Team Leader responsibilities. This is a regional issue, profiled as a workforce priority in the Regional Work Strategy.</p> <p>Locally, following extended negotiations with staff side representatives, two Service Team Leader posts will be designated Social Work posts. This will provide much needed professional supervision and DAPO capacity. The Service management structure to support community teams is currently under review. A focus of the review process will include an analysis of the benefits of normative staffing levels for each professional group within community teams. At present, this model informs nursing staffing levels.</p> <p>Social work constitutes 10% of the Service’s workforce. There is a pressing need to establish a robust workforce planning approach to ensure sufficient social work capacity to discharge bespoke statutory functions and to contribute to range of core skills and knowledge essential to the delivery of safe, qualitative, evidence based, co-produced services.</p> <p>MHRT Social Circumstances report requests There has been an increase in the number of requests by solicitors to hear a MHRT within the fourteen-day admission period under the Mental Health Order. In the context of the volume of service delivery demands, this has given rise to substantial pressure on involved social work staff to complete the necessary report in adequate detail within the specified time-scale. Good practice guidance require the report is lodged with the Mental Health Review Tribunal (MHRT) two weeks prior to the Tribunal hearing, which is not feasible.</p> <p>Approved Social Workers Please see 3.5-3.7 above. The Service has outlined the major workforce challenges, which are impacting on the delivery of the ASW Daytime Rota and its ongoing efforts to address recruitment and retention of ASW staff in the short and longer-term.</p>

<p>3.9</p>	<p>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</p>
	<p>Home Help Service – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service</p> <p>Residential & Nursing Homes Charging – The Trust operates in accordance with the DHSSPS April 2012 Charge for Residential Accommodation Guide (CRAG) to determine charges.</p> <p>Updated guidance has been circulated to staff.</p>
<p>3.10</p>	<p>Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</p>
	<p>A Social Work service is provided at each of the hospital sites, the Mater (3 wards) and Knockbracken Healthcare Park (Avoca, Rathlin, Clare and NRU). The inpatient hospital Social Work team consisting of a Team Leader/Discharge Co-Ordinator and 5 Social Workers. Shannon Clinic has its own Social Work Team consisting of a Team Leader and two band 6 Social Workers.</p> <p>Hospital social workers have a central role in the completion of assessments process for all admissions in respect of those individuals who were not involved with the Service. Social work staff are responsible for formulating a social history with the service user and their carers, a core part of assessment and integral to the development of a service user’s treatment and care plan. They will undertake specific pieces of work with the service user and carers as agreed by the multi-disciplinary team and will co-ordinate links with community services.</p> <p>For those service users already known to a community social worker, hospital social work staff will liaise with community services to manage service delivery continuity across the discharge pathway.</p> <p>The Hospital Social Work Team participated in the Think Family Pilot with a Team member involved in a champion role in three cases to profile the model across the hospital service delivery system and to optimise opportunities to facilitate parents and children to communicate/discuss mental illness and to access ongoing services and supports.</p>
<p>3.11</p>	<p>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with Service Users and carers.</p>
	<p>The principles and values underpinning a human rights-based approach are central to all aspects of social work and social care service delivery. Respect for the integrity and rights of service users is fundamental to the delivery of mental health services. This approach encapsulates a commitment to co-production-engagement with service users and their carers predicated on transparency, openness, listening, communication-and in a drive for continuous improvement to deliver responsive, person centred, and accessible services.</p>

In discharging statutory duties, which involve a diminution or deprivation of a service user's rights, the social work workforce exercises a proportionate, least-intrusive approach to secure the safety and wellbeing of an individual and wider society. Such decision-making is subject to independent legal scrutiny through the review functions of the MHRT and the High Court, is monitored and regulated by RQIA and the professional regulatory bodies and underpins the Trust's performance, corporate and professional governance arrangements.

Statutory powers under the Mental Health Order are used only in those circumstances in which there is a significant risk of harm to an individual or others, necessitating the proportionate and lawful use of such powers.

Service staff participate in mandatory corporate human rights training. Bespoke professional training addresses human rights requirements in interventions and provision of services. Social work case file documentation addresses the considerations and weighting afforded to a service user's human rights in any decision, which affects their exercise of independence and choice and the rationale underpinning a decision to do so.

The Trust's corporate values places respect for human rights at the core of the organisation's vision.

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
	<p>The use of compulsory powers under the Mental Health (NI) Order 1986 requires the careful balancing of human rights to ensure that this action is lawful, necessary and proportionate.</p> <p>Balancing of service user Article 5, Article 8 rights, and statutory duty to safeguard vulnerable adults.</p> <p>The sharing of confidential information without the consent of a Service User to safeguard the welfare of a child or 'adult at risk of harm' and 'in need of protection' is an area of particular complexity which is guided by the Adult safeguarding policy and Procedures (2016).</p>	<ul style="list-style-type: none"> ➤ Mandatory corporate workforce attendance at human rights training. ➤ Ongoing emphasis on learning from practice experience, sharing of knowledge, attendance at training and workshop events to enhance decision-making in this complex area. ➤ ASW and Social Work fora provide opportunities for dissemination of and reflection on learning. In this context, sharing of practice and learning experiences related to Court judgements, MHRT decisions. Bespoke human rights training delivered at Social Work Forum in October 2017. ➤ Provision of quarterly DAPO and IO support groups to share learning and to disseminate practice developments. This also helps to embed policy and procedures. ➤ Yearly DAPO and IO refresher training and specific training with regard to MARAC and PPANI processes. ➤ Mandatory corporate data protection training. ➤ Engagement with the service user to 	<p>Ongoing</p>

		<p>establish their wishes. If lacking capacity, use of Best Interests framework to facilitate multi-disciplinary decision-making.</p> <ul style="list-style-type: none">➤ Applications to High Court in those cases where significant deprivation of liberty considerations are extant.➤ As appropriate, engagement with carers/extended family.➤ Engagement of independent advocacy.➤ Adherence to Adult Safeguarding Policy and Procedures.	
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3.15	Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.
	<ol style="list-style-type: none"> 1) The Service has had considerable success in developing and improving its services to carers. A well-evaluated workshop in December 2017 focussed on carers assessments. A carer delivered a powerful personal testimony of her experience as a carer, her reflections on her engagement with Trust staff, the level of support she had received and her perceptions of what was helpful. During the reporting period, the Service achieved a 39% increase in carers assessments completed for 18-65 year olds. 2) The Recovery College has developed significantly during the reporting period. It has developed and presented a range of co-produced programmes for service users, carers, Trust staff and the wider public, centred on promoting an informed understanding of mental health, exploring concepts of self-help and recovery and offering opportunities for networks of support and social engagement. The Recovery College achieved accreditation as a Continuing Professional Development resource, the first in Northern Ireland. 3) The Service participated in the successful Family Social Work Assessment Pilot, which evidenced its efficacy in promoting family engagement through a strengths-based, partnership approach. In partnership with the Childrens Community Services Directorate, the Service has secured a further year's funding from the HSCB to support an extension to a Trust Think Family Support Practitioner post. The postholder has had a central role in supporting Think Family Champions and in embedding Think Family practice across both Services. The Trust will pursue recurrent funding to secure the post. 4) All inpatient wards have now achieved accreditation with AIMS, This is a significant achievement, to which social work services have made a significant contribution.
3.16	SUMMARY
	<p>There are several areas that remain as a priority in terms of service targets;</p> <ul style="list-style-type: none"> ➤ Recruitment and retention of ASWs for the Daytime Rota. ➤ A resolution of operational and logistical obstacles impacting adversely on the admissions assessment pathway including PSNI and NIAS attendance and a reduction in time spent accessing out-of-area beds. ➤ Recruitment and retention of Band 7 social workers into the Team Leader role. ➤ Strengthened workforce-planning structures and expertise to support a stable workforce, with sufficient capacity to meet service delivery demands across all service settings- an immediate focus on ASW and adult safeguarding. ➤ An increase in designated social work staffing levels in the Mental Health Service to improve skills mix and to prepare for future demands in meeting delegated statutory functions.

**MENTAL HEALTH SERVICE
DATA RETURN 1**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period? There has been a significant increase in the number of social work/social care referrals within the reporting period of 1.6%.	5101	62
1.2	Of those reported at 1.1, how many adults commenced receipt of social work or social care services during the period? This was a decrease of 2.71%	3715	60
1.3	How many adults are in receipt of social work or social care services at 31 st March?	2758	374
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? This was an increase of 6%.	1690	12
1.4	How many care packages are in place on 31 st March in the following categories:		
	vii. Residential Home Care	46	35
	viii. Nursing Home Care	58	62
	ix. Domiciliary Care Managed	132	59
	x. Direct Payments	35	11
	xi. Domiciliary Non Care Managed	0	0
1.4	xii. Supported Living	168	6
	xiii. Permanent Adult Family Placement	0	0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. Narrative The Service can provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed. Management Structure A Community Services Manager (CSM) has senior		

	<p>management responsibility for the Mental HealthCare Management Service. BHSCT Mental Health Care Management Service. An Operations Manager (OPM) is responsible for all operational service delivery matters. Care Managers are professionally qualified staff, currently registered with their respective professional bodies, responsible for the assessment of need, delivery and review of packages of care for individual service users.</p> <p>TYC Challenges and Action</p> <p>Reflecting the strategic shift from hospital to community-based care and the priority afforded to seamless and time-bound discharge pathways, Care Management works with service users with increasingly complex needs.</p> <p>In partnership with Housing Associations, Community and Voluntary (C&V) providers and the Independent sector, the Service has developed a Stepped Care Model that provides nursing, residential and supported housing options in response to the needs of service users.</p> <p>2017/2018 has witnessed a number of achievements, including the redevelopment and re-opening of Clearwater, a fourteen-bed and eight apartment-replacement of the original Clearwater complex. The building’s design is exceptional, maximising the quality of the environment for service users. The opening of the new facility has been a major development in service delivery provision for service users from North Belfast.</p> <p>December 2017 also heralded the opening of a further six single, self-contained apartments in the Millburn II Project. Millburn I has been a highly successful scheme for several years.</p> <p>In the context of the achievements and success of the first phase of the Service’s community-infrastructure development programme, it is now clear that the Service’s future challenge will be to meet the bespoke needs of smaller groups of service users with highly complex support needs in partnership with other sectors. This cohort of service users would formally have remained in hospital on a long-term basis or experienced lengthy and repeated admissions. Due to the complexity of the needs of this group, placement is often difficult, resulting in delayed discharges from acute wards, in particular, Clare Ward and Shannon Clinic Regional Medium Secure Unit. This places an on-going pressure on community statutory facilities with a limited number of places.</p> <p>The Service has to date identified 20+ service users requiring</p>		
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	<p>higher levels of care, ranging from in-patient rehabilitation through to mental health Supported Housing (see table in 1.8). Supported Housing in this context would require a model which would deliver high levels of care and support on a 24/7 basis.</p> <p>In the absence of funding originally agreed from the Supporting People budget, the Trust made the decision in 2016 to continue with the development of an accommodation project in South Belfast at full cost to the Trust giving rise to a significant cost pressure for the Service.</p> <p>University Street is the embodiment of Bamford's community vision and a landmark in community partnership working in mental health services-a small, bespoke scheme, meeting the needs of service users who would otherwise be in acute care or have experienced repeated inpatient admissions.</p> <p>Supporting People (SP) The end of Supporting People revenue has brought a halt to Trust plans for the development of new bespoke units, compounded by their recent proposed reduction of 5% in recurrent funding supports to existing schemes.</p> <p>ECR/IFR Patients returning to NI The continued lack of appropriate facilities to meet the needs of service users returning from ECR placements has impacted on statutory supported housing. Transitions from specialist inpatient care are often difficult, particularly in the absence of appropriate accommodation.</p> <p>Procurement and Provision of Domiciliary Packages The procurement process has continued to give rise to delays in the availability of domiciliary care packages, with providers having limited capacity for new or increased packages. This has had a direct 'knock on' effect leading to delayed discharges from hospital and further pressures on care managed and community services.</p> <p>Workforce recruitment and retention difficulties have resulted in extended delays in package availability resulting in Care Managers and Assistants having to spend considerable time contacting multiple agencies to secure the assessed levels of supports required. Waiting times have increased, in some instances for a number of weeks, and in some areas, such as BT1, there is no availability.</p> <p>Self-Directed Support (SDS) While SDS has evidenced excellent examples of collaborative working across services and of the benefits of a co-production</p>		
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	<p>approach with service users and carers, its implementation has presented significant additional workload pressures on care managed services in the absence of additional resources to support this work.</p> <p>All new packages are assessed under SDS. A key challenge in implementation has been in ensuring that service users already receiving commissioned services have an understanding of the model and are re-assessed as part of the “roll-out.”</p> <p>The Service has embraced the ethos of SDS and has used the implementation process to improve collaborative working across services. SDS is being developed through co-production with the involvement of service users and carers at every stage, including staff training and strategic decision-making.</p> <p>Monthly monitoring is carried out by Care Managers in the statutory Supported Housing schemes. Service users, carers and other professionals are asked for their views on the services provided.</p> <p>A co-produced initiative is under way to involve service users directly in inspecting and completing parts of the Service’s monthly monitoring of statutory services delivery. It is hoped that this approach will be embedded into regular practice and linked to the Recovery College over the next 12 months.</p> <p>Resettlement Progress</p> <p>The Resettlement of the NRU patients has proven to be an exceptional challenge. The new six- bed Acquired Brain Injury (ABI) facility at Loughshore, in partnership with The Priory Group began transition work in October 2017 with trial placements starting from March 2018. The Trust has initiated Declaratory Judgement proceedings in respect six service users and is awaiting the outcome of the judgements. The placement costs have exceeded £800k per annum, excluding legal costs and community mental health services’ supports.</p> <p>After a 68% increase in the volume of referrals since 2016, the trend continued in 2017-2018. The Service commenced a review of Care Management service delivery processes, which included analysing of service delivery data and information re capacity, demand and referrals to plan for the development and modernisation of the service.</p>		
1.4c	Please articulate how the views of Service Users, their carers and families are included in the decision-making process, review and care planning.		

	<p>Narrative</p> <p>Service users and carers are involved in all aspects of assessment, decision-making, review and care planning. Where it is apparent that a service user or carer would benefit from additional supports, the Care Manager will link with advocacy services.</p> <p>Service user and Carer questionnaires are in place. Reviews are generally held within the requisite time-frame. Service users are encouraged to engage in their reviews and care planning arrangements.</p> <p>Care Management recognise the opportunity that SDS brings to ensure each service user is empowered and central to the support planning process, giving increased ownership and choice in the future. As at 31st March there were 124 SDS support plans in place.</p>							
1.5	Number of adults provided with respite during the period						<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care						0	0
	- Statutory sector						276	10
	- Independent sector						30	5
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities						217	0
1.7	Of those at 1.6 how many are EMI / dementia						0	0
	- Statutory sector						0	0
	- Independent sector						0	0
1.8	Unmet need (this is currently under review)						X	X
1.8a		Domiciliary Care	Direct Payments	Supported Housing	Residential Care	Nursing Care		
	Acute Hospital	0	0	9	0	0		
	Transition from CAMHS Services	0	0	2	0	0		
	Community	2	1	3	0	1		
	Shannon	0	0	2	0	1		
	Clare	0	0	4	0	1		
	NRU	0	0	0	0	3		
	Total	2	1	20	0	6		

	<p>Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.</p> <p>A total of 30 people are waiting for placements or packages. This is a reduction of sixteen from the previous year.</p> <ul style="list-style-type: none"> ➤ One person waiting on Direct Payments-delay linked to recruitment of a care worker. ➤ Twenty people are waiting on Supported Housing. ➤ There are no people waiting on Residential Care. The opening of Cedarhurst and Glenalina's expansion into adult residential care provision has ensured the numbers waiting for placements have remained manageable. ➤ Six patients are waiting for Nursing Home placements. The number has reduced since last year due to Priory working in partnership with BHSCT to meet the specialist ABI nursing needs of the NRU patients. These patients require extended trial placements and may not be formally discharged for several months (note that legal services are also involved). There is a small number of long stay patients. These individuals require access to specialist nursing services to enable their discharge. <p>There is a need to consider the continuing provision for patients who require in-patient neuro-rehabilitation treatment. Acute or low secure psychiatric wards are unsuitable and overly- stimulating environments for patients with an ABI. For patients in the community or acute services who previously would have transferred to NRU, future provision has not been resolved to date.</p>		
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p><i>Narrative</i></p> <p>SDS Implementation Support</p> <p>The Service is seeking twelve months funding for an SDS Champion post to support service users, carers and Community and voluntary providers' collaboration on completion of the requisite Seven Step Plans and associated SDS paperwork to facilitate the transfer of approximately 400 cases to SDS. This would enable the Care Management Team to focus on acute discharges and new cases.</p>		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	9	0

**MENTAL HEALTH SERVICE
DATA RETURN 1 – HOSPITAL**

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	0	273	15
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	0	273	15
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	0	93	0

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

**MENTAL HEALTH SERVICE
DATA RETURN 2**

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	X	X
2.2	Number of adults known to the Programme of Care who are:	0	0
	Blind	0	0
	Partially sighted	15	1
2.3	Number of adults known to the Programme of Care who are:	0	0
	Deaf with speech	3	0
	Deaf without speech	0	0
	Hard of hearing	16	7
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	0

**MENTAL HEALTH SERVICE
DATA RETURN 3**

3 DISABLED PERSONS (NI) ACT 1989		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	21
	Number of Disabled people known as at 31 st March.	45
3.2	Number of assessments of need carried out during period end 31 st March.	244
3.3	This is intentionally blank	
	<i>Narrative</i>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	

**MENTAL HEALTH SERVICE
DATA RETURN 4**

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;	
Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]	

4.1	Number of Article 15 (HPSS Order) Payments	118
	Total expenditure for the above payments	£11,159
4.2	Number of TRUST FUNDED people in residential care	74
4.3	Number of TRUST FUNDED people in nursing care	120
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	6
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	0

**MENTAL HEALTH SERVICE
DATA RETURN 5**

5 CARERS AND DIRECT PAYMENTS ACT 2002				
		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	33	759	52
5.2	Number of adult individual carers assessments undertaken during the period.	28	631	36
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	1	0
5.4	Number of adult carers receiving a service @ 31 st March	10	298	9
5.5	Number of young carers offered individual carers assessments during the period.	16		
5.6	Number of young carers assessments undertaken during the period.	5		
5.7	Number of young carers receiving a service @ 31 st March	17		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	16		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	12		
	(c) Number of adults receiving direct payments @ 31 st March	46		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0		
5.10	Number of carers receiving direct payments @ 31 st March	11		
5.11	Number of one-off Carers Grants made in-year. Whilst there was a reduction in the number of Carers' Grants issued in the reporting year, some of the budget was invested in various carers' events, such as a Carers Conference on Early Intervention, Carer Workshops on Forward Planning, Carers Conference on Autism and a Carers Day providing information and support.	442		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

MENTAL HEALTH SERVICE

DATA RETURN 9

9 The Mental Health (NI) Order 1986

Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115

Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	246	RESWS
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	206	RESWS
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	7	RESWS
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	2	
	<p><i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i></p> <p>There has been reduction in the number and frequency of Nearest Relative applications under the Mental Health Order. This appears to be due to an improvement in information being given by ASWs in regard to the Nearest Relatives rights under the Mental Health Order and the option for the nearest relative to request that an ASW undertakes the role of managing an application for admission. This has been beneficial for the Nearest Relative in terms of removing the responsibility for the decision in regard to compulsory admission of their family member which can at times put a strain on the family relationship and can oftentimes be a daunting task for the Nearest Relative.</p>		
9.1.d	<p>Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge?</p> <p>The Service is compliant with discharge requirements.</p> <p>In each case, the Hospital Team commences discharge planning in liaison with services following admission, and make every effort to contact and engage the nearest relative and to involve them in the discharge planning process and decision-making.</p>		

Use of Doctors Holding Powers (Article 7)

9.2	How many times did a hospital doctor use holding powers?	76
9.2a	Of these, how many resulted in an application being made?	73

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	240
9.3.a	How many of these were completed within 5 working days	214
	<p>In all cases where an ASW report was not completed within the timescale, this was due to the timeframe falling over bank holidays and the ASW not having access to remote access or an iron key to complete the report outside of working hours. In all cases the importance of completing the reports and forwarding within the timeframe recommended was highlighted and the responsibility of the ASW to complete as soon as possible was reiterated.</p>	
Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	2
9.4.a	Number of completed reports which were completed within 14 days	2
Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients (just provide total number) There were 74 applications. There were six at Beechcroft in respect of children./young people.	
	<p><i>Comment on any trends or issues in respect of Mental health Review tribunals</i> There has been a growing expectation for MHRT reports to be completed and presented to the MHRT within the 14 day assessment period. While this is good practice, it is very difficult to meet this timeline due to workforce constraints. It is not possible to furnish the MHRT panel with the level and depth of information that is recommended as per regional Social Circumstances Report template.</p>	
9.5.a	This is intentionally blank	
Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	5
9.6.a	New applications for Guardianship during period (Article 19(1))	1
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	1
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	4
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHRT hearings in respect of people in Guardianship (just provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	

	Discharges as a result of an agreed multi-disciplinary care plan	0
	Lapsed	0
	Discharged by MHRT	0
	Discharged by Nearest Relative	0
	Total	0
Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	1
9.7.a	Number of Approved Social Workers removed during period	2
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	25
	<p>Commentary <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i></p> <p>The number of available ASWs on the Daytime Rota has been in decline in recent years As referenced at pages 91-95. As a result, the Trust faces significant challenges in meeting the statutory requirement set out in Article 115 of the Mental Health (NI) Order 1986 in respect of the availability of ASWs to discharge the range of statutory functions as specified in the Order.</p> <p>Six social workers from the Trust are currently participating in the Regional ASW Training Programme. If successful, they will not be available for appointment by the Trust until January 2019 following a period of “shadowed practice” before they can discharge the ASW role.</p> <p>The Trust presently has twenty-five ASWs registered on its Daytime Rota. A further two staff have recently been endorsed by the Trust as ASWs. The Trust anticipates a reduction of three from its current ASW cohort in the immediate future, two as a result of workload demands related to their substantive Team leader roles and one who plans to retire at the end of August 2018.</p> <p>Training of additional ASW staff has been identified as a priority and six places on the Regional ASW Programme have been taken up this year, with a further six planned for 2018-2019. The Trust is seeking to optimise applications while mindful of the impact on operational service delivery for teams, the costs associated with backfill, if available, and the demands on the Service to meet ASW Programme Practice Assessor requirements.</p> <p>There is limited ASW capacity across the childrens workforce out with RESWS, and no current Older Peoples Services or Childrens Community Services participation in the Daytime Rota. Children under the age of sixteen years will continue to be assessed under the Mental Health Order as this group is not included in the provisions of the Mental Capacity (NI) Act (2016).</p> <p>Additional ASW duties include Guardianship-related functions and inputs into</p>	

MHRT cases in light of their knowledge, skills and experience in this area. ASWs also provide consultation and supports to other Services.

All ASWs participate in re-approval training every three years.

Due to the demand for Mental Health assessments, it has been necessary to continue to provide three ASWs on-call on the Daytime Rota. Service delivery pressures reflect and have been exacerbated by the number of out-of-area applications for admissions (19% of the total during the reporting period), resulting in extended application processes. Such episodes can significantly impact on the ASW's ability to undertake their substantive roles the following day. The average length of time that an ASW assessment lasts for is 7+ hours in over 84% of all assessments across 2017-2018

As part of its focus on strengthening governance arrangements, the Trust is taking forward the ASW reporting via the PARIS system to track all relevant activity under the Mental Health Order and to assure compliance with statutory requirements.

9.8 Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.

Age	Gender	Date of Admission	Date of Detention
14	F	05.17	06.17
16	M	05.17	06.17
17	M	06.17	Detained on admission
13	F	07.17	Detained on admission 2 nd detention 09.17
16	M	09.17	Detained on admission
13	F	11.17	Detained on admission
16	M	11.17	Detained on admission
17	F	11.17	11.17
17	M	12.17	Detained on admission
14	F	01.18	01.18
17	F	01.18	01.18
16	F	02.18	Detained on admission
15	F	02.18	.04.48
15	F	03.18	1 st Detention 03.18 2 nd Detention 04.18
17	M	05.17	05.17
17	M	07.17	07.17
14	F	09.17	09.17
14	M	09.17	09.17
17	M	02.17	03.17
17	M	07.17	02.18

9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	3
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The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50 A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	2
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	0
	Treatment as an out patient	2
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	1
	Commentary (<i>include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient</i>)	

LEARNING DISABILITY SERVICE GENERAL NARRATIVE

3.1	Named Officer responsible for professional Social Work
	<p>Ms Rhoda McBride succeeded Ms Aine Morrison, as the Associate Director of Social Work in Learning Disability, on 1st August 2017. Mrs Mairead Mitchell, Acting Head of Learning Disability Services, has assured the Service Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p> <p>As part of the Trust's phased implementation of a Collective Leadership model, the Learning Disability Service has assumed shadow Divisional status within the Adult Social and Primary Care Directorate.</p> <p>The Associate Director of Social Work has responsibility for professional issues pertaining to the social work and social care workforce within the Service. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service.</p> <p>The Associate Director of Social Work is responsible for:</p> <ul style="list-style-type: none"> ➤ Professional leadership of the social work and social care workforce within the Service. ➤ The establishment of structures within the Service to monitor and report on the discharge of statutory functions. ➤ The provision of specialist advice to the Service on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions. ➤ The collation and assurance of the Service's Interim and Annual Statutory Functions reports. ➤ The promotion and profiling of the social work and social care workforce's role in securing the Trust's strategic objectives and key service delivery priorities. ➤ Ensuring that arrangements are in place within the Service to facilitate the social care workforce's learning and development opportunities. ➤ Ensuring that arrangements are in place within the Service to monitor compliance with NISCC registration requirements. <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service line management and professional structures to the Executive Director of Social Work.</p>
3.2	Supervision arrangements for social workers
	<p>Three agency AYE staff have been working in the Service during the reporting period. In relation to supervision of AYE staff, the Service is compliant with the Revised Guidance for Registrants and their Employers, NISCC July 2010. All AYE staff have received professional 1:1 supervision on a fortnightly basis and have had protected caseloads. During supervision, they have the opportunity to develop their knowledge and skills and to reflect on their practice in a safe and supportive</p>

environment. They have all received a comprehensive induction and have had access to mandatory training and an appraisal. They have had the opportunity to attend the AYE peer support group and the SW forum within the Trust. As an integral part of their training, AYE staff are observed in practice and have their files audited at each supervision session.

The Service continues to work within the Belfast Trust Adult Social Work Supervision Policy, which covers both line management and professional supervision arrangements. The Policy provides for line management supervision for social workers at least every six weeks and, where the line manager is not a social worker, additional professional supervision on a quarterly basis. All supervisory staff have received training on this Policy. Supervisory staff have also completed the Trust's professional supervision course.

Currently, social work staff manage all four of the Service's community teams. All Band 6 social work staff within the Community Learning Disability and Hospital Social Work Teams receive operational and professional supervision on a 4-6 weekly basis as per the Trust policy. Each month a random sample of service user files are audited. All Team leaders, who are band 7 Social workers are professionally supervised by the 8A Operations manager on a 6-8 weekly basis. The 8A Social Work Operations Manager audits supervision files on a 3 monthly basis.

Learning Disability social workers also continue to attend Approved Social Work Fora, Designated Adult Protection Officer (DAPO) /Investigating Officer (IO) Support Fora and Achieving Best Evidence (ABE) Support Fora as appropriate. These are highly valued sessions, which ensure staff have access to support in these complex areas of practice and are kept appraised of developments in these fields.

The Service continues to hold its own DAPO/IO Forum to give practitioners opportunities to discuss issues re adult protection work. A new DAPO support group has been established to support DAPO staff and to ensure shared learning and consistency across the programme. This has proved to be extremely useful in transitioning to practice and service delivery requirements of the Revised Adult Safeguarding Policy, giving practitioners opportunities to keep up to date with research and to explore practice issues within a supportive setting.

The Service has now taken active steps to ensure all ASW staff receive 1:1 supervision from an ASW manager. The Service appreciates the pressures associated with the discharge of this function It plans to set up an ASW Practice Forum to allow newly qualified ASWs and more experienced practitioners to share practice learning. Unfortunately, due to changes in personnel, this has not taken place to date.

The Learning Disability Social Work Forum has been re-launched. It plans to meet every three months. This Forum has met once since the Associate Director has taken up post. It provides an opportunity for shared learning to take place, for staff to meet to reflect on practice and to share learning.

