

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

Western Health & Social Care Trust (WHSCT)

FINAL

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)**

SECTION 1 – EXECUTIVE SUMMARY

This is the Eighteenth report prepared by the Executive Director of Social Work in relation to the Western Health & Social Care Trust's Discharge of its Statutory Functions and Corporate Parenting (CC3/02).

The Annual Report combines the discharge of Statutory Functions and six monthly Corporate Parenting Report. This report is arguably the single most important report which Trust Social Services Staff prepare each year. It provides analysis of the discharge of statutory functions within WHSCT across all Directorates. Each Directorate provides detailed information and this is presented in separate sections. Accountability and quality is important in maintaining public confidence in the services provided. One aspect of this is the need for organisations to have systems in place to ensure compliance with relevant legislative requirements (statutory functions) placed on Health and Social Care Trust's. Central to the discharge of the Trust's Statutory Functions is an ongoing commitment to service improvement, improved outcomes, and value for money, innovation and modernisation paralleled by the maintenance of safe and effective practice within robust assurance processes.

As Executive Director of Social Work, I would wish to express my appreciation of the professionalism, commitment, resilience and support to the following individuals:

- Mr Stephen McLaughlin, Assistant Director of Social Work (Learning, Development and Governance and Adult Safeguarding)
- Mr Stephen Scott, Business Manager Support
- Ms Mairead Quinn, Interim Assistant Director of Adult Physical & Sensory Disability
- Ms Catherine O'Reilly, Head of Service Adult Physical Disability/SW Lead
- Ms Carina Boyle, Assistant Director of Social Work Governance in AMHD
- Ms Christine McLaughlin, Assistant Director of Adult Learning Disability/ Social Work Lead
- Mr Darren Strawbridge, Lead SW Adult Mental Health & Disability
- Ms Valerie Devine, Assistant Director, Primary Care & Older Person's Services
- Mr Kevin Duffy, Assistant Director of Community & Public Health
- Mrs Suzanne Mahon, Assistant Director of Family and Childcare (Corporate Parenting)
- Ms Joan Byers McDaid, Assistant Director of Family and Childcare (Safeguarding)
- Mrs Julie Wilson, Family and Childcare Governance Lead

A handwritten signature in black ink, appearing to read 'J. Cassidy', with a large, stylized flourish underneath.

Dr Tom Cassidy
Director of Children & Families/
Executive Director of Social Work

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 (Max 500 words)

The Executive Director of Social Work has a specific responsibility for Social Care Governance. It is the Director's responsibility to ensure there are effective arrangements in place for the discharge of Statutory Functions. The Director must also ensure there are clear unbroken lines of accountability. Through the ongoing professional fora, the Executive Director has sought assurances that there is clear lines of professional accountability in multi-disciplinary teams to ensure robust, regular professional supervision. There is a resounding yes in all sections throughout this report in respect of professional Social Work Supervision arrangements, including that sub directorates are adopting the new 2024 Supervision Policy.

The Director has ensured that those managers who are responsible for the planning and delivery of social work services to children are professional qualified social workers. This includes at Assistant Director and Head of Service level. Within the Children and Families Directorate accountability arrangements are clear and unambiguous.

Within Adult Services, the Assistant Director of Social Work Governance (AMHD) has strengthened professional governance arrangements in the AMHD and has formed a close allegiance with the Assistant Director of Social Work, through to the Executive Director.

The Executive Director of Social Work reviewed and reformed the Senior Social Work leadership forum in 20/21. The forum has continued to strengthen, including overseeing strong governance arrangements across all directorates. In addition the forum has become the conduit for the Trust developing its first Social Work Workforce plan which was launched in March 2023. Progress in respect of the plan is monitored at the Senior Social Work Leadership Forum.

As Executive Director, I also chair the Social Work Forum, which took place on three occasions in 24/25 and attended by approximately 500 Social Workers. This year each Service Directorate took a lead in setting the agenda for the forums and established theses that cut across all service directorates.

