

STRATEGIC PLANNING AND PERFORMANCE GROUP

REGIONAL REPORTING TEMPLATE FOR COMMUNITY CARE DIRECTORATE STATUTORY FUNCTIONS

PERFORMANCE MANAGEMENT AND ASSURANCE REPORT

For Year end 31 March 2025

SOUTHERN HEALTH & SOCIAL CARE TRUST

REPORTING TEMPLATE INDEX

SECTION 1 – EXECUTIVE SUMMARY

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

SECTION 2 – PROGRAMME OF CARE SUMMARY & DATA

- To be completed for each Programme of Care by the Social Work Leads for that Programme
- Data returns 1-6 & 9 for each Programme should follow the Programme of Care Summary
- Data Return 7 Social Work Workforce – to be submitted within a specified, separate timeframe
- Data Return 8 AYE – to be submitted within a specific, separate timeframe
- Data Return 10 Corporate Parenting – to be completed by the Family & Childcare Programme of Care (this is for the 6 month periods 1st April – 30th September and 1st October – 31st March)
- Data Return 11 Learning and Development Accountability – to be submitted within a specific timeframe
- Ensure complete reporting of all Data Returns (**nil returns or non-applicable must be reported**)

1 EXECUTIVE SUMMARY

Executive Director of Social Work:

.....
Please provide a high level summary overview which must include:

1.1 Executive Director of Social Work Statement of the Governance arrangements in place for safe and effective social work and social care services across the Trust

Through the Chief Executive, the Executive Director of Social Work (EDSW) holds delegated responsibility for statutory functions within the Southern Trust. The EDSW is Mr Colm McCafferty who is a qualified social worker and is registered with the Northern Ireland Social Care Council on Part 1 of the Register. The EDSW is a member of the Trust Board and is accountable to the Chief Executive for compliance with legislative requirements and for ensuring that systems, processes and procedures are in place to effectively discharge statutory functions in respect of Children's Services, Mental Health, Disability and Adult Community Services and in relation to the Social Work and Social Care workforce.

The Assistant Director of Social Work, Social Care Governance, Workforce Development and Training reports to the EDSW and is responsible for providing assurances that the Trust has robust arrangements to achieve and maintain high standards of governance in relation to social work and social care. These standards are monitored and evaluated to ensure a competent, flexible and professional workforce.

The Southern Trust's Assurance and Accountability Framework for Social Work and Social Care documents the governance requirements under Statutory Functions and NISCC Standards of Conduct. The Framework stipulates the roles and responsibilities of all registered staff and their line managers.

The EDSW has established quarterly accountability meetings in each Operational Directorate relevant to social work and social care. This is a key accountability and assurance process whereby governance issues in the operational Directorates, relating to statutory functions, are reviewed with Operational Directors and Directorate Social Work Leads. This also provides a line of accountability and provision of professional advice within Directorates.

The Trust has a Professional Social Work and Social Care Governance Forum which is chaired by the EDSW. Its purpose is to promote continuous professional education, learning and development, provide opportunities to share learning and highlight the requirement that professional standards are in place and adhered to, including the discharge of statutory functions.

The EDSW presents an overview report to Trust Board 3 times per year detailing assurance processes and where there are deficits in relation to statutory functions.

Each Directorate has a Professional Social Work and Social Care Governance Forum, chaired by the relevant Social Work Lead. The purpose is to disseminate information throughout the Directorate. Each Professional Forum is supported by the services of an identified Training Consultant and an identified Governance Lead.

These arrangements support Directorate Social Work Leads to monitor and improve professional governance and ensure the delivery of appropriate learning opportunities and service development initiatives.

The Trust is committed to ensuring that there are robust governance arrangements in place to ensure that learning is shared across professional and operational structures. In line with this aim, arrangements are in place for the Assistant Director for Social Work Governance, Training and Workforce Development to link with other professional governance colleagues to ensure that learning identified is shared across all sections within the Trust. This arrangement ensures an integrated governance structure which interfaces both professional and corporate issues. Complaints, incidents and risks underpinning professional practice are reviewed against the potential impact on service delivery.

The Trust provides a professional induction programme for newly appointed social work and social care staff. There are organisational structures in place across Directorates to ensure standards are met in relation to professional supervision and these arrangements are reviewed by Governance Leads. There are robust arrangements in place to ensure that all Social Work and Social Care staff are appropriately registered with NISCC and supported to maintain their registration.

1.2 Statement of the Executive Director of Social Work's assessment of the Trust's performance in effectively and efficiently delivering Directed Statutory Functions during the reporting period

The Trust, in the majority, continues to deliver effective and efficient statutory services, despite the increasing demands on services and staff across all areas of service delivery. During 2024/25 there have been sustained workforce shortages and challenges across all Directorates. Significant efforts have been made internally to manage these challenges, both in terms of recruitment and retention of staff.

Within the Children and Young People's Directorate, there are ongoing staffing pressures within Family Support and Safeguarding Services and Corporate Parenting Division. In response to the pressures the Directorate Business Continuity Plan has been enacted and the CYPS SW Improvement Forum continues to progress to oversee the reform of the SW service delivery model, taking account of the Children's Social Care Service Review recommendations. The Forum is accountable to CYPS Senior Leadership Team.

While the workforce difficulties have had an impact on the delivery of services and statutory functions, there is evidence of the Directorate's ongoing commitment to responding to families in greatest need and ensuring a constant focus on responding innovatively to presenting challenges.

I can report that the Directorate has managed to ensure a comprehensive social work service in respect of both, child protection and children in care cases. However, due to continuing staffing shortages, there continues to be a number of unallocated children's social work cases in Family Support division. In light of the workforce challenges a Social Work led skills mix approach has been implemented across Family Intervention services with considerable success reflected in reduced number of Family Support unallocated cases.

Within Children with Disabilities services the increasing volume of referrals and workforce capacity has resulted in increasing numbers of unallocated cases in Children with Disability services. Service developments are being progressed in lieu of new investments which will result in reduction of unallocated cases in addition to other supports to families.

Corporate Parenting Services have continued to report unallocated Children in Care cases throughout 2024/25. A governance and assurance framework is in place for unallocated Children in Care cases, to manage the associated risk, including escalation processes. The Directorate is committed to exiting this as soon as staffing levels permit. The service is progressing a skills mix initiative with the objective of reducing unallocated LAC and eventual elimination of same.

Within the Directorate of Mental Health and Disability, staffing challenges are ongoing, particularly in Learning Disability. Learning Disability services continue to report a number of unallocated cases and there are governance arrangements in place to manage these cases.

Within the Mental Health Division, waiting times for Primary Mental Health appointments continues to be an area of concern impacted by vacancies and Encompass. Delayed discharges from both acute and Mental Health inpatient beds remains challenging and securing suitable placement options to meet the needs of patients.

Physical Disability Services continue to be challenged with increasing numbers of outstanding packages of care. In Sensory Disability there are increased waiting times for initial assessment and an internal service review has been undertaken with a recommendation that referrals are appropriately triaged and allocated to most appropriate professional to best meet the need.

Challenges remain in relation to adequate resources to facilitate effective transitions from Children's services.

Within Adult Community Services meeting compliance with annual reviews and high numbers of unallocated cases is challenging. Quality Improvement initiatives have been undertaken and good progress has been made to increase compliance with annual reviews and reduce the numbers of unallocated cases. The demand for domiciliary care packages continues to outweigh capacity and there are high numbers of outstanding Domiciliary Care Packages impacting on Acute flow.

Adult Community Services and Mental Health and Disability Governance Leads are working collaboratively with the Social Work and Social Care Governance service to review and progress a model to enhance a skills mix approach across Adult Services. This work aims to improve areas of current challenge in terms of workforce deficits and improving compliance with statutory functions.

Despite the extensive workforce challenges across Directorates, I can confirm that the Trust has managed to deliver compliance in respect of the statutory functions in the vast majority of areas and can evidence a continuous focus on service improvement and the delivery of safe and effective care to those in need. Social Work staff have been industrious and committed in their response to meeting the complex challenges identified within the Statutory Functions action plan, particularly in the context of rebuilding and the significant levels of professional social work staff vacancies.

I personally want to acknowledge the commitment of our Social Work and Social Care staff and managers across Directorates, and thank them for their dedication and compassion in delivering services in such challenging circumstances.

The Trust is committed to ongoing improvements, however as Executive Director of Social Work, I am concerned about the continued impact of austerity and increasing poverty on vulnerable children, adults, families and communities, and the associated limitations experienced by key services in meeting demand.

This situation is significantly exacerbated to the long standing challenges associated with social work workforce supply, and underlines the urgency associated with workforce planning by the Department of Health supported by Trusts.

Signature

Date

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Learning Disability

2.1 Named Officer responsible for professional Social Work

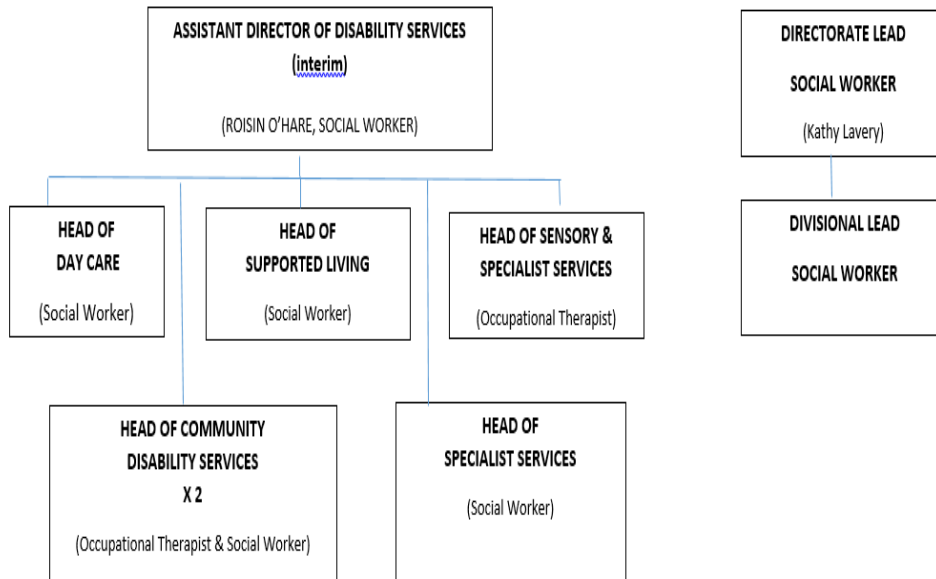
Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff and highlight any changes from last year (2024/25).

Highlight any vacancies and the action taken to recruit against these.

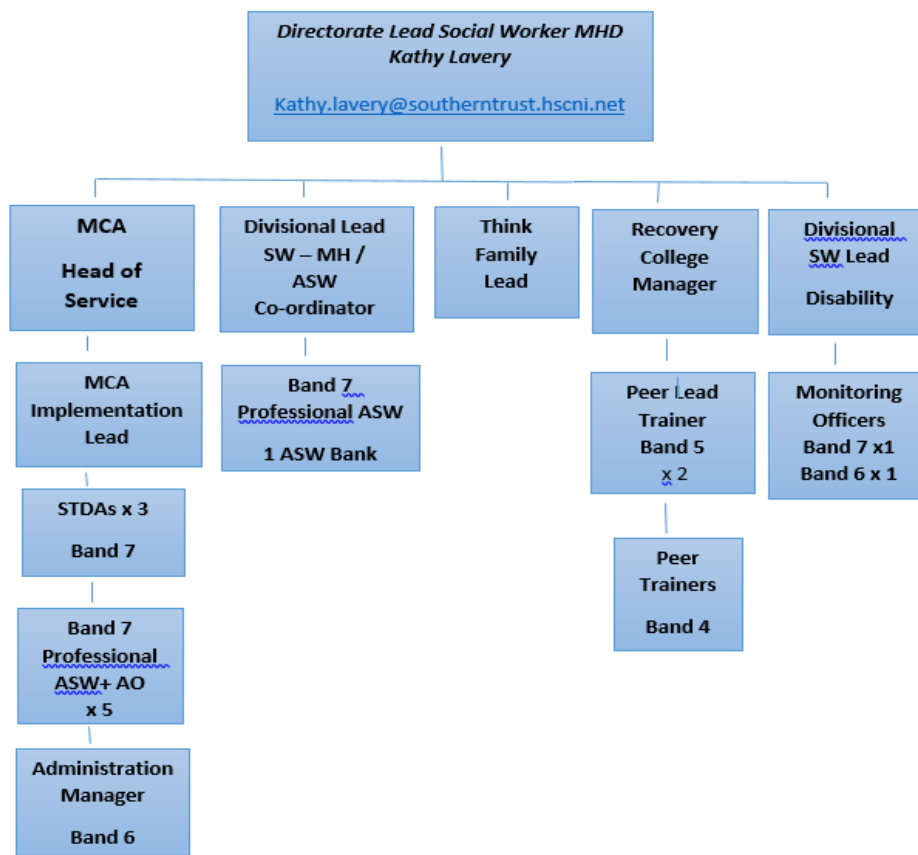
The named officer responsible for professional social work is Mrs Kathy Lavery Directorate Lead Social Worker for Mental Health and Disability Services.

Mrs Lavery is directly accountable for providing assurance to the Executive Director of Social Work in relation to professional social work issues, including statutory functions. Mrs Lavery is a qualified social worker and is registered with the Northern Ireland Social Care Council on Part 1 of the Register. The Directorate Lead Social Work post is supported by an 8a Divisional Lead, Ms Marsha Begley.

DISABILITY ORGANISATIONAL CHART



DMHD LEAD SOCIAL WORKER



Learning Disability POC Band 7 SW workforce	Learning Disability Core Community Teams	Learning Disability Specialist Services
Team Leaders	4	2
Senior Social Workers / Social Leads / ASWs	5	0
B7 Practitioner roles held by SW	0	3

2.2

Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.

Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.

Similar to 23/24 reporting year the recruitment and retention of social work staff across the Learning Disability service continues to prove challenging. The service has achieved relative stability across two locality areas, however the Craigavon and Banbridge locality has experienced ongoing difficulty. High numbers of AYE social workers appointed to the locality last year resulted in additional pressure on a very busy service and sickness levels have been particularly high. Regional recruitment in December 24 was unsuccessful with no new staff appointed. The MHD Directorate undertook a bespoke recruitment exercise for all vacant Band 6 posts, unfortunately no new social workers were appointed to this locality. Going forward this locality team will again be totally dependant on the success of AYE allocations in the weeks ahead.

Band 4 social work assistant	Band 5/6
X 1	X 3 permanent X 3 temporary

A high reliance on newly qualified staff continues to impact on performance with the need for reduced caseloads and inability to undertake MCA and Investigating Officer roles.

The Head of Service for Community Disability Teams meet fortnightly with Human Resources Recruitment Support Officer to monitor, review and progress all vacancies including social work vacancies. Despite these measures workforce pressures remains a challenge.

Professional Roles

Approved Social Work (ASW) - The number of ASWs employed across Learning Disability services has increased to 5, however one has been on long term sick leave.

Practice Teachers -The number of qualified Practice Teachers for the Learning Disability Division has reduced to 2, and one currently on the programme. Less than expected uptake and interest in post qualifying training programmes during 24/25 have been impacted by Encompass, vacancies and overall capacity within teams.

2.3	<p>Supervision arrangements for social workers</p> <p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework (Yes/No) YES</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance? N/A</p>
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2.4	<p>Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it. (This may include reference to electronic or manual data sources and any data gaps and work with Encompass).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Data accurate Y/N</th> <th style="width: 70%;"></th> </tr> </thead> <tbody> <tr> <td>DATA 1</td> <td>N</td> <td>Referrals reports are those for community Learning Disability teams which include nursing staff who undertake the case management function. 1.4: these are accurate figures 1.4a – 1.9 : these are accurate figures</td> </tr> <tr> <td>DATA 2</td> <td>Y</td> <td></td> </tr> <tr> <td>DATA 3</td> <td>N</td> <td>Figures provided reflect cases known to the service which includes social work and nurse key workers.</td> </tr> <tr> <td>DATA 4</td> <td>Y</td> <td></td> </tr> <tr> <td>DATA 5</td> <td>Y</td> <td></td> </tr> <tr> <td>DATA 9</td> <td>Y</td> <td>ASW Paris reported figures are checked against manual records for accuracy.</td> </tr> </tbody> </table>		Data accurate Y/N		DATA 1	N	Referrals reports are those for community Learning Disability teams which include nursing staff who undertake the case management function. 1.4: these are accurate figures 1.4a – 1.9 : these are accurate figures	DATA 2	Y		DATA 3	N	Figures provided reflect cases known to the service which includes social work and nurse key workers.	DATA 4	Y		DATA 5	Y		DATA 9	Y	ASW Paris reported figures are checked against manual records for accuracy.
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2.5 Programme of Care to advise of the numbers and the learning and progress on recommendations from any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity *completed* during the reporting period, that directly relates to the Trust's delivery of social work or social care services.

(please complete table below).

	Number
<i>Serious Adverse Incidents</i>	<i>0</i>
<i>Domestic Homicide Reviews</i>	<i>0</i>
<i>Case Management Reviews</i>	<i>NA</i>
<i>Mental Health Review Tribunals</i>	<i>3 x inpatient</i>
<i>Judicial Reviews</i>	<i>0</i>
<i>Audits</i>	<i>3</i>
<i>RQIA Inspections</i>	<i>Day Care = 9</i> <i>Supported Living = 8</i>
<i>RQIA Enforcement notices – Failure To Comply Notices</i>	<i>0</i>

Please provide details of any particular recommendations or learning that the Trust would wish to highlight.

Nothing to note.