3.3 Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory

functions, identifying emerging trends and issues (may include cross references to other sections to this report).

During the reporting period, the HSCB audited the Community Teams under the auspices of the Learning Disability Service Framework (LDSF). Ninety files across Community Teams, supported housing and day care/day opportunities were reviewed. This is Year 4 of this project. Across the eleven indicators, the Service has continued to improve.

The Community Learning Disability Teams have been engaged in preparations for the operationalising of the ASCOT tool. ASCOT is designed to measure the impact of and outcomes for service users of social care service delivery. All Team Leaders and Operations Managers within Community Learning Disability have attended training sessions on ASCOT. This information was then cascaded to Administration staff. The Service acquired two easy-read versions of the ASCOT tool to assist in engaging service users.

The Service completed an audit of the Families Matter Shared Lives Service delivered by Positive Futures. It is a model of support, which provides family-based provision for people with a learning disability, acquired brain injury or autistic spectrum disorder. Shared Lives Carers provide support in their own homes as part of long-term caring arrangements or short breaks. The audit addressed a number of service delivery areas, including overall quality of the service users' placement experiences and engagement of service users and principal carers in placement review and planning arrangements. The audit outcome was positive across all standards reviewed.

The Service continues to provide a service information dashboard on a monthly basis, encompassing governance indicators; resource utilisation; clinical measures; complaints; compliments; absence rates; use of bank and agency staff; admission and discharge rates; hospital bed occupancy/daily bed state availability; SAI/incident data; adult safeguarding referrals; and a financial position update.

The Service has continued its participation in the UK-wide Learning Disability Services benchmarking network. Forty-eight NHS Trusts and Health Boards made 68 submissions across England, Wales and Northern Ireland, as well as a number of independent sector organisations. The benchmarking metrics have afforded the opportunity for the Service to compare its performance and to identify areas for improvement utilising the network as a vehicle for sharing learning and exploring innovative service developments.

People with learning disabilities and their families can be involved in several annual reviews reflecting the number of services they are in receipt of at any one time. Using a co-production approach, the Service is in the process of consulting, planning for and designing a single annual, holistic review process.

Since the publication of the Bamford Review in 2009, the Trust has planned and implemented an accommodation strategy that largely focuses on the development of supported living arrangements, including supported housing and commissioning of specialist nursing accommodation, with private sector providers for those being

resettled from Muckamore Abbey Hospital. Since 2013, the Trust has delivered, in partnership with the NIHE, a range of housing associations and support providers, a total of eleven new schemes accommodating sixty-nine new tenancies. The Trust has delivered two new schemes in 2017/18 with fourteen additional tenancies.

In Autumn 2016, the NIHE advised Trusts and housing support providers that the supporting people budget, used to fund housing support tasks, was over-committed. It subsequently announced a 5% reduction in Supporting People funding across all schemes. There is also a lack of clarity as to whether the NIHE/DfC will provide capital funding for the development of supported housing in future.

This has meant that the Trust is currently having to find the funds itself to provide the housing support element of any new scheme in development and manage a 5% reduction in Supporting People revenue on its existing schemes.

Despite the current uncertainties, the Service has developed a five-year accommodation plan and has been proactive in identifying the following Supported Housing priorities:

- **Care leavers.** The Trust has identified the need to provide specialist supported housing environments for young people leaving care often with learning disability and challenging behaviours. (Approximately 2- 3 persons per year).
- **Forensic.** The Trust has identified the need for specialist supported housing for a number of people with learning disability and a forensic profile. The Service has identified twelve service users in this cohort, six of whom require accommodation urgently.
- **Challenging Behaviours.** Currently there is need for six to eight tenancies for adults with challenging behaviour including the return of people on ECRs.
- **Adults with lower level needs.** Currently there is a need for 5 to 10 tenancies per annum for adults with learning disabilities who require lower levels of support, and who prefer a shared living experience synonymous with L'Arche provision.

The Service Short Breaks Review was recently completed. As part of the Review process, carers were invited to attend a workshop, which was held to consider guiding principles for short breaks provision within the Learning Disability service. Feedback from a number of earlier workshops was used to consider the proposed guiding principles. The review findings indicated that parts of the service worked well, but others did not work so well. The Review also noted variations in funding levels for different types of short breaks.

Analysis of complaints indicated that a number of families believed they did not have access to a sufficient number of short breaks episodes and that sometimes the breaks were not available in the "right" placement. The Review also highlighted that the distribution of short breaks was not necessarily reflective of levels of assessed need. The Learning Disability Service is proposing a co-design approach to the principles that should underpin the short break service with service users and their families.

In order to develop day opportunities, the Learning Disability Service has

established an inclusive Day Services Forum to take forward local joint planning, co-design and implementation of the Regional Day Opportunities Model. The Forum includes service users, carers and families, and providers from the community and voluntary sectors. The Forum, which is co-chaired by the Trust and a carer, has developed a draft Day services plan, which outlines proposals to extend the range of day services by creating choice, responding to individual Expectations, providing more “Enjoyment” for services users, providing more skills training and ensuring services are in response to assessed need.

The service area has examined the feasibility of establishing social enterprise cafés within the Health and Wellbeing Centres to provide training and employment opportunities for people with a Learning Disability. With support from the Trust, a pilot is now in place.

The Service is also exploring the possibility of Positive Action in recruiting people with a learning disability to secure permanent posts within the Trust. This initiative will involve close working with a partner Division (e.g. PCSS and Occupational Health) and require strong partnership working with a range of community and voluntary organisations, the Department for Communities and the Equality Commission.

A review of the Intensive Support Service was completed. It demonstrated that there was a lack of demand for extended hours-provision, leading to the recent stepping down of this aspect of the service. A further review has taken place and action plan developed to address the service’s core business and thresholds for admission and discharge. Action planning is currently taking place to improve systems, documentation and communication. One of the options being considered by the Service is the implementation of a model for crisis home supports to help keep people safe, maintain them in community settings, avoid unnecessary hospital admissions and facilitate early discharges from hospital.

The Service has also process mapped service users’ transitioning from childrens disability to the Adult Learning Disability Service. The transition from childrens services to adult services is often very challenging for young people with a learning disability and their families. It involves a change of service delivery arrangements at a time when they are also experiencing wider changes in their lives, for example in their educational circumstances. The Service, in conjunction with the Children with Disabilities Team, is reviewing current transitional arrangements with service users and carers with a view to identifying an action plan for improvement.

The Service plans to invest new resources in the Community Teams to facilitate smooth transition from children’s to adult services. In order to take this forward, the Service has plans to engage with the service users and their families prior to transitioning, to develop overarching principles to inform future short breaks provision. There is recognition of the importance of ongoing improvements in co-working approaches with childrens services to facilitate early identification of needs to support long-term service planning, including the range and levels of short break provision.

The Service completed a review of care management, which indicated significant

	<p>pressures on the workforce related to increased complexity of caseloads, particularly in relation to those service users with a forensic history, transitioning from childrens services and the re-settlement/delayed discharge of patients from hospital. A process mapping exercise was completed and an action plan devised. There is currently a review of the documentation, processes and systems in place.</p> <p>A review of business processes across Community Learning Disability and the Hospital Social Work Teams has identified the need to standardise documentation and business processes to improve the safety, quality and seamlessness of service user pathways through the Service.</p> <p>Muckamore Abbey Hospital has engaged with the Quality Network for Learning Disability and four wards were successful in securing accreditation following inspection.</p>
<p>3.4</p>	<p>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Hospital services and all regulated services across residential, supported housing and day care are subject to RQIA inspections. During the reporting period, there were twenty-eight announced and unannounced RQIA inspections leading to fifteen recommendations. These were addressed via Quality Improvement Plans (QIPs).</p> <p>The Service is in regular contact with RQIA about innovative practices to ensure that they meet standards.</p> <p>The Service notifies the RQIA of any untoward incidents as per their reporting requirements.</p> <p>The Service liaises with RQIA on adult safeguarding issues as they arise in relation to any registered facility.</p> <p>RQIA has also been involved in the ongoing adult safeguarding investigation in Muckamore Abbey Hospital.</p> <p>A female patient within the admission ward has instigated a Judicial Review into the smoke free policy on the hospital site.</p> <p>The Service had one social worker referred to NISCC by a member of the public. The outcome of the investigation by NISCC was that no further action in respect of the staff member was warranted.</p> <p>All social work and social care staff in the Service are compliant with NISCC registration requirements.</p> <p>Through the provision of training and learning opportunities, all social work and social care staff are supported to meet NISCC’s PRTL requirements. A high proportion of the staff have also been supported to complete Professional in Practice (PIP) post-qualifying bespoke programmes or to submit portfolios of learning to secure PiP accreditation. All Service-based social workers and social</p>

care workers have an annual Self Development Review (SDR).

Each new staff member has the opportunity to attend the Trust's Corporate Induction. The Service provides a two-day bespoke induction for newly appointed staff. This induction is delivered by the Service with direct input from service users and carers. In addition, each team has their own local induction processes.

The Service carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, Guardianship and Mental Health Review Tribunals.

The Service has contributed as appropriate to MARAC and PPANI processes.

The Service has ongoing engagement with the PSNI and participates as appropriate, in Joint Protocol arrangements.

The Service continues to work with the Office of Care and Protection (OCP) as required but remains, as reported in previous years, concerned about the changes in OCP practice in relation to the management of service users' affairs.

The Service continues to work in partnership with the Housing Executive in relation to the Supporting People programme. However, planning and budgetary uncertainty have caused significant difficulties recently where discussion about future schemes has halted altogether and plans for existing schemes have been postponed. As discussed elsewhere in this Report, the Service has an ongoing need for supported housing, particularly for those service users with complex needs and this situation is having a significant impact on service delivery.

A Declaratory Judgement was sought, by the Trust with regard to the possible deprivations of liberty regarding one client, who is subject to Guardianship. This Judgement was granted on 20/1/17 and was reviewed on 22/3/18 at the High Court.

The Service currently has responsibility for the management of two Supervision and Treatment Orders. One has been in place for just over a year and the second was made during this reporting period. Both require the service user to continue to live at a family address. In the first case, the Service commissioned specialist assessment by a Forensic Psychologist to enhance the risk assessment and management planning. This report was received in February 2018 and a multi-disciplinary meeting was held to update the risk management plan. Both these clients are subject to PQC/CRA and are reviewed regularly under this policy.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>Recruitment of Psychology staff: Psychology staff are a key part of the Service's community treatment workforce. The Service is experiencing major difficulties in recruiting these staff. This is a wider professional workforce issue and there are vacancies across the region and across a number of specialties within Psychological Services. The Trust has raised the need to address as an urgent matter training numbers for Clinical Psychology with the Department of Health.</p> <p>The Service has not had a Consultant Clinical Psychologist in post since April 2016 and recruitment to date has been unsuccessful. The Service area has also attempted to get locum cover via external national agencies but this has been unsuccessful to date. The consultant post is going out to advertisement again within the next few weeks.</p> <p>The lack of a consultant is particularly problematic as this post is the clinical and</p>	<p>Recruitment processes continue. Current approaches include the use of a specialist recruitment agency and widespread advertisement.</p> <p>Contingency arrangements have been made and temporary clinical and management supervision arrangements are in place.</p>	<p>This issue is not on the Risk Register.</p>

	<p>management lead for the Service's Intensive Support and Psychological Therapies Services. The Trust's Head of Psychological Services has provided additional inputs and supports to these services.</p> <p>The staffing difficulties have had and will continue to have a significant impact on service provision. Contingency plans have required a scaling back in the services offered, with priority given to eligibility assessments and high-risk situations. The Service is not currently able to offer autism or dementia assessments and a significant number of service users continue to wait longer than we would wish for psychological therapies.</p> <p>Recruitment has been successful within the Forensic Psychology Service and there is a full complement of staff in this area.</p>		
	<p>Care Management The internal Care Management Review highlighted significant workload capacity challenges. The resettlement of hospital and delayed discharge patients, who often have extremely challenging behaviours or complex health needs, continues to add significantly to the demands of caseloads.</p>	<p>The internal Care Management Review identified a need for increased care management staffing which creates a cost pressure. The Review identified the need for additional Care Management staff. There is a current review of systems, processes and documentation.</p>	<p>This issue is not on the Risk Register.</p>

	<p>In addition, children transitioning into adult services increasingly require more bespoke and innovative accommodation and packages of care. Identifying, negotiating and developing bespoke accommodation and packages of care for this population is particularly challenging.</p> <p>Care Management are initiating and chairing additional volumes of case discussions, as well as supporting providers, to prevent placement breakdown. Supporting service users along the life pathway into older age has presented the Service with a range of emerging demands for bespoke age-related health and wellbeing services.</p>		
	<p>Accommodation The Service Area has had difficulties in obtaining suitable placements for patients with complex behaviours. Service staff have been working with a significant number of new providers and new services. Care Management staff have had considerable input into the development of these new services to ensure that the appropriate staff, care, accommodation and contracts are all in place to meet the needs of service users.</p>	<p>The Service has been working jointly with external agencies from England to purchase, at risk, accommodation options.</p> <p>From the beginning of the year, Care Management has been working collaboratively with RQIA, Falkirk Social Services, In- Control, Contracts Department and the Department of Legal Services to explore innovative ways under the Self Directed Framework, to facilitate long-term placements in the community in unregulated rental accommodation.</p>	<p>This is not on the Risk Register.</p>

<p>Unfortunately, the recruitment and retention of staff has been an issue in the independent sector for the new projects identified. The Service has also raised concerns about the experiences of staff employed in these settings and considerable supports from Trust staff were required to supplement the respective projects.</p>		
<p>Re-settlement The Trusts meets with the HSCB finance and performance managers bi-monthly to report on progress in achieving the resettlement of the remaining Community Integration Project PTL patients. During the reporting period, the resettled five PTL patients successfully. There are fourteen PTL patients still residing in Muckamore Abbey Hospital.</p> <p>The Trust worked proactively with two organisations to develop bespoke placements for these patients and those delayed in their discharge however, the specialist nursing home provider failed to deliver on the requirements for the assessed needs of the patients. These placements did not continue and the provider has reviewed their ability to work with complex learning disability patients. The Trust continues to work with the other</p>	<p>The Service area will continue to work with the HSCB in achieving the retraction plan for the hospital.</p> <p>The community infrastructure funding, which the HSCB has made available, has helped strengthen and develop services to support these placements</p>	<p>This issue is on the Service Risk Register and is categorised as a medium risk.</p>

	<p>providers to build their capability and resilience to maintain these patients in the planned community settings.</p>		
	<p>During 2017/2018, the Service has identified placements for a number of delayed discharge patients with bespoke nursing home and residential providers.</p> <p>Dympna Mews was completed in February 2018. The facility will support the discharge plans for eight service users with complex needs patients in the coming months.</p> <p>Lack of placement availability continues to be a major barrier to achieving discharge targets with approximately twelve admissions per year across all the Trusts categorised as complex delayed discharges.</p> <p>Muckamore Abbey Hospital currently has fifteen complex delayed discharges. Discharge plans are in place for ten of this cohort, with a further five patients having no resolved discharge plans to date.</p> <p>The Service continues to have difficulty in sourcing appropriate accommodation options for a range of complex needs including autism, challenging behaviours and complex health care needs. The</p>	<p>The Service has been working proactively with a number of providers to plan for the discharge of a number of complex delayed discharge patients. This has included the residential and nursing home options.</p> <p>The Service strives to achieve discharge as soon as possible by commencing planning for discharge from the point of admission.</p> <p>The Service scopes key data to profile its adult and children's population on a regular basis to identify levels and range of potential needs to inform its long-term planning priorities and resource requirements. A Service Accommodation Planning Group meets every two months to take this process forward. The Service continues to meet with a wide range of providers to develop co-ordinated, multi-sectoral and service user centric planning approaches.</p> <p>Difficulties in accessing acute admission beds for people with a learning disabilities as a result of delayed discharges due to lack of appropriate community placements for those awaiting discharge is an area of ongoing concern.</p>	<p>Potential failure to meet assessed need due to lack of availability of service provision is included on the Trust's Risk Register as a medium risk.</p>

<p>Service Area is very dependent on independent sector providers choosing to make provision available. Options are very limited. There is rarely any choice and services are often in a situation where a less than ideal option is the only one. This lack of choice and availability also means that the Service is in a poor position to negotiate with providers about the cost of their services. The Service believes that a regional strategic approach to the planning and commissioning of future accommodation services would be extremely helpful. The Service also believes that increased direct Trust provision for those with more challenging needs could provide greater scope and choice. There is a need for community accommodation provision for those with severe challenging behaviours and appropriate workforce skills mix. The Trust progressed the planning application for a bespoke housing scheme at Abbey Road, which has now received planning approval. The Trust would welcome a discussion with the HSCB and other Trusts to assess the potential of this site to provide a regional accommodation solution for individuals with complex and challenging needs.</p>	<p>The Service notifies the HSCB of delayed discharges while engaging directly with inpatients own Trusts on a regular basis to update on and review discharge-planning options.</p> <p>The Service has prioritised the development of community treatment infrastructure to provide treatment options in the community to prevent hospital admissions. The Service has implemented a local bed management protocol incorporating a designated Bed Manager post.</p>	
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<p>The Service Area continues to struggle to make admission beds available as required. In this reporting period, there were 118 admissions to the hospital. This level of activity is in keeping with previous years. Recently, due to the lack of available beds and staffing shortages, the hospital has not been able to admit patients. This has resulted in the admission of one patient to the Bluestone unit and four patients being admitted to the Lakeview unit. Unavailability of a bed and staffing shortages in the Western Trust led to four admissions to Muckamore Abbey Hospital and Iveagh. Due to “pass beds” being required for urgent admissions, the Service area has had to “sleep patients out” in other wards to manage the risk.</p>	<p>The service area continues to try to place delayed discharge patients in the community. A review of the Community Intensive Support Team is addressing service provision to reduce hospital admissions and, at the same time, facilitate early discharge from hospital.</p> <p>The Service Area has developed a Bed Management Protocol, which it anticipates will reduce the number of “sleeping out” arrangements and facilitate the pro-active management of admission beds.</p>	<p>Lack of appropriate admission beds is on the risk register as high</p>
<p>Deprivation of Liberty The Service remains significantly concerned about deprivation of liberty safeguards for those who lack capacity. The Service remains of the view that the Departmental guidance of 14/10/10 on this issue is not sufficiently robust in light of the current legislative vacuum.</p> <p>Notwithstanding the significance of this matter, the Service has adopted a pragmatic approach to decision-making in relation to applications for Declaratory</p>	<p>The Trust has previously affirmed its view of the need for a review and updating of current Departmental guidance on deprivations of liberty.</p>	<p>This issue is on the Trust’s Risk Register and is categorised as a High risk.</p>

	<p>Judgements. The Service pursues such Judgements only in those circumstances service user is actively resisting or a carer/relative is objecting to a placement. In all other cases, the Service uses a “Best Interests” approach to inform key decision making,</p>		
	<p>Forensic Services The Service has a growing need to provide a range of services to those with forensic histories in light of the increasing number discharged from Muckamore Abbey Hospital. These service users have complex needs, often presenting with co-morbid drug and alcohol addiction or mental illness. The Service struggles to find accommodation and support services willing to accept service users with these difficulties. The Service provides considerable supports to providers who do offer placements to this group of service users. The Service remains concerned about the lack of Community Forensic Consultant Psychiatry availability.</p>	<p>The Service is liaising with other Trusts to explore joint funding and working arrangements, which might address this gap in workforce resource.</p>	<p>This is not currently on the Risk Register.</p>
	<p>Domiciliary Care The Service has experienced increasing difficulties in providing domiciliary care packages. This is primarily due to a lack of capacity to meet demand levels across independent sector providers. Service providers are reluctant to “take on” smaller</p>	<p>In this context, the Trust stood down its domiciliary care procurement exercise. The Service is engaged in a range of initiatives and partnership approaches across all provider sectors to develop a robust, stable resilient and flexible provider workforce base moving forward.</p>	<p>The issue of the potential failure to meet assessed need is on the Trust’s Risk Register as a medium risk.</p>

	(non-seven days-a-week) packages.	The Service has proactively promoted SDS uptake and the accessing of Direct Payments to obviate demand pressures for domiciliary packages	
	<p>Supporting People The Service is concerned about the proposed 5% cut by the Department of Communities (DfC) in its Supporting People (SP) funding. A significant number of supported living providers have already approached the Trust to address their projected funding shortfalls.</p>	The Trust has highlighted its concerns regarding this issue with the DOH, DfC, HSCB Board and NIHE.	This issue is not on the Risk Register.
	<p>ASWs Recruitment, retention and workload capacity of ASWs remains a major difficulty for the Service. The Service has seven ASWs contributing to the Trust Daytime ASW Rota.</p>	The Trust has pursued a range of initiatives to consolidate and, where possible, consolidate its current ASW capacity. It has engaged in a programme to enhance ASW numbers through supporting staff to complete the Regional ASW Programme-the accredited ASW training pathway.	The risks related to ASW Daytime Rota service delivery currently listed as high on the Directorate Risk Register.

3.8	Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.
	<p>The Service workforce remains stable. There have been a number of vacancies (3 permanent, 2 maternity cover, 1 secondment) across three of the community teams in 2017-2018 due to promotion, work life balance requests and staff leaving post to take up posts closer to home. The Service one social work vacancy currently which is with HR for processing. The Service is seeking to recruit two temporary social workers and to replace on a permanent basis a Team Leader post in its hospital-based service in Muckamore Abbey.</p> <p>Delays in the recruitment processes present ongoing challenges for operational service.</p>
3.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	<p>Residential and Nursing Homes Charging – The Trust operates in accordance with the DHSSPS Charging for Residential Accommodation Guide (CRAG) April 2015 to determine charges.</p> <p>The Service continues to receive requests for support with both voids and start-up costs from housing and care providers. This issue is potentially destabilising for these important services and does cause significant financial pressures. T Service would welcome regional guidance in respect of this area.</p>
3.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	<p>Muckamore Abbey Hospital has a bespoke social work team, which provides social work services to patients on both Muckamore and the children's Iveagh Ward sites. Muckamore Abbey is a regional facility with admissions from across all Trusts in the region.</p> <p>There have been some recent changes in the social work service delivery structures. Since January 2018, the Operations Manager (Social Work Lead) and Service Manager (Associate Director of Social Work) have assumed senior management responsibility for the team. The staffing complement consists presently of one Band 7 Senior Social Work Practitioner, who acts as a Designated Adult Protection Officer (DAPO) and three Band 6 social workers. One of the social workers provides a service (2.5 days per week) to the children and young people's ward at the Iveagh Centre.</p> <p>All patients who admitted to Muckamore and Iveagh receive a social work service. This varies according to need. Social work staff contribute to the initial assessment and review arrangements, which inform the care plan and pathway</p>

for the care plan and patient pathway through the hospital and onto discharge. Social work forms a core part of the multidisciplinary team. Each ward now has an assigned social worker who attends weekly team meetings, participating in the assessment and treatment of patients.

Hospital social work staff liaise with community services as appropriate, including specialist services-PPANI, MARAC, Gateway and Trust adult safeguarding services.

The represents the Belfast Trust as the detaining authority at Mental Health Review Tribunals (MHRTs). In preparation for the Tribunals, the social worker will co-ordinate multi-disciplinary contingency planning/pre-MHRT meetings to review care plan options for the patient if discharged by the MHRT. The social workers are proficient at formulating reports to adopt as their evidence to the Tribunals. They will speak to this evidence at a Tribunal and present the current risks and proposed plan for the patients.

The Hospital Social Work Team has provided evidence to nine Review Tribunals during the reporting period. Six of these have been for the Belfast Trust, one for the Northern Trust, and two for the South Eastern Trust.

Social work staff continue to be involved in the teaching ethos of the hospital. They offer placements to ASW candidates and provide support and advice to them throughout placements.

Under the Promoting Quality Care guidance, the social work team support nursing colleagues in completing Comprehensive Risk Assessments and Risk Management Plans. They are also fully involved in the review of these documents.

The social work team have delivered "Keeping You Safe Training" to patients with thirty-one patients having attended sessions to date. The training seeks to promote self-awareness of and personal protection skills for vulnerable adults in the area of safeguarding. It incorporates a range of delivery methods including group and individual sessions, supported role-play and facilitated discussions on core safeguarding themes.

In light of recent adult safeguarding issues in Muckamore Abbey, the Trust's specialist Adult Safeguarding Service, which is a community-located resource, has responsibility for the investigation of all safeguarding allegations against staff, affording an independent dimension to the management of such investigations.

The hospital-based social work team are responsible for the management of patient-on-patient in-hospital safeguarding allegations. The DAPO has a strategic role in reviewing referral thresholds, protection planning, analysing patterns in referrals and working with the multidisciplinary teams to examine any potential practice developments/changes to service delivery processes, which may reduce the number of patient-on-patient safeguarding incidents. The DAPO in Muckamore Abbey has completed ABE interviewer training.

3.11	<p>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</p>
	<p>Human Rights based approaches remain central to all aspects of the Service's work. The Service continues to work in partnership with service users and carers in the review and delivery of services. There is ongoing consultation with service users and carers via various groups including Friends and Carers of Muckamore Abbey, groups allied to day centres, parents and friends groups allied to residential services. The Service continues to work alongside advocacy groups such as TILLI (Telling it like it is) and independent advocates through Bryson House and Mencap.</p> <p>Human Rights awareness training is provided for all staff. In addition, staff participate in corporate and bespoke professional training events in relation to capacity and consent and human rights considerations in discharging statutory functions under the Mental Health (N.I.) Order 1986 in relation to applications and admissions for assessment and Guardianship. Service staff have had the opportunity to avail of specific training in relation to Declaratory Judgements.</p> <p>Policies and related guidance address the weighing of human rights considerations in those circumstances in which interventions might impact on a service user's exercise of independent choice or where a service user's vulnerabilities require their access to independent advocacy and/or legal representation. These areas include:</p> <ul style="list-style-type: none"> i) Adult Safeguarding. ii) Capacity, Consent and Best Interests issues. iii) Decisions relating to the use of powers under Guardianship. iv) Applications for compulsory admissions for assessment. v) Risk assessment and risk management decision-making processes. vii) Restrictive practices and the use of physical interventions. viii) Care Planning. ix) Use of CCTV to capture aspects of a service user's experiences of care. x) Seclusion and positive behavioural support. <p>Social work staff record human rights considerations in case note recording and reports. Their recording should enunciate the context, weighing of intervention options within a human rights focus and their rationale for adopting a particular approach. The Service uses the Best Interests Decision Making Tool to inform complex decision-making.</p> <p>The Service Area is committed to service delivery, which promotes respect and dignity for each individual in line with corporate and professional values. The Service's investment in co-production, engagement with and empowering service users, carers and communities provides the template for rights-based, compassionate, qualitative and safe discharge of statutory functions to people with learning disabilities and their carers.</p> <p>The Learning Disability Day Services Forum has utilised Appreciative Inquiry methodology to the review, design, planning and development of future provision.</p>

<p>To date the Service has had over 640 contributions from service users, staff and carers.</p>

<p>The Service area plans to employ a carer consultant as part of the Senior Divisional Team. This will contribute to the embedding of a human rights approach and carer focus.</p>

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
1.	The use of compulsory powers under the Mental Health (NI) Order 1986 continues to require careful balancing of the human rights issues involved. These generally involve a conflict between an individual or societal right to protection versus an individual's right to self-determination, to liberty and to a private and family life.	Staff training in human rights. Staff updates on legislative developments. ASW refresher and re-approval training. The provision of ASW fora to support good practice. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. The use of tools to prompt human rights considerations. The provision of accessible information to service users about their rights. The provision of advocacy services.	All on going.
2.	As noted in previous reports, the Service Area remains concerned about the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	The Service awaits the introduction of the new capacity legislation, which should address this issue. Provision of advocacy services.	All on-going.
3.	The Mental Health Review Tribunal system is such that those who seek an independent review of an admission for	The Service strives to be as accommodating as possible in arranging early Tribunal dates but this remains a	All on-going.

	assessment under the Mental Health (NI) Order 1986 are generally unable to obtain this within the timeframe of the assessment period. This again creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	major difficulty.	
4.	Adult safeguarding-generally involving a balancing of the statutory duty to promote and protect the welfare of a vulnerable individual and their right to self-determination. It can also involve complex decision-making with regard to risk management in non-adjudicated situations, balancing an individual's right to privacy with potential risks to the wider society of failure to share information.	Staff training on human rights. Staff training on data protection. Staff training on adult safeguarding issues. The provision of support groups for Investigating Officers and Designated Officers to promote best practice. The use of adult safeguarding tools which prompt consideration of human rights issues. The provision of advocacy services.	All on-going
5.	The implementation of the Promoting Quality Care guidance on risk assessment and risk management also creates human rights' balancing challenges. These again involve the right to protection versus the right to self-determination and the complexities of information sharing decisions.	Staff training on human rights. Staff training on data protection. Staff training on the Promoting Quality Care guidance. Staff training on capacity and consent issues. Service user training on capacity and consent issues. The use of risk assessment and management tools which prompt consideration of human rights issues. The provision of advocacy services. Staff updates on legislative developments.	All on-going.