As Executive Director, I was also privileged that the Western Trust hosted the highly successful regional Social Work Awards that took place on 28th March at the Manor House Hotel in Enniskillen.

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

This report confirms that the Trust is working towards compliance with its requirements to discharge its statutory functions. The Trust acknowledges that in section 2.6 (Discharge of Statutory Functions), that there are areas that the Trust are working on with SPPG colleagues where compliance needs to be strengthened. The Trust note ongoing vacancy/recruitment issues across Sub Directorates which has a clear link in terms of the Trust discharging its duties.

In COPS, the Trust have regularly updated SPPG on the challenges in completing annual assessments and managing unallocated cases. These challenges relate to the increased caseloads and the vacancy rates across COPS, particularly in the southern sector of the Trust. COPS are engaging with HR colleagues to continue to reduce their Social Work vacancies, which in turn will improve compliance rates.

In AMH, the Trust has continued to deal with high levels of referrals, but I am pleased to report further stabilisation in the ASW service, with 10 new ASWs appointed in year. In addition, there has been an increase in the number of Social Workers in the sub-directorate.

In ALD, workforce pressures are impacting on the completion of yearly reviews and providing assurance in respect of care management processes.

Adult Physical Disability has reported high rates of compliance across all statutory function areas in recent years and continue to do so at this point.

Within Children services, challenges continue to be compounded by workforce issues, albeit that the Western Trust have a greater level of stability in our workforce compared to other Trusts. Unallocated cases in Family and Child Care have been stabilised but would be further reduced if additional vacancies could be filled. The Trust continue to be aware of ongoing NIPSA action in other Trusts.

16+ Services continue to have challenges in respect of Young People who do not have personal advisors. In the past 6 months, 16+ have sent SAI notifications to SPPG in respect of the deaths of three young people, all of these young people were over the age of 18. It is important that we continue to work with SPPG to have commissioned services that meet the needs of this complex group of young people.

In Children's Health and Disability, the complexity of cases and demand are outstripping the services for which the Trust are commissioned for and in a position to provide. Avalon respite is closed due to 3 Children residing there, who require longer term placements. Demand for Children's respite is significantly impacted due to this. Unallocated cases in Children's Disability continue to rise. CAHMS and Children's Autism continue to be extremely busy, whilst demonstrating a robustness to dealing with high levels of referrals.

Workforce pressures and vacancies are a significant factor in terms of the Trust meeting its statutory functions. As Executive Director, I welcome the roll out of MDT GP Social Work over a three year period, which should reduce the impact on statutory services.