2.6 Discharge of Statutory Functions

Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

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Learning Disability Issues	
<p>Day Care</p> <p>Recruitment- Limited interest in posts across Day Care Services, alongside time taken for recruitment processes to conclude.</p> <p>Complexity of service users need in transition and need for holistic assessment of service need and associated investment to include, environmental adaptations, additional support and transport.</p> <p>Resources staffing /accommodation – to manage demand, there is a requirement to provide both buildings based day care and day opportunities and to support individuals in moving on/between services.</p> <p>Need for Delegation of clinical tasks, clarity on nurse role within day care services and the good</p>	<p>Fortnightly recruitment meetings, continuation of escalation processes.</p> <p>Fortnightly interface meetings with community services, monthly locality-based transition planning, day care staff attending school reviews and getting to know visits earlier. Revenue Business Cases to include totality of transition costs, including day care. Trust wide transitions Group established with representation from key services. (on hold between January and June in lieu of Encompass implementation)</p> <p>Review of existing day care service users to identify potential for progression to day opportunities; review of service capacity and maximising provision where possible.</p> <p>Close working with professional nurse leads to support day care nurses in their role, Day care team to review in detail findings from</p>

<p>governance in delegation of clinical tasks.</p> <p>Community Learning Disability Teams Unallocated social work cases continue to be an area of concern as already reported in the DSF action plan for 24/25. There are currently 150 unallocated cases, the majority sit within the C+B Locality team.</p> <p>Lack of short break availability for complex health care and behavioural needs.</p>	<p>clinical task audit.</p> <p>Unallocated cases are supported via duty system and annual reviews. Work will commence in the weeks ahead re the role of the Social Work Assistant and potential for allocation of appropriate cases. Proactive Social Work recruitment and supporting the retention of staff will continue.</p> <p>Key workers and Short Breaks team continue to work closely with families to secure appropriate short breaks in a timely manner. Flexible short breaks are offered.</p>
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DATA RETURNS

– EACH TO BE COMPLETED FOR EACH PROGRAMME / DIRECTORATE

- 1 General Provisions
- 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

DATA RETURN 1 – PoC / Directorate Adult Learning Disability Services

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	274	12
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	175	9
1.3	How many adults are in receipt of social work or social care services at 31 st March? <i>Note: the number of adults on open caseloads of social work or social care services and aged 18+.</i>	1781	246
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? <i>Note: the number of adults on open caseloads of social workers aged 18+.</i>	682	39
1.4	How many care packages are in place on 31 st March in the following categories:		
	i. Residential Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	52	23
	ii. Nursing Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	114	66
	iii. Domiciliary Care – Include Care and Non-Care Managed Packages. (Source: SPPG PSSID return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	210	46
	iv. Supported Living	168	46
	v. Shared Lives – Adult Family Placements (long term placement) SPPG to complete	X	X
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 and the subsequent update within Circular HSC (ECCU) 1/2021. YES / NO <i>If no, please explain</i>	Yes	
1.4b	Annual Reviews – Please provide assurances to the Commissioner that there is professional oversight of the Annual Review process in your Trust	Yes	

	YES / NO <i>If no, please explain</i>		
1.5	Number of adults provided with a Short Break during the period.	<i>PSSID return</i>	<i>PSSID return</i>
1.5b	Shared Lives Short Breaks – Overnights SPPG to complete	X	X
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	321	20
	- Independent sector	57	3
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	184	14
1.6b	Shared Lives – Day Support SPPG to complete	X	X
1.7	Of those at 1.6 how many are dementia (EMI)		
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	This is intentionally blank		
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	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for: - Number of Annual Reviews Completed - Number of Annual Reviews Outstanding - % Compliance	X	X
1.11	Unallocated Cases – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X
1.12	Vacancies (Adults) – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X

**DATA RETURN 1 – Acute Hospital (general setting)
Adult Learning Disability Service**

Acute Hospitals (Craigavon Area Hospital & Daisy Hill Hospital)

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	<p>Please see Acute Hospital provisions on page 106 of this report. A breakdown of numbers for each POC is not available. All referrals for Hospital Social Work are recorded as POC1 (Acute Services)</p>		
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?			
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

DATA RETURN 2 – PoC / Directorate Adult Learning Disability Services

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 (no longer required)	X	X
2.2	Number of adults known to the Programme of Care who are:		
	Certified severely sight impaired (Blind)	43	6
	Certified severely sight impaired (Partially sighted)	22	0
	Sight Loss	52	7
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	5	1
	Profoundly Deaf Oral / Lip Readers	11	3
	Hard of hearing	61	14
	Tinnitus (New)	1	0
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	15	5

Please note the above patients are also reported under PO7 submission as the Sensory Teams hold the registers within the Trust

DATA RETURN 3 – PoC / Directorate Adult Learning Disability Services

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.	286
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	2027
3.2	Number of assessments of need carried out during period end 31 st March.	184
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 4 – PoC / Directorate Adult Learning Disability Services

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		

4.1	Number of Article 15 (HPSS Order) Payments	0
	Total expenditure for the above payments	£Nil
4.2	Number of TRUST FUNDED people in residential care	70
4.3	Number of TRUST FUNDED people in nursing care	183
4.4	How many clients are in receipt of £100 free nursing care allowance? (this refers only to self-funding clients and excludes Trust funded places)	8

DATA RETURN 5 – PoC / Directorate Adult Learning Disability Services

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 (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	172		
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	145		
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required. Reason for Decline: A1 - The carer sees their caring duties as a private matter which they prefer not to discuss. A2 - The carer does not see themselves as a carer and therefore does not see assessment as relevant. A3 - The carer felt that time/place/environment offered was unsuitable but would like the opportunity to consider an assessment at a later date A4 - The carer feels that they do not need any support/additional support A5 - The carer feels that an assessment would not result in additional support/service A6 - The carer was concerned about the impact on their benefits/income A7 – The carer feels that assessment would be too complicated or time consuming A8 - The carer would not give a reason / No reason recorded	27		
5.2b	Number of Adults waiting on a Carers assessment at 31st March - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X	X
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0		
5.4	Number of adult carers receiving a service @ 31 st March	See commentary below		

5.5	Number of young carers offered individual carers assessments during the period.	See commentary below
5.6	Number of young carers assessments completed during the period.	0
5.7	Number of young carers receiving a service @ 31 st March	See commentary below
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 (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required.	389
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these direct payments are being managed by another person acting on behalf of the service user?	0
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	335
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

5.4 and 5.5

Services provided to families are provided under the name of the service user. It is not possible to specifically identify services provided to adult/young carers.

5.7

Although we cannot provide specific data, the Southern Trust has a contract with Action for Children for young carers and 133 young people in Southern Trust area are currently in receipt of this Service.

DATA RETURN 6 – PoC / Directorate Adult Learning Disability Services

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	148
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (a) Financial (b) Institutional (c) Neglect (d) Physical (e) Psychological/ Emotional (f) Sexual (g) Exploitation	8 1 21 60 33 20 5
6.3	Number of investigations commenced within the period	70
6.4	Number of cases closed to adults in need of protection within the period	85
6.5	Number of protection plans commenced within the period	40
6.6	Number of care and protection plans in place on 31st March	Not required

DATA RETURN 7 – PoC / Directorate Adult Learning Disability Services

7 SOCIAL WORK STAFF

THIS DATA IS COLLECTED THROUGH THE AGREED TEMPLATE SHARED WITH THE TRUSTS AND RETURNED TO SPPG

DATA RETURN 8 – PoC / Directorate Adult Learning Disability Services

8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2024-2025

Return for Employers year ending 31st March 2025

This return is provided to HSCB separately as requested.

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate Adult Learning Disability Services

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	16	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	12	n/a
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	n/a
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. YES / NO <i>If no, please explain</i>	Yes	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	3
9.2a	Of these, how many resulted in an application being made?	2

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	16
9.3.a	Confirm if these reports were completed within 5 working days YES / NO <i>If no, please explain</i>	Yes

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	Confirm if these reports were completed within 14 days? YES / NO <i>If no, please explain</i>	n/a

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	3

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 (provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	0
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	3
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)	6
9.7.c	Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on;	See Data Return 9.7.c MH Division

	<ul style="list-style-type: none"> • Workforce Planning and Management • ASW Governance • ASW Training • ASW Supervision and Support <p>Please complete relevant sections within the attached report.</p>	
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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 yes, please provide number and advise on any issues presenting	No
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	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	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	n/a
	(a) Treatment as an in-patient	n/a
	(b) Treatment as an out patient	n/a
	(c) 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. Please advise of any issues presenting	n/a

9 The Mental Capacity (NI) Act, 2016

Panel Applications (during the year) (to be collected from 2022/23 onwards)		
9.14	Total number of Trust Panel Applications	SPPG will source from DoH MCA team
9.15	Number of Interim Authorisations	SPPG will source from DoH MCA team
9.16	Number of Full Authorisations	SPPG will source from DoH MCA team
9.17	Number where work has started but not completed	SPPG will source from DoH MCA team
9.18	Total number of cases not yet referred to Attorney General	SPPG will source from DoH MCA team
9.19	<p>Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? Yes / No</p> <p>Yes in community however this is a challenge in acute due to staffing pressures.</p> <p>If no, please provide brief explanation of action taken</p>	Yes
9.20	<p>Do you have sufficient numbers of staff to make TP Best Interests determination (Form 2)? Yes / No</p> <p>Yes, in community however challenge in acute due to staffing deficits.</p> <p>If no, please provide brief explanation of action taken</p>	Yes
9.21	<p>Do you have sufficient numbers of medical practitioners to complete TP medical reports (Form 6)? Yes / No</p> <p>However currently recruiting sessional doctors to ensure capacity is maintained.</p> <p>If no, please provide brief explanation of action taken</p>	Yes

Trust Panels <i>(to be collected from 2022/23 onwards)</i>		
9.22	Do you have sufficient numbers of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	Yes
9.23	Do you have sufficient number of Trust Panel members to cover Trust Panel Extension applications (Form 16)? Yes / No If no, please provide brief explanation of action taken	Yes

Extensions <i>(to be collected from 2022/23 onwards)</i>		
9.24	Total number of Extension Authorisations (during the year)	SPPG will source from DoH MCA team
9.25	Number referred to RT	SPPG will source from DoH MCA team
9.26	Number Not referred to RT	SPPG will source from DoH MCA team
9.27	Number of Cases outstanding	SPPG will source from DoH MCA team
9.28	Do you have sufficient number of staff suitably qualified to make responsible person statements (Form 15)? Yes / No If no, please provide brief explanation of action taken	Yes
9.29	Do You have Sufficient number of staff to carry out TP Extension Formal Assessments of Capacity (Form 1): Yes / No Yes however community team shortages means this is kept under review to prevent lapses If no, please provide brief explanation of action taken	Yes
9.30	Do you have sufficient number of staff to make TP Extension Best Interests determination (Form 2)? Yes / No	Yes

	If no, please provide brief explanation of action taken	
Short Term Detention Authorisations <i>(to be collected from 2022/23 onwards)</i>		
9.31	Work started but not completed (during the year)	SPPG will source from DoH MCA team
9.32	Total Number of short term detention authorisations.	SPPG will source from DoH MCA team
9.33	Do you have sufficient numbers of staff to carry out STD Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	Yes
9.34	Do you have sufficient number of staff to make STD Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	Yes
9.35	Do you have sufficient numbers of medical practitioners to complete STD medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken Ongoing challenge include rotation, training and engagement. Escalation policy in place.	No
9.36	Do you have sufficient number of ASWs and appropriate healthcare professionals to authorise STDs (Form 8)? Yes / No If no, please provide brief explanation of action taken	Yes

Live Cases (during the year) <i>(to be collected from 2022/23 onwards)</i>		
9.37	Total No. Live Trust Panel / Extension Authorisations	SPPG will source from DoH MCA team
9.38	Total No. Live Short Term Detention Authorisations	SPPG will source from DoH MCA team

Training (to be collected from 2022/23 onwards)		
9.39	Do you have sufficient number of staff trained to operate DoLs? Yes / No If no, please provide brief explanation of action taken	Yes

Trust Panels (to be collected from 2022/23 onwards)		
9.40	Do you have sufficient number of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	Yes
9.41	Do you have sufficient number of Trust Panel members to cover Trust? Yes / No If no, please provide brief explanation of action taken	Yes

Rule 6 reports and participation at hearings when required (to be collected from 2022/23 onwards)		
9.42	Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests? Yes / No If no, please provide brief explanation of action taken The Trust will frequently seek extensions to meet the requirements. This is an issue in Learning Disability services.	No
9.43	(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General? Yes / No If no, please provide brief explanation of action taken	Yes
9.44	Can you confirm that you have authorisations in place for those people who require one or more emergency provisions are in place and clearly recorded? Yes / No If no, please provide brief explanation of action taken As there is no legal requirement to record number of EPs in place however Trust now monitoring same in recent months.	No

Please outline any other risks or issues with regard to compliance with the Mental Capacity Act?

Risks-

9.22 and 9.41 Shortage of doctors means this is kept under review, recruitment for doctors ongoing.

9.30 Community team shortages mean this is kept under review to prevent lapses.

9.35 Workforce shortages including doctors means STDAs are not always being completed.

9.42 Timeframes from RT to complete Rule 6 reports means frequent requests for extension period required in some cases - Trust/DLS support.

9.44 Trust now monitoring timeframes where Emergency Provisions in place and time taken to submit to Panel. Workforce shortages within community teams impact on capacity to complete this work.

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Physical and Sensory Disability

2.1 Named Officer responsible for professional Social Work

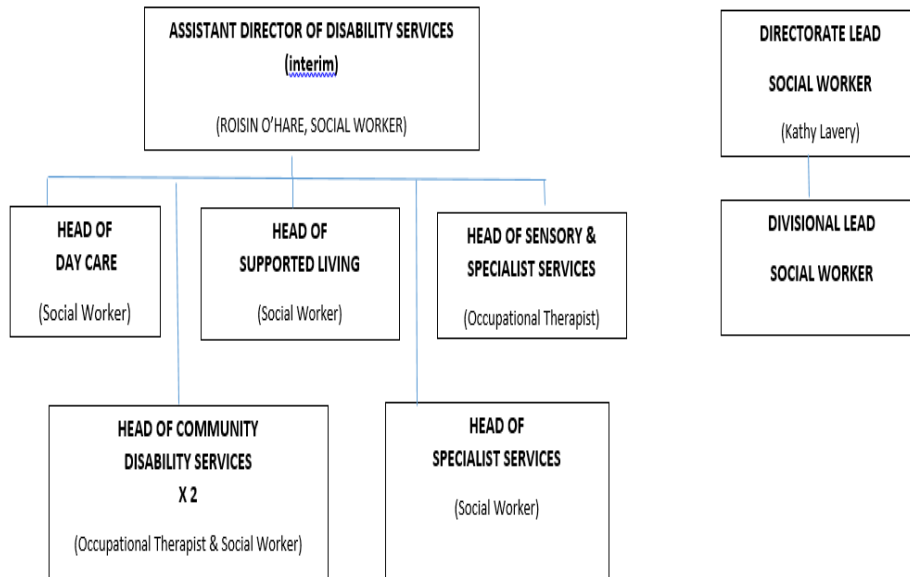
Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff and highlight any changes from last year (2024/25).

Highlight any vacancies and the action taken to recruit against these.

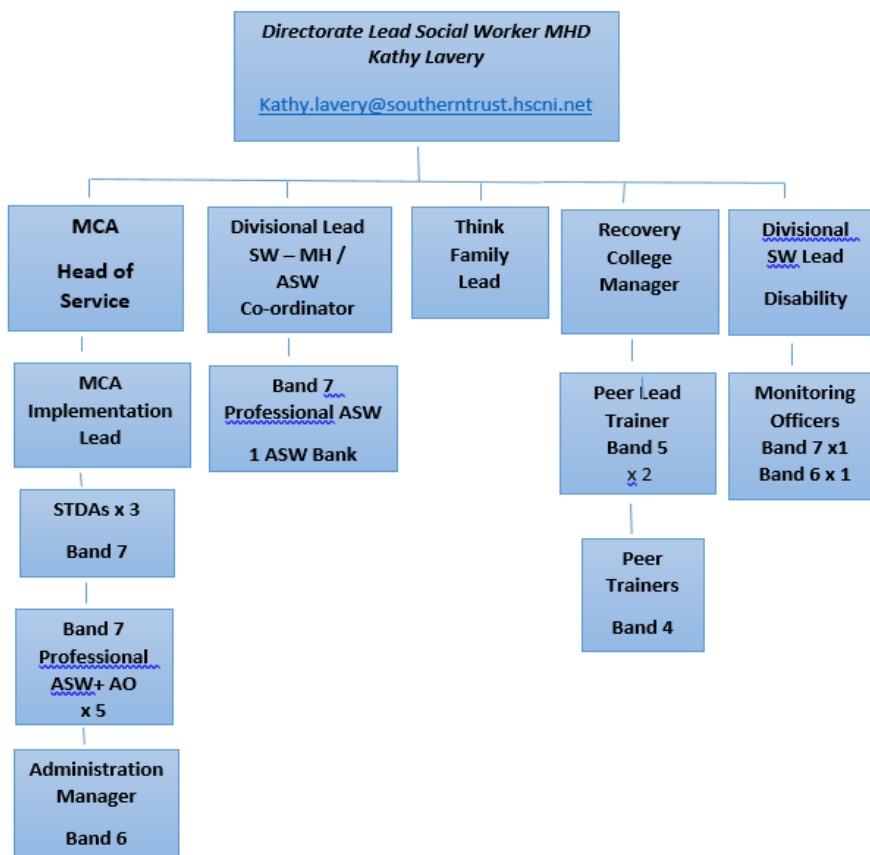
The named officer responsible for professional social work is Mrs Kathy Lavery Directorate Lead Social Worker for Mental Health and Disability Services.

Mrs Lavery is directly accountable for providing assurance to the Executive Director of Social Work in relation to professional social work issues including statutory functions. Mrs Lavery is a qualified social worker and is registered with the Northern Ireland Social Care Council on Part 1 of the Register. The Directorate Lead Social Worker is supported by an 8A Divisional Lead Social Worker, Ms Marsha Begley.

DISABILITY ORGANISATIONAL CHART



DMHD LEAD SOCIAL WORKER



Physical / Sensory Disability Band 7 Social Work Workforce	Physical Disability	Sensory Disability
Team Leaders	2	2
Senior Social Workers / Social Leads / ASWs	2 + 1 vacant	0

NB: a HOS for Community Disability and an 8A Service Co-ordinator have recently been appointed, both are social work professionals by background.

2.2	<p>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.</p> <p>Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.</p> <p>The Physical Disability service has experienced a very settled year and have had no significant recruitment or retention issues; there is currently one Band 6 vacancy which is out to recruitment and one recent Band 7 Social Work Lead post vacant.</p> <p>The Sensory Disability service has experienced significant long-term sick leave and vacancies due to retirements and new opportunities. Recruitment is in progress to fill one vacant social work post. An internal review of the Sensory service is currently underway.</p> <p>There are 6 identified Designated Adult Protection Officers (DAPO) for the Programme of Care who work as part of a Directorate Rotation model to provide a robust DAPO service.</p> <p>There are 16 trained Investigating Officers (IO) for the Programme of Care who provide support to other Programme of Care services to ensure they have opportunity to maintain their I/O competencies and skills. Safeguarding referrals for this Programme of Care are low and therefore the opportunity to maintain and develop investigation skills is limited.</p> <p>There are 3 Practice Teachers and a commitment from all teams to support student placements. There is one Social Worker currently on the Practice teaching programme.</p> <p>There is one Social Worker currently on the ASW programme.</p>
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2.3	<p>Supervision arrangements for social workers</p> <p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework (Yes/No) YES</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?</p> <p>N/A</p>
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<p>2.4</p>	<p>Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it. (This may include reference to electronic or manual data sources and any data gaps and work with Encompass).</p> <table border="1" data-bbox="316 427 1353 1133"> <thead> <tr> <th data-bbox="316 427 491 539">Data</th> <th data-bbox="491 427 644 539">Data accurate Y/N</th> <th data-bbox="644 427 1353 539"></th> </tr> </thead> <tbody> <tr> <td data-bbox="316 539 491 685">DATA 1</td> <td data-bbox="491 539 644 685">Y</td> <td data-bbox="644 539 1353 685">Unlike other multidisciplinary teams the key worker role and case management function is held by social work professionals only therefore all DATA 1 figures provided are accurate.</td> </tr> <tr> <td data-bbox="316 685 491 723">DATA 2</td> <td data-bbox="491 685 644 723">Y</td> <td data-bbox="644 685 1353 723"></td> </tr> <tr> <td data-bbox="316 723 491 1021">DATA 3</td> <td data-bbox="491 723 644 1021">N</td> <td data-bbox="644 723 1353 1021">Figures provided reflect all cases referred to and known to the service. 2 out of the 3 PD teams accept cases where short term health care support is required, these cases are unlikely to have a long term or substantial disability and therefore do not meet the definition disability within the Disabled Person Act</td> </tr> <tr> <td data-bbox="316 1021 491 1059">DATA 4</td> <td data-bbox="491 1021 644 1059">Y</td> <td data-bbox="644 1021 1353 1059"></td> </tr> <tr> <td data-bbox="316 1059 491 1097">DATA 5</td> <td data-bbox="491 1059 644 1097">Y</td> <td data-bbox="644 1059 1353 1097"></td> </tr> <tr> <td data-bbox="316 1097 491 1133">DATA 9</td> <td data-bbox="491 1097 644 1133">Y</td> <td data-bbox="644 1097 1353 1133"></td> </tr> </tbody> </table> <p>The Physical and Sensory disability services are engaged with all relevant regional and Trust encompass working groups. All staff are currently engaged in Encompass training relevant to their role.</p>	Data	Data accurate Y/N		DATA 1	Y	Unlike other multidisciplinary teams the key worker role and case management function is held by social work professionals only therefore all DATA 1 figures provided are accurate.	DATA 2	Y		DATA 3	N	Figures provided reflect all cases referred to and known to the service. 2 out of the 3 PD teams accept cases where short term health care support is required, these cases are unlikely to have a long term or substantial disability and therefore do not meet the definition disability within the Disabled Person Act	DATA 4	Y		DATA 5	Y		DATA 9	Y	
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DATA 4	Y																					
DATA 5	Y																					
DATA 9	Y																					
<p>2.5</p>	<p>Programme of Care to advise of the numbers and the learning and progress on recommendations from any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity <i>completed</i> during the reporting period, that directly relates to the Trust's delivery of social work or social care services. (please complete table below).</p>																					
	<table border="1" data-bbox="316 1794 1323 2020"> <thead> <tr> <th data-bbox="316 1794 1034 1839"></th> <th data-bbox="1034 1794 1323 1839">Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="316 1839 1034 1877"><i>Serious Adverse Incidents</i></td> <td data-bbox="1034 1839 1323 1877">0</td> </tr> <tr> <td data-bbox="316 1877 1034 1915"><i>Domestic Homicide Reviews</i></td> <td data-bbox="1034 1877 1323 1915">0</td> </tr> <tr> <td data-bbox="316 1915 1034 1953"><i>Case Management Reviews</i></td> <td data-bbox="1034 1915 1323 1953">0</td> </tr> <tr> <td data-bbox="316 1953 1034 1991"><i>Mental Health Review Tribunals</i></td> <td data-bbox="1034 1953 1323 1991">1 x Guardianship</td> </tr> <tr> <td data-bbox="316 1991 1034 2020"><i>Judicial Reviews</i></td> <td data-bbox="1034 1991 1323 2020">0</td> </tr> </tbody> </table>		Number	<i>Serious Adverse Incidents</i>	0	<i>Domestic Homicide Reviews</i>	0	<i>Case Management Reviews</i>	0	<i>Mental Health Review Tribunals</i>	1 x Guardianship	<i>Judicial Reviews</i>	0									
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	<i>Audits</i>	<i>1</i>
	<i>RQIA Inspections</i>	<i>Day Care = 2</i>
	<i>RQIA Enforcement notices – Failure To Comply Notices</i>	<i>0</i>
<p>Please provide details of any particular recommendations or learning that the Trust would wish to highlight.</p>		
<p>Nothing of note.</p>		