		Legal advice is sought on individual cases	
6.	The use of compulsory powers under the Mental Health (NI) Order 1986	The Service is cognisant of the need to exercise its statutory remit in a balanced proportionate and least restrictive manner. Actions as listed at 5. above	All on-going

<p>3.15</p>	<p>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</p>
	<ul style="list-style-type: none"> ➤ The Service is taking forward the implementation of Self-Directed Supports (SDS). ➤ During the reporting period, the Service held a series of focus groups on the Muckamore Abbey Hospital site facilitated by two senior managers independent of the hospital. These events provided “safe space” for staff to articulate concerns and suggestions for improvements. This initiative was part of a wider Service and Trust prioritisation of staff engagement. The Service has commenced its pathway to Divisional status. This will be a substantial organisational development process, which will involve the embedding of a collective leadership culture, an emphasis on workforce engagement and support and continuous service delivery improvement. ➤ The Divisional Social Worker will share accountability with other Divisional Leadership Team members for the performance and governance of the Division. In this role, the post holder will have bespoke leadership and professional accountability responsibilities across the social care workforce. ➤ In the context of the pivotal importance of social care services for service users with learning disabilities, the Division will facilitate innovation, improvement, engagement and governance structures, which will strengthen quality and effectiveness of service delivery within a learning culture predicated on a co-production, compassionate and improvement. ➤ To date, improvements in safety and quality standards has focused on staff examining best practice within their own area of specialism but also further afield regionally and internationally. This has led to the development of a Quality Improvement Strategy for the Belfast Health and Social Care Trust which to date has seen several hundred projects emerging which has led to significant improvement in safety and quality for the people who use the Trust’s services. ➤ The Service was a regional finalist in the Excellence in Co-Production (Empowering Change through Active Participation) Patient and Clients Council Award. This achievement recognised the co-production approach, which informed the establishment of a Day Services Forum involving service users, carers and staff to shape the future of day services across Belfast. Carers, service users and staff trained together to develop their knowledge and skills of Appreciative Inquiry methodology. This has facilitated collective possibilities for improvement and transformation of day services. in the future. To date the Service has had over 640 contributions from service users, staff and carers. ➤ The Service’s Day Opportunities Programme has substantially increased the range of social, leisure, recreational and educational community based activities offered to and accessed by people with learning disabilities across the City. The Service has used non-recurrent day opportunities funding to develop a significant number of taster opportunities across a range of areas in including hill walking, dance and art. It has also invested in personal development, training for work and independence programmes for individuals, which will support them to take up day opportunities. ➤ The Service has ring-fenced twelve vacant PCSS posts for the employment of

	<p>people with learning disabilities. Each potential employee referred to the Positive Action Employability Programme will undertake a twelve-week OCN accredited training programme and, on successful completion, will receive an offer of permanent paid employment.</p> <ul style="list-style-type: none"> ➤ Learning Disability Day Services, Knockbreda Wellbeing, and Treatment Centre, in partnership with Ulster Supported Employment and Learning, have opened the Ability Café, which provides adults with learning disabilities from across Belfast with accredited on-site training to enable them to prepare for and access paid employment opportunities in the hospitality industry. ➤ Everton and Fortwilliam Day Centre service users and staff developed a Capacity and Consent Toolkit in partnership with the Department of Health and Social Care for dissemination regionally, which includes a training DVD and Resource Packs. Launched in November 2017, the toolkit addresses supports for people with learning disabilities to understand and make choices with regard to issues of Capacity and Consent.
3.16	SUMMARY
	<ul style="list-style-type: none"> ➤ The Service has striven to deliver qualitative, safe, effective and compassionate care services. ➤ The Service has pursued a person centred care approach through working in partnership with service users and carers. ➤ The Service has committed to promoting service user choice by developing flexible and bespoke care packages to meet needs. ➤ The Service has sought to enhance workforce skills and knowledge. The views of staff are sought and valued. ➤ The Service area has experienced many challenges over the last year- There has been a large-scale safeguarding investigation into Muckamore Abbey Hospital during the reporting period. The Trust has been engaged in a range of organisational and workforce developments as part of its focus on distilling learning, improving and providing compassionate, safe and qualitative care. ➤ The roll out of the new Adult Safeguarding Policy will continue to present challenges. ➤ There are ongoing substantial challenges in securing domiciliary care services. ➤ The issues relating to legal authority for deprivations of liberty continue to cause major uncertainty.

**LEARNING DISABILITY SERVICE
DATA RETURN 1**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	153	3
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	153	3
1.3	How many adults are in receipt of social work or social care services at 31 st March?	1514	198
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	1472	188
1.4	How many care packages are in place on 31 st March in the following categories:		
	xiv. Residential Home Care	99	29
	xv. Nursing Home Care	96	71
	xvi. Domiciliary Care Managed	21	6
	xvii. Domiciliary Non Care Managed	75	28
	xviii. Supported Living	221	43
	xix. Permanent Adult Family Placement	15	0
1.4a	<p>For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.</p> <p><i>Narrative</i> The Service can provide assurance that the care management process is being applied in accordance with DHSSPS Care Management HSC ECCU/1/2010 Circular See section 1.4b.</p>		
1.4b	<p>Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.</p> <p>The Care Management Service consists of 5 care managers (2 SW and 3 nursing) and 2.6 assistant care managers. All care managers are professionally qualified and are registered with their respective professional body. They are supervised and managed by the Operations Manager for Care</p>		

	<p>Management, who is responsible for service planning, governance and commissioning contracts. She in turn reports directly to the Service Manager for Community Treatment and Support Services.</p> <p>The Circular is operational in relation to all commissioned services in 1.4. Trust provided services follow different procedures but within the same framework of assessment, care planning, service provision and review. The Service does not use NISAT as this has not been introduced for learning disability. However, it does continue to make use of its own document "About You" which is a person centred, accessible document based on the NISAT template.</p> <p>The Service continues to run a New Service Request (NSR) Panel where all new applications for care-managed services are considered. This NSR is currently being reviewed to ensure the right people are there to make decisions and the Panel are furnished with the appropriate information on which to make informed decisions.</p> <p>Authorisation for standard costs can be given at Operations Manager level with high cost cases being scrutinised at Service Manager level. Responsibility for assessment, care planning and service provision lies with professionally qualified Care Management team members.</p> <p>All invoices are checked by an Operations Manager (8A) against a robust care management data collection tool, which is uploaded daily.</p> <p>The Service is currently reviewing care management. It has carried out a process mapping exercise and plans to review documentation, systems workload and business processes.</p> <p>The Service has developed in collaboration with Niamh Inspire and ARK Housing Association, a seven-bedded supported living unit on the Ormeau Road for those with both complex needs and medium needs. This is enhancing the lives of service users and promoting integration into the local South Belfast community.</p>		
<p>1.4c</p>	<p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p>Narrative Service users and carers are involved, as appropriate, in all aspects of assessment, decision-making, review and care planning. Additional support can also be provided for service users, when required, through advocacy services (e.g. Bryson</p>		

	House Independent Advocacy services, Mencap). Various tools are used to support service users' involvement in decision-making e.g. Talking Mats, Makaton, videos, easy read leaflets etc.		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	579	77
	- Independent sector	63	3
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	448	7
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	12	10
	- Independent sector	1	0
1.8	Unmet need (this is currently under review)	X	X
1.8a	<p>Please report on Social Care waiting list pressures</p> <p>Narrative</p> <p>The Service does not keep formal waiting lists but we are actively looking for accommodation options for 52 people whom we have not been able to place to date. Capacity issues in relation to short breaks provision continue. While the vast majority of service users will be offered some form of short breaks, it is often not the type or location of service they would prefer.</p> <p>PTL Delayed Discharge Current waiting list for accommodation Transitions (identified as 14 years and over, requiring accommodation when 18 years and not included in figures)</p> <p>We are actively looking for domiciliary packages for 26 people</p>	<p>4 15 33 19</p> <p>26</p>	
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p>Narrative</p> <p>The Service secured £43923.00 non-recurrent funding from 01 May 2017 to 30 April 2018 to support service users routinely excluded from services because of their challenging behaviour and forensic history. The Extern Reminiscence Community Hub provided three reminiscence projects, (total</p>		

	<p>252 attendances), to include costs for preparation, evaluation, travel related to Reminiscence (630 Hours) and additional Community Hub activity (1850 hours).</p> <p>The Service secured £25,000.00 non-recurrent funding from 01 April 2017 to 30 March 2018 for Positive Futures Better Together Mentoring Service (total 360 attendances); Social Activities Group Work (240 attendances); provision of bespoke drop-in sessions for service users who are reluctant to engage in social activities and are usually hard to reach.</p> <p>The Service secured £10,230.40 non-recurrent funding from April 2017 to March 2018 for TILII Group (ARC NI) to: support the delivery of 24 group meetings (total 84 service user attendances and 24 ARC attendances); 12 TILII Forum Meetings (total 8 service users and 12 ARC attendances); 3 peer knowledge learning sessions (total 40 service users and 3 ARC attendances); and 2 Trust induction sessions.</p> <p>The Service secured £25,000.00 non-recurrent funding from 01 April 2017 to 30 March 2018 for Welcome Trust Team Building and Recognition sessions (total 75 attendances); Fit for Purpose sessions (total 672 attendances); Who am I sessions (total 1400 attendances); Healthy Body Healthy Mind sessions (total 1000 attendances).</p> <p>Welcome Trust also secured £11,511.83 recurrent funding for a weekly support group with transport provided (total 2400 attendances.)</p>		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	2	0
1.10	<p>Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.</p> <p>Narrative</p>	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**LEARNING DISABILITY SERVICE
DATA RETURN 1**

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	11	104	2
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	11	104	2
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	9	89	2

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

**LEARNING DISABILITY SERVICE
DATA RETURN 2**

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	0	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	27	0
	Partially sighted	36	0
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	10	0
	Deaf without speech	15	0
	Hard of hearing	29	0
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	3	0

**LEARNING DISABILITY SERVICE
DATA RETURN 3**

3 DISABLED PERSONS (NI) ACT 1989		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	156
	Number of Disabled people known as at 31 st March.	1712
3.2	Number of assessments of need carried out during period end 31 st March.	156
3.3	This is intentionally blank	
	<i>Narrative</i>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	17

**LEARNING DISABILITY SERVICE
DATA RETURN 4**

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]		

4.1	Number of Article 15 (HPSS Order) Payments	48
	Total expenditure for the above payments	£24,242
4.2	Number of TRUST FUNDED people in residential care	128
4.3	Number of TRUST FUNDED people in nursing care	167
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	0
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	6

**LEARNING DISABILITY SERVICE
DATA RETURN 5**

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	5	163	59
5.2	Number of adult individual carers assessments undertaken during the period.	5	149	47
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March	0	961	164
5.5	Number of young carers offered individual carers assessments during the period.	5		
5.6	Number of young carers assessments undertaken during the period.	5		
5.7	Number of young carers receiving a service @ 31 st March	0		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	15		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	15		
	(c) Number of adults receiving direct payments @ 31 st March	142		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	112		
5.10	Number of carers receiving direct payments @ 31 st March	18		
5.11	Number of one off Carers Grants made in-year.	304		

Commentary

In addition to the above activity, 89 carers were offered a reassessment and 84 were undertaken with 5 declined. In terms of assessments offered there is a 21% increase relative to the previous year total, and a 45% increase relative to the previous year for assessments completed. In the last year, the Learning Disability Service has increased its funding to deliver services for carers. The range of services currently available for carers include information and advice, group activities, complementary therapies (31 referred in year), carer grants for short break purposes, and direct payments. A significant number of carers are supported through contracted short break activities and residential respite. The Trust Carers Co-ordinator, who has an advisory role within the Learning Disability Service on carer needs and support, provides carer awareness training as part of the induction programme for new staff and carer assessment and support planning training to staff carrying out carer assessments in order to ensure best practice and outcomes for carers who avail of assessment.

**LEARNING DISABILITY SERVICE
DATA RETURN 9**

9 The Mental Health (NI) Order 1986			
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115			
Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	11 Iveagh 5	2 0
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	11 Iveagh 5	2 0
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	0
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i> Requests for second ASW input have remained low through the directorate.		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	1	
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i> This remains low throughout the Directorate		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge? The Trust engages with service users and carers in a timely manner and ensures where practicable that at least seven-days' notice is given of planned discharge from hospital.	Yes, the next of kin are routinely involved in all discharge planning processes.	
Use of Doctors Holding Powers (Article 7)			
9.2	How many times did a hospital doctor use holding powers?	6	
9.2a	Of these, how many resulted in an application being made?	3	
	The use of the Form 5 is reflective of the number of patients who initially agree to a voluntary admission but then decide to leave contrary to medical advice.		
ASW Applicant reports			
9.3	Number of ASW applicant reports completed	18	
9.3.a	How many of these were completed within 5 working days	18	
Social Circumstances Reports (Article 5.6)			
9.4	Total number of Social Circumstances reports completed.	1	
9.4.a	Number of completed reports which were completed within 14 days	1	

Mental Health Review Tribunal												
9.5	Number of applications to MHRT in relation to detained patients (just provide total number) = 6											
	The vast majority of the Mental Health Review Tribunals in Learning Disability services are as a result of a mandatory request by the Trust and are therefore reviews. There are ongoing issues in relation to the MHRT deciding to discharge patients from detention with immediate effect resulting in difficulty for the MDT, despite contingency planning to find alternative safe placements in the community.											
9.5.a	This is intentionally blank											
Guardianships (Article 18)												
9.6	Number of Guardianships in place in Trust at period end	2										
9.6.a	New applications for Guardianship during period (Article 19(1))	0										
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0										
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0										
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0										
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	2										
9.6.f	Number of Guardianships accepted by a nominated other person	0										
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)											
	<table border="1"> <tr> <td>Discharges as a result of an agreed multi-disciplinary care plan</td> <td>1</td> </tr> <tr> <td>Lapsed</td> <td>0</td> </tr> <tr> <td>Discharged by MHRT</td> <td>0</td> </tr> <tr> <td>Discharged by Nearest Relative</td> <td>0</td> </tr> <tr> <td>Total</td> <td>1</td> </tr> </table>		Discharges as a result of an agreed multi-disciplinary care plan	1	Lapsed	0	Discharged by MHRT	0	Discharged by Nearest Relative	0	Total	1
Discharges as a result of an agreed multi-disciplinary care plan	1											
Lapsed	0											
Discharged by MHRT	0											
Discharged by Nearest Relative	0											
Total	1											
Approved Social Worker (ASW) Register												
9.7	Number of newly appointed Approved Social Workers during period	1										
9.7.a	Number of Approved Social Workers removed during period	1										
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	7										
	<p>There are ongoing concerns about the number of ASW's who have other roles such as Team Leaders, DAPO's. The service has now included in new SW job descriptions that there is a requirement to complete the ASW course within 2 years of taking up post.</p> <p>See commentary 3.5</p>											

9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <p>Belfast Trust Patients Under 18 years of age Admitted to Iveagh between 1st April 2017 – 31st March 2018 – Who Are/Were Subject to Detention</p> <p><u>Patient 1</u></p> <p>Date of Birth: 2001</p> <p>Detained under the Mental Health (NI) Order 1986</p> <p>Reason for Admission</p> <p>Admission for assessment under the Mental Health (NI) Order 1986. Patient 1 has a diagnosis of Autism and Severe Learning Disability.</p> <p>Mother reported a deterioration in patient's behaviour two-three weeks prior to admission and she was concerned that patient was depressed. Prior to admission, patient was very aggressive towards family members and destructive of property in the house resulting in injury to her mother and police attendance was required. Patient responded to medication that night and a bed in Iveagh was arranged the following day. Patient had been reviewed at outpatients day prior to admission. She had been assessed by Consultant Psychiatrist who considered a possible first presentation of psychosis and possible depression. A bed was arranged in Iveagh the following day.</p> <p>Discharged from Iveagh: August 2017 following a two-week period of home-leave.</p> <p><u>Patient 2</u></p> <p>Date of Birth: 2000</p> <p>Detained under the Mental Health (NI) Order 1986</p> <p>Reason for Admission</p> <p>Patient 2 was admitted as a voluntary patient. Patient 2 had put herself at risk by absconding from foster home, standing on a bridge over a busy motorway, potentially going to jump from the bridge however, was prevented from doing so. She also stated she heard voices telling her to harm herself/others.</p> <p>Initially appeared content in Iveagh and engaged with staff. Admission for assessment under the Mental Health (NI) Order 1986 was commenced following Patient 2 becoming aggressive in her behaviour and wanting to leave.</p> <p>Patient 2 has a history of absconding behaviour and is impulsive. She was subject to a Care Order and lived with a foster family prior to admission. Foster</p>
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mother was no longer able to maintain her safety.

Transferred to Muckamore Abbey Hospital on turning eighteen years of age.

Patient 3

Date of Birth: 2003

Detained under the Mental Health (NI) Order 1986:

Reason for Admission

Patient 3 is a fourteen year-old girl with a diagnosis of severe learning disability, Autism Spectrum Disorder, Intractable Epilepsy (Lennox Gaustaux Syndrome) and ADHD. She was a planned admission for assessment from home. On admission, she was presenting as hyperactive, shouting and laughing. She was admitted due to recent increase in agitation, aggression and self-injurious behaviour. She had recently broken a mirror, resulting in cutting herself to the arm and burnt her hand on the cooker at home. Her school placement had recently broken down. She presented with aggressive behaviour towards family members.

Continues as an in-patient.

Subject to LAC Review.

Patient 4

Date of Birth: 2003

Detained under the Mental Health (NI) Order 1986: xxxxx

Form 1 – Completed by Mother. Social Circumstances Report completed by SW.

Voluntary status.

Reason for Admission

Admitted at age fourteen years with a diagnosis of Severe Learning Disability, Autistic Spectrum Disorder and ADHD. Increasing unpredictable self-injurious behaviours over the summer months. Patient 4 also becoming physically aggressive towards mother – attempting to bang her head off walls/floors.

Reviewed week prior to admission by Consultant. Head banging in various locations, no obvious triggers noted by parents. School staff and parents had to intervene to stop the behaviour – incident in June where he banged his head through a staff member's car window. Mother reports fluctuating mood.

Required admission to hospital for assessment.

Subject to LAC Review.

Patient 5

Date of Birth: 2001

Detained under the Mental Health (NI) Order 1986**Reason for Admission**

Patient 5 has a diagnosis of Autistic Spectrum Disorder and a mild learning disability. He was admitted voluntarily to Iveagh from home.

He displayed increased anxiety and social withdrawal, lethargy and anger outbursts. Some paranoid ideation. Recent planned overdose, CAIT team assessment. Previous overdose. Expressed hopelessness and a wish to die. Admission to hospital for assessment required.

Detained for assessment under the Mental Health Order (NI) 1986 due to deteriorating mental state. He had increasingly fixed and open paranoid delusions regarding a school pupil and expressing a clear wish to die.

He continues as an in-patient.

-Subject to LAC Review.

Patient 6

Date of Birth: 2001

Detained under the Mental Health (NI) Order 1986

Patient 6 A seventeen year -old boy with a diagnosis of Severe Learning Disability; Microcephaly; Asthma; Scoliosis.

He was admitted on a voluntary basis at the age of fifteen years. He had become verbally aggressive towards his mother, destructive towards property in the home during which he was also self-injurious in his behaviour. During attempts to calm him his mother had been physical injured. In the past this had resulted in a broken nose and a broken wrist.

Patient has a severe impairment of intelligence and social functioning. He has difficulty regulating his emotional state leading to poor self-control regarding aggressive and agitated behaviours.

After an extensive period of unmanageable high-risk behaviour at home Patient was detained in Iveagh Treatment and Assessment Centre under the Mental Health (1986) Order. This period of assessment and treatment commenced on. Patient has remained in Iveagh on delayed discharge.

Patient has had some difficult periods in Iveagh in particular when he claimed 'to hear voices in his head' and has been heavily influenced by his peer group

	<p>within Iveagh.</p> <p>He had been aggressive toward his mother and sister while on home leave which had included him breaking a mirror and presenting as threatening towards them with a piece of glass. Sister and mum very distressed by this episode.</p> <p>Risk of serious physical harm to self from banging head on wall in ward. Risk to self of serious physical harm from others due to aggressive behaviour and negative reaction from others. Risk to family members of serious physical harm due to aggressive behaviour.</p> <p>He has continued as an in-patient, his legal status changed during his admission:</p> <p>Voluntary– lapsed in error Detained Reason for Detention :</p> <p>He continues as an in-patient with a current discharge plan underway to specialists children’s home.</p> <p>Subject to LAC Review.</p>	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	1
	<p>There are ongoing issues in relation to Consultant Psychiatrists employed by the Trust declining to complete capacity assessments. There are resource implications in terms of time and cost obtaining capacity assessment from private Consultant Psychiatrists.</p>	
<p>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A (6). Schedule 2A Supervision and Treatment Orders.</p>		
9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	2
9.11	<p>Of the Total shown at 9.10 how many have their treatment required as:</p> <p>Treatment as an in-patient</p> <p>Treatment as an out patient</p> <p>Treatment by a specified medical practitioner.</p>	<p>0</p> <p>2</p> <p>0</p>
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	2

9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	1
<p>Commentary <i>(include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)</i></p> <p>On two occasions, the Trust has been required to attend court, only to find that no psychiatric assessments had been commissioned. In one case, the Court directed the Probation Board for Northern Ireland to complete the report. PBNl that they were not equipped to provide treatment for someone with a learning disability. The Service feels that many of the PBNl programmes could be delivered to clients with a learning disability with only minor adjustments. The Service would be willing to work with the PBNl to address this issue.</p> <p>In terms of treatment under an STO, the Service is of the opinion that the treatment should be holistic including addictions work, meaningful daytime activities and therapeutic inputs. In terms of addictions work it had proved difficult to refer service users into this service but in recent months, this situation has improved. Meaningful daytime activities are difficult to find for clients with significant intellectual disabilities. The risks posed to other vulnerable service users has resulted in their not being accommodated in day centres and their vulnerabilities leave them at risk within mainstream services. The Extern Hub has proved a useful service to address this gap in service. The Trust's Forensic Learning Disability Service and "Hear to Help" provide the Trust's Therapeutic inputs.</p>		

3. FAMILY AND CHILD CARE SERVICE GENERAL NARRATIVE

3.1	Named Officer responsible for professional Social Work
	<p>The Co-Director Childrens Social Care Services has overarching responsibility and accountability for the operational delivery of statutory functions by the Family and Child Care Service.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce runs from the individual practitioner through the Service's line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p>
3.2	Supervision arrangements for social workers
	<p>The Service has completed a number of audits pertaining to supervision of the social work workforce. While the returns have indicated satisfactory levels of compliance with supervision processes, the Service has identified a number of areas for ongoing improvement in relation to qualitative dimensions of supervision. These include the facilitation of the supervisee's professional development through a supportive, reflective and critical challenge approach between supervisee and supervisor; the "depth" of supervision discussion and recording; and the linkages between supervision and performance. The Service is considering opportunities for further developing its reflective learning programme and is exploring initiatives in peer supervision, coaching and mentoring across its workforce.</p> <p>The Directorate is fully engaged in a number of initiatives under the auspices of the Regional Social Work Strategy and the Trust's quality improvement and innovation strategy. The promotion of reflective learning events to disseminate and share learning and the assimilation of skills and knowledge through the supported application of taught learning contribute to adapting and augmenting supervision models. The linking of supervision delivery to improved service user outcomes is central to the development of a robust supervision evidence base.</p> <p>The Trust has implemented a professional social work supervision exception reporting system. Monthly returns from the Service evidence satisfactory compliance with the requirements in respect of the frequency of supervision and facilitate monitoring of non-compliance.</p> <p>The Service has achieved satisfactory compliance with the standards specified in the Revised Guidance for Registrants and their Employers NISCC July 2010 in relation to the supervision of AYE staff.</p>
3.3	Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).
	<p>During the reporting period the Service Area's Conference Chairs Group has not met but Family Support Chairs are currently undertaking training in relation to the roll-out of signs of Safety and Adverse Childhood Events.</p>

Assurance arrangements with regard to residential care services include: monthly Monitoring Officer visits to and completion of reports in relation to individual residential homes; RQIA announced and unannounced inspections of residential homes; and HSCB reporting requirements pertaining to the operationalising of Restriction of Liberty Panels and adverse incidents reporting.

A number of thematic reviews/audits addressed the following areas: multi-professional attendance at case conferences including the completion and analysis of questionnaires by professional attendees; parental experiences of the case conference process; and the profiling of and focus on the “child’s voice” in case conferences decision making. A series of qualitative proposals to improve the parental experience and to ensure that the child’s views were articulated and considered in decision-making are currently being progressed.

The Trust participated in the regional SBNI Audit in November/December 2016 of current practice in relation to Child Sexual Exploitation following on from the publication of the Thematic Review. Audit findings were positive in relation to Trust service delivery and practice. A second audit to evaluate the impact of training and learning events delivered in relation to CSE is to be taken forward during the next reporting period under the auspices of the SBNI.

The Trust’s Senior Practitioner (SP) for CSE has continued to work with her regional peers and PSNI to capture data with regard to the numbers of young people at significant risk of CSE and the number of young people who go missing from home/care. The Trust reports on this data to the HSCB. Improved joint working between the PSNI and Trusts has enhanced service delivery in the area of missing children. The setting up of the PSNI Missing Childrens Team has been a particular positive initiative in this regard. The sharing of information has facilitated analysis of trends, patterns and networks in assessing and managing risks by predatory individuals and groups to vulnerable young people. During the reporting period, there has been a reduction across the region in the number of young people going missing.

The Trust was engaged in the RQIA regional Review of Child Protection Services in November 2016-January 2017. The final Review Report was recently publicised. The Report’s conclusions were positive with regard to the delivery of child protection services, both at a Trust and regional levels.

Reflective practice sessions for managers relating to the findings and recommendations of Case Management Reviews MRs, SAIs, Complaints and Internal Case Reviews have remained central to driving forward improvements in practice.

The Trust continues to participate fully in the Case Management Review arrangements under the auspices of the Safeguarding Board for Northern Ireland (SBNI). A Family and Child Care Service Senior Manager presented the key learning and related actions emerging from a Trust CMR at a recent Trust-wide quality event. The Trust hosted a multiagency CMR dissemination event on behalf of the Belfast SBNI Panel on 14.03.18.

The Service is compliant with the requirements in relation to the reporting and

	dissemination of learning arising out of Serious Adverse Incidents and Untoward Events
3.4	<p>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care) Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>The Acting Executive Director of Social Work/ Acting Director of Childrens Community Services) represents the Trust on the SBNI. The Trust’s representatives on the Belfast Safeguarding Panel are the Co-Director Childrens Social Care Services; Designated Doctor for Safeguarding Children; Co-Director Mental Health Services; and Named Nurse for Safeguarding Children. A number of staff from a range of Service are currently engaged in various SBNI sub-groups.</p> <p>The Service is engaged in a substantial number of partnerships with service user, community, voluntary and statutory sector organisations in the development of integrated service delivery responses to the spectrum of needs across Belfast’s childhood population.</p> <p>The Trust’s Co-Director for Childrens Social Care chairs the Belfast Outcomes Group, which is driving forward the operationalising of a Belfast-wide Early Intervention Transformation Service (EITS). The EITS is seeking to improve outcomes for vulnerable children and their families through the provision of a range of local, accessible, evidence-based services to support families and children who are experiencing difficulties before they become established and to enable children to develop to their full potential. This initiative is predicated a multi-systemic approach to supporting families at different points and to building relationships with families as the key lever for change. The template for the EITS incorporates a commitment to multi-sectoral partnership working within a shared vision delivered through an outcomes-based performance management and assurance framework.</p> <p>In this context, the development and operationalising of Family Support Hubs which signpost families with specific needs to appropriate service es is of central importance. A core element of the support provided to the Hubs by the Trust’s EITS is the development and roll out of an annual training schedule. The provision of a range of training/capacity building opportunities for Hub lead and Hub member organisations is key in building knowledge, capacity and skills across the service delivery organisations grouped around Hubs.</p> <p>The Service is participating in the Trust’s engagement in the planning for and the delivery of a of a Belfast Community Plan-a vision for the city predicated on collaboration, partnership and optimising of resources across the spectrum of city stakeholders.</p>
3.5	<p>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</p>
	<p>This section should be read with the Data 10 Corporate Parenting Return and related spreadsheets.</p>

ADOPTION AND PERMANENCE SERVICES

The recruitment of potential adopters with appropriate skills and abilities to meet the often-complex needs of young Looked After Children in need of permanent adoptive homes remains a challenge. The recurring themes of chronic neglect, foetal alcohol syndrome, attachment difficulties and developmental delay are prominent in the profile of those children for whom permanency through adoption is determined as the optimal option for their future care.