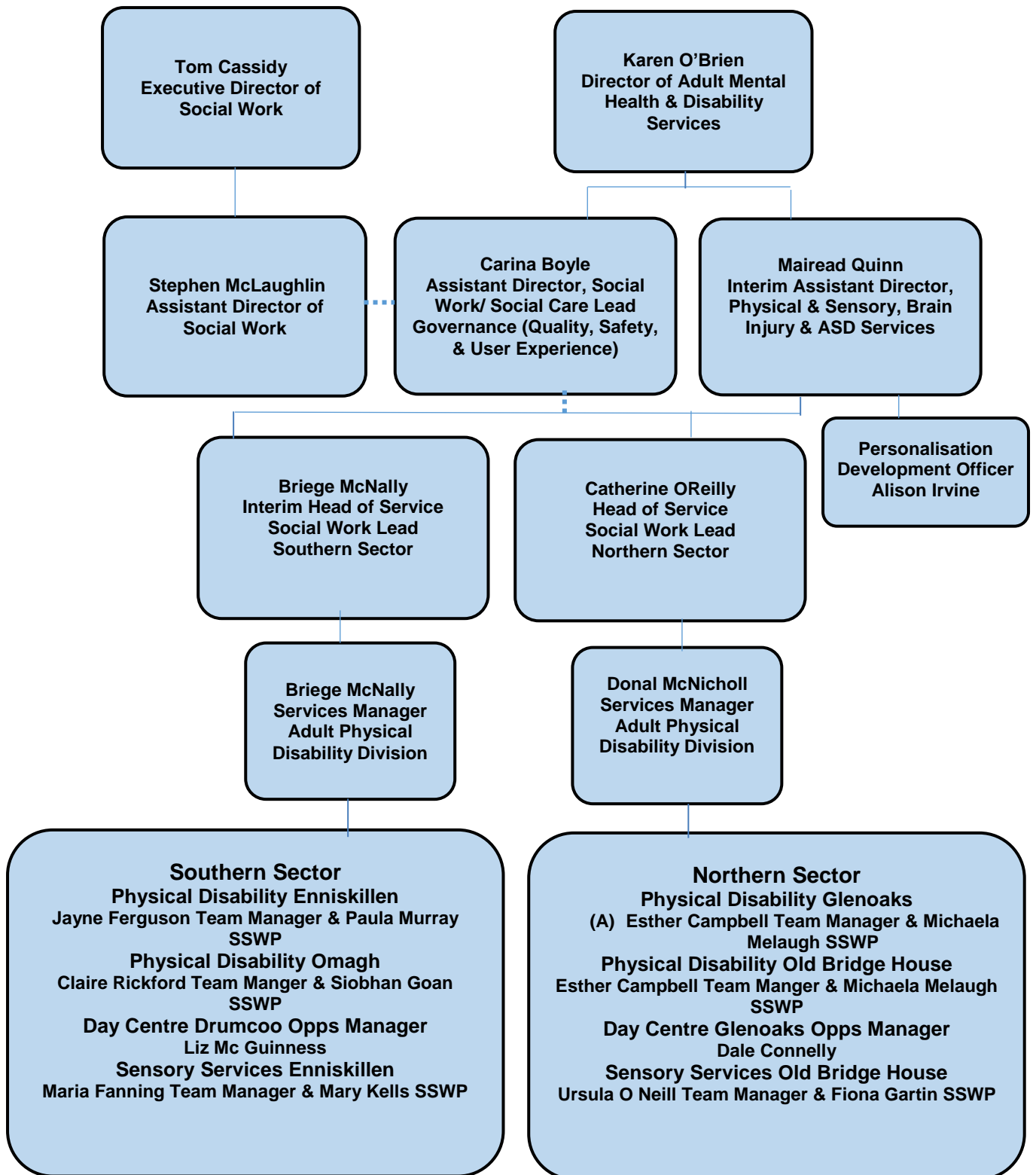
Finally I want to acknowledge the work across the Western Trust to deliver statutory functions and this report in the midst of the Trust's Encompass Go Live on 8th May 2025. Go live planning has had a direct impact on the timeliness of Social Work leads in collecting their end of year data and preparing their reports. As this year progresses, we will work towards ensuring that any downturn in services due to Encompass implementation is kept to an absolute minimum.

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate: AMHD – Physical Disability, Sensory Services, Brain Injury & ASD
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2.1	<p>Named Officer responsible for professional Social Work Catherine O'Reilly</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>Please see below Physical Disability Structure.</p> <p>Highlight any vacancies and the action taken to recruit against these. (Word limit 200 words) excluding chart</p> <p>To deliver sustainable Social Work services and to support the Social Work profession, the sub-directorate adheres to the WHSCT's "Social Work Workforce Plan 2023-25: Strengthening the Social Work Workforce."</p> <p>There is currently one fulltime vacancy at Band 6 within the Southern Sector of the Division as of March 31st. Recruitment currently ongoing from an existing Trust social work waiting list to appoint to this post.</p> <p>The recruitment into Band 7 (Social Work Team Leader) posts is challenging. These posts hold significant managerial responsibility and are also responsible for advising on increasingly complex casework. These posts are less attractive than other Band 7 posts e.g. Senior Practitioner/ Day Care Manager and there is limited appetite within the existing Band 6 social work staff to consider the Band 7 Team Manager role.</p> <p>Given the wider recruitment challenges at Band 7, the sub- Directorate promotes professional development for staff. This includes providing opportunities for staff to familiarise themselves with aspects of management by encouraging shadowing and co-working opportunities to support succession planning across the Division.</p>
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Professional Social Work Structure