2.6 Discharge of Statutory Functions

Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

2.6	Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	Physical Disability and Sensory Impairment Issues	
	<p>Sensory Disability</p> <p>Increased waiting times for initial assessment. All referrals regardless of identified need for social work intervention or equipment / rehab service are first assessed by a social worker, this practice has contributed to increased awaiting times.</p> <p>Physical Disability</p> <p>The physical disability service continues to be challenged with outstanding packages of care. This has resulted in usage of temporary nursing home placements in the absence of residential beds. There are currently 32 service users waiting a package of care, a drop of 22 on the same period last year.</p> <p>However, it has also been reported the increasing difficulty securing packages which require specific tasks</p>	<p>An internal service review has been undertaken with a recommendation that referrals are triaged and allocated to most appropriate professional to best meet the need. This will mean that a social work assessment will not be required in all circumstances and thus waiting times for individuals requiring a specific social work assessment will reduce.</p> <p>Daily checks with agencies and link with Trust Home Care / Adult Community Services who are responsible for the commissioning of domiciliary care Assessed need is review regularly Increased support from keyworker staff.</p> <p>This issue is currently under review via the SPPG Service Delivery Plan.</p>

<p>eg support with Epilepsy management – agencies are reporting that they are not willing to train staff in epilepsy management due to the high turnover of staff.</p> <p>Delayed hospital discharges particularly for those with high complex care needs and mental illness. Nursing homes with Physical Disability registered beds are often not equipped to manage the level of mental illness experienced by the service users and Nursing homes with mental health beds are not willing to accept those with complex physical disabilities.</p> <p>There are currently 6 delayed discharges with timeframes ranging from 3 – 6 months.</p>	<p>Delayed discharges remain a priority and staff engage with nursing homes on a regular basis to try to agree to placement.</p>
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DATA RETURNS

– EACH TO BE COMPLETED FOR EACH PROGRAMME / DIRECTORATE

- 1 General Provisions
- 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

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	558	578
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	497	499
1.3	How many adults are in receipt of social work or social care services at 31 st March? <i>Note: the number of adults on open caseloads of social work or social care services and aged 18+.</i>	977	300
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? <i>Note: the number of adults on open caseloads of social workers aged 18+.</i>	226	280
1.4	How many care packages are in place on 31 st March in the following categories:		
	i. Residential Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	3	0
	ii. Nursing Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	55	8
	iii. Domiciliary Care – Include Care and Non-Care Managed Packages. (Source: SPPG PSSID return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	409	7
	iv. Supported Living	13	0
	v. Shared Lives –Adult Family Placements (long term placement) SPPG to complete	X	X
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 and the subsequent update within Circular HSC (ECCU) 1/2021. YES / NO <i>If no, please explain</i>	Yes	

1.4b	Annual Reviews – Please provide assurances to the Commissioner that there is professional social work oversight of the Annual Review process in your Trust YES / NO <i>If no, please explain</i>	Yes	
1.5	Number of adults provided with a Short Break during the period.	<i>PSSID return</i>	<i>PSSID return</i>
1.5b	Shared Lives Short Breaks – Overnights SPPG to complete	X	X
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	46	1
	- Independent sector	11	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	23	0
1.6b	Shared Lives Day Support SPPG to complete	X	X
1.7	Of those at 1.6 how many are dementia (EMI)		
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	This is intentionally blank		
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	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for: - Number of Annual Reviews Completed - Number of Annual Reviews Outstanding - % Compliance	X	X
1.11	Unallocated Cases – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X
1.12	Vacancies (Adults) – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X

DATA RETURN 1 – Acute Hospital (general setting)
Adult Physical & Sensory Disability Service

Acute Hospitals (Craigavon Area Hospital & Daisy Hill Hospital)

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	<p>Please see Acute Hospital provisions on page 106 of this report. A breakdown of numbers for each POC is not available. All referrals for Hospital Social Work are recorded as POC1 (Acute Services)</p>		
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?			
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

DATA RETURN 2 – PoC / Directorate Adult Physical & Sensory
Disability Service

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 (no longer required)	X	X
2.2	Number of adults known to the Programme of Care who are:		
	Certified severely sight impaired (Blind)	344	408
	Certified severely sight impaired (Partially sighted)	262	184
	Sight Loss	393	721
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	118	41
	Profoundly Deaf Oral / Lip Readers	95	36
	Hard of hearing	757	1638
	Tinnitus (New)	104	114
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	87	280

DATA RETURN 3 – PoC / Directorate Adult Physical Disability Service only

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.	334
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	765
3.2	Number of assessments of need carried out during period end 31 st March.	324
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 3 – PoC / Directorate Adult Sensory Disability Service only

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.	802
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	512
3.2	Number of assessments of need carried out during period end 31 st March.	672
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 4 – PoC / Directorate Adult Physical & Sensory Disability Service

**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	0
	Total expenditure for the above payments	£Nil
4.2	Number of TRUST FUNDED people in residential care	3
4.3	Number of TRUST FUNDED people in nursing care	71
4.4	How many clients are in receipt of £100 free nursing care allowance? (this refers only to self-funding clients and excludes Trust funded places)	2

DATA RETURN 5 – PoC / Directorate Adult Physical & Sensory Disability Service

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 (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	373		
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	173		
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required. Reason for Decline: A1 - The carer sees their caring duties as a private matter which they prefer not to discuss. A2 - The carer does not see themselves as a carer and therefore does not see assessment as relevant. A3 - The carer felt that time/place/environment offered was unsuitable but would like the opportunity to consider an assessment at a later date A4 - The carer feels that they do not need any support/additional support A5 - The carer feels that an assessment would not result in additional support/service A6 - The carer was concerned about the impact on their benefits/income A7 – The carer feels that assessment would be too complicated or time consuming A8 - The carer would not give a reason / No reason recorded	200		
5.2b	Number of Adults waiting on a Carers assessment at 31 st March – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics.	X	X	X
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0		

5.4	Number of adult carers receiving a service @ 31 st March	See commentary below
5.5	Number of young carers offered individual carers assessments during the period.	See commentary below
5.6	Number of young carers assessments completed during the period.	0
5.7	Number of young carers receiving a service @ 31 st March	See commentary below
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 (Source: SPPG PSSID Return)	193
	Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required.	
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these direct payments are being managed by another person acting on behalf of the service user?	0
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	113
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

5.4 and 5.5

Services provided to families are provided under the name of the service user. It is not possible to specifically identify services provided to adult/young carers.

5.7

Although we cannot provide specific data, the Southern Trust has a contract with Action for children for young carers and 133 young people in Southern Trust area are currently in receipt of this Service.

DATA RETURN 6 – PoC / Directorate Adult Physical & Sensory Disability Service

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	62
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (a) Financial (b) Institutional (c) Neglect (d) Physical (e) Psychological/ Emotional (f) Sexual (g) Exploitation	10 0 4 26 12 8 2
6.3	Number of investigations commenced within the period	17
6.4	Number of cases closed to adults in need of protection within the period	18
6.5	Number of protection plans commenced within the period	9
6.6	Number of care and protection plans in place on 31st March	Not required

7 SOCIAL WORK STAFF

**THIS DATA IS COLLECTED THROUGH THE AGREED TEMPLATE SHARED
WITH THE TRUSTS AND RETURNED TO SPPG**

**DATA RETURN 8 – PoC / Directorate Adult Physical & Sensory
Disability Service**

8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2024-2025

Return for Employers year ending 31st March 2025

This return is provided to HSCB separately as requested.

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate

**Adult Physical &
Sensory Disability Service**

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)	n/a	n/a
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	n/a	n/a
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	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. YES / NO <i>If no, please explain</i>	n/a	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	0
9.2a	Of these, how many resulted in an application being made?	n/a

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	0
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> YES / NO <i>If no, please explain</i>	n/a

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	Confirm if these reports were completed within 14 days? YES / NO <i>If no, please explain</i>	n/a

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	0

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 (provide total number)	1
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	0
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	3
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)	2
9.7c	Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on; <ul style="list-style-type: none"> Workforce Planning and Management 	See Data Return 9.7.c MH Division

	<ul style="list-style-type: none"> • ASW Governance • ASW Training • ASW Supervision and Support <p>Please complete relevant sections within the attached report.</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 yes, please provide number and advise on any issues presenting	No
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	0

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:	n/a
	(a) Treatment as an in-patient	n/a
	(b) Treatment as an out patient	n/a
	(c) 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. Please advise of any issues presenting	n/a

9 The Mental Capacity (NI) Act, 2016

Panel Applications (during the year) (to be collected from 2022/23 onwards)		
9.14	Total number of Trust Panel Applications	SPPG will source from DoH MCA team
9.15	Number of Interim Authorisations	SPPG will source from DoH MCA team
9.16	Number of Full Authorisations	SPPG will source from DoH MCA team
9.17	Number where work has started but not completed	SPPG will source from DoH MCA team
9.18	Total number of cases not yet referred to Attorney General	SPPG will source from DoH MCA team
9.19	<p>Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? Yes / No</p> <p>Yes in community however this is a challenge in acute due to staffing pressures</p> <p>If no, please provide brief explanation of action taken</p>	Yes
9.20	<p>Do you have sufficient numbers of staff to make TP Best Interests determination (Form 2)? Yes / No</p> <p>Yes, in community however challenge in acute due to staffing deficits</p> <p>If no, please provide brief explanation of action taken</p>	Yes
9.21	<p>Do you have sufficient numbers of medical practitioners to complete TP medical reports (Form 6)? Yes / No</p> <p>However currently recruiting sessional doctors to ensure capacity is maintained</p> <p>If no, please provide brief explanation of action taken</p>	Yes

Trust Panels <i>(to be collected from 2022/23 onwards)</i>		
9.22	Do you have sufficient numbers of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	Yes
9.23	Do you have sufficient number of Trust Panel members to cover Trust Panel Extension applications (Form 16)? Yes / No If no, please provide brief explanation of action taken	Yes

Extensions <i>(to be collected from 2022/23 onwards)</i>		
9.24	Total number of Extension Authorisations (during the year)	SPPG will source from DoH MCA team
9.25	Number referred to RT	SPPG will source from DoH MCA team
9.26	Number Not referred to RT	SPPG will source from DoH MCA team
9.27	Number of Cases outstanding	SPPG will source from DoH MCA team
9.28	Do you have sufficient number of staff suitably qualified to make responsible person statements (Form 15)? Yes / No If no, please provide brief explanation of action taken	Yes
9.29	Do You have Sufficient number of staff to carry out TP Extension Formal Assessments of Capacity (Form 1): Yes / No Yes however community team shortages means this is kept under review to prevent lapses If no, please provide brief explanation of action taken	Yes
9.30	Do you have sufficient number of staff to make TP Extension Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	Yes

Short Term Detention Authorisations <i>(to be collected from 2022/23 onwards)</i>		
9.31	Work started but not completed (during the year)	SPPG will source from DoH MCA team
9.32	Total Number of short term detention authorisations.	SPPG will source from DoH MCA team
9.33	Do you have sufficient numbers of staff to carry out STD Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	Yes
9.34	Do you have sufficient number of staff to make STD Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	Yes
9.35	Do you have sufficient numbers of medical practitioners to complete STD medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken Ongoing challenge include rotation, training and engagement Escalation policy in place	No
9.36	Do you have sufficient number of ASWs and appropriate healthcare professionals to authorise STDs (Form 8)? Yes / No If no, please provide brief explanation of action taken	Yes

Live Cases (during the year) <i>(to be collected from 2022/23 onwards)</i>		
9.37	Total No. Live Trust Panel / Extension Authorisations	SPPG will source from DoH MCA team
9.38	Total No. Live Short Term Detention Authorisations	SPPG will source from DoH MCA team

Training (to be collected from 2022/23 onwards)		
9.39	Do you have sufficient number of staff trained to operate DoLs? Yes / No If no, please provide brief explanation of action taken	Yes

Trust Panels (to be collected from 2022/23 onwards)		
9.40	Do you have sufficient number of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	Yes
9.41	Do you have sufficient number of Trust Panel members to cover Trust? Yes / No If no, please provide brief explanation of action taken	Yes

Rule 6 reports and participation at hearings when required (to be collected from 2022/23 onwards)		
9.42	Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests? Yes / No If no, please provide brief explanation of action taken	Yes
9.43	(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General? Yes / No If no, please provide brief explanation of action taken	Yes
9.44	Can you confirm that you have authorisations in place for those people who require one or more emergency provisions are in place and clearly recorded? Yes / No If no, please provide brief explanation of action taken As there is no legal requirement to record number of EPs in place, however Trust now monitoring same in recent months.	No

Please outline any other risks or issues with regard to compliance with the Mental Capacity Act?

Risks-

9.22 and 9.41 Shortage of doctors means this is kept under review, recruitment for doctors ongoing.

9.30 Community team shortages mean this is kept under review to prevent lapses.

9.35 Workforce shortages including doctors means STDAs are not always being completed.

9.42 Timeframes from RT to complete Rule 6 reports means frequent requests for extension period required in some cases - Trust/DLS support.

9.44 Trust now monitoring timeframes where Emergency Provisions in place and time taken to submit to Panel. Workforce shortages within community teams impact on capacity to complete this work.

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Mental Health / Older Peoples MH

2.1 Named Officer responsible for professional Social Work

Accountability Arrangements – Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff and highlight any changes from last year (2024/25).

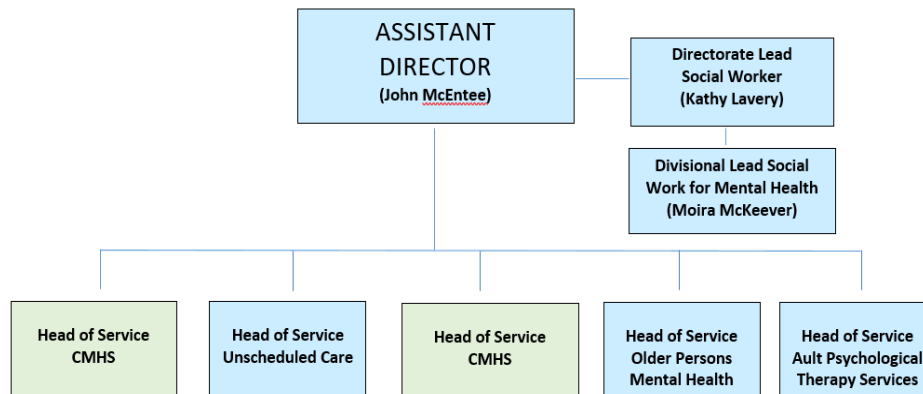
The named officer responsible for professional social work is Mrs Kathy Lavery, Directorate Lead Social Worker for Mental Health and Disability Services.

Mrs Lavery is directly accountable for providing assurance to the Executive Director of Social Work in relation to professional social work issues including statutory functions. Mrs Lavery is a qualified social worker and is registered with the Northern Ireland Social Care Council on Part 1 of the Register.

Mrs Lavery is supported by the Divisional Lead Social Worker, Ms Moira McKeever who is also a member of the Trust Professional Social Work Forum. The Directorate ensures that there are appropriate arrangements in place for Social Work and Social Care governance through operational management lines.

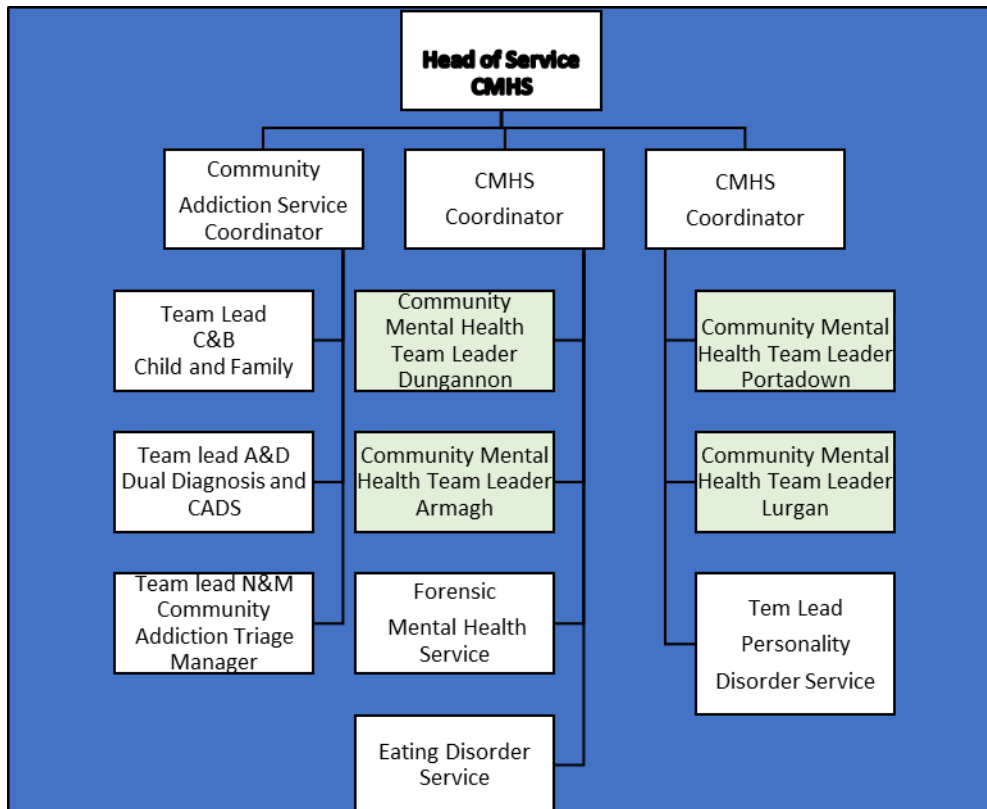
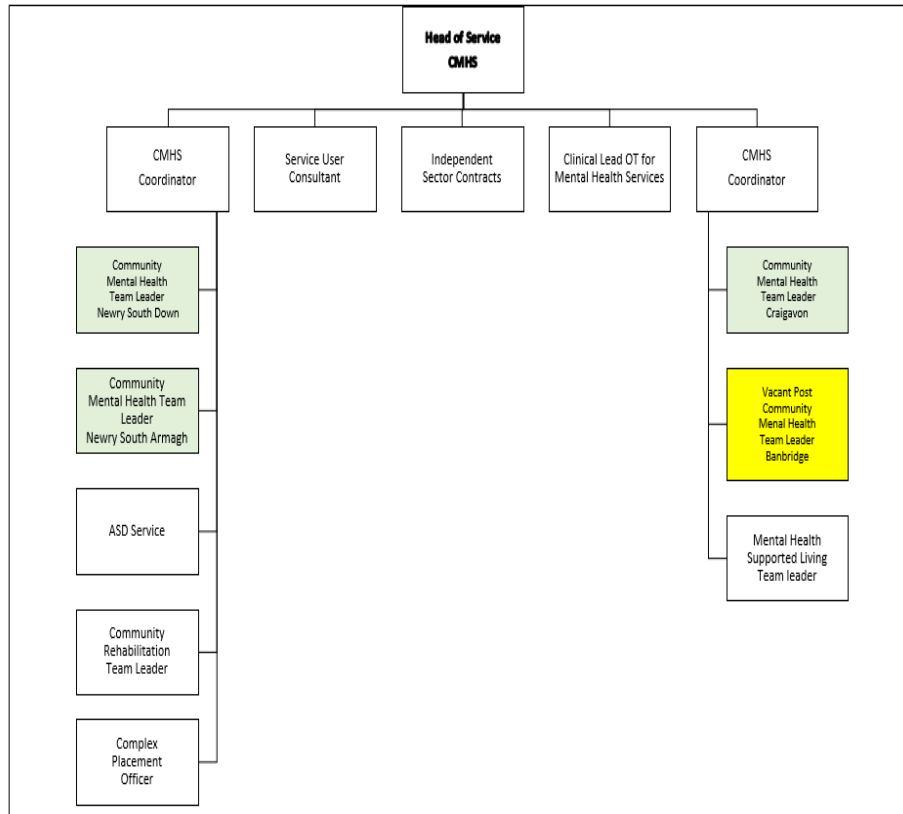
Org Charts relevant to Social Work Accountability