Protracted Court proceedings in many cases impact adversely on the securing of timely permanence, especially where adoption is the Care Plan. Eleven Freeing Orders were granted during the period 1 April 2017 – 31 March 2018. The Trust is committed to improving performance in this key area. The implementation of the Revised Permanence Policy affords the opportunity to improve timely decision-making and planning to progress permanence through adoption.

Once adoption has been identified as the Care Plan, the Principal Social Worker for Adoption (PSW) is responsible for monitoring timescales for presentation to the Adoption Panel and tracks the progress from “best interest” recommendations to achieving adoption. The Trust’s Adoption Service database captures key data across all aspects of adoption service delivery and performance.

With regard to the recruitment of adopters, all applicants all applicants complete a dual approval assessment and are matched with children who have a ‘best interest’ recommendation. Concurrent care is discussed with potential adopters as part of the Trust’s ongoing focus on promoting this model. However, concurrent care is not appropriate for all prospective adopters.

The Home on Time (HOT) Project (concurrent placements for 0–2 year-olds) has seen a rise in interest from prospective adopters willing to consider a concurrent placement. All applicants to adopt are advised of the HOT Project and the nature of concurrent placements is included in the preparation course. As the Project is in its final year, the key issue moving forward is one of sustainability once the EITP funding ceases. The Trust has submitted proposals as to how it intends to sustain concurrent placements for young children, where adoption will be the care plan, if rehabilitation cannot be achieved. As noted earlier, the Trust is taking forward concurrent care when discussing adoption with potential applicants.

The Trust also continues to see a steady increase in the number of same sex applicants seeking to adopt. With the NHSC and QUB, it is participating in a research project in relation to adoption service delivery to same sex adopters.

The Trust continues to make improvements in the reduction of the number of applicants on the waiting list for assessment. With the retained bank of fieldwork staff, as well as adoption staff, there is a rolling allocation of assessments. Waiting times for both assessment and training are often dependent on the applicants’ individual personal/home circumstances. The Trust is currently undertaking 19 adoption assessments.

CARE ORDERS AT HOME

The Trust recognises there is a significant number of children placed at home with their parents under the auspices of Care Orders. The Trust has established a Project Team to collate and analyse a range of data with regard to this placement cohort to inform its review of practice and wider service delivery themes. The Project Team has collated and analysed the data, undertaken interviews with social work staff with case responsibility and will shortly be producing an outcome report with recommendation.

The Trust is involved with the current regional exercise to review in detail, the circumstances of children subject to Care Orders placed with their parents.

CARE PATHWAYS PROJECT

The Care Pathways Project has been fully operational since 2016 and a planned review was due to be completed by the end of 2017 as part of the transformation process. Unfortunately, due to operational reasons and a period of absence by the co-reviewer from the Leadership Centre, the completion of the review was delayed. Feedback, however, has generally been positive and the report is currently being finalised.

PERSONAL ADVISOR (PA) SERVICE

Pressures on the Personal Advisor Service remain, primarily because of the increasing volume of young people who have a statutory entitlement to a PA and the challenges of retaining and recruiting to the service.

With all funded posts filled, there has been a reduction from 111 as at the end September 2017 to 49 young people waiting for a PA as at the end of March 2018. In these circumstances, the Trust will continue to prioritise referrals based on assessed need. The Trust is finalising a cost pressure paper to address demand and capacity pressures, including retention challenges.

GEM SCHEME

The GEM scheme continues to provide placement stability for a growing number of young people 18+ who can remain with their former foster carers. The increase in numbers however, does impact on the continued availability of the foster carers to provide a foster placement for other Looked After Children. While additional funding has assisted in meeting some of the financial pressures from the GEM Scheme, if current demand trends continue, this will lead to a further increase in pressure on the current budget.

The Trust is involved in the regional work to review the funding to GEM placements.

SUPPORTED LODGINGS

The Trust currently has access to a number of jointly commissioned accommodation resources, which support young people transitioning into independent living. These options provide a spectrum of peripatetic supports, which meet the diverse needs of young people leaving care. The Trust had identified a need for supported lodgings and had secured recurrent funding for same from the HSCB. The South Eastern and Belfast Trusts are now jointly

exploring with the NIHE and current providers of jointly commissioned accommodation, the possibility of alternative placement options and support packages for those older young people whose needs cannot be met in either residential care or joint-commissioned accommodation, due to the challenges and risks they present. This work is being taken forward by both Trusts and an expression of interest has gone out to the current providers, with interest confirmed by two providers.

There is a particular pressure on the Service to identify suitable accommodation for those young people with complex needs and challenging behaviours, often presenting with risks to themselves and to others. These young people require bespoke packages of intensive supports and more specialist accommodation with attendant additional costs.

PLACEMENT PRESSURES

There are substantial pressures in matching foster placements to the needs of individual Looked After Children as a result of the volume of children who are currently looked after, the throughput of children through the care system and the complexity and range of their needs. The Trust's Fostering and residential services are facing ongoing pressures in sustaining their present placement capacity.

An emerging, significant theme has been an increase in the number of younger children presenting to/engaged with social services with complex emotional and behavioural needs, who require access to specialist therapeutic services and bespoke fostering and residential resources. During the reporting period, the Trust placed two young children under eleven years in residential care.

The professional, governance, organisational, logistical and resource implications of placing a young child in residential care are considerable. In the non-availability of a regional residential resource designated for young children with complex needs, pressures on current specialist therapeutic support services, costs associated with individual placement arrangements and bespoke supports and overarching workforce issues, this issue require a particular focus in the reviews of the regional residential and wider placement strategies.

Placing young children in residential placements out with their Statement of Purpose, breaches regulatory requirements and results in a temporary hold on admissions to the individual home. This has a direct impact on whole-system residential placement capacity and generates indirect pressures within the fostering system.

LEGAL DUTY TO ACCOMMODATE YOUNG PEOPLE

A current pressure on the Trust Intensive Adolescent Support Teams has been safeguarding young people subject to paramilitary/community threat. The Trust has been actively involved in a regional group to establish joint working arrangements between HSCB, Trusts, PSNI and other statutory agencies. The Trust has piloted this approach to promote greater co-operation across agencies in the discharge of their safeguarding responsibilities. Difficulties remain in verifying threats. Often the young people cannot be supported in their homes and require alternative accommodation outside their own localities.

It is clear that the Trust has a statutory duty to provide accommodation to a young person assessed as being “in need”. In a number of instances, this duty requires the Trust to provide accommodation to young people who have a history of offending/anti-social behaviours, including drug and alcohol problems. This is creating considerable pressures on already limited resources and risks disruption for other young Looked After Young people in residential settings in particular.

FAMILY SUPPORT AND CHILD PROTECTION CASELOADS

The Trust continues to face significant difficulties in allocating cases within its Family Support Teams. Caseloads within these teams continue at a level which is not conducive to ensuring families are appropriately supported to facilitate timely change as identified in the relevant case plans.

The Trust is seeking to effect a reduction in caseload numbers and equity of workloads across sectors, particularly in fieldwork services. The embedding and ongoing evaluation of the Service’s Care Pathways Protocol has continued to monitor its impact on caseload numbers across services and the effectiveness of transfer arrangements between teams/ services in the context of complexity and volume of service demands and workforce capacity.

Unallocated cases continue to be an area of significant pressure, including rising timescales for assessment in Gateway. The Service has robust assurance and reporting processes in place to monitor unallocated cases

The Trust has been participating in a regional project, which is addressing professional and business processes related to the management of unallocated cases. As at March 31st the total number of unallocated cases was 120 (Family Support and Gateway 45/Children with Disabilities 75).

CHILD SEXUAL EXPLOITATION (CSE) (2ND Audit)

The Trust has appointed a Senior Practitioner (SP) with specific responsibility for CSE. The SP is co-located with the Public Protection Unit in Antrim Road PSNI. The SP supports staff with the identification of CSE, and provides consultation and supports to staff in responding to this vulnerable group of young people. The worker has a key role in working with the PSNI in identifying and gathering intelligence relating to potential networks of adults who pose a risk to young people.

The Trust has led on the development of Regional Safety Planning to inform practice and service delivery to young people who are at risk of CSE. The Trust has continued to provide in-house training on CSE to a range of staff and has facilitated briefing sessions for voluntary and community groups.

The Trust Senior Practitioner for CSE provides on-going training inputs on CSE risk assessment to other agencies and to Trust staff. Over the reporting period, there has been recognition of the complexity of assessing and supporting young people with regard to CSE where their behaviour changes and they at times become perpetrators of Harmful Sexual Behaviour (HSB). To this end, the Trust has supported the SP for CSE in completing AIM2 training (validated risk assessment tool for HSB). This enhances her ability to risk assess these complex young people and to provide guidance to Trust staff.

SEPARATED CHILDREN

The Glenmona Resource Centre's provides a bespoke residential service to this group of particularly vulnerable young people.

The Trust has centralised its management of these young people in the Intensive Adolescent Support teams to support the development of an expertise and skills base in this complex area of work and to respond to the particular challenges of service delivery. The focus of the Teams' interventions includes age assessments; ensuring a young person's cultural and religious needs are met; overcoming communication barriers through the effective use of interpreting services; and building relationships with young people.

The Service is compliant with the Working Arrangements for the Welfare and Safeguarding of Child Victims of Human Trafficking Guidance.

Service residential and community staff support continuous practice development in this area. Staff attend multi-disciplinary Regional Practice Network meetings chaired by the HSBC. The Network has also developed a practitioner forum to share good practice with staff members and a consistent response across the region in work with unaccompanied asylum seeking and trafficked children, which is ever changing.

CASE CONFERENCE MINUTES

As at 31st March 2018, the Trust had achieved a 47% compliance rate with the required time-line for dissemination of case conference minutes.

To improve turnaround times, the Directorate has taken forward a quality improvement initiative. The outcome of the piloting of new business processes linked to PARIS implementation was a 41% reduction in time spent at Case Conference and a 25% reduction in circulation time. The Service intends to integrate the pilot model into its core child protection case conference service business processes within the PARIS Child Protection Pathway.

UNALLOCATED CASES AND CARE PATHWAYS

As at 31 March 2018, the number of unallocated cases more than twenty days in Gateway was 16 and in Family Support 29. Gateway and Family Support services have robust unallocated cases management, assurance, monitoring and reporting processes in place with regard to unallocated cases.

FAMILIES WITH NO RECOURSE TO PUBLIC FUNDS

The Trust continues to experience a significant volume of referrals of children and their families with no recourse to Public Funds. These families often have extremely complex needs, are socially isolated, experience marginalisation, have difficulties in understanding statutory, legal processes and English is not their first language. They require significant supports, including financial supports to meet basic living and housing costs on occasion.

3.6 EMERGING ISSUES

➤ **Adoption and Childrens Bill**

While welcoming the thrust of the proposals, the Trust would wish to highlight the significant resource, capacity and workforce planning requirements necessary to deliver its implementation.

➤ **Increase in Costs relating to Permanency**

The increasing costs of Residence Order Payments linked to the rise in Residence Orders is a significant cost pressure to the Trust.

The number of Adoption Allowances is also increasing, reflecting the range and complexity of needs of children placed for adoption.

➤ **Contact**

The Trust continues to experience significant difficulties in meeting the demands presented through the provision of contact with families. High levels of contact, demographics and family dynamics all have continued to present as a substantial pressure on social work capacity. The Trust is undertaking a review in 2018/2019 of the levels of contact, the time spent by social workers and the impact on caseloads. It is hoped that this review will highlight not only the pressures experienced by teams in managing contact and capacity to maintain contact demands, but also begin to identify how this can be addressed in order that future contact provision meets the needs of children and families.

➤ **Direct Payments**

There has been an increase in requests for Direct Payments for children, who, following assessment, have no confirmed diagnosis of a disability, while identified as having "complex needs". As such, they may have an entitlement to Direct Payments. The Service is seeking clarification and guidance of its statutory duties in relation to these children and their families.

➤ **Fostering Placements**

The Trust continues to experience significant difficulties in securing appropriate placements for children and young people. The rise and plateauing in recent years of the number of looked after children, the growing width and complexity of needs, (including those of younger children) and wider demographic and societal changes which have had an impact on the size of the potential pool of foster carers

➤ **Younger age children requiring ECR placements**

The past year has seen an increase in the number of children at a younger age requiring bespoke residential placements via ECR arrangements due to complex behavioural and emotional difficulties. These placements are not available in

	<p>Northern Ireland and therefore need to be sourced from other parts of the UK and the Republic of Ireland. The geographical issues often cause anxieties for children and their families in relation to issues of contact, a move away from their familiar environment or locality, school, friends-issues, which present legal, ethical and professional dilemmas in promoting a child's best interests.</p> <p>➤ PARIS</p> <p>The implementation of PARIS has continued to present significant resource, logistical, professional and organisational challenges.</p>
3.7	Indicate if the issue is included on your Trust Risk Register and at what level
	<p>The following risks in relation to the discharge of statutory functions were included on the Directorate Risk Register as at 31st March 2018:</p> <ul style="list-style-type: none"> ➤ Potential for young people to come to harm as a result of poly substance use; ➤ Risk of young people engaging in risk taking behaviour eg substance misuse and vulnerability to CSE while having unauthorised absences and going missing from care; ➤ Risk to delay in children and young people receiving services due to the number of unallocated cases within Family Support; ➤ Risk of homeless young people aged 16+, who present to Family Support, becoming further involved in CSE, drugs/alcohol or crimes as result of being placed in unregulated placements such as B&B; ➤ Risk of verbal abuse and or injury/harm to staff due to violence and aggression from others; ➤ Risk of mis-management of child protection cases due to the volume of cases and current staffing complement; ➤ Risk of staff not being up to date with current practice because they have not undertaken statutory mandatory training; ➤ Risk of some of the high volume of very sensitive information being forwarded incorrectly or not appropriately managed in line with Information Governance policies; ➤ Risk associated with the implementation of Paris across the Family Support teams, the impact on Social Worker's time and the potential for information to be entered incorrectly.
3.8	<p>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</p> <p>Trusts should attach their Training Accountability Report for the year in question.</p>
	<p>The Trust has developed a Protocol to facilitate the operationalising of the Trust's Improving Working Lives Policy. The Service has facilitated flexible working opportunities for staff including part-time working/ job share/ compressed working week arrangements.</p> <p>The issue of compliance with the Working Time Directive remains unresolved. The Trust is co-joined with the other Trusts in pending legal proceedings initiated by staff side in relation to this matter.</p>

	<p>The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available.</p> <p>Ongoing difficulties with the regional recruitment pathway have resulted in extended delays in progressing recruitment to vacancies.</p> <p>There are growing workforce pressures across the Service, particularly in the residential and fieldwork sectors. Stressors related to caseload size, service delivery volumes, demands and complexity of service user needs, levels of risk and related accountability remain substantial issues across all sectors.</p> <p>In this context, it is essential that staff feel valued and supported, listened to and engaged in the development of Service priorities. The Regional Social Work Strategy has succinctly captured the essence of the challenges across social work and social care-investment in leadership development; a particular focus on professional induction; supports and investment in the Band 7 Team leader role; the prioritisation of digital technology to support purposeful bureaucracy, data reporting and analysis and the adoption of outcomes-based approaches.</p> <p>The Service has continued to support investment in learning and development opportunities for staff. As part of a Trust-wide process, the Service is preparing for IIP re-accreditation. IIP affords a framework within which the Service has sought to develop its workforce support and engagement structures to promote staff resilience. The framework's emphasis on reciprocity of respect, communication and transparency reflect the wider organisational values and principles. By building clear channels for staff to contribute to the Trust's realisation of its ambition, the Service hopes to build on the IIP Bronze Award accreditation to maximise the workforce's potential.</p>
3.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	Intercountry Adoption Services – Costs related to assessment and approval process.
3.10	Social Workers in Designated Hospitals.
	The Service has no operational line management responsibility for staff working in hospital settings.
3.11	Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.
	Human Rights principles are mainstreamed and central to the design, development and practice of all Belfast Trust policies and proposals. The Trust's vision, values and principles reflect the importance it attributes to the human rights of service users. All Trust policies and procedures comply with statutory requirements relating to its Section 75 responsibilities

	<p>Professional and corporate mandatory training and accredited learning programmes embrace a focus on consideration of the impact on an individual's human rights in decision-making with regard to statutory services delivery.</p> <p>Human Rights considerations are fundamental to the delivery of all services pertaining to children and families. Respect for the integrity of the individual child, their parents and carers, their engagement with and active participation in decision-making which affects them and the proportionate exercise of statutory authority, while retaining a focus on the paramountcy of a child's welfare, provide the template underpinning the Service's discharge of statutory functions.</p> <p>The Service is presently reviewing its arrangements to engage service users in the evaluation, planning, design and review of service. The review process will incorporate a co-production approach, building on the learning and experience of voluntary and statutory partners and its own PPI evidence-base, to consolidate and develop structures to optimise children/young people/parents/carers' direct contribution to the evaluation, planning, design and review of services.</p>
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HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
	<p>The Trust continues to receive a significant number of referrals in relation to families with No Recourse to Public Funds (NRPF). In assessing the needs of these families, the Trust is required to balance their rights to family life in any decisions that it takes regarding the provision of funding or the offer of returning the families to their country of origin.</p> <p>The area of post adoption contact for children who are subject to Freeing Orders and subsequently placed for adoption presents complex rights and professional challenges in balancing the rights of a natural parents and the paramouncy of a child's welfare.</p> <p>Discharge of statutory responsibilities which impact on the Human Rights of children and parents In discharging its</p>	<p>This is still an expanding area of work across the Trust. The Trust is developing its experience and skills base in working with NRPF families and has sought to develop its relationships with key agencies involved e.g. the United Kingdom Border Agency (UKBA).</p> <p>The Service has sought to build its knowledge, skills and evidence base in adoption and the area of post adoption contact to support evidence informed decision-making, which fully addresses the rights of the individuals involved.</p> <p>The Trust provides regular training and reflective learning opportunities for its social work staff in relation to the</p>	<p>The HSCB has published guidance on access to social care for people from EEA and non-EEA countries. The operationalising of the guidance has reinforced the complexities and ambiguities of the legislative framework.</p> <p>To continue to develop professional practice base and review the evidence base to inform decision-making. To ensure relevant, up to date research is available for all staff and contributes to practice and planning approaches.</p> <p>The Service Area will continue to review its practice in this area. It will seek to enhance opportunities for service users to</p>

	<p>statutory responsibilities to secure the safeguarding of children.</p>	<p>proportionate balancing of human rights considerations and the discharge of statutory duties to protect children. Professional practice is underpinned by the values and principles referenced in the NISCC Code of Practice and the Trust's own values. The initiation of statutory authority is contextualised within such values and principles and informed by statutory guidance and procedures. The involvement of children and parents/carers in all decisions which impact on their Human Rights is fundamental to practice.</p>	<p>contribute to the review and development of services and to ensure that service users have access to independent advocacy and legal representation.</p>
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<p>3.15</p>	<p>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</p>
	<p>The GEM scheme continues to grow The scheme provides improved outcomes for care leavers in terms of education, employment, vocational/training opportunities as well as offering enhanced stability in emotional and social wellbeing.</p> <p>The enhanced collaboration between Adoption and Fostering has provided a much better framework to engage in joint recruitment initiatives to identify permanent foster carers, dual approved adopters and concurrent carers. The HOT project has achieved success in promoting the concept of concurrent placements with prospective adopters.</p> <p>The successful partnership with Opportunity Youth and Include Youth with regard to the Employability Scheme for Looked After young people and care leavers has continued to develop a range of potential opportunities for young people in the workplace and in education. There has also been positive engagement with Further Education Colleges to support young people with their education. The Trust, as Corporate Parent, has committed itself to enhancing employment placement opportunities for looked after young people as reflected in the Scheme’s “ring-fencing” of employability opportunities for young care leavers in partnership with HR and other Directorates.</p> <p>The Trust has continued to consolidate and further develop its engagement with community, voluntary and other statutory partners under the auspices of the Children and Young People’s Strategic Partnership, the SBNI and other local and regional partnerships.</p> <p>The securing of funding to support the implementation of Signs of Safety on a regional basis presents an opportunity to transform service delivery approaches and outcomes across the Service. However, it will also present significant challenges. There is an energy, ambition and drive to ensure its success tempered by an anxiety as to the scale and deliverability of the implementation challenge within the timeframe available.</p>
<p>3.16</p>	<p>SUMMARY</p>
	<p>The overarching financial situation will present substantial ongoing challenges.</p> <p>The current difficulties relating to placement availability across both fostering and residential care have continued to give rise to challenges for the Trust in the discharge of its statutory functions.</p> <p>The development and implementation of the PARIS system is of fundamental significance to the Service. The potential of an electronic case file and information management system to contribute to service delivery improvement, performance and assurance has major significance for the Service. If successful, implementation will facilitate the sharing of contemporaneous service user information to inform assessment and planning; the capacity to collate service activity data to enable real time monitoring and analysis; the digital delivery of the current suite of reporting requirements; and the potential to</p>

<p>transform business and service delivery processes. However, the drawing together of information from a range of systems presents substantial information governance and confidentiality challenges.</p> <p>The Service is committed to developing structures, which will enable purposeful and meaningful engagement with children/young people/parents/carers predicated on a co-production approach.</p> <p>Within the Trust's New Directions 2 strategic planning framework, the Service will pursue partnership working across Trust and external interfaces to optimise available resources.</p> <p>The Service is engaged in the Trust's quality improvement priorities. It will seek to build a knowledge and skills base to realise its contribution to the Trust's ambition and vision.</p> <p>The Service is committed to the valuing and development of its workforce, to facilitating their access to training and accredited learning linked to career pathway opportunities and to promoting a strong reflective, outcomes and evidence based practice culture.</p>
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FAMILY AND CHILD CAERE SERVICE

DATA RETURNS

- 11 General Provisions (including Hospital Social Work)
- 12 Chronically Sick and Disabled Persons
- 13 Disabled Persons (NI) Act 1989
- 14 Health and Personal Social Services Order
- 15 Carers and Direct Payments Act 2002
- 16 Safeguarding Adults
- 17 (Social Work Teams and Caseloads)
- 18 Assessed Year in Employment
- 19 Mental Health
- 20 Family and Child Care specific returns (CC3/02)
- 21 Training Accountability Report

**FAMILY AND CHILD CARE SERVICE
DATA RETURN 1**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	0	0
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	0	0
1.3	How many adults are in receipt of social work or social care services at 31 st March?	0	0
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	0	0
1.4	How many care packages are in place on 31 st March in the following categories:		
	xx. Residential Home Care	0	0
	xxi. Nursing Home Care	0	0
	xxii. Domiciliary Care Managed	0	0
	xxiii. Domiciliary Non Care Managed	0	0
	xxiv. Supported Living	0	0
	xxv. Permanent Adult Family Placement	0	0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. <i>Narrative</i>	0	0
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.	N/A	N/A
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.	N/A	N/A
1.5	Number of adults provided with respite during the period	PMSI return	PMSI return
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	N/A	N/A
	- Independent sector	N/A	N/A

1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities		
1.7	Of those at 1.6 how many are EMI / dementia	N/A	N/A
	- Statutory sector	N/A	N/A
	- Independent sector	N/A	N/A
1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures	N/A	N/A
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	N/A	N/A
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**CHILDRENS COMMUNITY SERVICES
DATA RETURN 1**

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	N/A	N/A	N/A
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	N/A	N/A	N/A
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	N/A	N/A	N/A

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

**CHILDRENS COMMUNITY SERVICES
DATA RETURN 2**

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	X	X
		0	0
2.2	Number of adults known to the Programme of Care who are:	0	0
	Blind	0	0
	Partially sighted	0	0
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	0	0
	Deaf without speech	0	0
	Hard of hearing	0	0
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	0

**CHILDRENS COMMUNITY SERVICES
DATA RETURN 3**

3 DISABLED PERSONS (NI) ACT 1989		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	0
	Number of Disabled people known as at 31 st March.	0
3.2	Number of assessments of need carried out during period end 31 st 0March.	0
3.3	This is intentionally blank	
	<i>Narrative</i>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	0

**CHILDRENS COMMUNITY SERVICES
DATA RETURN 4**

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	
	Total expenditure for the above payments	£
4.2	Number of TRUST FUNDED people in residential care	0
4.3	Number of TRUST FUNDED people in nursing care	0
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	0
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	0

As part of the process of reviewing Article 15 spend, the Trust is currently reviewing its guidance and related assurance arrangements in relation to Article 15 payments.

**CHILDRENS COMMUNITY SERVICES
DATA RETURN 5**

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	16	0	0
5.2	Number of adult individual carers assessments undertaken during the period.	16	0	0
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	7	0	0
5.4	Number of adult carers receiving a service @ 31 st March	0	0	0
5.5	Number of young carers offered individual carers assessments during the period.	106		
5.6	Number of young carers assessments undertaken during the period.	100		
5.7	Number of young carers receiving a service @ 31 st March	75		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	0		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	0		
	(c) Number of adults receiving direct payments @ 31 st March	0		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0		
5.10	Number of carers receiving direct payments @ 31 st March	0		
5.11	Number of one off Carers Grants made in-year.	134		

Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.

Commentary

A total of 134 young carers aged up to 17yrs were provided with a grant during 17/18. Of these, 124 had an assessment/reassessment/review completed. 10 other young carers declined to have any formal assessment or review, reporting that this was not something they wished to participate in.

Action for Children reported referrals of 44 young carers for 17/18, taking the total number of young carers receiving this service in Belfast to 75.

During 2017/2018 the Trust part-funded a residential weekend organised by Action for Children for young carers transitioning to adulthood. The Trust also arranged a young carer activity day in partnership with AFC in October 2017 in Colin Glen park. The Carer Co-ordinator continues to work closely with AFC to profile the regional service and to ensure that staff identify and provide support to young carers in the Belfast area. The Think Family initiative in Mental Health Services is also impacting positively on the number of young carers being identified.

**FAMILY AND CHILD CARE SERVICE
DATA RETURN 9**

9 The Mental Health (NI) Order 1986			
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115			
Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO (15 Applications two of which related to the one child who was re-detained during the period)	15	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	15	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.		
Use of Doctors Holding Powers (Article 7)			
9.2	How many times did a hospital doctor use holding powers?		
9.2a	Of these, how many resulted in an application being made?		
	<i>Comment on any trends or issues on the use of holding powers</i>		
ASW Applicant reports			
9.3	Number of ASW applicant reports completed		22
9.3.a	How many of these were completed within 5 working days		22
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>		
Social Circumstances Reports (Article 5.6)			
9.4	Total number of Social Circumstances reports completed.		1
9.4.a	Number of completed reports which were completed within 14 days		1
Mental Health Review Tribunal			
9.5	Number of applications to MHRT in relation to detained patients (just provide total number)=0		
9.5.a	This is intentionally blank		
Guardianships (Article 18)			
9.6	Number of Guardianships in place in Trust at period end		0
9.6.a	New applications for Guardianship during period (Article 19(1))		0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))		0
9.6.c	How many were Guardianship Orders made by Court (Article 44)		0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))		0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)		0
9.6.f	Number of Guardianships accepted by a nominated other person		0
9.6.g	Number of MHR hearings in respect of people in Guardianship (just provide total number)		0
9.6.h	Total number of Discharges from Guardianship during the reporting		0

period (Article 24)			
Discharges as a result of an agreed multi-disciplinary care plan		0	
Lapsed		0	
Discharged by MHRT		0	
Discharged by Nearest Relative		0	
Total		0	
Approved Social Worker (ASW) Register			
9.7	Number of newly appointed Approved Social Workers during period		0
9.7.a	Number of Approved Social Workers removed during period		0
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)		0
Commentary			
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.		
	Age	Gender	Date of Admission
	14	F	05.17
	16	M	05.17
	17	M	06.17
	13	F	07.17
	16	M	09.17
	13	F	11.17
	16	M	11.17
	17	F	11.17
	17	M	12.17
	14	F	01.18
	17	F	01.18
	16	F	02.18
	15	F	02.18
	15	F	03.18
	17	M	05.17
	16	F	07.17
	14	F	07.17
	14	M	07.17
	17	M	02.18
	17	M	08.16
	1st Detention 03.18 2nd Detention 04.18		
	Details of the young people highlighted above are provided in the Children with Disabilities return.		

9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	0
The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6). Schedule 2A Supervision and Treatment Orders.		
9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	
9.11	Of the Total shown at 9.10 how many have their treatment required as:	0
	Treatment as an in-patient	0
	Treatment as an out patient	0
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	0

3. CHILDREN WITH DISABILITIES SERVICE (CWD) GENERAL NARRATIVE

3.1	<p>Named Officer responsible for professional Social Work</p> <p>Oversight of professional social work practice and standards within the Children with Disabilities Service is the responsibility of Mrs Pauline McDonald, Childrens Services Manager, who is accountable to Mrs Carol Diffin Co-Director in respect of safeguarding and social work governance issues.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work workforce runs from the individual practitioner through Service management and professional structures, to the Executive Director of Social Work and onto the Trust Board.</p>
3.2	<p>Supervision arrangements for social workers</p> <p>Trusts must make reference to: Assessed Year in Employment (AYE) and compliance and caseload weighting arrangements.</p> <p>The Service Manager for Children with Disabilities, Assistant Service Managers, childrens residential manager and team leader posts are all designated social work posts.</p> <p>The Service is generally compliant with the requirements of the regional Childrens Services Supervision Policy. Extended recruitment process delays in relation to management posts have led on occasion, difficulties in securing compliance.</p> <p>Forest Lodge, (Short Break Service) is a registered Nursing Home, managed by a qualified nurse. RQIA nursing and childrens social care inspectors jointly inspect the Home against Nursing Home and Childrens Standards. Supervision is provided to staff on a monthly basis by the Team Leader.</p> <p>The Regional Interdisciplinary Service Team (RISE) and Childrens Therapeutic Services have multi-disciplinary workforces. (There is one designated social work post in RISE Team).</p> <p>Supervision is delivered to the Service's professional workforce in line with their respective regulatory requirements. During the reporting period, the Service has taken part in CCS Supervision Audit, the outcome of which was positive in relation to compliance with the frequency of supervision.. Areas for improvement moving forward included facilitating reflection and evidencing continuity of issues/agendas between sessions.</p> <p>AYE STAFF</p> <p>The Service has a number of AYE agency social workers in fieldwork and hospital social work teams. The Service has complied with the regulatory requirements in relation to induction, supervision and workload of AYE staff.</p> <p>The Service Area has assurance processes to monitor compliance with the discharge of its statutory functions:</p>

3.3	<p>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</p>
	<p>Somerton Road Children's Home This is registered as a home for children with Learning Disability and behaviours of challenge. This has been a positive year for the home. The Manager and deputy manager posts are currently filled in an acting capacity and the service hopes that structures will be more settled within the next 6-8 months.</p> <p>The home has had a settled year and four of the five residents have made significant progress throughout the reporting period.</p> <p>Monthly monitoring and file audit is on-going (Monitoring Officer). Recruitment of social work vacancies is now complete and the service has adapted well to both new residents and staff. The Service continues to embrace Positive Behaviour Support (PBS) as its primary ethos and there has been a notable and sustained reduction in the use of physical restraint and restrictive practices within the home over the past two years. Two members of staff have been trained as PBS coaches and a PBS reflective practice group has been established across the CWD Service. The Service is energised by the potential for PBS to provide a cohesive and unifying framework across teams, services and with other departments within the Trust and is also involved in regional PBS development work.</p> <p>Nurse prescribing An experienced member of staff has successfully completed Nurse Prescriber training which will provide the service with additional skills and competence in this area.</p> <p>The Service has introduced regular reflective practice sessions for staff facilitated by a member of the Trust's Children's Services Learning and Development Team and has continued to pursue access to the Therapeutic Support Service to support this work.</p> <p>During this reporting period, the Home breached its Statement of Purpose when it accommodated a six year-old girl with highly complex needs and behaviours that challenge who required to become looked after on an emergency basis. This placement lasted for approximately 12 weeks whilst an alternative placement was identified. The Home has also experienced more referrals than places available during this reporting period resulting in a delayed discharge from Iveagh for one young person and the Trust receiving a pre-action letter in relation to a Judicial Review. The Trust would request further discussion with the Commissioner in relation to developing the range and number of placement options for children with learning disability and behaviours that challenge.</p> <p>Forest Lodge (Short Break Service) is registered as a Nursing Home for children with Learning Disability and Complex Health Care Needs. The Home is jointly inspected by nursing and social work inspectors as part of the RQIA</p>

regulatory arrangements and is monitored monthly by the Monitoring Officer in line with Nursing and Children's Home Regulations. The Divisional Nurse provides professional nursing governance advice, guidance and monthly supervision to the registered manager. Monthly agency/management supervision is also provided to the manager by the Assistant Service Manager with responsibility for residential and Short Break services.

This short break service continues to be evaluated positively by families and professional colleagues. Work is on-going to develop more effective ways to engage and understand the views of children. During the reporting period, Belfast Trust worked closely with Northern Trust colleagues to achieve a shared care placement for a vulnerable Looked After Child. The placement was successful however, the child sadly died whilst at home over Christmas.

Willow Lodge (Short Break Service): Willow Lodge is a registered Children's Home with two beds and currently has up to thirteen children using the service at various times and at varying levels, depending on assessed need. The service has noted a drop in the number of users but an increase in complexity of need. This situation is related to an increasing number of young people who require either 2:1 support or above and for whom it is not possible to share space with other children. These children are likely to present with increased need across a variety of services in the next few years, including residential placements, which the Trust has highlighted in discussions at Childrens Services Improvement Board (CSIB).

A regional workshop is planned regional to address for mid-June to address strategic themes and related commissioning priorities. There is significant unmet need in respect of short break services for those most challenging children and increasingly limited and workable alternative options.

During the reporting period, an exceptional placement was made in respect of a Looked After Child. The Trust has fully engaged with RQIA and has subsequently amended the Statement of Purpose for Willow Lodge to accommodate this placement.

The staff team has responded positively to the leadership of the manager and Senior Management Team.

Access to Services

The Service has written referral and allocation criteria for each of its services detailing the responsibilities and accountabilities of Team Leaders and practitioners. The Service has also developed a comprehensive referral pathway process aligned to UNOCINI requirements, which takes account of all services managed by CWD. In effect, this creates one "front door". All urgent or child protection referrals are responded to within twenty-four hours.

Community Nurse Learning Disability Service (CNLD)

A review of the CNLD structure, business processes and service delivery pathways has been completed. The CNLD has an active caseload of eighty-five children. All children now referred to the CNLD service have an initial assessment, which involves a social work input. The service has delivered a number of parent and carer workshops on sleep, toileting and behaviour management. Seventeen parents availed of these workshops and reported that

they found them to be very helpful. For those children who are assessed as having significant, but lower levels of need than the most complex children, this type of service provision appears to have been very successful and will be further developed next year.

The CNLD service also ran a number of carer events for parents. Funding for this was secured from the Service's carers budget. These carer events will be run next year and additional workshops will be offered to parents. The CNLD service has also established a consultation service for professionals and parents to support access to professional nursing advice. To date these have been well received and are currently being evaluated.

Childrens Therapeutic Service

The Children's Therapeutic Service (CTS) has been in operation for a number of years. It provides Clinical Psychology, specialist behavioural, Speech and Language Therapy, Occupational Therapy and Family Support worker inputs. The service works closely with community social work, community nursing learning disability teams and ID CAMHS and is currently providing specialist assessment, interventions and supports for approximately thirty children. CTS continues to hold a waiting list of ten children, which is actively reviewed and prioritised as per identified need. During the reporting period, the waiting list and referral process underwent significant review to ensure that only those children whose needs could not be met by another more appropriate service were accepted for assessment and support. In order to ensure that children and families with significant behavioural and psychological challenges are supported holistically, all children referred to CTS must be known to the CWD Social Work service. This has ensured that need has been appropriately assessed and identified and family support services put in place as per Pathway Plan. The CTS service has also developed a weekly consultation service for professionals, which has facilitated expeditious access to specialist advice and consideration given in a timely way as to whether or not a child or young person needs to be referred to the service for more specialist assessment.

Waiting times and outcomes for the service are measured and recorded and information gained is used to appropriately target resources and improve the quality of the service provided. The service is working collaboratively with other teams and a much better understanding of its role, function and capacity is evident.

Regional Integrated Support for Education RISE NI (BHSCT)

The RISE NI BHSCT work to a tiered interdisciplinary early intervention model supporting children, schools and families at a universal, targeted and specialist levels, to ensure that children are fully engaged with the school curriculum and have the best chance to succeed in school and at home. RISE has facilitated service user focus groups and has led within the Service in shaping and improving practice in relation to service user involvement and outcomes focussed service delivery. Both teachers and parents rate the service highly and provide valuable feedback and perspectives on service delivery, which enables the service to improve on an ongoing basis.

Following consultation and engagement with service users, the team has

developed a range of targeted small group and whole class programmes as a co-production initiative with parents and colleagues in education. The team has links with statutory and voluntary agencies, which ensure that the right services are involved with children and their families and avoid duplication.

Parent/carer engagement has led to the development of a range of parent workshops, which are provided within school settings and enhance the support delivered by both health and education services with parents report them as less stigmatising.

Changes in service delivery in line with service user involvement and identified need have also led to the development of a Selective Mutism service for children within the BHSCT. There has not previously been a service for children presenting with this condition and all children seen by the service have had positive outcomes within their educational settings.

RISE is at the forefront of innovation within the Service. The team has introduced a consultation service for both schools and parents, which aims to provide advice and guidance on how to better support children who are struggling in a school setting and socially. Recently, the service has witnessed an increase in children being referred with greater complexity of need and an increase in children involved with Family and Child Care services.

Increased need and complexity of children now attending mainstream nursery and primary schools requiring assessment and support from RISE NI BHSCT reflects current pressures in Educational Services, which would previously have provided specialist advice and support. Education Authority early years provision is currently under review, which has resulted in schools requesting specialist advice and support from the team. A concern would be that teachers may see the service as a replacement for Educational Psychology and support services .There has also been an increase in the number of consultations offered to schools, as well as an increase in specialist targeted work by the team to meet this increasing need within mainstream school settings.

Community Teams

The review of the Community Teams was completed during this reporting period and the Service is now in the process of implementing the new structures. Social work teams have settled with the recruitment of three permanent and two one-year temporary posts.

The Service has struggled to reduce unallocated cases, but has been successful in securing Demography funding for two permanent staff who will replace the additional agency staff whom the Service had employed at risk basis. The service asserts that there will be limited ability to achieve a sustained reduction of unallocated cases without further investment of 2.5 wte social work posts.

The Service is implementing new structures alongside a more streamlined referral and allocation pathway, which is consistent with UNOCINI requirements. It is currently completing the implementation of PARIS.

Community Teams are increasingly dealing with more safeguarding-centric

cases. They have submitted forty PJI1 forms and completed associated investigations during the reporting period. Four of these investigations resulted in ABE investigations with PSNI colleagues. Two of the forty cases are now the subjects of public law proceedings.

Private Law applications:

During the reporting period, there have been nine private law applications, which have required social work assessment, including visits to child, parents and family, observations of contact, attendances at Court, and provision of Court reports and update reports.

The Service also co-works a small number of cases with LAC colleagues.

The Service was involved with two children on the Child Protection Register during this reporting period. One child was subsequently de-registered.

Unallocated cases are reported on a monthly basis to the HSCB. Team Leaders assess and prioritise work referred into the Service to ensure they maximise the available staff resource, minimise and manage unallocated cases and adhere to UNOCINI assessment and review timeline requirements insofar as possible. . Currently the Service has a significant number of unallocated cases and continues to work to manage and reduce these. As reported earlier, the Service believes that this is a capacity issue, which requires additional professional resource to address.

Carer Assessment and Young Carer assessment performance has been sustained during the reporting period and progress has been made in engagement with parents and carers with further developments planned for 2018/19 in partnership with the Carer Co-Ordinator and independent sector.

Carer support and engagement has been an area of continued development in 2017/2018 and the Service has invested a considerable amount of its carer support funding into carer wellbeing events and “Time for Me” programmes, delivered by several independent sector organisations. This year, RISE NI ran a “Stress Less” workshop for parents and carers. Funding was provided from the Carer budget and included access to various services, including neck and shoulder massage for parents. Thirty-two parents in total attended these sessions. These afforded opportunities for carers to come together, relax and have some time for themselves, while exploring how they might build resilience and manage stress. The programme was well evaluated by parents who attended.

Additional investment has been made in Self Directed Support from this funding and this has been directed at the families of our most complex and in need young people.

Children with Complex Health Care Needs – the Service continues to work closely with the Community Childrens Nursing (CCN) Service to ensure co-ordinated discharges from hospital and joint assessment where possible to support the families of these children. IPT investment has been directed to fund three intensive support packages and equipment and an in-reach short break supports.

A 0.5 social worker has been appointed to take forward recruitment of specialist Foster Carers to provide placements for children with complex needs on the edge of care. The Service is working closely with fostering colleagues to deliver appropriate placements. Two foster carers have provided very successful full-time placements to two children with challenging behaviours and needs. One foster carer has transferred into this specialist service and a further three carers are being assessed currently. The project has led to improved communication and understanding between CWD and Fostering Services and a more streamlined pathway for accessing foster placements for children with disabilities.

No recourse to public funds

The Service is providing an extensive package of care and supports to a child with complex health care needs as well as a weekly maintenance allowance to the parent. This represents a significant unfunded pressure.

ABI

One child with Acquired Brain Injury has been referred to the Service during the reporting period. This child has significant support and resource needs, which will require a substantial package of supports to facilitate hospital discharge. The Service is contributing to the development of the Trust Brain Injury Strategy Action Plan and is taking the opportunity to profile the care and support needs of children.

Service User Audit, Engagement and Feedback.

The Service seeks feedback from children and parents who access Short Break and residential services via the LAC processes and annual surveys. It continues to report on this in monthly reports to RQIA. During the reporting period, the Service actively engaged in various forms of stakeholder and user engagement as outlined below and is continuing to implement its PPI strategy, though management capacity challenges continue to limit developments in this area.

The Service has increased partnership working with the independent sector with particular emphasis on early intervention. This has also involved working more closely with parents and carers. The Service is working with the Carer Co-Ordinator for children to develop a more regular and relevant Carer Forum. The Service has also run a number of workshops/sessions for siblings, which have been positively evaluated.

Children with Disabilities Quality Improvement Initiatives

Within the Service, four Band 6 staff are participating in the SQB. Three Senior Managers have completed the Living Leadership programme in-year and nine staff have completed ILM leadership programmes.

The Service has invested funds in Early Intervention initiatives with Sleep Scotland and MENCAP.

Increasing Complexity of need in younger children

The Service continues to experience increased demand for family support, behavioural support, Short Break services and home treatment for the most

	<p>challenging children. It has noted the increasing complexity and range of needs across the children with disabilities population. Children are presenting at a younger age with more complex conditions and difficulties. These children generally present with several co-occurring conditions- SLD, Autism, ADHD and Epilepsy. Community Teams and CTS are working closely to support families to maintain these children at home. The Service believes that, without continued investment in community services, referral thresholds will rise and the risk and incidence of family breakdown will increase, placing considerable additional resource pressures on already stretched services.</p> <p>Risk register All risks are reviewed at least quarterly. The Service Manager and Governance Manager liaise regularly.</p> <p>Looked After Children (LAC) Reviews The Service Area is compliant with the requirements in respect of the scheduling of LAC reviews (with one exception during the reporting period due to staff sickness).</p> <p>Self-Directed Support The Service's Self-Directed Support (SDS) Implementation Plan has been progressed and staff in Community Teams are working hard to deliver implementation. The Trust wishes to highlight the fact that new responsibilities, business processes and expectations of services are creating significant additional work for staff, contemporaneously with the full implementation of PARI. The Service Manager represents CCS on the Trust's SDS Steering Group.</p> <p>Family Group Conferencing The Service continues to offer access to Family Group Conferencing (FGC) in appropriate cases and has a one manager trained in chairing FGCs. The Service has used the model in discharge and care planning for children.</p> <p>File Review During the reporting period, the Service has undertaken regular file reviews within Residential and Short Break services This has evidenced satisfactory standards of recording and care planning.</p> <p>HEALTH AND SAFETY AUDIT-BRAAT 2 The Service has fully submitted scores for all teams and has achieved compliance across all areas audited.</p>
<p>3.4</p>	<p>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care) Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>Compliance with NISCC Regulatory Requirements The Service is compliant with NISCC registration requirements pertaining to its social work and social care workforce.</p>

Regional Groups

The Service Manager represents the Belfast Trust on two Children and Young Peoples Strategic Planning Groups (CYPSP) related to children with disabilities (CWD and Transitions) and is a member of the Children with Disabilities Childrens Services Improvement Board (CSIB) Sub-group. CSIB has completed work on regionally agreed criteria for CWD services.

Adverse and Serious Adverse Incident Reporting.

Service processes in relation to RQIA and HSCB reporting requirements have been audited to ensure full compliance with same This has been achieved in-year. All incidents were reviewed quarterly at First Line Managers meetings and CCS Governance Meeting. There were no SAI's during the reporting period.

Judicial Review and Court Judgements

The Service received a pre action letter in respect of one child and was able to work collaboratively with SET colleagues in order to resolve accommodation issues for one child. This required extensive liaison between Trusts and has served to highlight the need for investment in specialist residential care services.

Regulation Quality and Improvement Authority

The Service has achieved satisfactory levels of compliance with the relevant regulatory standards. Each Childrens Home has had a number of inspections during the reporting period. The Service is addressing recommendations/requirements through the Quality Improvement Planning process (QIP).

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>Maintenance of consistent and satisfactory levels of supervision in the Service when there are unavoidable gaps in the managerial team.</p> <p>Compliance with supervision requirements</p> <p>Staff retention and support</p> <p>To provide adequate governance of services within existing structures and capacity</p> <p>Continued complexity of behaviour and co- morbid conditions within young children, including pre-school children</p>	<p>The Service has continued to review performance in all services in order to ensure financial and operational efficiency</p> <p>The Service has improved performance in this area and hopes that the recruitment of a third SSW will ensure full compliance.</p> <p>The Service has again experienced difficulties in recruiting to vacancies in a timely way. The Trust has employed Agency staff to ensure continuity of operational service delivery.</p> <p>The Service has reviewed management capacity to meet assurance requirements and has reconfigured resources in order to recruit an additional senior social worker. Recent demography funding has also enabled the service to recruit an additional Band 8A management post.</p> <p>The Service Area has pursued additional investment to addresses identified service delivery pressures.</p>	<p>Not on Risk Register</p> <p>Not on Risk Register</p> <p>On Directorate Register</p> <p>Not on Register</p> <p>Not on Register</p>

	<p>Lack of an appropriate range of intensive family support, short breaks and home treatment services.</p> <p>Workforce capacity to move from a reactive model of service delivery.</p> <p>Lack of access to Principal Practitioners for Child Protection and Safeguarding, Therapeutic LAC and lack of access to Family Centres, contact services.</p>	<p>The Service is working collaboratively with colleagues in Child Health and Community Paediatrics to reform business processes, improve operational efficiencies and reduce duplication. This work is important, but is unlikely to make a significant impact on levels of need currently presenting. The Service has a growing waiting list for children assessed as requiring residential short break services. While alternative services are offered to families in lieu of these residential services, this has not always been acceptable to them.</p> <p>The Service has targeted HSCB investment on families in crisis and those with complex needs and plans to increase its focus on early intervention. Following the completion of current recruitment to key posts, the Service is working closely with colleagues in the community and voluntary sectors to take forward early intervention initiatives.</p> <p>This is being reviewed by the Directorate as part of its review of service and workforce structures. There has been no investment in the role of senior practitioner or principal practitioner for this service despite the growing complexities of the work.</p>	<p>On Directorate Register</p> <p>Not on Register</p> <p>Not on Register</p>
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	<p>Lack of suitable provision of appropriate residential placements for a number of young people with very challenging behaviour at home and on discharge from Hospital (acute and specialist)</p>	<p>The Service is continuing to focus on developing early intervention provision and has sought to strengthen its links with Early Years and the independent sector to move forward. A scoping exercise was completed to profile those children the Edge of Care and shared with the HSCB and CSIB.</p>	<p>On Directorate Risk Register</p>
	<p>Implementation of PARIS CIS across CCS</p>	<p>The Service has participated in ongoing work to prepare for implementation and the embedding of PARIS business processes.</p>	<p>On Directorate Risk Register</p>
	<p>Reduction of Unallocated cases.</p>	<p>During the reporting period, the Service has struggled to address unallocated cases. Sustained reduction will not be possible without additional social work staff.</p>	<p>On Directorate risk register</p>
	<p>Difficulty in recruiting sufficient foster carers for children who require short breaks, shared care or full time placements</p>	<p>While considerable progress has been made, there are substantial ongoing capacity pressures.</p>	<p>On Directorate Risk Register</p>

3.8	<p>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</p>
	<p>Flexible Working Arrangements As previously reported, the Trust has developed a protocol to facilitate the effective management of the Trust's Improving Working Lives Policy which is central to workforce and skills retention. The Service Area has facilitated movement of staff to part-time/ job share/ compressed working week arrangements where the needs of the Service Area have permitted. However, this is increasingly challenging amid the pressure to modernise and use resources as efficiently as possible. Wherever practical and safe the Service Area will facilitate flexible working requests but this is becoming much more of a challenge than ever before.</p> <p>Recruitment The Service Area complies with the corporate workforce management arrangements. This remains challenging as a result of the timeline for the replacement of posts. Difficulties with HRPTS have resulted in a number of significant delays in progressing recruitment The Trust have robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe, effective and efficient manner.</p> <p>Absence Management Priority is given to the proactive management of sickness and absence. The Service works closely with HR and Occupational Health Services to improve its performance in this area but this remains challenging.</p> <p>Caseloads Overall Caseload numbers have reduced during the reporting period- the Service continues to work in a much more targeted way with an increasing drive to demonstrate outcomes and effective interventions. The complexity and risk profile of new and on-going cases continues to be significant. The resource implications arising from presenting need must be contextualised against the backdrop of a shrinking resource base and stringent financial efficiency requirements. The Trust would again wish to highlight that regionally there has never been a capacity and demand exercise in relation to the workload activity for Children with Disability Teams. No investment has been received into these front line social work teams since RPA whilst significant investment has gone into Gateway, Family Support and LAC services.</p> <p>Implementation of the Regional Caseload Management Model This continues to prove challenging within the Service Area. The Service Area continues to look at ways to implement this model, or contribute to the development of a more appropriate regional model via CSIB.</p> <p>The service is engaged in preparatory work for the introduction of Signs of Safety across CCS, this will be another challenging change in practice and</p>

	<p>processes which the service is committed to.</p> <p>Partnership Working The Trust is engaged in a number of significant partnerships with independent and voluntary sector providers targeted at the provision of early intervention and supports, short break services and Transitions. This remains a priority, but is becoming more challenging due to complexity, capacity and resource pressures as reported.</p>
3.9	<p>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?- N/A</p>
3.10	<p>Social Workers who work within designated hospital- Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</p>
	<p>Social work services to the Royal Belfast Hospital for Sick Children (RBHSC) and Royal Jubilee Maternity Hospitals (RJMH) are delivered in a uni-professional model within a medical and nursing operational environment. Social work is seen as a distinct but vital part of the multi-disciplinary team and staff provide advice and input on safeguarding matters and the social and emotional needs of families of children in treatment and palliative care. A close partnership exists with the Clic Sargent cancer charity in respect of supports for families of children receiving cancer treatment and the charity funds one of two Oncology Department social work posts. Supervision levels in this part of the service are consistently high. Files are regularly audited by the team leader and senior manager responsible for the service. Modernisation of the Maternity Hospital SW service is almost complete and has led to improved response times, eradication of unallocated cases and more efficient processes.</p> <p>In RJMH staff work in a task centred way to determine the need for referral to Gateway or FIT Teams and to ensure that safeguarding concerns are shared appropriately and in a timely manner with community professionals. If families are already known to Social Services, the appropriate social worker is made aware of the referral and circumstances. The Hospital social worker will attend/provide a report to case conferences and core group meetings as appropriate and ensure that child protection plans are understood by ward staff. Post-delivery referrals are usually in respect of emerging child protection concerns.</p> <p>On those occasions when babies are not being discharged to the mother's care, the Team liaises closely with all relevant professionals within the hospital to ensure the timely implementation of the Regional Child Protection Policy and Procedures and appropriate interim safeguarding arrangements. The Service provides advice to doctors and midwives on thresholds for intervention and onward referral and management of risk. The ante-natal clinic for pregnant women with socially complex issues such as drug and alcohol abuse has placed considerable demands on the Maternity social work service.</p> <p>Social workers in RJMH also provide a service to the Neonatal Unit, which is situated within in the same building (RJMh). This can be in respect of child care concerns and/or for supports to families following the birth of a baby with complex medical issues and support needs.</p>

	<p>Social workers in the RBHSC offer assessment and support to children and young people with complex health care needs, disabilities, chronic or life limiting or threatening illness and their families. Social workers provide supports to inpatients and outpatients with complex renal conditions, cancer, blood disorders and cystic fibrosis regionally. All wards within the Hospital can refer to a social worker in line with established referral criteria.</p> <p>The Service works in partnership with community social work teams and CCN teams across the region to achieve co-ordinated and appropriate discharge of children with complex health care needs who require complex discharge planning arrangements.</p>
<p>3.11</p>	<p>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</p>
	<p>The protection and promotion of Human Rights is central to the design, development and practice of all Belfast Trust services and policies. It is regarded as fundamental to treat service users and carers with respect and dignity.</p> <p>Training Human Rights training is provided on an on-going basis by the Learning and Development Service. This is mandatory for all social work and social care staff.</p> <p>The Service Area ensures the promotion of a human rights-based approach in all social work and social care practice and service delivery. Managers work closely with practitioners to ensure that consideration of the human rights of service users is integral to practice and not tokenistic. A number of initiatives which support the upholding of human rights are described below.</p> <p>Mental Health Order All staff involved in activities and actions under the Mental Health (NI) Order 1986 are required to give consideration to any potential breaches or engagements of rights referenced in Articles 5 and 8.</p> <p>UNOCINI The UNOCINI framework reflects the significance of partnership and respect in working with service users and parents/carers.</p> <p>Safeguarding Staff are required to ensure that any statutory interventions with an individual or families are proportionate to the risk presented and fully respectful of parents and childrens rights.</p> <p>Transitions Practice The Service Area is currently engaged with managers from adult Learning Disability services to review and improve current practice and protocols and will ensure that arrangements are sensitive to the promotion of individual human rights. The Service Area promotes service users' human rights through the principles of respecting the child and family's values and beliefs, meaningful person centred engagement, empathic presence, partnership and advocacy.</p>

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>Consent and capacity to the accessing of and receipt of services.</p> <p>Restrictive Practices in childrens homes and use of physical interventions in the management of behaviours which challenge</p> <p>Ensuring the child’s voice is heard and</p>	<p>Wherever possible, children’s consent to using services will be sought by social work staff. The views and wishes of children who are Fraser-competent will be sought and respected in relation to service delivery matters. The Service endeavours to assist parents to support their children’s wishes and feelings where they have sufficient capacity to exercise informed choice and where their best interests/welfare/safety will not be compromised.</p> <p>Restrictive practices are used as little as possible, however, are sometimes necessary to maintain a child’s safety within a residential or short break setting. Decision-making in relation to restrictive practices is informed by multi-disciplinary assessment and review processes, which seek to incorporate parent/child/advocate’s participation. All such practices are subject to regular review.</p> <p>The Service is pleased to note that</p>	<p>Staff address this issue with parents at the point of referral in order to ensure that the views and perspectives of the child are fully represented in all service requests.</p> <p>On-going monitoring and review of trends pertaining to use of restrictive practices.</p> <p>The Service seeks to develop mechanisms</p>

	<p>their wishes fully considered in all decision-making processes.</p>	<p>VOYPIC has become involved in supporting Looked After Children with disabilities to comment on services and have their voices heard.</p>	<p>and structures to promote engagement with children and young people in the review, planning and delivery of services.</p>
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3.15	<p>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</p>
	<p>Chairman's Award The Service won the Chairman's Award in "Our People" category for its promotion and implementation of Positive Behaviour Support within Children with Disabilities Service. Moving forward further training for new staff and parents is planned.</p> <p>Complaints The Service Area has continued to engage positively with families and has taken a proactive approach to the management of concerns and communication with carers. Managers and staff encourage families with concerns to make direct contact and resolve matters as early as possible. The Service also responded to eight constituency enquires/FOI requests.</p> <p>Interdisciplinary Working and User Engagement RISE works to an interdisciplinary model, facilitate service user focus groups and have led within the Service Area on shaping and improving practice in relation to service user involvement and service delivery. Both teachers and parents rate the service highly and provide valuable feedback and perspectives on service delivery.</p> <p>RISE has achieved significant successes in early intervention, accessibility, trans-disciplinary working and the upgrading of the OCNNI/BHSCT Classroom Assistant course from an accredited programme to a Level 2 qualification. This is a significant achievement and evidence of the Team's ethos of working in partnership across professional and organisational boundaries. The Service's OCNNI Classroom Assistant course, which won the PHA Advancing Health Care Award in 2016, has now been delivered to over two hundred classroom assistants within the BHSCT area and has been successfully rolled out regionally across Northern Ireland with over two hundred and fifty classroom assistants undertaking the course and being successful in gaining their level 3 accreditation.</p> <p>Autism The Service continues to work collaboratively where possible with colleagues in the Belfast Autism Assessment and Intervention Service (BAAIS).</p> <p>The Service continues to focus on meeting the needs of parents and carers of children with autism via carer support events to develop resilience at an earlier stage and to promote good mental health and wellbeing.</p> <p>User and Carer Involvement Carer support events and measures have continued to develop during the reporting period.</p>
3.16	<p>SUMMARY</p>
	<p>The current service delivery context remains challenging. The Service strives to ensure that structures, financial and staff resources are organised and</p>

utilised as efficiently and effectively as possible and are focussed on improved and demonstrable outcomes for children and their families.