MENTAL HEALTH DIVISION

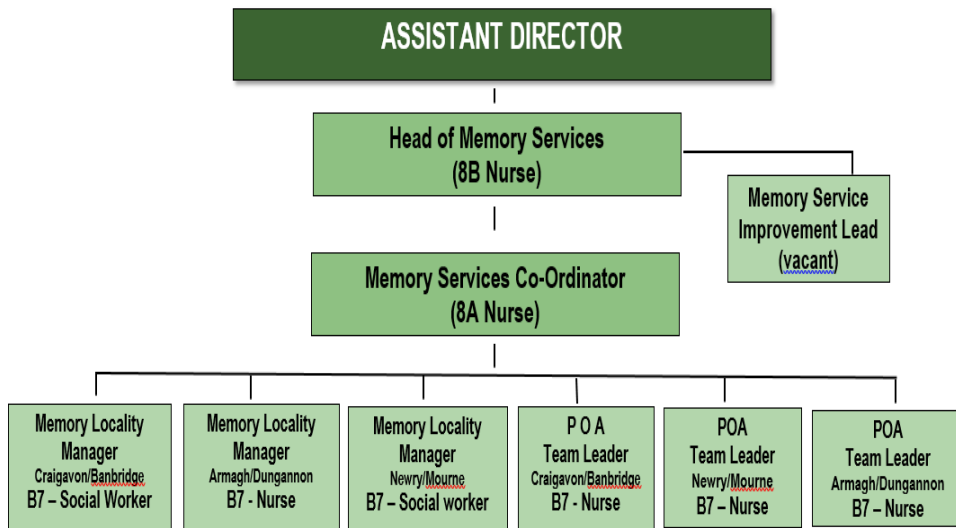


Please note that the Support and Recovery service and Primarily Mental Health have recently underwent review and reform and are now a Community Mental Health service. Head of Service responsibility is shared by two 8B managers (one Nurse and one Social Worker)

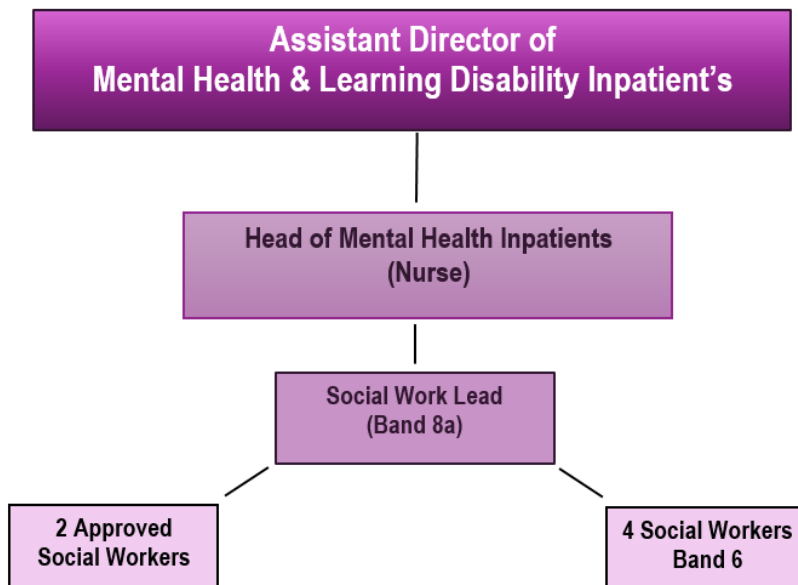
COMMUNITY MENTAL HEALTH SERVICES



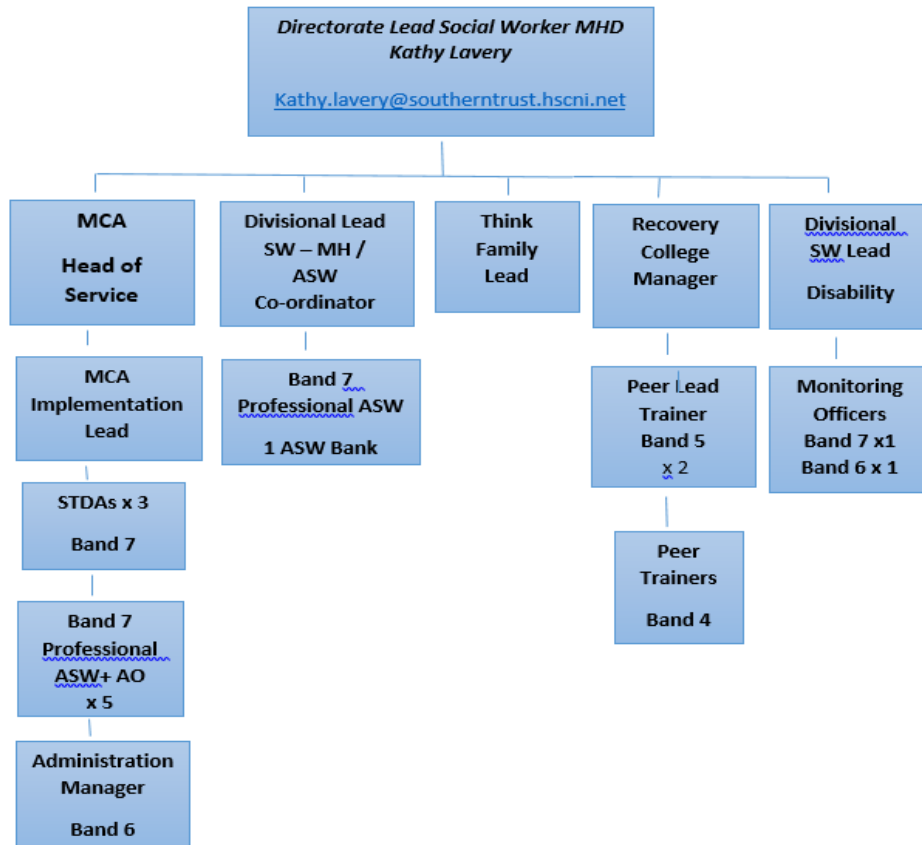
Mental Health Older Persons Service Organisational Chart



Mental Health Inpatient Organisation Chart



DMHD LEAD SOCIAL WORKER



Mental Health POC Band 7 SW workforce	Core Community Mental Health Services	Inpatients	Mental Health Older People	Community Addictions	Specialist services
Team Leaders	3	1 (8A)	0	2	1
Senior Social Workers / Social Leads / ASWs	9	2	7	1	2
B7 Practitioner roles held by SW	0	0	0	0	3

Vacancies

B7 SW specific vacancies x 1 SW Lead post. This is a new investment post into professional leadership roles across the Community Mental Health service. This post has been accepted and the new staff member will take up post in April 25.

2.2 Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.

Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.

The Community Mental Health service has experienced steady recruitment and retention of social work staff during the reporting period, however as part of the new Community Mental Health service reform, additional Social Work posts have been established. It is proving difficult to fill all social work posts across the new service and there are currently 5 vacant permanent band 6 posts. The Community Mental Health Service reform has also provided an opportunity to develop dedicated professional roles. Where previously social workers employed in Primary Mental Health were often identified as Mental Health Practitioners, these posts are now ring fenced for Social Work.

Vacant posts as at 31/ 3 /2024

	Community Mental health	Community Memory service / Psychiatry of Old Age	Inpatients
Band 6 SW	5 permanent 2 temporary (4 B6 Posts have recently been accepted and start dates have yet to be confirmed)	1 PERM + 1 TEMP	1 – start date pending
Band 7 SW	NIL	NIL	NIL

Adult Safeguarding

The Mental Health Division works alongside Disability Division colleagues to support a DAPO rotation model which ensures a fair division of workload

and timely progress of adult protection case.

The Mental Health Division has 17 identified DAPOs, this group includes ASWs / Band 7 SW Leads/ Managers. All active DAPOs have achieved compliance with DAPO CPD.

Practice Teaching

The Division remains underrepresented within the Directorates cohort of Practice Teachers, albeit there has been an increase in the number of Practice Teachers from 6 to 7. This will be an area of focus in the year ahead.

Family Systemic Practice

There is 1 senior social worker who has successfully completed the 2 year programme and is now a qualified Family Systemic Practitioner and another 2 who will move into their 2nd year in September 2025. Trained staff in Systemic Family Practice will support a Think family and family focused culture within our Mental Health service going forward.

ASW Service

The Southern Trust have continued to evidence improvement of ASW staff available to fulfil the statutory requirements. There are currently 48 ASWs appointed by the Southern Trust.

There are a small number of ASWs who are not available to the rota due to health / disability and undertake ASW functions via MCA roles.

We have 5 candidates currently on the ASW programme, however it should be noted that all are from the Mental Health and Disability Directorate. It is proving particularly challenging to encourage ASW nominations from outside of Mental Health and Disability services, which will impact on the Trust's ability to meet the ASW Quality Standards.

2.3 Supervision arrangements for social workers

Please confirm that the Trust is fully compliant with the Regional Supervision Framework (Yes/No) YES

If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?

ASW Supervision
All ASWs have an identified ASW supervisor and receive supervision x3 per annum.

2.4 Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it. (This may include reference to electronic or manual data sources and any data gaps and work with Encompass).

	Data accurate Y/N	
DATA 1	N	Referrals reported are those for community MH teams which include multidisciplinary staff. It is very difficult to accurately reflect the data required. Referrals are made to MH teams for a MH assessment, not specifically a social work assessment. With regards to inpatient data, as this is a SW service data is correct. 1.4: these are accurate figures 1.4a – 1.9 : these are accurate figures
DATA 4	Y	
DATA 5	Y	
DATA 9	Y	ASW Paris reported figures are checked against manual records for accuracy.

Mental Health professionals are represented at the relevant Encompass working groups and all staff are engaged in Encompass training relevant to their role.

2.5 Programme of Care to advise of the numbers and the learning and progress on recommendations from any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity *completed* during the reporting period, that directly relates to the Trust’s delivery of social work or social care services.
(please complete table below).

	Number
<i>Serious Adverse Incidents</i>	9
<i>Domestic Homicide Reviews</i>	1
<i>Case Management Reviews</i>	0
<i>Mental Health Review Tribunals</i>	25 inpatient MH 1 – Guardianship
<i>Judicial Reviews</i>	0
<i>Audits</i>	0
<i>RQIA Inspections</i>	3
<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0

Please provide details of any particular recommendations or learning that the Trust would wish to highlight.

Recommendations for noting

RQIA Mental Health Inpatients	The Southern Health and Social Care Trust must ensure that where protection plans are subject to change these are discussed and agreed with all relevant parties and ensure that there is effective communication with managers responsible for the oversight of the protection plans. This related to cases where a bank staff member is the subject of investigation and who is the lead service.
SAI Re Interface across two Trusts.	In cases with complex needs, frequent presentations and shared care across two trust areas, a multidisciplinary case review should be initiate to include all care givers and family.
SAI Recommendation re Child care / MH interface	Recommendation that the Think Family operational group discuss and consider a process for supporting individuals at a Child Protection Case conference when the individual is known to Mental Health Services. Action: New guidance document co-produced by

		Mental Health and Children's services.	
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2.6 Discharge of Statutory Functions

Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

2.6	Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	Mental Health Issues	
	<p><u>Social work recruitment</u></p> <p>Ongoing challenges in the recruitment of social work posts. Regional recruitment has had limited success, and bespoke recruitment is restrictive eg Not having scope for a short waiting list period of 2-3 months means that many posts remain unfilled until regional recruitment for AYE's is circulated again.</p> <p>Community Mental Health have currently X5 Permanent B6 SW vacancies X2 Temporary B6 SW vacancies X2 Permanent Social Work Assistant grades.</p> <p>Waiting lists</p> <p>Waiting lists for new assessments have remained consistently high over the past year, impacted again by</p>	<p>X 2 bespoke recruitment exercises undertaken in the reporting period</p> <p>X1 specific to Community Mental Health resulted in 5 posts filled for Community Mental Health</p> <p>X1 generic B6 SW for community Mental Health and Disability teams</p> <p>Both bespoke recruitment exercises evidenced significant interest in posts however attendance for interview was very disappointing with only 6/16 candidates invited for interview actually attending.</p> <p>Urgent assessments are prioritised and waiting lists and activity is reviewed on a weekly basis.</p>

<p>vacancies, sick / maternity leave and Encompass.</p> <p>Delayed discharges - both for Acute MH and general hospitals.</p> <p>The three main themes arising from delayed discharges are:</p> <ol style="list-style-type: none"> 1. Complexity of patients including 1:1 enhanced care – availability of specialist placements or homes able to accommodate this is reduced across the region. 2. Available POC where clients' needs have increased – this also includes clients who have had an extended in-patient episode and their POC has been reallocated to another client. 3. Family choice – where families wish their loved one to be placed in a home close to them however there is no availability in these homes. <p>There is also an increasing trend whereby families are unable to pay top-ups, which can lead to delays in sourcing homes without top ups.</p>	<p>Professionals continue to work closely with families and care home facilities to agree the best possible option for our service users.</p> <p>All options to support a discharge from hospital in the absence of a package of care is considered including Direct payments. However Direct payments are not a favourable option for older carers and securing private carers is a challenge for many.</p>
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<p>ASW</p> <p>Ongoing challenges to meet the DOH recommended quality standards for ASW:</p> <ul style="list-style-type: none"> - ensuring there are enough ASWs across all POCs ie Adult Community Services and Acute services. - have a practicing 8a + in each POC where ASWs are required. There are no 8a+ ASWs in ACS or Acute. <p>Southern Trust daytime ASWs are facing increasing challenge from PSNI in relation to the appropriate use of warrants. This issue is resulting in delays for patients being conveyed to hospital and increased stress and distress for patients and families. It is also impacting on ASW capacity as additional ASW support is required in these situations.</p> <p>Reduced bed capacity in Bluestone in addition to NIPSA health and safety directives for RESWS staff has resulted in significant challenges with handovers and protracted waits. Expectations from RESWS for 6.30 / 7am handovers have only been achieved due to the</p>	<p>The Ex Director of Social Work and Directorate lead Social Worker for MHD continue to encourage ASW applications from all POC with particular focus on older people’s Adult Community Services (ACS). Unfortunately, there have been no applications forthcoming.</p> <p>This has resulted in increased use of the contingency ASW in recent weeks. If this continues, we then risk breaching the 10%-time directive as set out in the standards.</p> <p>Clarity regarding the use of warrants has been requested from the Department of Health, however no update available at time of report.</p> <p>Senior Management are currently working through options to mitigate against the impact of protracted waits and the use of other appropriately qualified staff to support same. However this will require funding.</p>
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	good will of Southern Trust ASWs.	
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DATA RETURNS

– EACH TO BE COMPLETED FOR EACH PROGRAMME / DIRECTORATE

- 1 General Provisions
- 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

DATA RETURN 1 – PoC / Directorate Mental Health Service

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	4307	359
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	2244	243
1.3	How many adults are in receipt of social work or social care services at 31 st March? <i>Note: the number of adults on open caseloads of social work or social care services and aged 18+.</i>	2300	649
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? <i>Note: the number of adults on open caseloads of social workers aged 18+.</i>	2020	337
1.4	How many care packages are in place on 31 st March in the following categories:		
	i. Residential Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	11	24
	ii. Nursing Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	36	98
	iii. Domiciliary Care – Include Care and Non-Care Managed Packages. (Source: SPPG PSSID return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	57	128
	iv. Supported Living	156	34
	v. Shared Lives –Adult Family Placements (long term placement) SPPG to complete	X	X
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 and the subsequent update within Circular HSC (ECCU) 1/2021. YES / NO <i>If no, please explain</i>	Yes	

1.4b	Annual Reviews – Please provide assurances to the Commissioner that there is professional social work oversight of the Annual Review process in your Trust YES / NO <i>If no, please explain</i>	Yes	
1.5	Number of adults provided with a Short Break during the period.	<i>PSSID return</i>	<i>PSSID return</i>
1.5b	Shared Lives Short Breaks - Overnights SPPG to complete		
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	0	23
	- Independent sector	0	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	197	38
1.6b	Shared Lives Day Support SPPG to complete	X	X
1.7	Of those at 1.6 how many are dementia (EMI)		
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	0	1
1.10	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for: - Number of Annual Reviews Completed - Number of Annual Reviews Outstanding - % Compliance	X	X
1.11	Unallocated Cases – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X
1.12	Vacancies (Adults) – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X

DATA RETURN 1 – Hospital Mental Health Service

1 GENERAL PROVISIONS – HOSPITAL (Hospital Social Work – Bluestone Unit)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	0	594	98
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	0	594	98
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	0	69	21
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

1 GENERAL PROVISIONS – HOSPITAL (Hospital Social Work – Dorsy)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	0	34	0
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	0	34	0
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	0	6	1
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

DATA RETURN 2 – PoC / Directorate Mental Health Service

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 (no longer required)	X	X
2.2	Number of adults known to the Programme of Care who are:		
	Certified severely sight impaired (Blind)	6	4
	Certified severely sight impaired (Partially sighted)	2	1
	Sight Loss	10	16
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	1	2
	Profoundly Deaf Oral / Lip Readers	1	0
	Hard of hearing	16	18
	Tinnitus (New)	2	1
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	1	4

Please note the above patients are also reported under PO7 submission as the Sensory Teams hold the registers within the Trust

DATA RETURN 3 – PoC / Directorate Mental Health Service

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. <i>Note: adults with a disability on the caseload of social workers.</i>	0
3.2	Number of assessments of need carried out during period end 31 st March.	0
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0

DATA RETURN 4 – PoC / Directorate Mental Health Service

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		

4.1	Number of Article 15 (HPSS Order) Payments	0
	Total expenditure for the above payments	£Nil
4.2	Number of TRUST FUNDED people in residential care	29*
4.3	Number of TRUST FUNDED people in nursing care	142
4.4	How many clients are in receipt of £100 free nursing care allowance? (this refers only to self-funding clients and excludes Trust funded places)	14

*Of the 29 Trust funded placements 1 resided in statutory homes.

DATA RETURN 5 – PoC / Directorate Mental Health Service

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 (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	344		
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	179		
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required. Reason for Decline: A1 - The carer sees their caring duties as a private matter which they prefer not to discuss. A2 - The carer does not see themselves as a carer and therefore does not see assessment as relevant. A3 - The carer felt that time/place/environment offered was unsuitable but would like the opportunity to consider an assessment at a later date A4 - The carer feels that they do not need any support/additional support A5 - The carer feels that an assessment would not result in additional support/service A6 - The carer was concerned about the impact on their benefits/income A7 – The carer feels that assessment would be too complicated or time consuming A8 - The carer would not give a reason / No reason recorded	165		
5.2b	Number of Adults waiting on a Carers assessment at 31 st March - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X	X
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0		
5.4	Number of adult carers receiving a service @ 31 st March	See commentary below		

5.5	Number of young carers offered individual carers assessments during the period.	See commentary below
5.6	Number of young carers assessments completed during the period.	0
5.7	Number of young carers receiving a service @ 31 st March	See commentary below
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 (Source: SPPG PSSID Return)	27
Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required.		
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these direct payments are being managed by another person acting on behalf of the service user?	0
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	350
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

5.4 and 5.5

Services provided to families are provided under the name of the service user. It is not possible to specifically identify services provided to adult/young carers.