The Service Area has developed therapeutic and psychological services for children with challenging behaviours, their parents and families following HSCB investment. The Childrens Therapeutic Service has worked closely with community, residential teams and schools to support children to achieve good standards of emotional health and wellbeing and increasingly to deliver workshops to support parents to care and stay well.

The Service is continuing to engage in joint working with the wider Directorate where possible and with colleagues across children and adult services to ensure better experiences of transition for young people and their families.

Services to children with complex health care needs have expanded to deliver flexible short breaks, and provide essential equipment. The Service is fully engaged in the Trust Carer Strategy delivery and has taken forward plans to expand the use of personalised budgets and self-directed care despite the pressures outlined throughout this report.

Direct Payment provision has increased during the reporting period.

Demand for residential placements has risen alongside the growing number of children and young people who are now identified as being on the Edge of Care.

DATA RETURNS**– EACH TO BE COMPLETED FOR EACH PROGRAMME / DIRECTORATE**

- 22 General Provisions (including Hospital Social Work)
- 23 Chronically Sick and Disabled Persons
- 24 Disabled Persons (NI) Act 1989
- 25 Health and Personal Social Services Order
- 26 Carers and Direct Payments Act 2002
- 27 Safeguarding Adults
- 28 (Social Work Teams and Caseloads)
- 29 Assessed Year in Employment
- 30 Mental Health
- 31 Family and Child Care specific returns (CC3/02)
- 32 Training Accountability Report

**CHILDREN WITH DISABILITIES
DATA RETURN 1**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	N/A	N/A
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	N/A	N/A
1.3	How many adults are in receipt of social work or social care services at 31 st March?	N/A	N/A
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	N/A	N/A
1.4	How many care packages are in place on 31 st March in the following categories:	N/A	N/A
	xxvi. Residential Home Care	N/A	N/A
	xxvii. Nursing Home Care	N/A	N/A
	xxviii. Domiciliary Care Managed	N/A	N/A
	xxix. Domiciliary Non Care Managed	N/A	N/A
	xxx. Supported Living	N/A	N/A
	xxxi. Permanent Adult Family Placement	N/A	N/A
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.	N/A	N/A
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.	N/A	N/A
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.	N/A	N/A
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care	N/A	N/A
	- Statutory sector	N/A	N/A
	- Independent sector	N/A	N/A
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	N/A	N/A
1.7	Of those at 1.6 how many are EMI / dementia	N/A	N/A
	- Statutory sector	N/A	N/A
	- Independent sector	N/A	N/A

1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures	N/A	N/A
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding	N/A	N/A
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	0	0
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

CHILDREN WITH DISABILITIES DATA RETURN 1

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	5407	2062	N/A
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	5407	2062	N/A
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	476	189	N/A

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

**CHILDREN WITH DISABILITIES
DATA RETURN 2**

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	0	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	0	0
	Partially sighted	0	0
2.3	Number of adults known to the Programme of Care who are:	0	0
	Deaf with speech	0	0
	Deaf without speech	0	0
	Hard of hearing	0	0
2.4	Number of adults known to the Programme of Care who are:	0	0
	Deaf Blind		

**CHILDREN WITH DISABILITIES
DATA RETURN 3**

3 DISABLED PERSONS (NI) ACT 1989 <i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	N/A
	Number of Disabled people known as at 31 st March.	N/A
3.2	Number of assessments of need carried out during period end 31 st March.	N/A
3.3	This is intentionally blank	
	<i>Narrative</i>	
3.4	Number of assessments undertaken of disabled children ceasing full time education. N/A	N/A

**CHILDREN WITH DISABILITIES
DATA RETURN 4**

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	
	Total expenditure for the above payments	
4.2	Number of TRUST FUNDED people in residential care	N/A
4.3	Number of TRUST FUNDED people in nursing care	N/A
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	N/A
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	6

As part of the process of reviewing Article 15 spend, the Trust is currently reviewing its guidance and related assurance arrangements in relation to Article 15 payments.

**CHILDREN WITH DISABILITIES
DATA RETURN 5**

5 CARERS AND DIRECT PAYMENTS ACT 2002				
		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	10	201	-
5.2	Number of adult individual carers assessments undertaken during the period.	8	201	-
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	8	201	-
5.4	Number of adult carers receiving a service @ 31 st March	0	620	-
5.5	Number of young carers offered individual carers assessments during the period.	59		
5.6	Number of young carers assessments undertaken during the period.	58		
5.7	Number of young carers receiving a service @ 31 st March	13		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	56		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	52		
	(c) Number of adults receiving direct payments @ 31 st March *This figure represents DP/SDS allocated solely to support Carer.	*8		
5.9	Number of children receiving direct payments @ 31 st March * This figure relates to DP/SDS iro children but managed by parent/carer	*159		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	52		
5.10	Number of carers receiving direct payments @ 31 st March	8		
5.11	Number of one off Carers Grants made in-year.	409		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary				
Further to the activity above, the Children with Disabilities Service offered an assessment/review to 69 young carers aged up to 17yrs (10 of these were 16+yrs). 115 carer reviews were also completed. The number of adult carer assessments completed has risen from 16/17 by 11.6%.				
The Children with Disabilities Service continues to provide a range of carer services, which support parents to maintain their health and wellbeing as well as ensuring the safety and wellbeing of their children. These include information and advice, group activities, complementary therapies (163 sessions in-year), carer grants for short break purposes and direct payments. A significant number of carers are also supported through contracted short break activities and residential respite.				

The Service is committed to progressing the Belfast HSC Trust Carers Strategy, 'Caring Together' and values its maturing partnership with the voluntary sector. The Trust Carer Co-ordinator works closely with the Service to profile the needs of carers, provide carer awareness training as part of the induction for new staff and carer assessment and support planning training for staff carrying out carer assessments in order to ensure best practice and outcomes for carers.

The Service has also sponsored "Positive Summers" grants generally within SDS. Following assessment of need or review of assessment of need, additional funding has been made available to families and children facing enhanced pressures to enable them to plan and fund positive activities for the summer period for the whole family with the emphasis on inclusive activities, stress reduction and building positive memories and family experiences.

A Carer Events Planning Group is established within the Service, and works with the Carer Co-ordinator to deliver activity programmes for parents. During 2017-2018, this included: a Life Coaching course; educational workshops and wellbeing event for parents during the summer period; a four- week Mindfulness programme and two relaxation days in Drumalis House, Larne.

The Service is committed to increasing and improving opportunities to engage with carers and young carers and plans to hold several consultation events in the next reporting period.

**CHILDREN WITH DISABILITIES
DATA RETURN 9**

9 The Mental Health (NI) Order 1986			
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115			
Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO		
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)		
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)		
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i>		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.		
Use of Doctors Holding Powers (Article 7)			
9.2	How many times did a hospital doctor use holding powers?		
9.2a	Of these, how many resulted in an application being made?		
	<i>Comment on any trends or issues on the use of holding powers</i>		
ASW Applicant reports			
9.3	Number of ASW applicant reports completed		
9.3.a	How many of these were completed within 5 working days		
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>		
Social Circumstances Reports (Article 5.6)			
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>		
9.4.a	Number of completed reports which were completed within 14 days		
Mental Health Review Tribunal			
9.5	Number of applications to MHRT in relation to detained patients (just provide total number)		
9.5.a	This is intentionally blank		
Guardianships (Article 18)			
9.6	Number of Guardianships in place in Trust at period end		0
9.6.a	New applications for Guardianship during period (Article 19(1))		0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))		0

9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	0
9.6.f	Number of Guardianships accepted by a nominated other person	
9.6.g	Number of MHR hearings in respect of people in Guardianship (just provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	N/A
	Lapsed	N/A
	Discharged by MHRT	N/A
	Discharged by Nearest Relative	N/A
	Total	N/A
Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	0
9.7.a	Number of Approved Social Workers removed during period	1
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	0
9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <p><u>Patient 1</u></p> <p>Date of Birth: 2001</p> <p>Date of Admission: May 2017</p> <p>Detained under the Mental Health (NI) Order 1986: May 2017</p> <p>Reason for Admission</p> <p>Admission for assessment under the Mental Health (NI) Order 1986. Patient 1 has a diagnosis of Autism and Severe Learning Disability.</p> <p>Mother reported a deterioration in patient's behaviour two-three weeks prior to admission and she was concerned that patient was depressed. Prior to admission patient was very aggressive towards family members and destructive of property in the house resulting in injury to her mother and police attendance was required. Patient responded to medication that night and a bed in Iveagh was arranged the following day. Patient had been reviewed at outpatients prior to admission. She had been assessed by Consultant Psychiatrist who considered a possible first presentation of psychosis and</p>	

possible depression. A bed was arranged in Iveagh the following day.

Discharged from Iveagh: August 2017 following a two week period of home leave.

Patient 2

Date of Birth: 2000

Date of Admission: July 2017

Detained under the Mental Health (NI) Order 1986: July 2017.

Reason for Admission

Patient 2 was admitted as a voluntary patient. Patient 2 had put herself at risk by absconding from foster home, standing on a bridge over a busy motorway, potentially going to jump from the bridge however, was prevented from doing so. She also stated she heard voices telling her to harm herself/others.

Initially appeared content in Iveagh and engaged with staff. Admission for assessment under the Mental Health (NI) Order 1986 was commenced on the 21st July 2017 following Patient 2 becoming aggressive in her behaviour and wanting to leave.

Patient 2 has a history of absconding behaviour and is impulsive. She was subject to a Care Order and lived with a foster family prior to admission. Foster mother was no longer able to maintain her safety.

Transferred to Muckamore Abbey Hospital on 25th March 2018 on turning eighteen years of age.

Patient 3

Date of Birth: 2003

Date of Admission: September 2017

Detained under the Mental Health (NI) Order 1986: September 2017

Reason for Admission

Patient 3 is a fourteen year old girl with a diagnosis of severe learning disability, Autism Spectrum Disorder, Intractable Epilepsy (Lennox Gaustaux Syndrome) and ADHD. She was a planned admission for assessment from home. On admission, she was presenting as hyperactive, shouting and laughing. She was admitted due to recent increase in agitation, aggression and self-injurious behaviour. She had recently broken a mirror, resulting in cutting herself to the arm and burnt her hand on the cooker at home. Her school placement had recently broken down. She presented with aggressive behaviour towards family members.

Continues as an in-patient.

Subject to LAC Review.

Patient 4

Date of Birth: 2003

Date of Admission: September 2017

Detained under the Mental Health (NI) Order 1986: September 2017

Form 1 – Completed by Mother. Social Circumstances Report completed by SW on October 2017.

Voluntary status from October 2017.

Reason for Admission

Admitted at age fourteen years with a diagnosis of Severe Learning Disability, Autistic Spectrum Disorder and ADHD. Increasing unpredictable self-injurious behaviours over the summer months. Patient 4 also becoming physically aggressive towards mother – attempting to bang her head off walls/floors.

Reviewed week prior to admission by Consultant. Head banging in various locations, no obvious triggers noted by parents. School staff and parents had to intervene to stop the behaviour – incident in June where he banged his head through a staff member's car window. Mother reports fluctuating mood.

Required admission to hospital for assessment.

Subject to LAC Review.

Patient 5

Date of Birth: 2001

Date of Admission: February 2018

Detained under the Mental Health (NI) Order 1986: March 2018

Reason for Admission

Patient 5 has a diagnosis of Autistic Spectrum Disorder and a mild learning disability. He was admitted voluntarily to Iveagh from home.

He displayed increased anxiety and social withdrawal, lethargy and anger outbursts. Some paranoid ideation. Recent planned overdose, CAIT team assessment. Previous overdose in December 2017. Expressed hopelessness and a wish to die. Admission to hospital for assessment required.

Detained for assessment under the Mental Health Order (NI) 1986 due to

deteriorating mental state. He had increasingly fixed and open paranoid delusions regarding a school pupil and expressing a clear wish to die.

He continues as an in-patient.

Subject to LAC Review.

Patient 6

Date of Birth: 2001

Date of Admission: July 2016

Detained under the Mental Health (NI) Order 1986: Feb 2018

Patient 6 is a seventeen year old boy with a diagnosis of Severe Learning Disability; Microcephaly; Asthma; Scoliosis.

He was admitted on a voluntary basis at the age of fifteen years. He had become verbally aggressive towards his mother, destructive towards property in the home during which he was also self-injurious in his behaviour. During attempts to calm him his mother had become physical injured. In the past this had resulted in a broken nose and a broken wrist.

Patient has a severe impairment of intelligence and social functioning. He has difficulty regulating his emotional state leading to poor self-control regarding aggressive and agitated behaviours.

After an extensive period of unmanageable high risk behaviour at home Patient was detained in Iveagh Treatment and Assessment Centre under the Mental Health (1986) Order. This period of assessment and treatment commenced on 13th August 2016. Patient has remained in Iveagh on delayed discharge since 14th February 2017.

Patient has had some difficult periods in Iveagh in particular when he claimed 'to hear voices in his head' and has been heavily influenced by his peer group within Iveagh.

He had been aggressive toward his mother and sister while on home leave which had included him breaking a mirror and presenting as threatening towards them with a piece of glass. Sister and mum very distressed by this episode.

Risk of serious physical harm to self from banging head on wall in ward.

Risk to self of serious physical harm from others due to aggressive behaviour and negative reaction from others.

Risk to family members of serious physical harm due to aggressive behaviour.

He has continued as an in-patient, his legal status changed during his admission:

Voluntary 23rd February 2018 – lapsed in error

	<p>Detained 23rd February 2018 Reason for Detention 23/0218 :</p> <p>He continues as an in-patient with a current discharge plan underway to specialists children's home.</p> <p>Subject to LAC Review.</p>	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	0
	<i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i>	N/A
<p>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6). Schedule 2A Supervision and Treatment Orders.</p>		
9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	N/A
	Treatment as an in-patient	
	Treatment as an out patient	
	Treatment by a specified medical practitioner.	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	N/A
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	N/A
	Commentary (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)	

Final Report of Independent Assurance Team

Muckamore Abbey Hospital

19th September 2018

Confidential

Contents:	Page No:
1. Background	1
2. Objectives	1
3. Assurance Review Team membership	3
4. Review of decisions - precautionary suspension and restricted duties	3
4.1 Staff Moved to another Facility (Sixmile)	3
4.2 Precautionary suspensions	4
4.3 Restricted duties	5
4.4 Review of decision making process involved	5
4.5 Observations of Assurance Team on the initial decisions taken	6
4.6 Observations of Assurance Team in relation to the implementation and ongoing review of the precautionary suspension	7
4.7 Observations of Assurance Team in relation to on the supervision of staff on restricted duties	8
4.8 Recommendations	10
5.0. Review of Policies	11
5.1 Key observations by the Independent Assurance Team	12
5.2 Recommendations	13
6.0 Staffing /Workforce review	15
6.1 Feedback on the draft paper reviewed relating to staffing levels on wards	15
6.2 Key observations by the Independent Assurance Team	16
6.3 Recruitment	17
6.4 Work force Planning	18
6.5 Recommendations	18
7.0 Conclusion	20
Appendix 1 Themed Feedback from Staff Interviews	21

1. Background

In autumn 2017, serious safeguarding concerns were identified at Muckamore Abbey Hospital. A range of actions were put in place by the Belfast Health and Social Care Trust (BHSCT) and one of these actions was the establishment of an Independent Assurance Team in December 2017 by the Director of Nursing and Director of Adult Social and Primary Care. The purpose of the Independent Assurance Team is to independently review the response of the Trust and the Learning Disability service and provide a report to the Trust Directorate Level Governance and Improvement Board. This final report follows on from a draft report provided to the Director of Nursing and Director of Adult Social and Primary care, on the 4th April 2018, which by then had also been shared with the Senior Nursing Management Team at Muckamore Abbey Hospital.

In taking forward this work the Independent Assurance Team worked with the Senior Management Team in Muckamore Abbey Hospital in relation to the agreed areas of work, which have been agreed by the lead Director and Directorate Level Governance and Improvement Board.

The observations as set out within this report are based on the information provided to the Independent Assurance Team between December 2017 and 4th April 2018. The range of information provided and reviewed by the members of the Independent Assurance Team is listed in Appendix 1. It is recognised that some further information may become available as further information regarding the safeguarding concerns at Muckamore Abbey Hospital continues to evolve. Due to ongoing PSNI and Safeguarding investigations it was not appropriate for the members of the Independent Assurance Team to speak directly with staff involved in the incidents.

2.0 Objectives

- i) To provide a level of independence and transparency in relation to key decision making processes.
- ii) To provide an independent view on specific key decisions that have been made to date in relation to staff moved to other facilities, precautionary suspensions or restricted duties of staff involved in identified incidents.

iii) To offer advice and support to lead Director(s) and were appropriate to constructively challenge and/or make recommendations.

iv) To support the Co-Director in terms of service improvement and modernisation.

In addition, the Independent Assurance Team specifically reviewed: -

- BHSCT policies related to agreed areas listed in Table 1. These policies were reviewed as these were directly related to the incidents and decision making being reviewed by the Independent Assurance Team.
- A draft workforce paper (Learning Disabilities) was provided to the Independent Assurance Team in December 2017.

The specific areas of work and actions taken to progress the work is set out in Table 1 below.

Table 1. Specific areas of work undertaken by Independent Assurance Team

Area	Actions
Review interim decisions re named staff who are subject to precautionary suspension or restricted duties	Reviewed CCTV and decision making processes in relation to identified incidents in which staff were placed on precautionary suspension or placed on restricted duties.
Review of BHSCT policies related to agreed areas	The following policies were reviewed: <ul style="list-style-type: none"> • Levels of Supervision/Observations within Learning Disability In-Patient Services November 2013 (should have been reviewed 2016) • Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure November (2016) • Use of Restrictive Interventions for Children and Adult Services (does not appear to be Learning Disability specific) (May 2015) • Implementation of CCTV within Muckamore Abbey Hospital to assist with Investigations related to Adult Safeguarding.
Review draft workforce paper	Reviewed draft workforce paper (November 2017) provided in relation to staffing levels and staffing model

3.0 Assurance Review Team membership

Yvonne McKnight, Adult Safeguarding Specialist, BHSCT

Frances Cannon, Senior Professional Officer, NIPEC

Owen Barr, Professor of Nursing and Intellectual Disabilities, Ulster University

4.0 Review of decisions made in relation to staff moved to other facilities, the precautionary suspensions and restricted duties arrangements of nursing staff

The Independent Assurance Team were asked to review the decision-making process and implementation of precautionary suspension or restricted duties of staff in relation to identified safeguarding incidents which occurred at Muckamore Abbey Hospital on the 15th and 16th August 2017, in the Intensive Care Unit (ICU), an incident on 1st October 2017 in Sixmile Ward and a number of incidents associated with the swimming pool at Muckamore Abbey Hospital.

In response, the Independent Assurance Team specifically reviewed information relating to six staff including two Registered Nurses Learning Disabilities (RNLDs) that were placed on precautionary suspension and a further six staff, including 5 RNLDs, placed on restricted duties as part of the interim protection plans of staff.

4.1 Staff Moved to another Facility (Sixmile)

Two staff that had been moved from the Intensive Care Unit to Sixmile had allegedly directly observed safeguarding incidents and failed to report these. There was a level of uncertainty regarding how much the other staff present had observed. The rationale provided verbally to the Independent Assurance Team for moving two staff to Sixmile was underpinned by a focus on safety. It was considered by the senior management that the people with learning disability in Sixmile would themselves be able to raise concerns if an incident arose. This was believed to be the situation because all people in Sixmile were considered vocal in terms of raising issues about their care and had done so in the past and were therefore considered be able to communicate any concerns that may arise.

It was explained to the members of the Independent Assurance Team that there was a concern that one of the staff initially moved from the Intensive Care Unit to Sixmile had expressed a view that their move may be linked to them reporting a safeguarding concern and they viewed it as punitive. The senior management team in Muckamore Abbey Hospital were concerned about this perceptio.

The Independent Assurance Team were informed verbally that in light of this stated perception by the member of staff that the decision to move both Registered Nurses to Sixmile was reviewed and within this a number of factors were considered including:

- the perception of the staff member
- the Ward Manager in ICU knew the individuals very well and therefore would be well placed to provide on-going supervision
- other staff placed on restricted duties remained on their respective wards

The decision was reviewed and it was decided that the two Registered Nurses should be moved back to ICU. It was also agreed that they both should remain on restricted duties which was the interim protection plan and continue to receive weekly supervision from the Charge Nurse in ICU.

4.2 Precautionary suspensions

The rationale provided to the members of the Independent Assurance Team for placing people on precautionary suspension, was that there were concerns regarding these staff in relation to the following:-:

- Two Healthcare support Workers identified via CCTV footage viewing as having been directly involved in safeguarding incidents
- A Registered Nurse was identified through escalation of a concern by a colleague after a report by the person with learning disability
- A Nurse in Charge failed to report safeguarding concerns and a clear distinction was made between them and other Registered Nurses on duty due to their role and overarching responsibilities at that time.
- One person allegedly actively discouraged a member of staff who wished to escalate a safeguarding concern.
- One person allegedly directly involved in safeguarding incidents.

It was reported and supported by written evidence provided that those individuals on precautionary suspension have had follow up through:

- Initial letters confirming the suspension and further follow up letters
- Telephone contact every two weeks from a designated manager.

4.3 Restricted duties

It has been explained to the Independent Assurance Team that the people were placed on restricted duties as opposed to being placed on a precautionary suspension because: -

- They failed to report a safeguarding issue
- They were present but did not appear to be 'actively involved' in the incidents that occurred
- There was uncertainty regarding how much of the incidents these staff may have directly observed.

The restrictions included

- not to take charge of the ward at any time
- only work in one ward
- only permitted to undertake a bank shift in that ward
- receive on-going support and weekly supervision with the Ward Manager.

4.4 Review of decision making process involved

In seeking to review the decision-making processes involved in relation to the precautionary suspension or placing staff on restricted duties, members of the Independent Assurance Team requested notes of meetings at which these decisions were made and other correspondence relevant to these decisions that was available in order to be clear about the rationale involved. The information reviewed included information about staffing levels, the Nurses in Difficulties policy, internal HSCT emails relating to the suspension of staff or the staff on 'restricted' duties, records from Designated Contact Person of ongoing contact with staff who were on precautionary suspensions, records of the dates of weekly supervision with staff on 'restricted' duties and the BHSCT Disciplinary Procedure (April 2017).

The three members of the Independent Assurance Team also met with the Hospital Manager, Senior Nurse Managers, Charge Nurses from Sixmile and Intensive Care Unit and the manager of Day Services. A summary of the key points raised by these staff, within the meetings, has been themed and is available at Appendix 1.

As noted, interim decisions around precautionary suspension and restricted duties needed to be made in real time and it would be expected these would have been initially reviewed within an agreed time frame and four weekly thereafter - in keeping with Belfast HSCT HR Disciplinary procedures and Nurses in Difficulties policy.

It was reported to the members of the Independent Assurance Team that this has been done monthly by the Hospital Manger and Senior Nurse Manager. The Independent Assurance Team were provided very limited written material in relation to the review of the decisions. The documents provided focused on communicating or reinforcing the decisions that had been made and were limited formal notes of meetings. The information provided did not provide any outline of the range of factors considered, how these were weighed up in making the decision or the range of options for the decision making considered. Therefore, members of the Independent Assurance Team are unclear as to who was involved in these discussions each time and what specific factors are considered in reaching the decisions in relation to each person.

4.5 Observations of Assurance Team on the initial decisions taken

It is recognised by the members of the Independent Assurance Team that decisions about the precautionary suspension of staff or placing staff on restricted duties needed to be in real time and must be based on the information available at the time to people making the decisions. These are viewed as interim decisions that should be underpinned by patient safety, be taken in consultation with HR Department and should have a clear calendar date set for review. This date was not provided or clearly stated in any documentation provided to the Independent Assurance Team. It is further recognised that the interim decisions mentioned above needed to be made by a senior

BHSCT manager with responsibility for the service provided, who may not be directly working within the service at Muckamore Abbey Hospital.

The complexity involved in making these decisions promptly and based on the limited information that may be available is appreciated by members of the Independent Assurance Team. It is our view that the interim decisions taken at the time to place staff on precautionary suspension appear appropriate. The Independent Assurance Team noted one Registered Nurse who failed to report a safeguarding concern was placed on precautionary suspension, the verbal rationale given to the Independent Assurance Team was that as the nurse in charge of that shift, the obligation to intervene to safeguard and report was greater than other Registered Nurses on duty, given the level of responsibility related to that operational role. The Independent Assurance Team were not provided with written information which definitively outlined the rationale for decision making.

4.6 Observations of Assurance Team in relation to the implementation and ongoing review of the precautionary suspension

The members of the Independent Assurance Team have seen evidence of the letters and logs of telephone contacts with staff as noted within Appendix 1. For each of the staff on pre-cautionary suspension there was a designated contact person and we have seen notes of ongoing contact between this member of staff and the person on precautionary suspension. No set template or proforma was used to keep a record of this ongoing contact. There is variation in the nature of the records kept relating to this ongoing contact in respect of the format (some handwritten, some typed), the detail of the notes made and the way in which these notes of contact were signed by the staff member.

The records made in relation to contact with staff members on precautionary suspension were held by the designated contact person and at the time of this review these records of contacts had not been placed in individual staff personal files.

In discussions with the designated contact staff, they stressed the emotional impact on those staff on precautionary suspension both professionally and personally. They also emphasised how difficult it was for them personally to fulfil the role of a

'designated contact' person. In interviews, it was highlighted that this is a very challenging role as there was an expectation by the staff member on precautionary suspension that information updates would be provided to them, when in reality the role as the designated contact staff as they understood it, was meant to focus on support to the staff member and sign posting to other resources. It was also reported that given the length of time the suspensions are ongoing that contact can be difficult to sustain when there is no new information and little to discuss with staff.

Additionally, it was reported that contacts can be affected by the level of information the designated contact person has, i.e.

- one person reported that the lack of detail hindered conversation with the member of staff on precautionary suspension
- another reported that having too much detail of safeguarding incidents at times created awkwardness in conversations.

4.7 Observations of Independent Assurance Team in relation to on the supervision of staff on restricted duties

The members of the Independent Assurance Team viewed evidence of the letters and follow-up emails confirming to the staff members they were placed on restricted duties and what this entailed. They also viewed records of the dates of supervision meetings provided by the Charge Nurses who were the identified people to provide supervision. Given the personal nature of the supervision, the records of meetings were not reviewed.