5.7

Although we cannot provide specific data, the Southern Trust has a contract with Action for children for young carers and 133 young people in Southern Trust area are currently in receipt of this Service.

DATA RETURN 6 – PoC / Directorate Mental Health Service

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	252
6.2	<p>Number of adult protection referrals within the period broken down by the following categories of abuse:</p> <ul style="list-style-type: none"> (a) Financial (b) Institutional (c) Neglect (d) Physical (e) Psychological/ Emotional (f) Sexual (g) Exploitation 	<p>34</p> <p>0</p> <p>16</p> <p>100</p> <p>51</p> <p>46</p> <p>5</p>
6.3	Number of investigations commenced within the period	46
6.4	Number of cases closed to adults in need of protection within the period	78
6.5	Number of protection plans commenced within the period	38
6.6	Number of care and protection plans in place on 31st March	Not required

DATA RETURN 7 – PoC / Directorate Mental Health Service

7 SOCIAL WORK STAFF

THIS DATA IS COLLECTED THROUGH THE AGREED TEMPLATE SHARED WITH THE TRUSTS AND RETURNED TO SPPG

8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2024-2025

Return for Employers year ending 31st March 2025

This return is provided to HSCB separately as requested.

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate Mental Health Service

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	166	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	126	n/a
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	n/a
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. YES / NO <i>If no, please explain</i>	Yes	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	83
9.2a	Of these, how many resulted in an application being made?	74


ASW Applicant reports		
9.3	Number of ASW applicant reports completed	166
9.3.a	Confirm if these reports were completed within 5 working days YES / NO <i>If no, please explain</i>	Yes

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	Confirm if these reports were completed within 14 days? YES / NO <i>If no, please explain</i>	n/a

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	25

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 (provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	0
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	3
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)	48
9.7c	Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on; <ul style="list-style-type: none"> • Workforce Planning and Management • ASW Governance • ASW Training 	

	<ul style="list-style-type: none"> ASW Supervision and Support <p>Please complete relevant sections within the attached report.</p>  <p>ASW QUALITY STANDARDS DSF AD</p>	
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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 yes, please provide number and advise on any issues presenting	No
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	2

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	2
9.11	Of the Total shown at 9.10 how many have their treatment required as:	0
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	2
	(c) 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. Please advise of any issues presenting	0

9 The Mental Capacity (NI) Act, 2016

Panel Applications (during the year) (to be collected from 2022/23 onwards)		
9.14	Total number of Trust Panel Applications	SPPG will source from DoH MCA team
9.15	Number of Interim Authorisations	SPPG will source from DoH MCA team
9.16	Number of Full Authorisations	SPPG will source from DoH MCA team
9.17	Number where work has started but not completed	SPPG will source from DoH MCA team
9.18	Total number of cases not yet referred to Attorney General	SPPG will source from DoH MCA team
9.19	<p>Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? Yes / No</p> <p>Yes in community however this is a challenge in acute due to staffing pressures</p> <p>If no, please provide brief explanation of action taken</p>	Yes
9.20	<p>Do you have sufficient numbers of staff to make TP Best Interests determination (Form 2)? Yes / No</p> <p>Yes, in community however challenge in acute due to staffing deficits</p> <p>If no, please provide brief explanation of action taken</p>	Yes
9.21	<p>Do you have sufficient numbers of medical practitioners to complete TP medical reports (Form 6)? Yes / No</p> <p>However currently recruiting sessional doctors to ensure capacity is maintained</p> <p>If no, please provide brief explanation of action taken</p>	Yes

Trust Panels (to be collected from 2022/23 onwards)		
9.22	Do you have sufficient numbers of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	Yes
9.23	Do you have sufficient number of Trust Panel members to cover Trust Panel Extension applications (Form 16)? Yes / No If no, please provide brief explanation of action taken	Yes

Extensions (to be collected from 2022/23 onwards)		
9.24	Total number of Extension Authorisations (during the year)	SPPG will source from DoH MCA team
9.25	Number referred to RT	SPPG will source from DoH MCA team
9.26	Number Not referred to RT	SPPG will source from DoH MCA team
9.27	Number of Cases outstanding	SPPG will source from DoH MCA team
9.28	Do you have sufficient number of staff suitably qualified to make responsible person statements (Form 15)? Yes / No If no, please provide brief explanation of action taken	Yes
9.29	Do You have Sufficient number of staff to carry out TP Extension Formal Assessments of Capacity (Form 1): Yes / No Yes however community team shortages means this is kept under review to prevent lapses If no, please provide brief explanation of action taken	Yes
9.30	Do you have sufficient number of staff to make TP Extension Best Interests determination (Form 2)? Yes / No	Yes

	If no, please provide brief explanation of action taken	
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Short Term Detention Authorisations <i>(to be collected from 2022/23 onwards)</i>		
9.31	Work started but not completed (during the year)	SPPG will source from DoH MCA team
9.32	Total Number of short term detention authorisations.	SPPG will source from DoH MCA team
9.33	Do you have sufficient numbers of staff to carry out STD Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	Yes
9.34	Do you have sufficient number of staff to make STD Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	Yes
9.35	Do you have sufficient numbers of medical practitioners to complete STD medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken Ongoing challenge include rotation, training and engagement. Escalation policy in place.	No
9.36	Do you have sufficient number of ASWs and appropriate healthcare professionals to authorise STDs (Form 8)? Yes / No If no, please provide brief explanation of action taken	Yes

Live Cases (during the year) <i>(to be collected from 2022/23 onwards)</i>		
9.37	Total No. Live Trust Panel / Extension Authorisations	SPPG will source from DoH MCA team
9.38	Total No. Live Short Term Detention Authorisations	SPPG will source

		from DoH MCA team
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Training <i>(to be collected from 2022/23 onwards)</i>		
9.39	Do you have sufficient number of staff trained to operate DoLs? Yes / No If no, please provide brief explanation of action taken	Yes

Trust Panels <i>(to be collected from 2022/23 onwards)</i>		
9.40	Do you have sufficient number of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	Yes
9.41	Do you have sufficient number of Trust Panel members to cover Trust? Yes / No If no, please provide brief explanation of action taken	Yes

Rule 6 reports and participation at hearings when required <i>(to be collected from 2022/23 onwards)</i>		
9.42	Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests? Yes / No If no, please provide brief explanation of action taken	Yes
9.43	(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General? Yes / No If no, please provide brief explanation of action taken	Yes
9.44	Can you confirm that you have authorisations in place for those people who require one or more emergency provisions are in	No

	<p>place and clearly recorded? Yes / No</p> <p>If no, please provide brief explanation of action taken</p> <p>As there is no Legal requirement to record number of EPs in place however Trust now monitoring same in recent months.</p>	
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<p>Please outline any other risks or issues with regard to compliance with the Mental Capacity Act?</p>
<p>Risks-</p> <p>9.22 and 9.41 Shortage of doctors means this is kept under review, recruitment for doctors ongoing.</p> <p>9.30 Community team shortages mean this is kept under review to prevent lapses.</p> <p>9.35 Workforce shortages including doctors means STDAs are not always being completed.</p> <p>9.42 Timeframes from RT to complete Rule 6 reports means frequent requests for extension period required in some cases - Trust/DLS support.</p> <p>9.44 Trust now monitoring timeframes where Emergency Provisions in place and time taken to submit to Panel. Workforce shortages within community teams impact on capacity to complete this work.</p>

2. PROGRAMME OF CARE SUMMARY

<p>Programme of Care / Directorate:- Adult Community Services (Older People) 2024/25</p>

<p>2.1</p>	<p>Named Officer responsible for professional Social Work</p> <p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff and highlight any changes from last year (2024/25).</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>There are effective lines of communication and professional accountability from the point of care to the Director of Adult Community Services and Executive Director of Social Work.</p> <p>Several interrelated meetings and forums have been established to support the flow of information, creating a culture where delivery of care and support is understood to be the responsibility of everyone in the organisation and by which processes and structures are in place to provide assurance to the Director of Adult Community Services and Executive Director of Social Work.</p> <p>The following Governance meetings are in place;</p> <ul style="list-style-type: none"> • The Executive Director of Social Work chairs a quarterly Cross Directorate Social Work and Social Care Governance Forum with Social Work leads from all Directorates. • The Director of Adult Community Services chairs a monthly Clinical and Social Care Governance meeting • The Assistant Director of Social Care Governance chairs a monthly Directorate Professional Leads Meeting • The Directorate Professional Lead for Social Work chairs a monthly Social Work Governance meeting • The Head of Safeguarding chairs a monthly Directorate Leads meeting
<p>2.2</p>	<p>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.</p> <p>Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.</p>

Integrated Care Team: Vacancies and Absences March 2025

Job Role	No. of Posts (WTE)	Vacancies	Absences (e.g. long term sick leave, etc)	Percentage Deficit
Social Care Worker	28.6	4.06	1.08	19%
Band 6 Social Workers	50.76	5.66	5.4	21%
Band 7 Social Work Professional Lead	7	1	0	14%
Band 8a SW Managers	3	0	0	0%

In 2023/2024, Adult Community Services faced over 30% vacant posts across the Integrated Care Social Work Teams, making workforce stability a top priority. Significant progress has been made with current vacancies now reduced to 6%. This is a significant and welcome improvement, and supports the service to maintain business as usual, however this does not address the backlog of work caused by sustained workforce deficits. Additionally, over 25% of the Social Work workforce has less than two years of experience, affecting the number of people eligible to support with the more complex pieces of work.

Recruitment is underway for one vacant Band 7 team lead post in the Integrated Care Teams. Additionally, there are three new Senior Social Work Practitioners in the Integrated Care teams, which is has supported in sustaining compliance with safeguarding, leading on quality improvement projects to meet statutory functions and building the confidence and capabilities of the AYE workforce. Since February 2025, there are three new 8a Social Work Leads in post for the first time across these Teams, which ensures increased oversight of cases, consistent supervision, and reporting structures. There are two remaining critical areas in the Integrated Care Teams where bespoke recruitment and HR processes are underway to address the challenges across the teams. The risk and impact for the teams is protracted safeguarding cases, unallocated complex cases and poor morale due to staff vacancies and absences.

Acute Hospital Social Work Vacancies

An expression of interest for Daisy Hill Hospital Team Lead post was advertised via global on two occasions, unfortunately the post remains unfilled due to no applicants.

2.3 Supervision arrangements for social workers

Please confirm that the Trust is fully compliant with the Regional Supervision Framework (Yes/No) Yes



ACS Professional
Social Work Structure

If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?

Acute Hospital Social Work

There is a Band 7 gap in Acute Hospital Social Work, therefore consistent monthly supervision has not always been achieved. However, group supervisions are being incorporated into monthly team meetings to ensure regular supervision.

Integrated Care Teams

There is one Band 7 team lead post which is vacant, the ICT Manager and Professional Lead is providing social work supervision to staff on an interim basis until the post is filled.

2.4 Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it. (This may include reference to electronic or manual data sources and any data gaps and work with Encompass).

The Trust has a Community Information service which collates and provides data to management and teams across the Trust in relation to the provision of Social Work services. The Community Information team have been liaising with the Trust Social Work and Social Care Lead for Encompass and have been involved with Encompass reporting elements for the data returns for Statutory Functions to ensure preparedness.

The Trust will go live with Encompass on 8th May. Migration of data is underway. Adult Community Services have a fortnightly readiness Encompass meeting which is chaired by the Director of Adult Community Services. There is a significant amount of information across the Integrated Care Teams that needs to be migrated in relation to domiciliary care. This work is led by the Assistant Director for Primary Care and the Head of the Integrated Care Teams who have regular meetings with teams and actions plans in place to monitor progress of the migration.

Social Work Teams run reports from PARIS directly and validate through a 20-day model. Each month the Trust's Community Information Team also run reports on key data e.g. Annual reviews,

Referrals, Caseloads, Direct Payments, Domiciliary Care Packages for validation by the teams.

The Integrated Care Teams report their staffing deficits weekly to the admin leads. This information is maintained within a service data base and is overseen and managed by the Integrated Care Team Business Manager. The Social Worker Managers also keep a separate data base to report staffing activity and this is reviewed in monthly team meetings with the Social Work Professional Leads and supervision.

To further strengthen governance and assurance processes within the Directorate, an Executive Director of Social Work Interface & Social Work Assurance meeting for Adult Community Services and Acute/Hospital Social Work has been established. Meetings take place on a quarterly basis to ensure reporting arrangements are in place to meet statutory functions and other professional social work and social care requirements.

2.5	<p>Programme of Care to advise of the numbers and the learning and progress on recommendations from any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity <i>completed</i> during the reporting period, that directly relates to the Trust’s delivery of social work or social care services. (please complete table below).</p>																
	<table border="1"> <thead> <tr> <th data-bbox="312 1440 1034 1480"></th> <th data-bbox="1042 1440 1321 1480">Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="312 1480 1034 1520"><i>Serious Adverse Incidents</i></td> <td data-bbox="1042 1480 1321 1520">0</td> </tr> <tr> <td data-bbox="312 1520 1034 1561"><i>Domestic Homicide Reviews</i></td> <td data-bbox="1042 1520 1321 1561">0</td> </tr> <tr> <td data-bbox="312 1561 1034 1601"><i>Case Management Reviews</i></td> <td data-bbox="1042 1561 1321 1601">0</td> </tr> <tr> <td data-bbox="312 1601 1034 1641"><i>Mental Health Review Tribunals</i></td> <td data-bbox="1042 1601 1321 1641">0</td> </tr> <tr> <td data-bbox="312 1641 1034 1682"><i>Judicial Reviews</i></td> <td data-bbox="1042 1641 1321 1682">0</td> </tr> <tr> <td data-bbox="312 1682 1034 1722"><i>Audits</i></td> <td data-bbox="1042 1682 1321 1722">0</td> </tr> <tr> <td data-bbox="312 1722 1034 1995"><i>RQIA Inspections</i></td> <td data-bbox="1042 1722 1321 1995"> 2 Trust Homecare Domiciliary Care 6 Statutory Care Home Facilities </td> </tr> </tbody> </table>		Number	<i>Serious Adverse Incidents</i>	0	<i>Domestic Homicide Reviews</i>	0	<i>Case Management Reviews</i>	0	<i>Mental Health Review Tribunals</i>	0	<i>Judicial Reviews</i>	0	<i>Audits</i>	0	<i>RQIA Inspections</i>	2 Trust Homecare Domiciliary Care 6 Statutory Care Home Facilities
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	3 Day Centres
<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0

Please provide details of any particular recommendations or learning that the Trust would wish to highlight.

Trust Home Care Domiciliary Care

The Craigavon and Banbridge Domiciliary Care Inspection took place on 2nd September 2024. There were no areas for improvement identified.

The Armagh and Dungannon area inspection took place on 9th September 2024. Areas identified for improvement were; staff training, formal supervision and appraisal. The registered person to ensure that each employee of the agency receives training and an appraisal which is appropriate to the work he is to perform.

The registered person shall ensure that staff have recorded formal supervision meetings and have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures. These recommendations have been actioned.

Statutory Residential Care Home

There were 6 RQIA Inspections across the 4 Trust care homes. Slieve Roe House and Cloughreagh House had no areas for improvement identified.

Roxborough House had areas for improvement identified which included;
1)The Manager to have oversight of the recruitment process including pre-employment checks. Outcome: The manager now has full access to the Recruitment system.

2) Ensure that the staffing arrangements are kept under regular review by registered manager and adequate staffing on duty for each shift. Outcome: Registered manager has a process in place to address this.

Crozier House had an inspection on 14.04.24 and a follow up on 10.10.2024. The Inspector focused on audits, staff recruitment and activities for service users. All areas were met on follow up inspection in October 2024.

Day Centres

Crozier Lodge Day Centre had an RQIA Inspection on 21st May 2024, The inspection examined the agency’s governance and management arrangements, reviewing areas such as staffing recruitment, professional registrations, staff induction, training and adult safeguarding, the

	<p>reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), service users' involvement, restrictive practices and dysphagia were also reviewed.</p> <p>This Inspection resulted in no areas for improvement being identified.</p>
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2.6 Discharge of Statutory Functions

Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

2.6	Summary of areas where the Trust has not adequately discharged their Directed Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.				
	Older People & Adult Issues					
	<p><u>Annual Reviews</u></p> <p>In September 2024, a Quality Improvement project commenced to increase compliance with annual reviews and good progress has been made to date as evidenced below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">March 2024</td> <td style="padding: 5px;">1967 outstanding Annual Reviews: 1650 in Integrated Care Teams 317 in Care Home Support Teams</td> </tr> <tr> <td style="padding: 5px;">March 2025</td> <td style="padding: 5px;">1550 outstanding Annual Reviews: 1332 in Integrated Care Teams 218 in Care Home Support Teams</td> </tr> </table>	March 2024	1967 outstanding Annual Reviews: 1650 in Integrated Care Teams 317 in Care Home Support Teams	March 2025	1550 outstanding Annual Reviews: 1332 in Integrated Care Teams 218 in Care Home Support Teams	<p>The increased compliance in annual reviews has occurred through a number of factors.</p> <ol style="list-style-type: none"> 1) The Care Home Support Team restructured their teams into areas with a Band 7 nurse aligned and began to target the reviews based on longest waiters. 2) Quality Improvement project led by 8a ICT Social Work manager who oversaw a number of strands of work including <ul style="list-style-type: none"> • Cleansing of review cases across all seven teams • 3 new senior practitioners who focused on complex care home reviews • Bank staff member in one locality who focused on review caseload • Overtime offered to staff in two areas. 3) The Directorate accessed additional resources via bank staff and paying overtime, however this is not sustainable long-term. 4) Adult Community Services worked in partnership with regional colleagues undertaking a rapid review to scope areas of best practice in relation to making best use of skills mix across Adult Social Work.
March 2024	1967 outstanding Annual Reviews: 1650 in Integrated Care Teams 317 in Care Home Support Teams					
March 2025	1550 outstanding Annual Reviews: 1332 in Integrated Care Teams 218 in Care Home Support Teams					

The target set by SPPG is to achieve **80% compliance**, the breakdown for Adult Community Services.
 Overall Compliance **73.8%**
 Domiciliary Care **69.7%**
 Nursing Home **86.1%**
 Residential Home **83.8%**

Unallocated cases

March 2024	2,843
March 2025	2,426

In October 2025 a further Quality Improvement project led by ICT Social Work Manager commenced which focused on unallocated cases. The reduction has been achieved by vacant posts being filled and by managers cleansing their unallocated caseloads.

Outstanding Domiciliary Care Packages

There are currently 670 outstanding domiciliary care packages. This has resulted in an increased reliance on residential and nursing beds to support with hospital discharge when packages of care cannot be obtained to support an individual to return home.

The Department of Health and SPPG have recently issued updated Guidance on Completion of Care Management Reviews and cross Directorate work has commenced with the Assistant Director of Social Care Governance to ensure effective governance arrangements are in place to implement.

The management of unallocated cases across the Integrated Care Teams continues to be a significant challenge. It is hoped that with the new capabilities on encompass to have a review list, coupled with the ability to diversify the roles of the social work assistants, significant improvements can be achieved.

Domiciliary Care is a key priority, not only within Adult Community Services, but across the Trust. There is significant work underway under the ‘Timely Care’ Strategy to maximise domiciliary care capacity.

The service has undertaken several quality improvement projects, including the introduction of a Live Monitoring System which aims to ensure the most efficient use of resources.