Through interviews with the Charge Nurses and other managers (See Appendix 2), it was apparent that supervision sessions were tailored to the care environment and needs of the individual to be able to work in that setting and did not involve discussing any allegations about the member of staff. The Independent Assurance Team are of the view that information provided during interviews confirmed that the arrangements for supervision were appropriate in the circumstances.

The Independent Assurance Team noted that email communication they were provided which related to a number of staff within the same email. The Independent Assurance Team recognise this may have occurred in the initial stages due to several

staff being involved in each incident, however, this 'clustering' of communication made it difficult to establish the rationale underpinning the decisions made relating to individual staff.

There was evidence of decisions made and communication with staff about those decisions. Contained within emails there is limited evidence of the rationale for decisions (i.e. it related to a safeguarding concern). However, there was no written evidence of an explicit analysis of the information underpinning the decisions nor explicit exploration of the range of potential options for decisions that could be made. This detail would have been expected within these notes.

As noted, interim decisions about placing restrictions on the practice of some staff needed to be made in real time. It would be expected these interim decisions would be reviewed within an agreed time frame. With the exception of the two staff moved back from Sixmile, the Independent Assurance Team were provided with limited records in relation to reviews of the decisions to apply restrictions on practice. The Independent Assurance Team are of the view that whilst adult safeguarding and patient safety underpinned the interim decisions, due to the lack of documentation relating to the review of these decisions it is unclear as to who was involved and what factors were considered in each case e.g. impact on people with learning disability, impact on service delivery and impact on staff.

In the feedback received in the interviews with the Charge Nurses, the Independent Assurance Team members were informed that the Charge Nurses, who were providing supervision to the staff members on restricted duties, did not perceive that they had been formally engaged in review of these decisions. They highlighted the impact the decision to place people on restricted duties had on service delivery, including the reduction in services available to people with learning disability within Muckamore Abbey Hospital and other people who may use facilities within the hospital.

Through the interviews with the Charge Nurses and reviewing the notes of the Listening Group it is evident that demands on the Ward Sister/Charge Nurse from:

- within the ward (i.e. ward manager/counted as member of the core team to provide care) and
- outside of the ward (to regularly provide cover of the Nursing Office)

are highly challenging and should be urgently reviewed in order to prioritise the leadership role of the Charge Nurses/Ward Sister at ward level.

4.8 Recommendations

- I. Decisions in relation to the precautionary suspension of staff or placing staff on restricted duties should first and foremost fully take into account the expected professional conduct of all staff involved and the professional expectations of behaviour from the Nursing and Midwifery Council or other relevant professional regulators. If other factors, such as the operational role the person may have be fulfilling at the time are taken into account, the analysis of these differing factors must be clearly stated, analysed and documented in the decision making process.
- II. There should be a template aligned to the HR Policy to record the initial decisions taken and any subsequent review of that decision - this template should include notes on:
 - the context
 - explicit analysis of the relevant factors
 - the people consulted
 - the actions considered
 - the rationale for final decision taken
 - a specified calendar date for review of the decision
 - the document should be signed and dated by all people involved in the making the decision.
- III. Records relating to staff on precautionary suspension or restricted duties, including email correspondence between Trust managers should relate to one individual at a time, i.e. comments relating to several staff members should not be clustered in one email. This would facilitate clearer communication about individual decisions and also the filing of this information in the files of individual staff members.

- IV. There should be a standardised approach to the review of decisions which proactively considers the relevant factors with a recognition of the possibility of amending the interim decisions.
- V. When decisions are being reviewed, both the intended and unintended consequences of interim decisions, for people with learning disability, service delivery and staff members should be actively considered and reflected in the notes of the review of the decision.
- VI. Senior Management would benefit from more proactive and ongoing support from HR in relation to all aspects of precautionary suspensions and restrictions on practice.
- VII. The role of the Ward Sister/Charge Nurse should be reviewed in order to prioritise the leadership aspect of the role at ward level (e.g. consideration should be given to supernumerary status of the Ward Sister/Charge Nurse)
- VIII. There should be clear guidance for staff in the policy about undertaking the role of the 'designated contact persons' to include the areas to be covered in discussion with staff and proformas to be completed as a record of the contact.
- IX. In developing this guidance, the opportunity should be taken by HR to explore with 'designated contact persons' across the BHSCT, what information and preparation would have assisted them in undertaking this role in this service and other learning opportunities in the Trust.
- X. 'Designated contact people' providing ongoing contact to staff on precautionary suspension or on restricted duties should be formally included in the process of reviewing these decisions and their participation and views in the review of decisions should be noted in the record of the meeting.

5.0 Review of Policies

In the process of undertaking the independent assurance exercise the members of the Independent Assurance Team reviewed the policies below as these emerged as relevant to considering the incidents and decisions made about staff.

- *Levels of Supervision/Observations within Learning Disability In-Patient Services November 2013 (should have been reviewed 2016)

- *Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure November (2016)
- Use of Restrictive Interventions for Children and Adult Services (does not appear to be Learning Disability specific) (May 2015)
- *Implementation of CCTV within Muckamore Abbey Hospital to assist with Investigations related to Adult Safeguarding (2016).

5.1 Key observations by the Independent Assurance Team

Whilst the team recognise that policies highlighted with an asterisk above are due to be updated and this is detailed in the Action Plan for the Protection of Patients in Muckamore Abbey Hospital, it was specifically noted that the Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure should have been reviewed in November (2016) and this was not completed. This should have been undertaken almost a year before any of the current concerns about safeguarding were identified at Muckamore Abbey Hospital.

The following overall comments below should be considered when reviewing these policies.

- It is a major concern that aspects of the key "evidence base" used to underpin these policies was out of date when the policy was written; e.g. NMC and NICE Guidelines
- Several of the key source materials referred to in the development of the policies were inadequately referenced at the end of the policy, meaning it was not possible to be sure which editions of documents were consulted when the policy was being developed.
- The language used within policies reviewed was largely task orientated and depersonalised.
- It is a major concern that the policy on - Levels of Supervision/Observations within Learning Disability In-Patient Services November 2013 was not reviewed in November 2016 and it should have been. Therefore, guidance on this critical area of care was out of date and to the understanding of the Independent Assurance Team, this policy has still not been reviewed, 19 months after this was required to be reviewed.

- Equality Impact Assessment boxes were not ticked on two policies (Levels of Supervision / Observations within Learning Disability In-Patient Services (November 2013) and Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure (November 2016)). Therefore, it was not clear if these Equality Impact Assessments had ever been undertaken.
- There was no clear evidence of consultation with people with learning disabilities/families/carers/key organisations for people with a learning disability in the development of these policies. It was noted by the members of the Independent Assurance Team that 'CAUSE' is related to mental health not services for people with learning disabilities. Given the task orientated and depersonalised language within these policies, it is of the view of the members of the Independent Assurance Team that people with learning disabilities and family members were unlikely to have been actively involved in the development or review of these policies.
- There is an unacceptable lack of clarity within the policies and vagueness in timeframes for actions to be taken, as noted in terms such as:
 - 'as soon as practicable'
 - 'as appropriate'
 - 'regular'
- Despite the stages of development these policies went through within the BHSCT, there is no explicit evidence of external review or the involvement of people with learning disabilities, family, carer representatives in the development of the policies reviewed. Whilst it is accepted that this may not be required for all policies, specific rationale should be provided for why it is not necessary. The members of the Independent Assurance Team expected to see this level of involvement specifically in relation to policies that may involve physical interventions or potential deprivation of liberty of people with learning disabilities.

5.2 Recommendations

- I. National guidelines and the documents related to professional regulators used to underpin policies must be the current versions and policies should be reviewed if the requirements of professional regulators change during the term

- of the policy. People signing off policies at different levels within the BHSCT should seek written assurance that this is the position for all evidence used.
- II. Consideration should be given to reviewing the policies below into a single policy document, thus creating an overarching policy based on a person-centred approach and Positive Behavioural Support:
 - Levels of Supervision/Observations within Learning Disability In-Patient Services (November 2013 – now out of date)
 - Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure (November 2016)
 - III. Use of Restrictive Interventions for Children and Adult Services (May 2015). Policies that cover both Children and Adult services should provide clear direction on the specific and uniquely different requirements in relation to children and adults, where applicable and necessary. At present, there is no clear distinction made within the policies reviewed relating to either the use of seclusion within learning disability in-patient services or the use of restrictive interventions for children and adult services across the BHSCT. It is the view of the Independent Assurance Team that the needs of children and adults being placed in seclusion or restrictive interventions are different and specific guidance should be provided for each.
 - IV. With specific reference to the BSHCT Use of Restrictive Interventions for Children and Adult Services (May 2015), on p8 of 22, it specifically highlights that the BHSCT Management of Aggression Team are not involved in training within Muckamore Abbey Hospital. The training within Muckamore Abbey Hospital appears to be provided solely by the MAPA Training Team. To encourage collaborative working across the BHSCT, reduce the potential organisational and geographical isolation of staff in Muckamore Abbey Hospital from colleagues in similar services in the BHSCT, and the sharing of information and good practice, it is recommended that the MAPA Training team at Muckamore Abbey Hospital should be integrated into the BHSCT Management of Aggression Team.
 - V. It is also recommended that the title of the 'Management of Aggression Team' should be reviewed to reflect a person centred ethos and recognition of the

distress that people who present challenges to services and staff responding may be experiencing at that time.

- VI. Active engagement with people with learning disabilities, family, carer representatives should be considered as a starting point when developing policies and an explicit rationale provided when the decision is taken not to involve these people in BHSCT policy development.
- VII. In discussions, members of the Independent Assurance Team have become aware that the same room is used in the Intensive Care Unit for both 'Low Stimulation' and Seclusion. It is felt that from the perspective of the person with learning disabilities that the use of the same room for two different interventions, potentially results in mixed messages and confusion. It is recommended that separate areas are used for 'Low Stimulation' and Seclusion.
- VIII. All BHSCT policies relating to people with learning disabilities should be reviewed and updated within the specified timeframe. When there is an anticipated or actual delay in the review of a BHSCT policy, this should be formally escalated to the BHSCT Director who signed the policy and a robust plan should be put in place to review the policy within an agreed revised timeframe. There should be explicit communication to staff in the BHSCT that the previous policy remains in place until the new policy is signed off.

6.0 Staffing/Workforce Review

The members of the Independent Assurance Team were asked to review a draft paper on staffing levels in Muckamore Abbey Hospital. This paper provided figures for the funded, actual and required number of staff for each ward within Muckamore Abbey Hospital. It also provided information on the number of 'bank hours' used within each ward, as well as information on specific levels of enhanced supervision that were being provided in specific wards. The figures provided related to November 2017. The Assurance Team are aware that there have been a number of workshops held to review staffing levels and skill mix on the wards. At the time of writing this report an updated paper had not been provided to the Independent Assurance Team.

6.1 Feedback on the draft paper reviewed relating to staffing levels on wards

The members of the Independent Assurance Team accepted that the paper they had been asked to review was a draft and the comments provided below are offered as points to consider in finalising the paper on staffing levels.

- a. No ward has funded and actual numbers matching, with the figures provided indicating that staff levels are mostly below funded numbers at band 5 and band 3.
- b. Large number of bank hours are being used, and from the information provided it was not clear what grades of staff were involved or how this process is managed.
- c. Variation in absence rates were noted across bands and wards.
- d. "Required numbers" contained within the draft paper were mainly higher than those present or funded. No explanation was provided within the paper as to how the figure for 'required' numbers had been calculated. If a specific methodology was undertaken it should be explicitly stated and a rationale for the selection of this methodology provided.
- e. There appeared to be staffing implications for Muckamore Abbey Hospital staff in providing 'outreach support'. The remit of Muckamore Abbey Hospital staff in providing outreach support was not explicitly stated and no information on the funding model for this was contained within the draft paper.
- f. The members of the Independent Assurance Team had concerns about the language used within some aspects of the draft paper to articulate the abilities and needs of people with learning disabilities. Whilst this appeared to be an attempt to profile the needs of patients on the wards it was not explicit how it was expected to be taken into the consideration in relation to making decisions about staffing levels. For example, comments about 'patient's abilities and needs', 'level of aggression', 'levels of capacity' and the making of 'previous allegations'.

6.2 Key observations by the Independent Assurance Team

Discussions evolving from the review of the draft workforce paper highlighted long term concerns about staffing levels and the Independent Assurance Team saw evidence that issues relating to concerns about staffing levels have been documented

on the BHSCT Risk Register since 2014. There were also emails noted in relation to concerns regarding staffing levels with information provided in E Rostering and use of Bank (Appendix 1). Staffing level concerns were also confirmed in the interviews with staff who highlighted that adequate staffing levels in Muckamore Hospital is reliant on the use of bank and agency staff (including agency staff from England) to cover nursing shifts on a day to day basis.

The Independent Assurance Team noted with concern the comments within the Listening Paper relating to the impact of staff shortages including ...“lack of staff to allocate to take patients out on social outings”, “cancelled training sessions resulting in poor compliance with mandatory training updates”. The Independent Assurance Team acknowledge the importance of the feedback received from the “Listening Group” but recognise further data of the numbers of staff involved in the process would help clarify the robustness of this feedback.

Staff interviewed also highlighted that this situation has been compounded by short term workforce planning. It was reported that a significant number of staff who had secured posts/positions in Muckamore Abbey Hospital in the past had been offered temporary contracts, as there was a view that due to resettlement and contraction of the hospital, the posts would not be required in the longer term. However, as soon as permanent positions became available elsewhere a significant number of staff moved on. There was a sense of a real missed opportunity in these situations. There was also a strength of opinion that workforce planning in the past focused on short term needs rather than medium to long term requirements. These observations highlighted the needs for urgent action at BHSCT Senior Management level for address this matter. It was reported by the Hospital Manager that hospital management team action plan moved to permanent recruitment of all staff to ward in August 2016.

6.3 Recruitment

The Trust reported they are committed to ensuring that staffing levels and skill mix on wards are appropriate and are engaged in a number of pieces of work in relation to this:

- A number of advertisements, have been placed on HSC Recruit for band 3 Health Care Support Workers since September 2016. This has included advertisements

in Magherafelt and Antrim's local newspapers in late 2017. There has also been a local advertisement placed for band 5 Nurses in the Antrim Guardian and a further HSC Advert.

- A rolling programme for recruitment of band 5 and band 3 staff for Muckamore Abbey Hospital is in place and a Recruitment Fair took place in late March 2018
- A pilot with HR has also commenced where staff leaving are being asked to participate in face to face exit interviews with HR. This is part of a strategy for improving staff retention.

On the 24th March 2018, Muckamore Abbey Hospital had a one day "walk –in" recruitment event. At this event applicants who were previously short listed for interview were fast tracked through the interview process – this involved Access NI, Occupation health checks and interviews being conducted on the same day. The Independent Assurance Team note that on the 29th March 2018 due to the success of the event a number of staff were being interviewed as additional applicants presented on the day of the event which required additional arrangements to meet the need. The members of the Independent Assurance Team were informed that 31 band 3 and 15 band 5 posts have been offered by the 4th April 2018.

6.4 Workforce Planning

The senior management team within Muckamore Abbey Hospital held an initial workshop on 31 January 2018 to review staffing levels and skill mix on the wards. The Public Health Agency attended, along with ward representatives. The members of the Independent Assurance team were invited to attend these workshops but were unable to do so due to the short notice provided of the dates. The workshop focused on analysing the complexity of patient needs on each ward to gain a fuller understanding of the staffing levels and skill mix required per ward. A second workshop took place on the 21st March 2018. A final report of the findings and recommendations will be submitted to the Directors for consideration. This report has not been shared with the members of the Independent Assurance Team at the time of writing this report.

The Independent Assurance Team would strongly recommend that the findings and recommendations stemming from these workshops should be progressed as a matter

of urgency. Additionally, this work should be linked into the regional Delivering Care/Safe Staffing PHA Project.

6.5 Recommendations

- I. The Independent Assurance Team recommend the need for clear processes for escalating concerns about staffing levels and ability to provide safe nursing care directly to the Director of Nursing and Director of Social and Primary Care.
- II. The Trust should purposefully continue to actively recruit nursing staff through high profile regional and a rolling local recruitment campaigns.
- III. Clear information about the role, function and planned future of Muckamore Abbey Hospital, together with information on the complexity of abilities and needs of the people cared for in Muckamore Abbey Hospital should be articulated to support and inform workforce planning.
- IV. Senior managers should as a matter of urgency explore current actions aimed at retaining staff – including local induction, preceptorship for new registrants, regular supervision, career development opportunities and using staff skills for specialist practice roles for which they have been prepared.
- V. In order to further understand why staff have left Muckamore Abbey Hospital, exit interviews should be conducted with all staff leaving Muckamore Abbey Hospital and Learning Disability Services in the BHSCT. These interviews should be conducted by a person who was not involved in the management of the staff member. It is recommended that independent exit interviews are conducted retrospectively with all staff who have left Muckamore Abbey Hospital and Learning Disability Services in the BHSCT to work elsewhere in the past 3 years.
- VI. It is the view of the Independent Assurance Team that it would be good practice to support rotation of newly qualified staff across practice areas/care environments within Muckamore Abbey Hospital in a planned and transparent manner, to support professional development and development of skills and competencies. Consideration should also be given the rotation of staff between hospital and community services in a planned and transparent manner.

- VII. It is apparent that due to the shortage of RNLDs in post, Muckamore Abbey Hospital actively recruit nurses from Mental Health Nursing and others fields of practice to fill vacancies, the impact of this on services provided needs to be monitored and evaluated.
- VIII. The BHSCT should formally escalate concerns directly to the DOH regarding the number of commissioned places on the pre-registration nursing - learning disabilities and specialist practice programmes and request consideration of increasing the numbers of places as soon as possible.
- IX. A Task and Finish Group should be established to review and analyse the use of E rostering, this should include robust arrangements for monitoring of staff working over contacted hours.
- X. The recommendations of the "Listening Groups" should be progressed with agreed timeframes.

7.0 Conclusion

The members of the Independent Assurance Team have provided the observations and recommendations within this report to assist in the development of services for people with learning disabilities and the development of staff at Muckamore Abbey Hospital as a future vision for the hospital is articulated. We have shared our observations with members of the Serious Adverse Incident Panel, chaired by Margaret Flynn and recognise that panel will be making further recommendations.

The members of the Independent Assurance Team believe urgent action is needed to address the observations within this report and the recommendations made in order to address important aspects of the operational culture within Muckamore Abbey Hospital. Key to taking forward these recommendations is prompt and direct action to reduce the observed geographical and organisational isolation from the wider BHSCT of the people using these services and staff working in Muckamore Abbey Hospital.

Appendix 1: Themed Feedback from Interviews with Staff at Muckamore Abbey Hospital on 28th March 2018

Number of staff interviewed = 5

Roles staff interviewed: included:- Charge Nurses/ Manager/ Manager Day Opportunities, Acting Hospital Manager.

Staff in difficulty policy

- Recurring theme that staff were not aware of "Staff in difficulty" policy
- Need for supervision & training to act as designated contact person
- It would be helpful to have questions to support role
- It would be help to have a pro-proforma/process to follow
- Difficult to support staff without information
- Do have access to senior nurse meeting which is helpful – but still very much in the dark
- Ward sister /Charge Nurse /designated officers not included in the reviews
- Difficult to maintain – as little to talk about
- The person/s on precautionary suspension only want to hear about what is happening in relation to their situation ... "...we don't have that level of information – in fact we know very little" "Expected to have conversations out of context" , "Fear of reprisal if you say anything wrong"

Staffing

- Too many temporary posts in hospital – circa 100 temporary posts – this needs rectified
- Over use and reliance on Bank and Agency staff – hospital uses e-roster and use a red alert system if a staff member is doing too many Bank hours.
- "The hospital depends on Bank staff – couldn't run without Bank staff shifts"
- Use of Agency from outside of Northern Ireland
- RNLDs who have completed their NMC recorded Specialist Practice programmes are not supported to practice as Specialist Practitioners.
- Sense of lack of career development opportunities

Supervision

- No template for use for supervision sessions
- Supervision is specific to area of practice

Medical Cover

- Lack of medical cover

Service/patient impact

- Due to staff shortages and restricted duties- patients access to social activities impacted – access to the swimming pool drastically reduced

Paper prepared
April 2018



Interim Protection Plans: Review of Progress of Supervision and Training Element

As a result of the historical CCTV investigation some staff have been placed on an interim protection plan. Some of the incidents that have been viewed have had individual learning themes identified. These themes then form the basis of the training and supervision element of the interim protection plan.

This process is to be used to review the training and supervision element of the Interim protection plan. Completion of the training and supervision element does not mean that the interim protection plan ceases or is stepped down. The interim protection plan will remain in place and is subject to review by the DAPO and DN.

Please refer to the Interim protection plan review process (stage 4).

<p>Roles and Responsibilities</p> <p>Supervisor</p> <ul style="list-style-type: none"> - The Supervisor should be at least a band higher than the individual and not part of the investigation and should have appropriate experience and training to perform this role. - Training, based on identified themes, should be completed in line with the evidence matrix - Minimum of one personal and insightful reflection per theme - Evidence in supervision of discussion around the personal reflection - Evidence should include any good practice/reflections/feedback - Supervisor will determine if evidence of supervision and training has reached a threshold for verification and record this decision making
<p>Support from Verifier</p> <ul style="list-style-type: none"> - As an additional level of assurance, the evidence of supervision and training will be verified. - The verifier will be registrant of at least band 7, not undertake the role of supervisor and not part of the investigation. - The Verifier will review all evidence provided, in line with the evidence matrix - Verifier will complete Evidence Matrix Checklist - Verifier will then determine if supervision and training can progress through the assurance process or identify areas in which further focus is required by individual supervisee.
<p>Assurance Process</p>
<p>Step 1. Review by DN</p> <ul style="list-style-type: none"> - Evidence file will be reviewed by the DN - DN will review all documentation /evidence in line with initial themes identified by Senior Nurse Advisors and DAPO

Version (01) 07.07.21

Version (06) 27.09.21

Version (02) 15.07.21

Version (07) 28.09.21

Version (03) 27.07.21

Version (08) 02.11.21

Version (04) 29.07.21

Version (09) 02.12.21

Version (05) 13.09.21



<ul style="list-style-type: none"> - DN will determine if there is sufficient evidence of learning against the themes identified.
<p>Step 2. IPP review (training and supervision element of IPP review)</p> <ul style="list-style-type: none"> - DAPO and DN meet to review Interim Protection Plan - DN will provide assurance in relation to evidence of learning. Evidence folder will be available to assist assurance process. - Decision to move to Trust assurance. Review outcome documented
<p>Step 3. Trust Assurance</p> <ul style="list-style-type: none"> - Divisional Nurse will present an overview of staff for whom it has been agreed have completed their training and supervision to the MAH Assurance Group - Final decision made and documented. - Interim Protection plan will remain in place and will be reviewed on an agreed basis by DAPO and DN with updates provided to the MAH assurance meeting.
<p>Step 4. Operational Meeting</p> <ul style="list-style-type: none"> - Divisional Nurse will present an overview of staff for whom it has been agreed have completed their training and supervision to the Operational Group. - Interim Protection plan will remain in place

<p>Time scales</p> <p>This is not time bound to allow for sufficient time for completion by the individual. However, it should not take any less time than 12 months.</p>
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<p>The MAH Historic Investigation remains a live Adult Safeguarding Joint protocol Investigation. Interim Protection Plans including Supervision and Training Elements remain subject to change, and new learning themes may need to be added if new incidents are viewed.</p>
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Version (01) 07.07.21
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 Version (04) 29.07.21
 Version (05) 13.09.21

Version (06) 27.09.21
 Version (07) 28.09.21
 Version (08) 02.11.21
 Version (09) 02.12.21



Review of Supervision and Training Aspect of Interim Protection Plan

Review Date:	
Attendees to the Review:	
Staff Member's Name:	
Date Interim Protection Plan (IPP) commenced:	
Date IPP agreed at Operational Meeting:	
Confirmation from line manager that the Interim Protection Plan has been in place: Yes / No	
Relevant additional information or any new Adult Safeguarding concerns raised about the staff member's practice:	
Evidence available of engagement in supervision:-	
Evidence available of training and reflective learning in relation to each theme:	
Agreed Interim Protection Plan which will remain in place:-	
Responsible Divisional Lead for on-going assurance of IPP:	



caring supporting improving together

Recorded by:		Date:	
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Appendix 2

Information provided and reviewed by the members of the Independent Assurance Team

- Nurse Management Structure and Responsibilities Review (diagram)
- E rostering – bank utilisation reports
- Staffing Levels
- Staff in Difficulty - Policy
- Internal Trust emails relating to Suspensions and Restrictions
- Current Suspensions record
- Letters & Emails to Staff
- Staff on Restrictions – Weekly Supervision records
- Precautionary Suspensions / Contacts with Staff
- Disciplinary Procedure
- Listening sessions – Report
- Draft Workforce Paper
- Policies
- Levels of Supervision/Observations within Learning Disability In-Patient Services November 2013 (should have been reviewed 2016)
- Seclusion within Learning Disability In-Patient Services (Children's and Adults) Procedure November (2016)
- Use of Restrictive Interventions for Children and Adult Services (does not appear to be Learning Disability specific) (May 2015)
- Implementation of CCTV within Muckamore Abbey Hospital to assist with Investigations related to Adult Safeguarding.

Draft Terms of Reference

1. The purpose of the audit is to provide an external opinion and analysis of adult safeguarding referrals in Muckamore Abbey Hospital involving staff on patient interactions in between 1.1.20 and 30.4.21.
2. The analysis will focus on two areas;
 - a. the appropriateness of the thresholds in operation for initial referral and screening.
 - b. the levels of actual and/or potential harm caused to patients by the incidents that have been reported.
3. The auditing team will also make comment on any positive or negative aspects of the safeguarding process that they consider noteworthy as they analyse the referrals.

Methodology

1. The audit will examine a sample of a minimum of 56 of the adult safeguarding referrals made within the timeframe.
2. The sample will be stratified by referral source, type of abuse, outcome of screening process and outcome of the investigation
3. All electronic and paper files relating to the individual adult safeguarding process will be read by the auditors.
4. Auditors will use a pre-agreed pro-forma to record the relevant case information and their analysis and professional opinion on each referral. These pro-formas will not record any personal, identifiable information.
5. Each auditor will review a different set of files but a sample of files will be selected to be read by all auditors for comparison and standardisation purposes.

6. Auditors will be either registered social work or nursing professionals, operating under contract with the DoH. The contract will include the requirements of the auditors in relation to data protection.
7. Nursing, medical and social work professionals in the DoH will be available to provide any further professional context or expertise that may be required by the auditors.
8. The auditors will report on progress and findings to the DoH verbally at pre-agreed time points and urgently if required. A written report will be supplied by the auditors to the DoH at the end of the audit.
9. A data access agreement will be made between the DoH and the HSCT to allow auditors access to the files.
10. All records will be reviewed by the auditors on Trust computers where necessary. No personal, identifiable information will be taken off site or transferred from Belfast Trust systems electronically.

Muckamore Abbey Hospital: Adult Safeguarding File Review

Dr Lorna Montgomery

Professor Owen Barr

Ms Maureen Browne

Ms Jan Houston

September 2021

Introduction

The purpose of this file review was to provide an external opinion and analysis of adult safeguarding referrals involving staff on patient interactions in Muckamore Abbey Hospital between 1.1.20 and 30.4.21. The review was commissioned by the Department of Health (DoH) in response to concerns about the numbers of referrals implicating staff in alleged abuse of patients.

The file review focused on two key areas:

- a. the appropriateness of the thresholds in operation for initial referral and screening outcomes (based on the Northern Ireland Adult Safeguarding Operational Procedures, 2016)
- b. the levels of actual and/or potential harm caused to patients by the incidents that have been reported.

The review team were also asked to comment on any positive or negative aspects of the safeguarding process that they considered noteworthy, as evidenced within the reviewed files.

Methodology

Four reviewers, who were registered social work or nursing professionals were commissioned to undertake the review. Reviewers were selected based on their professional background, experience of adult safeguarding and their independence from the agency within which the review took place. Reviewers conducted this work under contract with the DoH which included the requirements of the reviewers in relation to data protection.