	<p><u>Hospital Social Work</u></p> <p>The team lead post in Daisy Hill Hospital has been vacant since December 2024 despite being advertised globally on two occasions, this impacts safeguarding work, oversight of complex cases and the ability to maintain regular supervision.</p>	<p>The Directorate has also introduced an Early Review Team Service to monitor and review new and increased packages of care. The focus of the review will take an enabling ethos, maximising self-independence where possible.</p> <p>Recruitment ongoing.</p>
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DATA RETURNS

– EACH TO BE COMPLETED FOR EACH PROGRAMME / DIRECTORATE

- 1 General Provisions
- 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

DATA RETURN 1 – PoC / Directorate Adult Community Services (Older People)

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	52	1921
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	23	1602
1.3	How many adults are in receipt of social work or social care services at 31 st March? <i>Note: the number of adults on open caseloads of social work or social care services and aged 18+.</i>	63	6842
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? <i>Note: the number of adults on open caseloads of social workers aged 18+.</i>	16	909
1.4	How many care packages are in place on 31 st March in the following categories:		
	i. Residential Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	2	351
	ii. Nursing Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	9	1237
	iii. Domiciliary Care – Include Care and Non-Care Managed Packages. (Source: SPPG PSSID return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	35	4004
	iv. Supported Living	0	12
	v. Shared Lives –Adult Family Placements (long term placement) SPPG to complete	X	X
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 and the subsequent update within Circular HSC (ECCU) 1/2021. YES / NO <i>If no, please explain</i>	Yes	

1.4b	Annual Reviews – Please provide assurances to the Commissioner that there is professional social work oversight of the Annual Review process in your Trust YES / NO <i>If no, please explain</i>	Yes	
1.5	Number of adults provided with a Short Break during the period.	<i>PSSID return</i>	<i>PSSID return</i>
1.5b	Shared Lives Short Breaks - Overnights SPPG to complete	X	X
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	0	283
	- Independent sector	0	28
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	0	0
1.6b	Shared Lives Day Support SPPG to complete	X	X
1.7	Of those at 1.6 how many are dementia (EMI)		
	- Statutory sector	0	61
	- Independent sector	0	0
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	0	2
1.10	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for: - Number of Annual Reviews Completed - Number of Annual Reviews Outstanding - % Compliance	X	X
1.11	Unallocated Cases – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X
1.12	Vacancies (Adults) – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X

**DATA RETURN 1 – PoC 1/Acute Services Directorate
Acute Hospitals (CAH &DHH)**

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?	663	2305	5853
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	663	2305	5853
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	49	178	244
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

Non-Acute Hospitals (STH &LGH)

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	34	898
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	0	34	898
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	0	4	138
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

DATA RETURN 2 – PoC / Directorate Adult Community Services (Older People)

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 (no longer required)	X	X
2.2	Number of adults known to the Programme of Care who are:		
	Certified severely sight impaired (Blind)	1	156
	Certified severely sight impaired (Partially sighted)	0	61
	Sight Loss	2	314
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	0	3
	Profoundly Deaf Oral / Lip Readers	0	5
	Hard of hearing	1	450
	Tinnitus (New)	0	16
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	1	146

Please note the above patients are also reported under PO7 submission as the Sensory Teams hold the registers within the Trust

DATA RETURN 3 – PoC / Directorate Adult Community Services (Older People)

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. <i>Note: adults with a disability on the caseload of social workers.</i>	0
3.2	Number of assessments of need carried out during period end 31 st March.	0
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0

DATA RETURN 4 – PoC / Directorate Adult Community Services (Older People)

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	0
	Total expenditure for the above payments	£Nil
4.2	Number of TRUST FUNDED people in residential care	231*
4.3	Number of TRUST FUNDED people in nursing care	978
4.4	How many clients are in receipt of £100 free nursing care allowance? (this refers only to self-funding clients and excludes Trust funded places)	334

*Of the 231 Trust funded in residential care 38 resided in Statutory Homes.
Elderly + dementia

DATA RETURN 5 – PoC / Directorate Adult Community Services (Older People)

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 (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	1013		
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	584		
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required. Reason for Decline: A1 - The carer sees their caring duties as a private matter which they prefer not to discuss. A2 - The carer does not see themselves as a carer and therefore does not see assessment as relevant. A3 - The carer felt that time/place/environment offered was unsuitable but would like the opportunity to consider an assessment at a later date A4 - The carer feels that they do not need any support/additional support A5 - The carer feels that an assessment would not result in additional support/service A6 - The carer was concerned about the impact on their benefits/income A7 – The carer feels that assessment would be too complicated or time consuming A8 - The carer would not give a reason / No reason recorded	429		
		25	7	132
		190	6	1
		0	0	68
5.2b	Number of Adults waiting on a Carers assessment at 31 st March - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X	X
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0		
5.4	Number of adult carers receiving a service @ 31 st March	See commentary below		

5.5	Number of young carers offered individual carers assessments during the period.	See commentary below
5.6	Number of young carers assessments completed during the period.	0
5.7	Number of young carers receiving a service @ 31 st March	See commentary below
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 (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required.	278
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these direct payments are being managed by another person acting on behalf of the service user?	0
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	269
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

5.4 and 5.5

Services provided to families are provided under the name of the service user. It is not possible to specifically identify services provided to adult/young carers.

5.7

Young carers receive a service through a contract with Action for Children.

DATA RETURN 6 – PoC / Directorate Adult Community Services (Older People)

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	291
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (a) Financial (b) Institutional (c) Neglect (d) Physical (e) Psychological/ Emotional (f) Sexual (g) Exploitation	42 6 74 124 26 17 2
6.3	Number of investigations commenced within the period	131
6.4	Number of cases closed to adults in need of protection within the period	178
6.5	Number of protection plans commenced within the period	91
6.6	Number of care and protection plans in place on 31st March	Not required

7 SOCIAL WORK STAFF

THIS DATA IS COLLECTED THROUGH THE AGREED TEMPLATE SHARED WITH THE TRUSTS AND RETURNED TO SPPG

8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2024-2025

Return for Employers year ending 31st March 2025

This return is provided to HSCB separately as requested.

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate Adult Community Services (Older People)

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	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	8	n/a
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	n/a
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. YES / NO <i>If no, please explain</i>	Yes	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	0
9.2a	Of these, how many resulted in an application being made?	n/a

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	9
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> YES / NO <i>If no, please explain</i>	Yes

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	Confirm if these reports were completed within 14 days? YES / NO <i>If no, please explain</i>	n/a

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	0

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 (provide total number)	1
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	0
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	3
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)	4
9.7.c	Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on; <ul style="list-style-type: none"> Workforce Planning and Management 	See Data Return 9.7.c MH Division

	<ul style="list-style-type: none"> • ASW Governance • ASW Training • ASW Supervision and Support <p>Please complete relevant sections within the attached report.</p>	
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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 yes, please provide number and advise on any issues presenting	No
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	0

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:	n/a
	(a) Treatment as an in-patient	n/a
	(b) Treatment as an out patient	n/a
	(c) 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. Please advise of any issues presenting	n/a

9 The Mental Capacity (NI) Act, 2016

Panel Applications (during the year) <i>(to be collected from 2022/23 onwards)</i>

9.14	Total number of Trust Panel Applications	SPPG will source from DoH MCA team
9.15	Number of Interim Authorisations	SPPG will source from DoH MCA team
9.16	Number of Full Authorisations	SPPG will source from DoH MCA team
9.17	Number where work has started but not completed	SPPG will source from DoH MCA team
9.18	Total number of cases not yet referred to Attorney General	SPPG will source from DoH MCA team
9.19	Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? Yes / No Yes in community however this is a challenge in acute due to staffing pressures If no, please provide brief explanation of action taken	Yes
9.20	Do you have sufficient numbers of staff to make TP Best Interests determination (Form 2)? Yes / No Yes, in community however challenge in acute due to staffing deficits If no, please provide brief explanation of action taken	Yes
9.21	Do you have sufficient numbers of medical practitioners to complete TP medical reports (Form 6)? Yes / No However currently recruiting sessional doctors to ensure capacity is maintained If no, please provide brief explanation of action taken	Yes

Trust Panels <i>(to be collected from 2022/23 onwards)</i>		
9.22	Do you have sufficient numbers of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	Yes

9.23	Do you have sufficient number of Trust Panel members to cover Trust Panel Extension applications (Form 16)? Yes / No If no, please provide brief explanation of action taken	Yes

Extensions <i>(to be collected from 2022/23 onwards)</i>		
9.24	Total number of Extension Authorisations (during the year)	SPPG will source from DoH MCA team
9.25	Number referred to RT	SPPG will source from DoH MCA team
9.26	Number Not referred to RT	SPPG will source from DoH MCA team
9.27	Number of Cases outstanding	SPPG will source from DoH MCA team
9.28	Do you have sufficient number of staff suitably qualified to make responsible person statements (Form 15)? Yes / No If no, please provide brief explanation of action taken	Yes
9.29	Do You have Sufficient number of staff to carry out TP Extension Formal Assessments of Capacity (Form 1): Yes / No Yes however community team shortages means this is kept under review to prevent lapses If no, please provide brief explanation of action taken	Yes
9.30	Do you have sufficient number of staff to make TP Extension Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	Yes

Short Term Detention Authorisations <i>(to be collected from 2022/23 onwards)</i>		
9.31	Work started but not completed (during the year)	SPPG will source from DoH MCA team
9.32	Total Number of short term detention authorisations.	SPPG will source from DoH MCA team
9.33	Do you have sufficient numbers of staff to carry out STD Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	Yes
9.34	Do you have sufficient number of staff to make STD Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	Yes
9.35	Do you have sufficient numbers of medical practitioners to complete STD medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken Ongoing challenge including rotation, training and engagement. Escalation policy in place.	No
9.36	Do you have sufficient number of ASWs and appropriate healthcare professionals to authorise STDs (Form 8)? Yes / No If no, please provide brief explanation of action taken	Yes

Live Cases (during the year) <i>(to be collected from 2022/23 onwards)</i>		
9.37	Total No. Live Trust Panel / Extension Authorisations	SPPG will source from DoH MCA team
9.38	Total No. Live Short Term Detention Authorisations	SPPG will source from DoH MCA team

Training (to be collected from 2022/23 onwards)		
9.39	Do you have sufficient number of staff trained to operate DoLs? Yes / No If no, please provide brief explanation of action taken	Yes

Trust Panels (to be collected from 2022/23 onwards)		
9.40	Do you have sufficient number of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	Yes
9.41	Do you have sufficient number of Trust Panel members to cover Trust? Yes / No If no, please provide brief explanation of action taken	Yes

Rule 6 reports and participation at hearings when required (to be collected from 2022/23 onwards)		
9.42	Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests? Yes / No If no, please provide brief explanation of action taken	Yes
9.43	(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General? Yes / No If no, please provide brief explanation of action taken	Yes
9.44	Can you confirm that you have authorisations in place for those people who require one or more emergency provisions are in place and clearly recorded? Yes / No If no, please provide brief explanation of action taken As there is no legal requirement to record number of EPs in place however Trust now monitoring same in recent months.	No

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Please outline any other risks or issues with regard to compliance with the Mental Capacity Act?

Risks-

9.22 and 9.41 Shortage of doctors means this is kept under review, recruitment for doctors ongoing.

9.30 Community team shortages mean this is kept under review to prevent lapses.

9.35 Workforce shortages including doctors means STDAs are not always being completed.

9.42 Timeframes from RT to complete Rule 6 reports means frequent requests for extension period required in some cases - Trust/DLS support.

9.44 Trust now monitoring timeframes where Emergency Provisions in place and time taken to submit to Panel. Workforce shortages within community teams impact on capacity to complete this work.

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	138
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (a) Financial (b) Institutional (c) Neglect (d) Physical (e) Psychological/ Emotional (f) Sexual (g) Exploitation	4 1 15 94 12 12 0
6.3	Number of investigations commenced within the period	27
6.4	Number of cases closed to adults in need of protection within the period	32
6.5	Number of protection plans commenced within the period	22
6.6	Number of care and protection plans in place on 31st March	Not required

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- CHILDREN and YOUNG PEOPLE

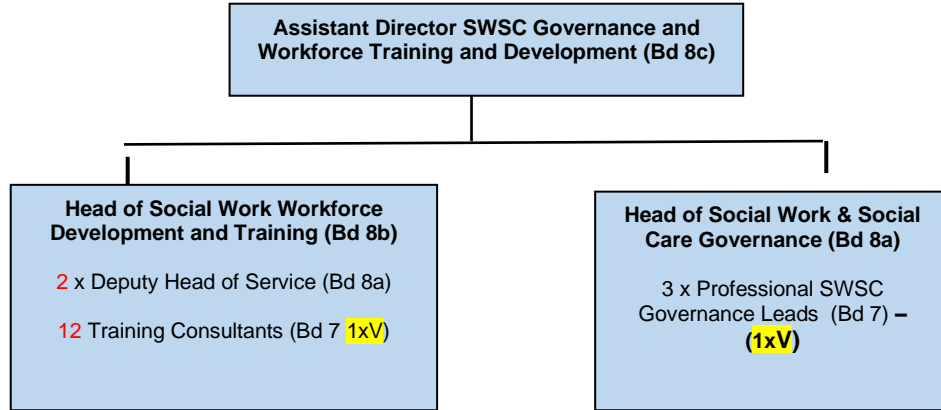
<p>2.1</p>	<p>Named Officer responsible for professional Social Work</p> <p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff and highlight any changes from last year (22024/25).</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p style="text-align: center;"><u>SHSCT CYPS Senior Management Team 2024/25</u></p> <div style="text-align: center; border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>1 April 2024 – 31 December 2024 Director Children and Young Peoples Services <i>Colm McCafferty</i></p> <p>20 January 2025 – 31 March 2025 Interim Director Children and Young Peoples Services <i>Donna Murphy</i></p> <p>1 April 2024 – 31 March 2025 Executive Director of Social Work <i>Colm McCafferty</i></p> </div> <pre> graph TD A["1 April 2024 – 31 December 2024 Director Children and Young Peoples Services Colm McCafferty"] B["20 January 2025 – 31 March 2025 Interim Director Children and Young Peoples Services Donna Murphy"] C["1 April 2024 – 31 March 2025 Executive Director of Social Work Colm McCafferty"] D["Assistant Director Specialist Child Health and Disability Services Julie McConville Note: Ciaran Morrissey – Division Social Work Lead"] E["Assistant Director Family Support and Safeguarding Donna Murphy"] F["Assistant Director Corporate Parenting Stella Kelly"] G["Assistant Director Social Work and Social Care Governance and Workforce Development Marita Magennis"] A --- B A --- C A --- D A --- E A --- F A --- G </pre>
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Divisional Organisational Charts

RED TEXT: denotes service change **V** – denotes Vacant Posts at Band 7 and above at 31 March 2025. Vacant posts are not covered due to social work workforce limitations.

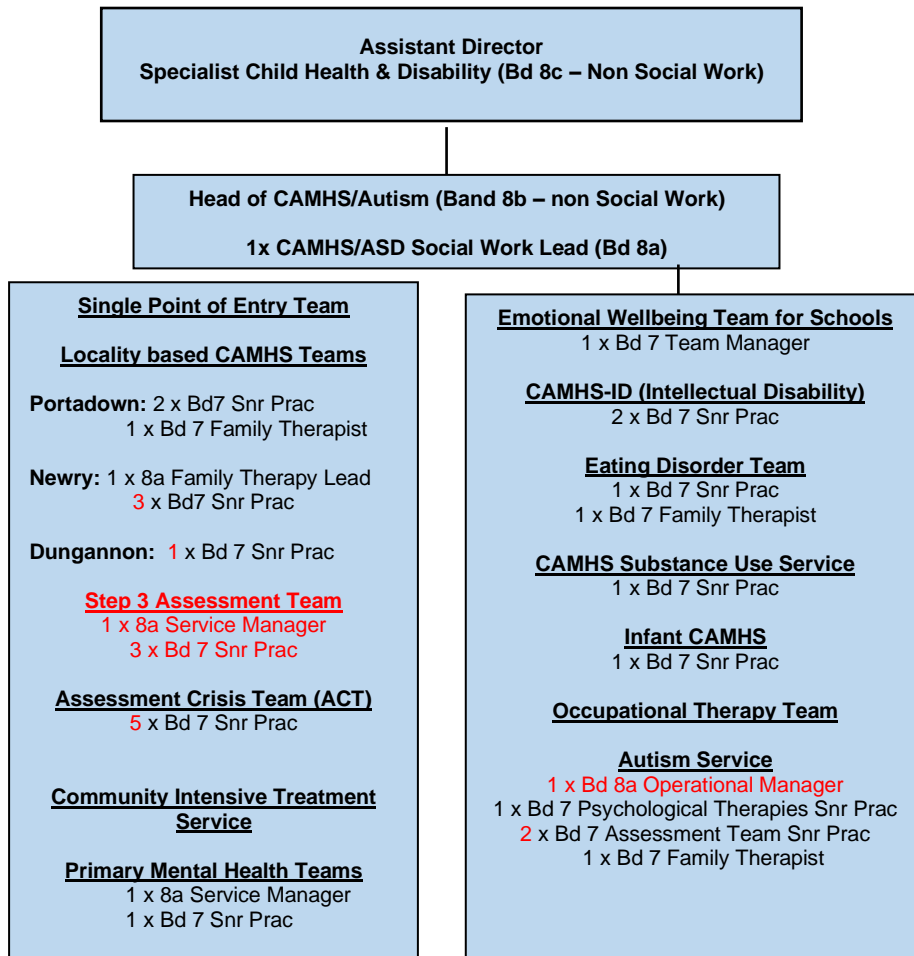
Note: The Services below include 11 CYPs Dual Registered NISCC/CORU Social Work staff.

SWSC Governance and Workforce Development



Specialist Child Health & Disability Division

RED TEXT: denotes service change **V** – denotes Vacant Posts at Band 7 and above at 31 March 2025.



Family Support and Safeguarding Division

RED TEXT: denotes service change **V** – denotes Vacant Posts at Band 7 and above at 31 March 2025.