In total, there were 116 relevant adult safeguarding referrals for this period. The file review examined a sample of 60 adult safeguarding referrals made within the timeframe. These 60 files were purposively sampled, stratified by referral source, type of abuse and outcome of screening process. Reviewers developed and utilised a file review pro-forma to record details of, and to offer a professional opinion on, each referral. A unique identifier was attributed to each referral reviewed. A small number of files were selected to be read by all reviewers for comparison and standardisation purposes following which each reviewer read a unique set of files. All electronic and paper files relating to each of the 60 individual adult safeguarding referral process was read by the reviewers. All records were reviewed on Trust computers and paper files within Trust premises. No personal identifiable information was recorded on either patients or staff. The review was undertaken across four days with reviewers meetings at the end of each day.

Nursing, medical and social work professionals in the DoH were available to provide any further professional context or expertise that was required. The reviewers reported on progress and findings to the DoH verbally at pre-agreed time point, and completed a final written report.

Findings

(see Appendix A for further detail of the findings)

The number of monthly safeguarding referrals was relatively consistent across the time-period between 1.1.20 and 30.4.21, ranging from 1 referral to 8 referrals per month, with an average of 3.8 referrals per month. Of the referrals reviewed, 47% (N=28) of patients were based in one of the Cranfield wards, with 'Cranfield 1' being the most common (28%, N=17), 20% (N=12) were based in one of the Sixmile wards, and 17% in the Erne ward (N=10). Whilst alleged incidents were identified across the Muckamore Abbey Hospital site, both 'Cranfield 1' and 'Erne' were also identified as the most common location of the alleged safeguarding incident, although they represent only 10 % each of the location of the alleged abuse.

A range of categories of alleged abuse were identified, with physical abuse (58%, N=35) being most common. Psychological and sexual abuse each accounted for 8% of referrals (N=5), and neglect 5% (N= 3). Ten percent of referrals were recoded as 'other' (N=6) with smaller numbers of referrals made in respect of verbal and institutional abuse. In terms of patient demographics, the majority of referrals, 85% (N=51) were made in respect of male patients and patient ages ranged from 20-66 years (with one age not recorded in the file review), with 57% being under 30 years. This may reflect gender and age ratios within the hospital.

The majority of safeguarding files included information on the patient's disability, with learning disability noted in 67% of files (N=40) and severe learning disability noted in 18% (N=11). Some reference was also made to comorbid disorders including bi-polar disorder, schizophrenia, autism, and physical health conditions.

The majority of files reviewed, 73% (N=44) did not record the role or the employer of the alleged perpetrator. In the 27% of cases where this information was recorded, the alleged perpetrator was recorded as 'agency staff' in 20% of cases (N=12) and 'non-agency staff' in 7% of cases (N=4). As files were viewed independently by each reviewer, it was not possible to indicate the frequency with which any alleged perpetrator was identified.

The job role of the referrer was recorded in 43% of files (N=36), with referrals coming from a wide range of staff, including multi-disciplinary team members. The majority of referrals appear to be made from staff based within the hospital. The initial screening was conducted by the Designated Adult Protection Officer (DAPO), primarily independently (80%, N=48), or else in conjunction with other professionals such as staff members, line managers or PSNI. In 7% of cases (N=4) there was no information and it was unclear who completed the initial screening. Where an investigation was undertaken, this was conducted as a single agency investigation by the DAPO in 62% of cases (N=37), by police in 10% of cases (N=6) and as a joint agency investigation with the DAPO and police, sometimes in conjunction with other professionals (8%, N=5).

Analysis

The file review highlighted a mixed picture of risk and response in relation to these 60 files with a number of variables outlined below. It should be noted that this analysis is based on information that was available in the file and, as highlighted below, consistent concerns have

been identified in relation to the nature of recording and the clarity of information available, with a lack of firm evidence in many cases.

The appropriateness of the thresholds in operation for initial referral and screening outcomes.

Arguably a number of the incidents triggering a safeguarding referral related to minor concerns and could have been dealt with in other ways, for example, clarifying information, through governance arrangements or staff training. There appeared to be an acceptance that decisions about screening were left to the DAPO rather than decided at ward level. Context is important here and the low referral threshold may be understood in the context of current public scrutiny and the ongoing formal safeguarding investigation in relation to services provided at Muckamore Abbey Hospital. For example, some family members indicated that they were escalating what they accepted to be minor incidents, because of the historical safeguarding issues within Muckamore Abbey Hospital and their fear of missing something.

Notwithstanding the low threshold for referral in some instances, to a large extent screening thresholds were appropriate. There was a distinct difference between those referrals which were screened-in and those which were screened-out, with often more complex referrals screened-in.

The levels of actual and/or potential harm caused to patients by the incidents that have been reported

The actual and/or potential harm caused to patients was often difficult to determine as file recording and report writing was problematic, and the impact on the patient was often not well articulated.

On one hand, factors which mitigated against concerns around a high level of harm include the level of scrutiny by staff in relation to patient safety and a willingness to report incidents. Incidents of concern were responded to in a timely manner with no hesitancy in engaging in the safeguarding protocols. Good practice was evident in what appeared to be thorough initial responses, initial communication with families and referrals to PSNI. Additionally, physical abuse of a minor nature appeared to be the most dominant issue recorded: hitting, scratching, and/or nipping, with many files recording that there was no physical evidence of these on medical examination.

On the other hand, the potential for harm was however evident in the findings that new safeguarding incidents are continuing to occur and involve staff recently working at Muckamore Abbey Hospital. Whilst acknowledging that some investigations were inconclusive and that some were ongoing, the file review indicated the likelihood that there was substance to a significant proportion of these referrals. Whilst acknowledging that physical abuse of a minor nature was the dominant issue noted, there was very limited attention to the potential for emotional distress or harm, with an emphasis in reporting relating to physical examination. A significant number of incidents were linked to a small number of patients but there was a lack of evidence that these were being considered in the round, and seemed to be largely dealt with as entirely separate incidents. Moreover, some of the staff behaviours in the screened in referrals were for responses to patients that should have been very obviously inappropriate, thus raising concerns about the knowledge, skills and experience of the staff involved. Where relevant information was provided, agency staff appeared to be disproportionately involved in incidents of concern.

In terms of safeguarding investigations and outcomes, there was variation in DAPO recording of responses. Some DAPOs were very thorough and comprehensive in their recording which showed clear process of professional decision making. Others were much less comprehensive in their recording and the factors considered in their decision-making was not as clearly recorded. There was a lack of follow up recording, particularly where incidents were waiting for PSNI input with limited evidence of protection plans being reviewed regularly during this waiting period. There was often no conclusion recorded. There was also some suggestions that safeguarding processes, and in particular, the emphasis in protection plans was focused on the protection of staff rather than the necessary or right thing for patients. No clear information was provided on the limitations these protection plans may place on the social or therapeutic activities patients would be able to engage or be restricted from doing.

Positive and negative aspects of the safeguarding process

The review team found it difficult to systematically access information from the safeguarding files. Some information was duplicated between paper and electronic files, some information appeared to be missing, and the suite of safeguarding proforma were not user friendly and did not appear to support the recording of the safeguarding processes well. There was a lack of overall narrative and inconsistency in recording across files with similar categories of information recorded in a variety of different ways, for example, the initial referrer could be denoted as ‘nurse-in-charge’, ‘staff’, ‘nurse’, a named person without job role, etc. There was a sense that the files were written for people who had insider knowledge of the systems, people involved and places, but which were not clear without this context. It was also difficult to be clear what stage the investigations were at, for example, many of the referrals for Joint Protocol did not offer any follow up information on progress and timeframes for review.

How decisions were made during the investigation stages and the evidence they were based on was often not clear. Notwithstanding capacity and consent issues, it did not appear that efforts were made to interview patients as part of the investigation or reasonable adjustments as to how this could be done considered. There was very limited references to involving alleged victims in the investigation.

Finally, there was a lack of evidence that wider protection issues had been considered when agency staff were no longer employed in the hospital. For example, if an agency staff member had been implicated in an incident (which may remain inconclusive), it is unclear if there was consideration of professional regulator referral or follow up re other employment by the BHSCT, despite the concern being identified when working within the BSHCT services.

Conclusion

This report details the review of 60 safeguarding referrals involving staff on patient interactions in Muckamore Abbey Hospital between 1.1.20 and 30.4.21. The review was commissioned by the DoH in response to concerns about the numbers of referrals implicating staff in alleged abuse of patients.

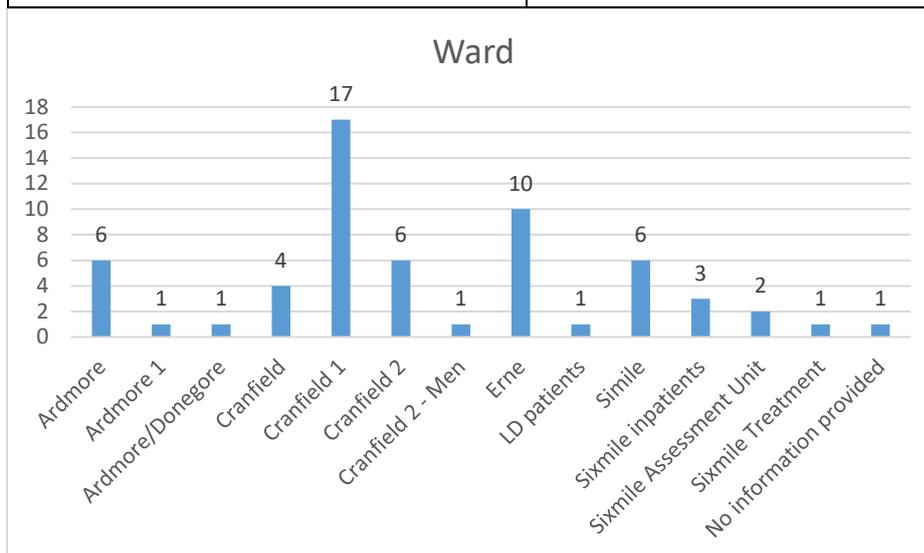
The actual and/or potential harm caused to patients was often difficult to determine in large part because recording was problematic. From the available information it appears that systems are in place to identify and address safeguarding concerns with staff reporting incidents, including apparently minor concerns. Whilst this could be understood in the context of public

scrutiny and the ongoing formal investigation, it does risk creating an environment of fear for staff and mistrust among peers. On receiving a referral, good practice was evident in what appeared to be thorough initial responses, initial communication with families and referrals to PSNI. However, there appeared to be less attention to ongoing and timely review of protection plans, the restrictions these may place on patients' activities, and timeframes for completing investigations. The potential for harm was however evident in the findings that new safeguarding incidents are continuing to occur and involving staff recently working at MAH. The file review indicated the likelihood that there was substance to a significant proportion of these referrals. As such it would be important to review those files where outcomes appear to be inconclusive or at least where conclusions were not recorded. Additionally, it would be important to consider more systematically those patients who have been the subject of repeated referrals and the potential for physical and or emotional distress. Given the concerns noted in relation to recording of information, there is a need for this to be reviewed and action taken to improve this. In addition, it was noted that safeguarding pro-forma did not appear to support the recording of the safeguarding processes well highlighting the need for regional adult safeguarding pro-forma (both electronic and paper) to be reviewed. Finally, consideration should be given to the wider protection issues in terms of staff no longer employed in Muckamore Abbey Hospital, but who were subject to an active safeguarding referral.

Appendix 1: Statistical Data from Safeguarding Audit

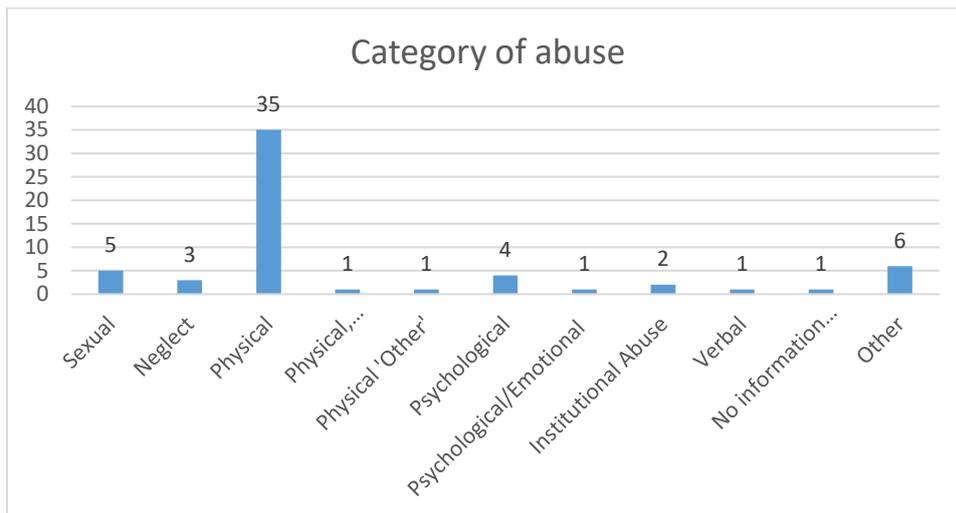
No of referrals	60
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Ward	No of referrals
Ardmore	6
Ardmore 1	1
Ardmore/Donegore	1
Cranfield	4
Cranfield 1	17
Cranfield 2	6
Cranfield 2 - Men	1
Erne	10
LD patients	1
Simile	6
Sixmile inpatients	3
Sixmile Assessment Unit	2
Sixmile Treatment	1
No information provided	1
Total	60

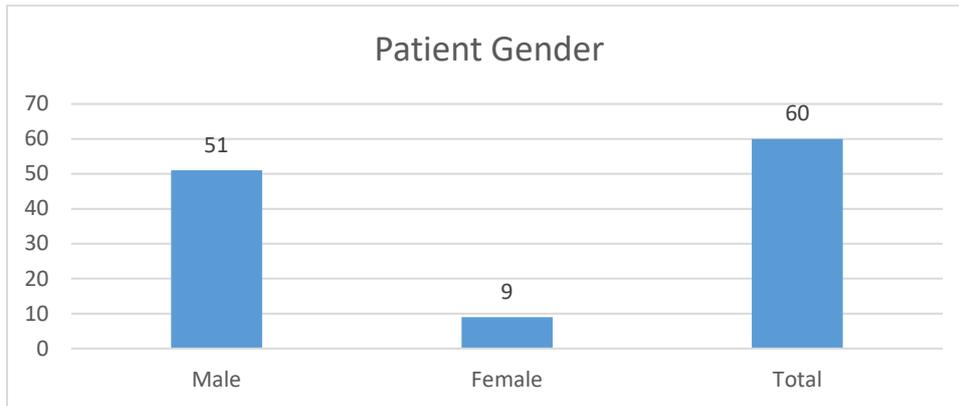


Category of abuse	No of referrals
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Sexual	5
Neglect	3
Physical	35
Physical, Psychological, emotional	1
Physical 'Other'	1
Psychological	4
Psychological/Emotional	1
Institutional Abuse	2
Verbal	1
No information provided	1
Other	6
Total	60

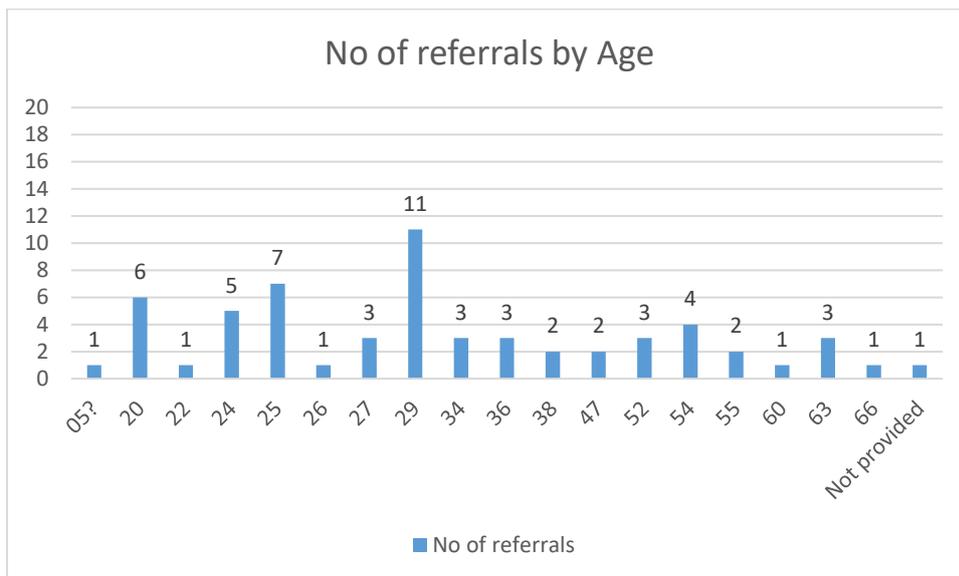


Patient Gender	No of referrals
Male	51
Female	9
Total	60



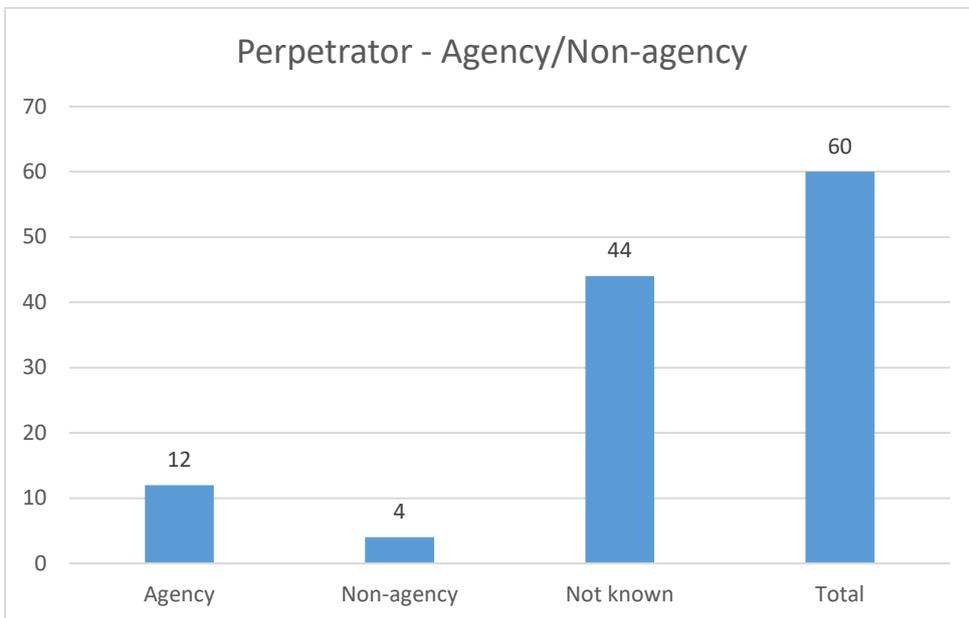
Location of alleged incident	No of referrals
PICU	2
Nurse's station - Cranfield	2
Cranfield 1	6
Cranfield 2	2
Cranfield 2 Daycare	1
Cranfield 2 Small Quiet room	1
Cranfield 2 Dining Room	1
Cranfield - Intensive Support	1
Cranfield 1 Sitting room/ward	2
Cranfield 1 - Staff base area of ward	1
Adult Mental Health Unit/Cranfield 1	1
Bedroom on Ward (Cranfield 1)	1
Bedroom/Cranfield	1
Cranfield 1 Ward	1
Cranfield 1 ward area between nurses station and dining room	1
Muckamore	1
Erne Ward	3
Erne, Muckamore Abbey Hospital	2
Erne Ward/Moyala Daycare	1
Dining area/Erne	1
Ardmore 1	1
Ardmore ward	3
Ardmore nurses station/ward	1
Ardmore - Bedroom on ward	2
ISS - Intensive Support Suite	1
Male	1
Fintona North Ward (now closed)	1
Pod area	1
Sixmile	2
Sixmile inpatients	2
Sixmile ward	1
Dayroom/Sixmile assessment	1
Nurses office/ward	1
Swimming pool/MAH	1
In MAH grounds near CF1 garden	1
Moyala Therapeutic Day services	1
Moyala Daycare	1
MAH	1
No specific location	2
Not known/no information provided	3
Total	60

Age of patient	No of referrals
Not recorded in file review	1
20	6
22	1
24	5
25	7
26	1
27	3
29	11
34	3
36	3
38	2
47	2
52	3
54	4
55	2
60	1
63	3
66	1
Not provided	1
Total	60



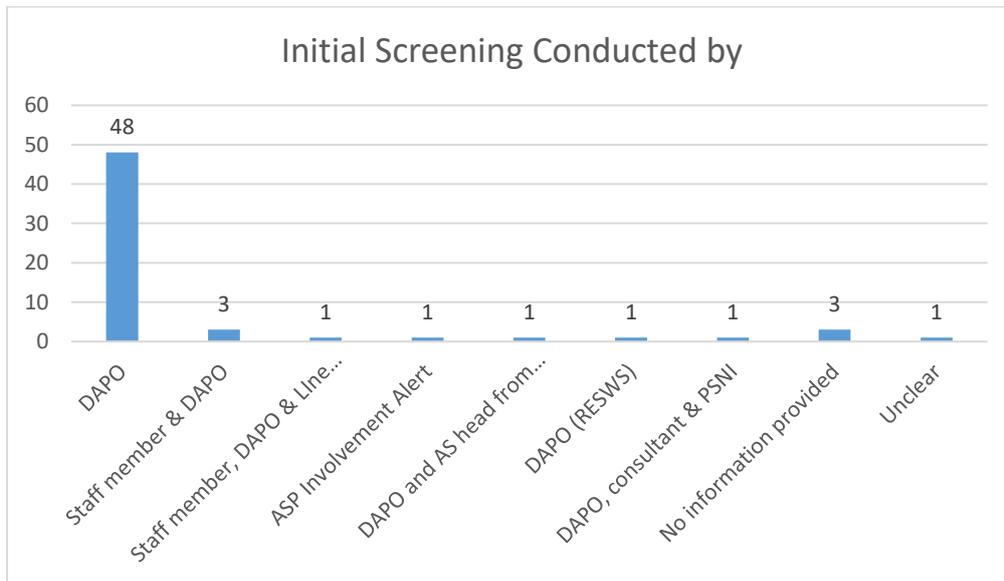
Nature of patient's disability*	No of referrals
Learning Disability (L.D.)	40
Mild L.D.	1
Moderate L.D.	2
Severe L.D.	11
LD - no capacity	2
Physical Health Condition	1
Autism/ASD	6
Severe Autism	1
Autism Developmental Trauma	1
ADD	1
Bipolar disorder	2
Mental health/Mental ill health	2
Complex Partial Epilepsy	1
Asthma	1
ADHD	2
Pyschotic Mood Disorder	1
Dual Sensory Loss	1
Schizophrenia	1
Challenging Behaviours	1
Downs Syndrome	1
No information provided	2
Total	81
*There may be more than one type of disability per patient	

Perpetrator - Agency/Non-agency	No of referrals
Agency	12
Non-agency	4
Not known	44
Total	60

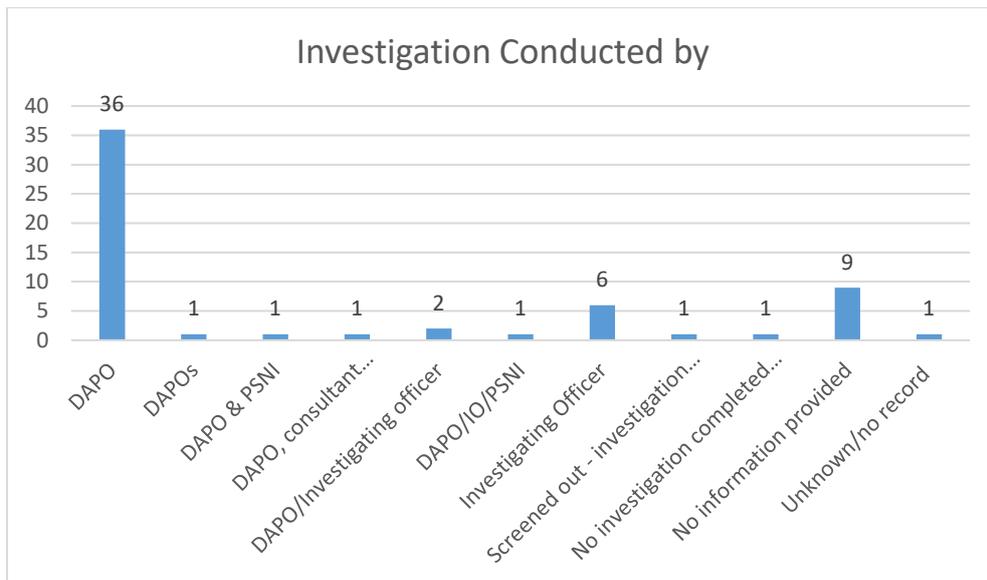


Job role of referrer	No of referrals
Named member of staff - no role provided	34
Divisonal Nurse	1
Staff member (NIC)	1
DAPO	2
Ward manager	4
Staff Nurse	5
Line manager	1
O.T.	1
Named person - adult safeguarding team	5
Charge nurse	1
Nurse in charge	1
None provided beyond 'ED'	1
DWS - Female	1
ASW	1
No information provided	1
Total	60

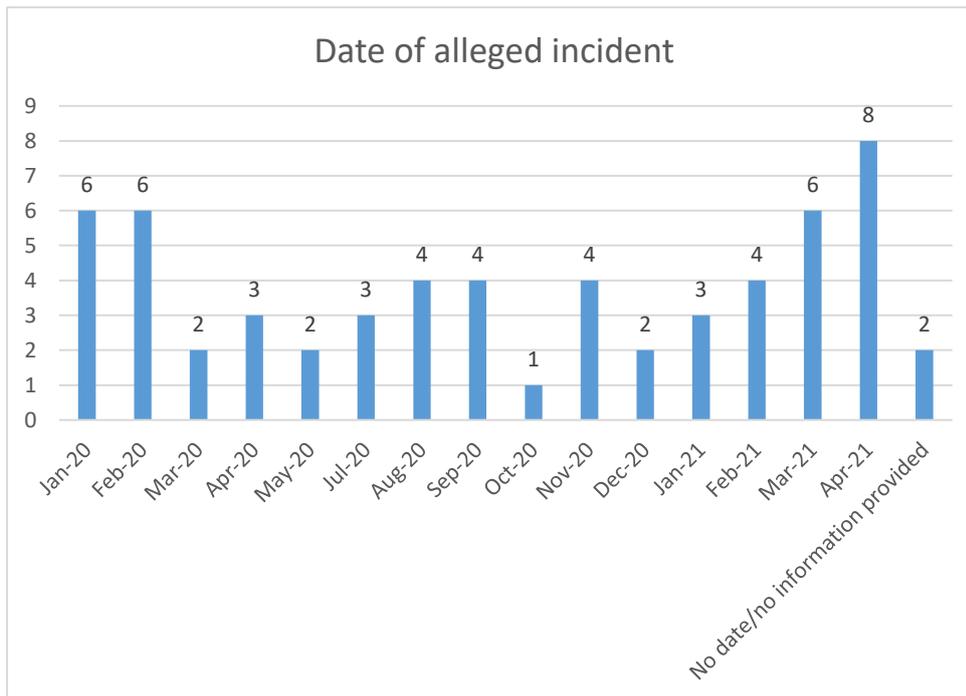
Initial screening conducted by:	No of referrals
DAPO	48
Staff member & DAPO	3
Staff member, DAPO & Line Manager	1
ASP Involvement Alert	1
DAPO and AS head from CCTV footage	1
DAPO (RESWS)	1
DAPO, consultant & PSNI	1
No information provided	3
Unclear	1
Total	60



Investigation conducted by:	No of referrals
DAPO	36
DAPOs	1
DAPO & PSNI	1
DAPO, consultant psychiatrist/PSNI CRU	1
DAPO/Investigating officer	2
DAPO/IO/PSNI	1
Investigating Officer	6
Screened out - investigation not undertaken	1
No investigation completed under ASP.	1
No information provided	9
Unknown/no record	1
Total	60



Date of alleged incident	No of referrals
Jan-20	6
Feb-20	6
Mar-20	2
Apr-20	3
May-20	2
Jul-20	3
Aug-20	4
Sep-20	4
Oct-20	1
Nov-20	4
Dec-20	2
Jan-21	3
Feb-21	4
Mar-21	6
Apr-21	8
No date/no information provided	2
Total	60



Reoccurrence of incidents

Age of patient	Gender	Ward	Number of incidents
20	M	Cranfield 1	5
24	M	Cranfield/Cranfield 1	5
25	M	Cranfield/Cranfield 1	6
27	M	Cranfield 2	3
29	M	Sixmile	10
34	M	Cranfield 1	2
36	F	Ardmore	2
38	F	Ardmore	2
47	M	Cranfield 1	2
52	M	Erne	2
54	M	Erne	4
55	M	Erne	2
63	F	Ardmore	3