Assistant Director Family Support & Safeguarding
Lead for Children's Safeguarding/Public Protection Service /Domestic and Sexual Violence & Abuse (Bd 8c)

Head of Service
Gateway / Family Support & Safeguarding NM (8b)

Head of Service
Family Support & Safeguarding and Early Years CB (8b)

Head of Service Family Support & Safeguarding AD (Lead for Child Protection Practice) (8b)

Gateway Service
Gateway Service Manager (8a)

SPOE

Dungannon GW Team
 (1x Bd 7 TL + 1 x Bd 7 Snr Prac **1xV** + 1 x Bd 7 Snr Prac Temp)

Brownlow GW Team
 (1x Bd 7 TL + 1 x Bd 7 Snr Prac + 1 x Bd 7 Snr Prac Temp)

Newry GW Team
 (1x Bd 7 TL + 1 x Bd 7 Snr Prac + 1 x Bd 7 Snr Prac Temp)

Domestic Abuse Service
 1 xBd 7 Snr Prac

Family Intervention Service

1 Service Manager (Bd 8a)

Newry South Down FIT
 (1x Bd 7 TL + 2 x Bd 7 Snr Prac + 1 x Bd 7 Snr Prac Temp **2 x V**)

Newry South Armagh FIT
 (1x Bd 7 TL + 2 x Bd 7 Snr Prac + 1 x Bd 7 Snr Prac Temp **1xV**)

Banbridge FIT
 1x Bd 7 TL + 2 x Bd 7 Snr Prac + 1 x Bd 7 Snr Prac Temp **2xV**

PPANI Service
 1 x Principal Officer Public Protection (Bd 8a)
 1 x Bd 7 Snr SW Prac

Safe4U Service

CSE 1x Bd 7 Senior Prac
ABE Cadre
Harmful Sexual Behaviour Service
Child Sexual Abuse Service

+ Responsibility for 1x Dedicated Chair (Band 8a)
 Family Support Hubs

Family Intervention Service

1 Service Manager (Bd 8a)

Craigavon FIT
 1x Bd 7 TL + 2 x Bd 7 Snr Prac + 1 x Bd 7 Snr Prac Temp

Lurgan FIT
 1x Bd 7 TL + 2 x Bd 7 Snr Prac + 1 x Bd 7 Snr Prac Temp

Portadown FIT
 (1x Bd 7 TL + 2 x Bd 7 Snr Prac + 1 x Bd 7 Snr Prac Temp)

Early Years Service

Armagh: 1x Bd 7 TL

Banbridge: 1x Bd 7 TL

Court Children's Service

Principal Prac Court Work (8a)
 5 x Bd 7 Senior Prac

Sure Start

3x Bd 7 Project Manager

+ Responsibility for 1x Dedicated Chair (Band 8a)

Family Intervention Service

1 Service Manager (Bd 8a)

Armagh Rural FIT
 1x Bd 7 TL + 1 x Bd 7 Snr Prac + 2 x Bd 7 Snr Prac Temp

Armagh Urban FIT
 1x Bd 7 TL + 2 x Bd 7 Snr Prac **1xV** + 1 x Bd 7 Snr Prac Temp

Dungannon FIT
 1x Bd 7 TL + 2 x Bd 7 Snr Prac + 1 x Bd 7 Snr Prac Temp

KIAROS & Young Person's Partnership (YPP)

1 Service Manager (Bd 8a)
YPP 1 x Bd 7 TL + 1 x Bd 7 Snr Prac 1 x Snr Prac Temp

KIAROS (Edge of Care Service)
 1 x Bd 7 Team Leader

Principal Practitioner Safeguarding/Signs of Safety Implementation Lead (Bd 8a)

Children's Services Improvement Lead (Bd 8a)

Contact and Family Support Service

+ Responsibility for **Young Carers**

+ Responsibility for 1x Dedicated Chair (Band 8a)

Note: **V** Vacant posts are not covered due to social work workforce pressures

Corporate Parenting Division

RED TEXT: denotes service change **V** – denotes Vacant Posts at Band 7 and above at 31 March 2025

Interim Assistant Director Corporate Parenting (Bd 8c)

Project Manager Bd 7 Redress Board and Litigation

Scaffold Service
2x Bd 7 Social Workers
1 x Bd 7 Primary Mental Health Worker
FITC Implementation Lead (8A) Temp

Head of Children's Residential Care (8b)
Interim Operational Manager Residential Care 1 x Bd 8a

Therapeutic Homes

Lurgan
1x Bd 7 TL + 1 Bd 7 Snr Prac
Newry
1x Bd 7 TL + 1x Bd 7 Snr Prac **1 x V**
Portadown
1x Bd 7 TL + 1x Bd 7 Snr Prac
Armagh
1x Bd 7 TL + 1x Bd 7 Snr Prac
Banbridge
1x Bd 7 TL + 1x Bd 7 Snr Prac

Peripatetic Residential Support Service
1x Bd 7 TL

Head of Children in Care Services (Agency Decision Maker) (8b)
Principal Practitioner LAC (Bd 8a)

2 x 8a Operational Managers/ Chairs + **1 X 8a Operational Manager Temp**

Children in Care Service

Dungannon
1x Bd 7 TL + 1x Bd 7 Snr Prac **V**
Craigavon
1x Bd 7 TL + 1x Bd 7 Snr Prac
Newry
1x Bd 7 TL + 1x Bd 7 Snr Prac
Armagh
1x Bd 7 TL + 1x Bd 7 Snr Prac
Rural
1x Bd 7 TL + 1x Bd 7 Snr Prac
+ Responsibility for **Permanence Panel**

Head of 14+ Services (8b)

14 + Operational Service Managers
2 X Bd 8a (inc 1 interim)

14+ Service

Armagh/ Dungannon
1x Bd 7 TL + 1 x Bd 7 Snr Prac + **1 x Bd 7 Snr Prac Temp**
Newry
1x Bd 7 TL + 1x Bd 7 Snr Prac + **1 x Bd 7 Snr Prac Temp**

Craigavon
1x Bd 7 TL + 1x Bd 7 Snr Prac + 1x Bd 7 Primary Mental Health Worker + **1 x Bd 7 Snr Prac Temp**

Community Living Team

1x Bd 7 Community Living Manager **V**
1x Bd 7 Snr Prac

Head of Children's Disability Services & Professional SW Lead (8b)

CWD Community Social Work Teams

1 x Operational Manager / SW Professional Lead (C&B, N&M) Bd 8a

Armagh (1x Bd 7 TL + 1 x Bd 7 Snr Prac)
Craigavon (1x Bd 7 + **2 x Bd 7 Snr Prac**)
Newry (1x Bd 7 TL + 1 x Bd 7 Snr Prac)

Transition Service/Community Access Team/Short Breaks

1 x Operational Manager Short Breaks / SW Professional Lead (A&D) (Bd 8 a)
1x Bd 7 TL
3 x Bd 7 Snr Pracs (Transition and Community Access)

Residential Services

1 Residential Services Manager (Bd 8a)

Short Breaks Units

Armagh (1x Bd 7 SW Manager & **1 x Bd 7 SW Deputy**)

Therapeutic Long Term Unit

Newry (2 x Bd 7 SW Managers **1 x V** & 1 x Bd 7 Nurse)

Head of Family Placement Services (8b) / Adoption Panel Chair

Assessment and Support Service /Fostering Recruitment and Placement Service

Family Placement Manager (8a)

1x Bd 7 Snr Prac Intensive Support Fostering

Newry (1x Bd 7 TL + 1x Bd 7 Snr Prac
Dungannon (1x Bd 7 TL + 1x Bd 7 Snr Prac + 1 x Bd 7 Snr Prac Temp)
Recruitment and Placement Team (1x Bd 7 TL + 1x Bd 7 Snr Prac)

Concurrent Care Team

1x Bd 7 Snr Prac

Adoption and Permanence Services

1x 8a Snr Manager

Adoption & Permanence Service

(1x Bd 7 TL + 1x Bd 7 Snr Prac + 1x Bd 7 Training Co-ordinator Fostering/Adoption)
+ Responsibility for **Matching Panel, Fostering Panel + Resource Panel**

Note: **V** Vacant posts are not covered due to Social Work workforce pressures

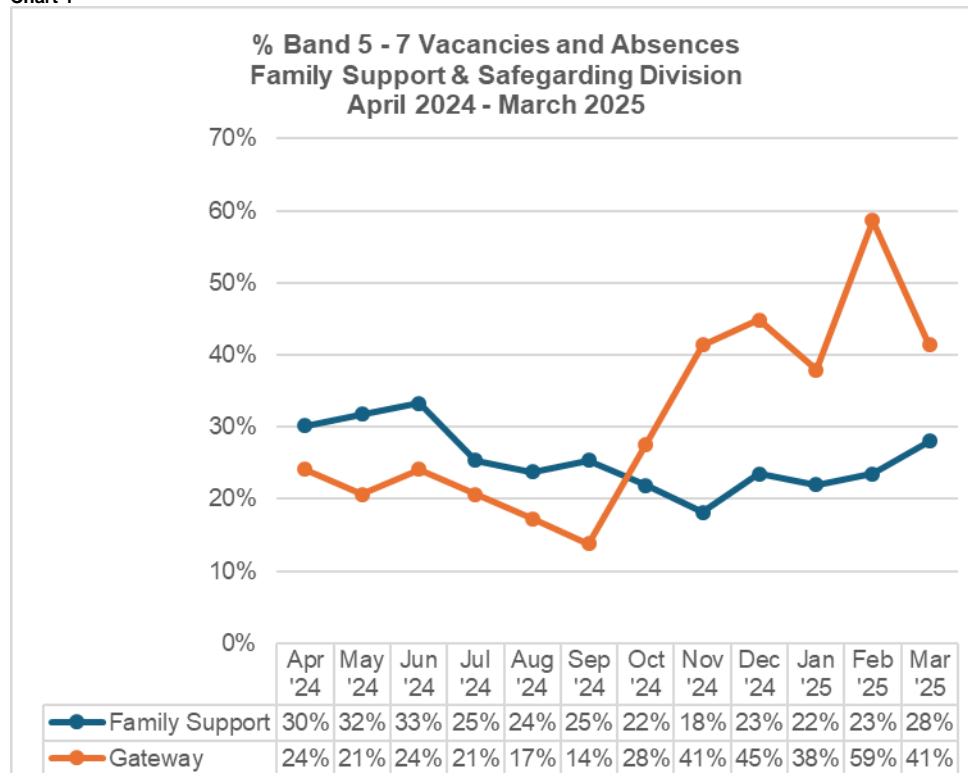
2.2 Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.

Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.

During 2024/25 CYPS Divisions have been unable to maintain the core funded social work complement across teams due to maternity leave, sick leave, retention and lack of qualified social workers to recruit. This is a longstanding and recurrent challenge across both Corporate Parenting and Family Support & Safeguarding Divisions.

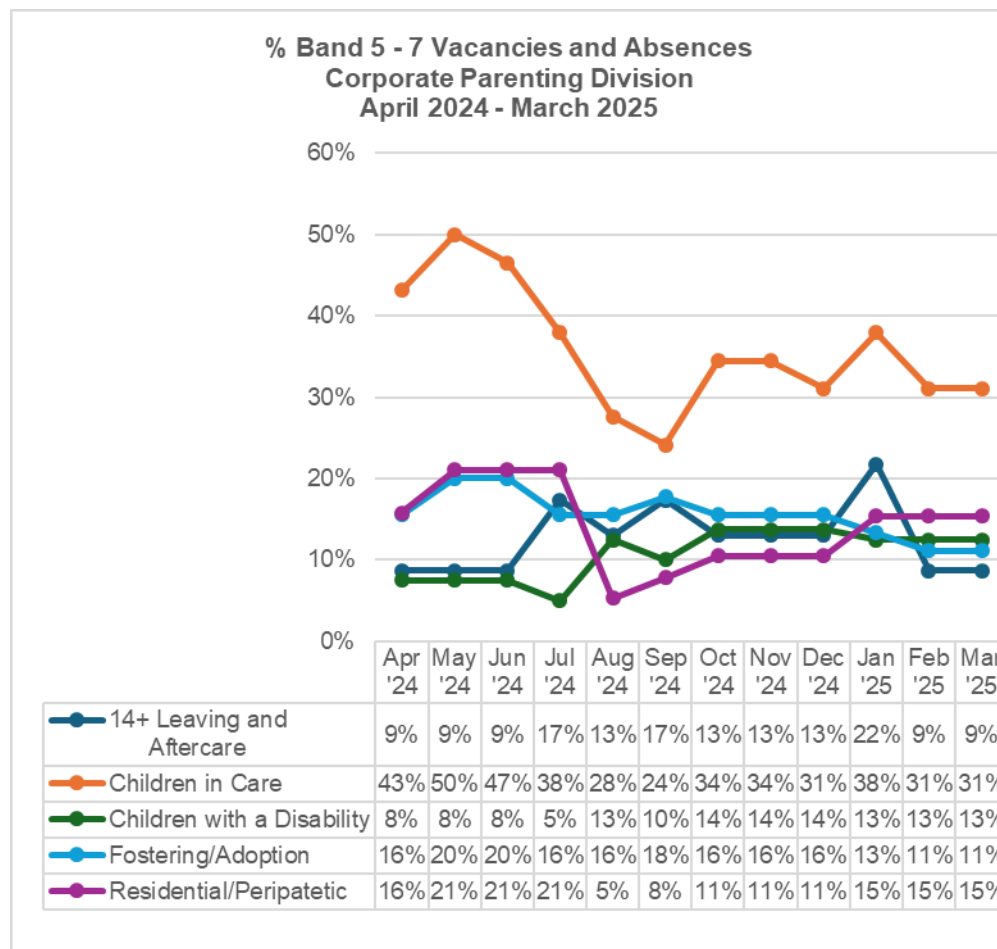
Monthly Workforce Vacancy and Absence Reports are submitted to SPPG alongside internal monthly reporting to the Executive Director of Social Work. Please see charts below.

Chart 1



*Excludes Band 7 Team Leader posts

Chart 2



*Excludes Band 7 Team Leader posts

Table 1

Average % Vacancies/Absences 2024/25 (Band 5-7 Social Workers)	
Gateway	31%
Family Support	26%
Children in Care	36%
14+ Leaving and Aftercare	13%
Fostering/Adoption	16%
Children with a Disability	11%
Residential Care/Peripatetic Teams	14%
Overall Average	21%

The Directorate Senior Management Team routinely review vacancies at Senior Management Team Meetings. Heads of Service and Assistant Directors monitor and review the situation on an ongoing basis. An Executive Director of Social Work report is provided to Trust Board which includes CYPS Social Work workforce challenges.

Issues which impact on staffing levels and recruitment include:

- The number of student social workers qualifying is insufficient to meet workforce demand.
- Difficulty in attracting social work staff to CYPS resulting in vacant and 'hard to fill' posts. The SHSCT geographical position distanced from larger urban conurbations compounds this difficulty as demonstrated through the limited response to bespoke recruitment campaigns.
- More attractive salaries available in other jurisdictions.
- Social Work workforce age profile - staff at the beginning of their careers are choosing to take time out to travel before committing to permanent employment.
- The lack of experienced social workers available to backfill core posts results in a high number of AYE or inexperienced staff in teams.

Given these challenges the Trust has conducted Bespoke Recruitment exercises for Family Support, Children in Care and Gateway services.

Mechanisms the Directorate has employed to strengthen recruitment and retention include:

- All social work posts are recruited to permanent contracts.
- All 2024 Level 3 Social Work students were offered (via a regionally agreed approach) the opportunity to take up permanent Band 5 Social Work posts.
- As part of service delivery a cross directorate approach is taken to the allocation of all statutory work.
- As part of an improvement initiative a CYPS Social Work Recruitment and Retention Group is in place.
- AYE staff receive enhanced supports following a strengthened induction.
- As part of work life balance and wellbeing support CYPS has actively encouraged staff to consider flexible working, specifically a 'nine day fortnight'.
- The Trust is engaged in the Regional Children's Services Reform Board and associated work streams.

Workforce difficulties continue to have a significant impact on the delivery of services within Corporate Parenting and Family Support & Safeguarding Divisions and the capacity of the Directorate to deliver

statutory functions during 2024/25.

In light of the workforce challenges a Social Work led skills mix approach has been implemented across Family Intervention services. Within Children with Disabilities the increasing volume of referrals and workforce capacity has resulted in increasing numbers of unallocated cases in Children with Disability services.

Case allocation in Family Intervention Services and Children with Disabilities services prioritises allocation of child protection and children in care to social work staff. (Please also see section 2.6.)

Corporate Parenting Services have continued to report unallocated Children in Care cases throughout 2024/25. A governance and assurance framework is in place for unallocated Children in Care cases. This includes a skills mix approach with social work assistants seeking regular updates and conducting monitoring visits to unallocated children in care where assessed as necessary. This is overseen by Team Managers who review cases and re – prioritise allocation based on updated information. (Please also see section 2.6)

Throughout 2024/25 the CYPS Directorate Social Work and Social Care Improvement Forum has focused the following proposals: -

- Development of an Early Intervention Service within Family Support and Safeguarding
- Consideration of a Band 5 role within both Safeguarding and Children in Care Services in keeping with Regional Reform Work Stream One. Successful implementation of same may assist in reducing number of unallocated Looked after Children.

<p>2.3</p>	<p>Supervision arrangements for social workers</p> <p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework (Yes/No)</p> <p>YES</p> <p>The Trust implemented the Regional Supervision Policy for Social Workers following its launch on 1 March 2024. The implementation was supported by a series of in-Trust information and awareness events.</p> <p>The purpose of these sessions was to:</p> <ul style="list-style-type: none"> • Provide an overview of the standards for social work supervision. • Develop awareness of the methods of supervision. • Develop awareness of service supervision plans and individual supervision agreements. • Provide an overview of audit arrangements and requirements. <p>An internal audit of the Regional Social Work Supervision Policy NI will be completed in reporting year 2025 - 26.</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?</p>
<p>2.4</p>	<p>Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it. (This may include reference to electronic or manual data sources and any data gaps and work with Encompass).</p> <p><u>Overarching Structure for CYPS Data Quality Assurance</u></p> <pre> graph BT A["Digital Governance Steering Gp Chair: Director Performance and Reform"] B["Data Quality Oversight Group Chair: Assistant Director Informatics Cross Directorate Group Representation at Assistant Director and Snr Management level"] C["CYPS PARIS User Group Chaired by CYPS Children's Services Improvement Lead Representation from Community Information/Data Quality Team/CYPS Operational Managers Remit: • Oversee operation of and issues relating to PARIS. • Identify and address Data Quality issues and remedial action required"] B --> A C --> B </pre>



CYPS Monthly Data Validation Meetings 1 x each locality
Chairs: Dedicated Chairs/Service Manager
Remit: Validation of CYPS data with teams and identification of remedial actions required to update data.

CYPS Data Assurance Process

Community Information Team run reports from PARIS and upload to Sharepoint



Senior Managers have access to data. Nominated Administrative Staff and Team Managers check and update data as required



Monthly Data Validation Meetings – Chaired by Band 8a Managers/Dedicated Chairs – 1 x each locality to go through reports with team reps, check for inaccuracies and identify remedial action.



Community Information Staff re – run reports
Assistant Director Family Support & Safeguarding / Children with Disability Head of Service approve Children Waiting for SW Allocation Return
Community Information Staff submit completed data returns to SPPG - with copies to CYPS Senior Managers

The Data Quality Team monitor the completeness and accuracy of patient and client information recorded on the Trust Information Systems and promote real time, accurate electronic data input 'Getting it Right First Time'. Information Services are proactive in highlighting any data quality issues to operational services for corrective action.

During 2024/25 there has been a significant focus on the forthcoming implementation of Encompass. SHSCT Encompass 'Go Live' is scheduled for 8 May 2025. Directorate Readiness Groups (for all Directorates), chaired at Director level, have been meeting on a frequent basis. This work has included the identification of data quality related issues and actions required to address these in preparation for implementation of the new system.

While implementation has been delayed (to 2027) for the majority of CYPS services CYPS staff have fully engaged in the preparation phase to ensure service interfaces will work effectively following 'Go Live' and will continue to participate in the planning and development for CYPS implementation.

2.5 Programme of Care to advise of the numbers and the learning and progress on recommendations from any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity *completed* during the reporting period, that directly relates to the Trust’s delivery of social work or social care services.
 (please complete table below).

	Number
<i>Serious Adverse Incidents</i>	6 level 1 SAI notifications made during 24-25 (1 of which was de-escalated as a CMR proceeding). 3 level 2 SAI notifications made during 24-25. 12 SAI reports submitted to SPPG during 24-25 (10 level 1 reviews and 2 level 2 reviews).
<i>Domestic Homicide Reviews</i>	4 notifications
<i>Case Management Reviews</i>	1 CMR review underway
<i>Mental Health Review Tribunals</i>	N/A
<i>Judicial Reviews</i>	Nil
<i>Audits</i>	3 completed
<i>RQIA Inspections</i>	8 (includes 1 within Voluntary sector unit through SLA with Trust)
<i>RQIA Enforcement notices – Failure To Comply Notices</i>	Nil
<i>NIPSO</i>	CYPS engaged in 5 NIPSO enquiries. NIPSO proceeded with 1 investigation - underway. CYPS received 1 completed NIPSO investigation report. Complaint not upheld.

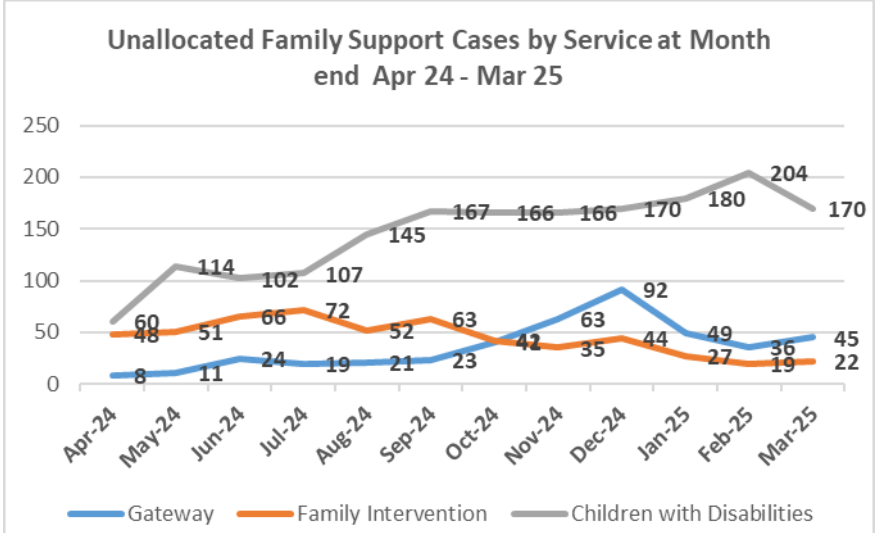
Please provide details of any particular recommendations or learning that the Trust would wish to highlight.

The CYPS Directorate has systems in place to share learning across services as applicable. These include sharing information via governance fora (CYPS Professional Social Work Forum and CYPS

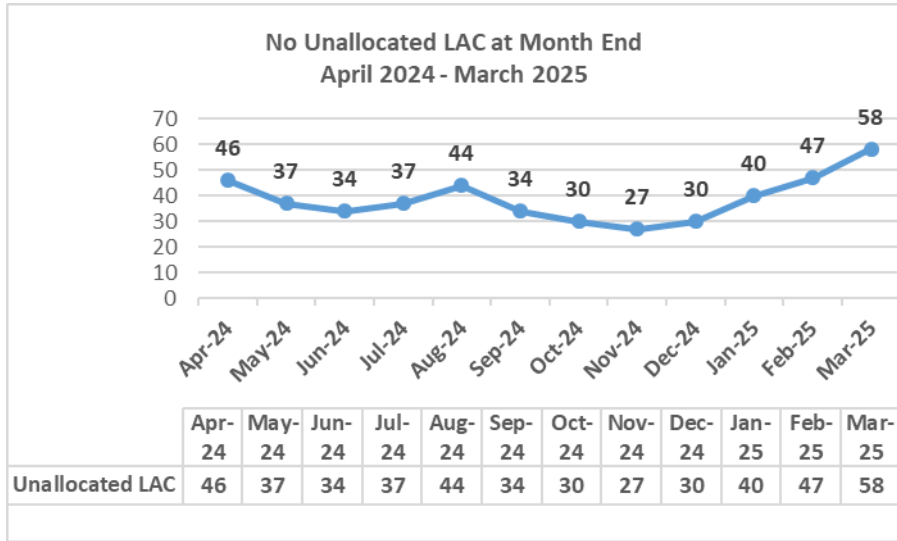
	<p>Safeguarding Interface Forum with other directorates), staff debrief, learning reports and multi-professional staff training.</p> <p>An internal Trust Cross Directorate Group is considering specific governance requirements and appropriate dissemination of DHR learning.</p> <p>Action Plans and Learning Sheets have been drafted in relation to the audits, SAIs, CMRs etc. noted above. Learning has been disseminated and action plans are being progressed as required.</p> <p>A Final Regional Joint Action Plan in respect of the CJI, ETI, and RQIA Pilot: Joint Inspection (2022/23) of Child Protection Arrangements in SHSCT has been shared with the Child Protection Senior Oversight Group and will inform the Regional Reform of Children's Services.</p>
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2.6 Discharge of Statutory Functions – 24/25

Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

2.6	<p>Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care.</p>	<p>Please outline remedial action taken to address this situation and any proposed future action.</p>																																				
<p>Family & Childcare Issues</p>																																						
<p>Family Intervention teams and Children with Disability teams within CYPS are unable to allocate all Family Support Cases in accordance with Southern Trust practice guidance.</p> <table border="1" data-bbox="168 651 1061 794"> <thead> <tr> <th colspan="12">Total Unallocated Family Support Cases at Month End: April 2024 – March 2025</th> </tr> <tr> <th>Apr 2024</th> <th>May 2024</th> <th>Jun 2024</th> <th>July 2024</th> <th>Aug 2024</th> <th>Sept 2024</th> <th>Oct 2024</th> <th>Nov 2024</th> <th>Dec 2024</th> <th>Jan 2025</th> <th>Feb 2025</th> <th>Mar 2025</th> </tr> </thead> <tbody> <tr> <td>116</td> <td>176</td> <td>192</td> <td>198</td> <td>218</td> <td>253</td> <td>249</td> <td>264</td> <td>306</td> <td>256</td> <td>259</td> <td>237</td> </tr> </tbody> </table>  <p>The chart displays three data series: Gateway (blue), Family Intervention (orange), and Children with Disabilities (grey). Gateway cases fluctuate between 8 and 45. Family Intervention cases range from 19 to 72. Children with Disabilities cases show a general upward trend from 60 to 204, peaking in February 2025, before dropping to 170 in March 2025.</p>		Total Unallocated Family Support Cases at Month End: April 2024 – March 2025												Apr 2024	May 2024	Jun 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	116	176	192	198	218	253	249	264	306	256	259	237	<ul style="list-style-type: none"> • All Gateway unallocated cases have been reviewed by the Senior Management Team and a plan is in place to prioritise allocation based on level of need. • SW Oversight of all assessed FIT Family Support cases and SWA intervention and monitoring is in place. • All cases are reviewed by Team Managers on a weekly basis and re-prioritised based on any new information. • Multi -disciplinary checks completed. • All families and referral agents are informed of the status of the case and advised to contact the Duty Social Worker to notify of any changes or updates on family circumstances. • Quality Improvement initiatives will be spread across Children with Disability leading to 2 SWAs being appointed to each of the 3 Children with Disability teams to address unallocated Children with Disability Family Support cases • All Children with Disability awaiting allocation of SW are reviewed and supports and services are provided pending allocation. • Workforce deficits and recruitment challenges continuously escalated to SPPG/Department of Health.
Total Unallocated Family Support Cases at Month End: April 2024 – March 2025																																						
Apr 2024	May 2024	Jun 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025																											
116	176	192	198	218	253	249	264	306	256	259	237																											

Throughout 2024/25 Corporate Parenting Division have reported unallocated Children in Care cases across the Division. See below:



- Recruitment of Social Work Assistants in each of the LAC teams to enable SW staff to prioritise statutory duties.
- Management and assurance framework and arrangements for unallocated LAC cases has been developed and are in place.
- SWA undertake multi-disciplinary checks and seek regular updates on circumstances of those Looked After Children currently without a named SW.
- Monitoring visits are conducted by Social Work Assistants and where assessed as necessary by Social Workers.
- All cases are reviewed by Team Managers on a weekly basis and re-prioritised based on any new information.
- Multi -disciplinary checks completed.
- All families/carers/schools are informed of the status of the case and advised to contact the Duty Social Worker to notify of any changes or updates on family circumstances.
- The Southern Trust are committed to the development of a regional Band 5 role which keeps the child and relationships at the centre, and at the same time maximises the use of skilled social work time and resource within a Social Work led service. Successful implementation of same will assist in reducing unallocated LAC.
- Workforce deficits and recruitment challenges continuously escalated to SPPG/Department of Health.
- Additional investments to be sought from SPPG in response to the significant increase in Looked after children numbers in recent years.

Delayed LAC Reviews for Children in Care

- Decision to delay is based on risk assessment
- Delayed reviews are monitored monthly by HOS.
- Statutory visits are completed.
- LAC reviews have been completed via a combination of direct and virtual platforms to support meetings to occur in a timely manner and the participation of all key personnel including parents, carers and young people as appropriate.

Statutory Visits not always conducted by Named Social Workers.

- Statutory visits completed by other social workers within the Fieldwork Team/ Fostering SW or SW who have other children in same placement.

	Annual Reviews for Foster Carers – some are outstanding due to inability of carers to get GP appointments.	<ul style="list-style-type: none">• Annual Reviews are being completed, however in some instances this is based on updated Health Declarations obtained from Foster Carers and correspondence from their GP as opposed to undertaking full medical examination.
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DATA RETURNS

– EACH TO BE COMPLETED FOR EACH PROGRAMME / DIRECTORATE

- 1 General Provisions
- 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

DATA RETURN 1 – PoC / Directorate Children & Young People’s Service

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? <i>Note: the number of adults on open caseloads of social work or social care services and aged 18+.</i>	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)? <i>Note: the number of adults on open caseloads of social workers aged 18+.</i>	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
	i. Residential Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	N/A	N/A
	ii. Nursing Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	N/A	N/A
	iii. Domiciliary Care – Include Care and Non-Care Managed Packages. (Source: SPPG PSSID return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	N/A	N/A
	iv. Supported Living	N/A	N/A
	v. Shared Lives –Adult Family Placements (long term placement) SPPG to complete		
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 and the subsequent update within Circular HSC (ECCU) 1/2021. YES / NO <i>If no, please explain</i>	N/A	N/A
1.4b	Annual Reviews – Please provide assurances to the Commissioner that there is professional social work oversight of the Annual Review process in your Trust	N/A	N/A

	YES / NO <i>If no, please explain</i>		
1.5	Number of adults provided with a Short Break during the period.	<i>PSSID return</i>	<i>PSSID return</i>
1.5b	Shared Lives Short Breaks - Overnights SPPG to complete		
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
1.6b	Shared Lives Day Support SPPG to complete		
1.7	Of those at 1.6 how many are dementia (EMI)	N/A	N/A
	- Statutory sector	N/A	N/A
	- Independent sector	N/A	N/A
1.8	This is intentionally blank		
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	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for: - Number of Annual Reviews Completed - Number of Annual Reviews Outstanding - % Compliance	X	X
1.11	Unallocated Cases – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X
1.12	Vacancies (Adults) – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X

DATA RETURN 1 – Acute Hospital (general setting)
Children & Young People’s Service

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<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? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	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
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

DATA RETURN 2 – PoC / Directorate Children & Young People’s Service

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 (no longer required)	X	X
2.2	Number of adults known to the Programme of Care who are:		
	Certified severely sight impaired (Blind)	N/A	N/A
	Certified severely sight impaired (Partially sighted)	N/A	N/A
	Sight Loss	N/A	N/A
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	N/A	N/A
	Profoundly Deaf Oral / Lip Readers	N/A	N/A
	Hard of hearing	N/A	N/A
	Tinnitus (New)	N/A	N/A
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	N/A	N/A

DATA RETURN 3 – PoC / Directorate Children & Young People’s Service

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.	210*
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	642**
3.2	Number of assessments of need carried out during period end 31 st March.	108
3.3	Number of assessments undertaken of disabled children ceasing full time education.	4

*3.1 – Number of Referrals include parent referrals

**3.2 – Number of Disabled people only include under 18

DATA RETURN 4 – PoC / Directorate Children & Young People’s Service

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	9
	Total expenditure for the above payments	£2144.92
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 clients are in receipt of £100 free nursing care allowance? (this refers only to self-funding clients and excludes Trust funded places)	N/A

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 (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	73		
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	73		
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required. Reason for Decline: A1 - The carer sees their caring duties as a private matter which they prefer not to discuss. A2 - The carer does not see themselves as a carer and therefore does not see assessment as relevant. A3 - The carer felt that time/place/environment offered was unsuitable but would like the opportunity to consider an assessment at a later date A4 - The carer feels that they do not need any support/additional support A5 - The carer feels that an assessment would not result in additional support/service A6 - The carer was concerned about the impact on their benefits/income A7 – The carer feels that assessment would be too complicated or time consuming A8 - The carer would not give a reason / No reason recorded	0 0 0 0 0 0 0 0 0		
5.2b	Number of Adults waiting on a Carers assessment at 31 st March - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X	X
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	73		
5.4	Number of adult carers receiving a service @ 31 st March	See		

		commentary below
5.5	Number of young carers offered individual carers assessments during the period.	See commentary below
5.6	Number of young carers assessments completed during the period.	0
5.7	Number of young carers receiving a service @ 31 st March	See commentary below
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 (Source: SPPG PSSID Return)	0
	Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required.	
5.9	Number of children receiving direct payments @ 31 st March	425
5.9.a	Of those at 5.8 how many of these direct payments are being managed by another person acting on behalf of the service user?	0
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	22
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

5.4

All parents/carers within children's disability services receive a service by virtue of a holistic assessment and intervention process.

5.5 and 5.7

Children with disability services do not carry out carers assessments with children and refer onwards. Although we cannot provide specific data, the Southern Trust has a contract with Action for children for young carers and 133 young people in Southern Trust area are currently in receipt of this Service.

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 (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	59		
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	55		
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required. Reason for Decline: A1 - The carer sees their caring duties as a private matter which they prefer not to discuss. A2 - The carer does not see themselves as a carer and therefore does not see assessment as relevant. A3 - The carer felt that time/place/environment offered was unsuitable but would like the opportunity to consider an assessment at a later date A4 - The carer feels that they do not need any support/additional support A5 - The carer feels that an assessment would not result in additional support/service A6 - The carer was concerned about the impact on their benefits/income A7 – The carer feels that assessment would be too complicated or time consuming A8 - The carer would not give a reason / No reason recorded	4 0 0 0 1 0 0 3 0		
5.2b	Number of Adults waiting on a Carers assessment at 31 st March - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X	X
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0		

5.4	Number of adult carers receiving a service @ 31 st March	See commentary below
5.5	Number of young carers offered individual carers assessments during the period.	87
5.6	Number of young carers assessments completed during the period.	60
5.7	Number of young carers receiving a service @ 31 st March	133
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 (Source: SPPG PSSID Return)	0
	Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required.	
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these direct payments are being managed by another person acting on behalf of the service user?	0
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	31
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

5.4

Services provided to families are provided under the name of the service user. It is not possible to specifically identify services provided to adult/young carers.

DATA RETURN 6 – PoC / Directorate Children & Young People’s Service

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	N/A
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (a) Financial (b) Institutional (c) Neglect (d) Physical (e) Psychological/ Emotional (f) Sexual (g) Exploitation	N/A
6.3	Number of investigations commenced within the period	N/A
6.4	Number of cases closed to adults in need of protection within the period	N/A
6.5	Number of protection plans commenced within the period	N/A
6.6	Number of care and protection plans in place on 31st March	Not required

DATA RETURN 7 – PoC / Directorate Children & Young People’s Service

7 SOCIAL WORK STAFF

THIS DATA IS COLLECTED THROUGH THE AGREED TEMPLATE SHARED WITH THE TRUSTS AND RETURNED TO SPPG

DATA RETURN 8 – PoC / Directorate Children & Young People’s Service

8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2024-2025

Return for Employers year ending 31st March 2025

This return is provided to HSCB separately as requested.

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate Children & Young People’s Service

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	3	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	3	n/a
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	n/a
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. YES / NO <i>If no, please explain</i>	Yes	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	0
9.2a	Of these, how many resulted in an application being made?	n/a

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	3
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> YES / NO <i>If no, please explain</i>	Yes

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	Confirm if these reports were completed within 14 days? YES / NO <i>If no, please explain</i>	n/a

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	0

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 (provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	0
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	3
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)	3
9.7.c	Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on; <ul style="list-style-type: none"> • Workforce Planning and Management • ASW Governance • ASW Training 	See Data Return 9.7.c MH Division

	<ul style="list-style-type: none"> ASW Supervision and Support <p>Please complete relevant sections within the attached report.</p>	
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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 yes, please provide number and advise on any issues presenting	No
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	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	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	n/a
	(a) Treatment as an in-patient	n/a
	(b) Treatment as an out patient	n/a
	(c) 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. Please advise of any issues presenting	n/a

9 The Mental Capacity (NI) Act, 2016

Panel Applications (during the year) (to be collected from 2022/23 onwards)		
9.14	Total number of Trust Panel Applications	SPPG will source from DoH MCA team
9.15	Number of Interim Authorisations	SPPG will source from DoH MCA team
9.16	Number of Full Authorisations	SPPG will source from DoH MCA team
9.17	Number where work has started but not completed	SPPG will source from DoH MCA team
9.18	Total number of cases not yet referred to Attorney General	SPPG will source from DoH MCA team
9.19	<p>Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? Yes / No</p> <p>Yes in community however this is a challenge in acute due to staffing pressures</p> <p>If no, please provide brief explanation of action taken</p>	Yes
9.20	<p>Do you have sufficient numbers of staff to make TP Best Interests determination (Form 2)? Yes / No</p> <p>Yes, in community however challenge in acute due to staffing deficits</p> <p>If no, please provide brief explanation of action taken</p>	Yes
9.21	<p>Do you have sufficient numbers of medical practitioners to complete TP medical reports (Form 6)? Yes / No</p> <p>However currently recruiting sessional doctors to ensure capacity is maintained</p> <p>If no, please provide brief explanation of action taken</p>	Yes

Trust Panels (to be collected from 2022/23 onwards)

9.22	Do you have sufficient numbers of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	Yes
9.23	Do you have sufficient number of Trust Panel members to cover Trust Panel Extension applications (Form 16)? Yes / No If no, please provide brief explanation of action taken	Yes

Extensions <i>(to be collected from 2022/23 onwards)</i>		
9.24	Total number of Extension Authorisations (during the year)	SPPG will source from DoH MCA team
9.25	Number referred to RT	SPPG will source from DoH MCA team
9.26	Number Not referred to RT	SPPG will source from DoH MCA team
9.27	Number of Cases outstanding	SPPG will source from DoH MCA team
9.28	Do you have sufficient number of staff suitably qualified to make responsible person statements (Form 15)? Yes / No If no, please provide brief explanation of action taken	Yes
9.29	Do You have Sufficient number of staff to carry out TP Extension Formal Assessments of Capacity (Form 1): Yes / No Yes however community team shortages means this is kept under review to prevent lapses If no, please provide brief explanation of action taken	Yes
9.30	Do you have sufficient number of staff to make TP Extension Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	Yes

Short Term Detention Authorisations <i>(to be collected from 2022/23 onwards)</i>		
9.31	Work started but not completed (during the year)	SPPG will source from DoH MCA team
9.32	Total Number of short term detention authorisations.	SPPG will source from DoH MCA team
9.33	Do you have sufficient numbers of staff to carry out STD Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	Yes
9.34	Do you have sufficient number of staff to make STD Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	Yes
9.35	Do you have sufficient numbers of medical practitioners to complete STD medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken Ongoing challenge include rotation, training and engagement. Escalation policy in place.	No
9.36	Do you have sufficient number of ASWs and appropriate healthcare professionals to authorise STDs (Form 8)? Yes / No If no, please provide brief explanation of action taken	Yes

Live Cases (during the year) <i>(to be collected from 2022/23 onwards)</i>		
9.37	Total No. Live Trust Panel / Extension Authorisations	SPPG will source from DoH MCA team
9.38	Total No. Live Short Term Detention Authorisations	SPPG will source from DoH MCA team

Training (to be collected from 2022/23 onwards)		
9.39	Do you have sufficient number of staff trained to operate DoLs? Yes / No If no, please provide brief explanation of action taken	Yes

Trust Panels (to be collected from 2022/23 onwards)		
9.40	Do you have sufficient number of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	Yes
9.41	Do you have sufficient number of Trust Panel members to cover Trust? Yes / No If no, please provide brief explanation of action taken	Yes

Rule 6 reports and participation at hearings when required (to be collected from 2022/23 onwards)		
9.42	Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests? Yes / No If no, please provide brief explanation of action taken	Yes
9.43	(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General? Yes / No If no, please provide brief explanation of action taken	Yes
9.44	Can you confirm that you have authorisations in place for those people who require one or more emergency provisions are in place and clearly recorded? Yes / No If no, please provide brief explanation of action taken As there is legal requirement to record number of EPs in place however Trust now monitoring same in recent months.	No

Please outline any other risks or issues with regard to compliance with the Mental
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Capacity Act?

Risks-

9.22 and 9.41 Shortage of doctors means this is kept under review, recruitment for doctors ongoing.

9.30 Community team shortages mean this is kept under review to prevent lapses.

9.35 Workforce shortages including doctors means STDAs are not always being completed.

9.42 Timeframes from RT to complete Rule 6 reports means frequent requests for extension period required in some cases - Trust/DLS support.

9.44 Trust now monitoring timeframes where Emergency Provisions in place and time taken to submit to Panel. Workforce shortages within community teams impact on capacity to complete this work.

DATA RETURN 11 – PoC / Directorate ALL Southern Health & Social Care Trust

Please Note: Information for this section will inform the Annual Accountability Report to the Department of Health, Social Services and Public Safety

11 Accountability Report

Personal Social Services Development and Training Strategy 2006-2016 Personal Social Services Learning and Development Strategy 2019 - 2027
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This return is provided to HSCB separately as requested.