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. (Word limit 200 words)</p> <p><u>Recruitment</u></p> <p>There are ongoing workforce challenges.</p> <p>The pace of Regional recruitment has resulted in delays to filling posts which has required the implementation of interim plans to cover caseloads in order to ensure all statutory functions are met. This, in turn, adds pressures to existing staff and we remain mindful of achieving the balance between retaining a healthy and supported workforce and meeting our statutory functions within agreed timeframes.</p> <p>In order to minimise impact of unfilled posts we ensure recruitment processes are expedited and waiting lists are created across the division, as appropriate. Internally we have used 'Temporary internal Promotion' (TIP) opportunities which has offered positive outcomes in the short-term.</p> <p><u>Retention</u></p> <p>The work is highly complex and demanding and to meet these challenges, the wellbeing of staff must remain a priority. It is important for social workers to connect in person through team meetings, learning hubs, training events and Social Work Forums which supports staff wellbeing and builds commitment to the quality of the service. We promote a compassionate leadership approach and ensure all staff are encouraged to avail of Trust wellbeing events and importantly, they are fully supported when life's challenges emerge.</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)</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance? (word limit 200 words)</p> <p>Yes</p> <p>Teams are fully compliant with the Regional Supervision framework.</p> <p>The provision of good quality supervision remains a priority across all service areas, this strengthens governance arrangements including the delivery of care/case management as part of the delegation of statutory functions. Supervision is reported through the Management Oversight Team Health Check (MOTH) on a monthly basis and reviewed at the bi-monthly Sub Directorate Governance Meeting.</p> <p>Supervision is provided on a four weekly basis for all social workers and Team leaders. There are additional opportunities to include group-work and case discussions with a learning ethos promoted throughout. Social work forums, two of which are in person, are an opportunity for social workers to create an agenda which meets their needs whilst offering learning and development for all social work staff across the Division.</p> <p>The new Social Work (NI) Supervision policy offers further flexibility with a menu of arrangements to best suit the bespoke needs of each individual team's supervision needs. A sub-directorate Supervision plan has been finalised and supported by the Assistant Director of Quality, Safety, Service User and Family Experience, Social Work and Social Care and the WHSCT Learning Development and Governance Team.</p>
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). (300 words)</p> <p>The data provided in this report is gathered from a number of sources. This includes Paris reports, SharePoint sites, WHSCT Community Information team, WHSCT Contracts Dept., WHSCT Finance Dept., WHSCT Comm-Care and from existing administrative systems within local teams across the sub-Directorate teams.</p>

	<p>Data cleansing, as a result of Encompass preparedness contributes to the assurance of the robustness of the data provided in this report. Paris Reporting supports the supervisory process and helps managers track team performance including the number of cases accepted, allocated and rejected as well as the completion of timely reviews. Case File Audits by managers also form part of this validation process.</p> <p>Working closely with the WHSCT Information Team we have improved systems to ensure data is shared and regularly validated. The MOTH also offers managers oversight regarding team performance e.g. care reviews and identifies emerging challenges. Using QI methodology this is charted and reported on through the sub Directorate bi-monthly Governance Meeting. SharePoint is a source of rich data and is used extensively across sectors to gather information on a monthly basis which is accessed across sectors by senior managers.</p> <p>With the cross-checking of data I am confident that the systems which are in place are robust, regularly reviewed and offer the necessary assurances to inform this report.</p> <p>In addition, the Directorate Social Work Governance Lead continues to support and advise the Adult Physical Disability Social Work Lead as required. The Directorate lead also supports the sub- division's overall governance arrangements resulting from the Care Management Internal Audit findings, the development of consistent approaches across Adult Safeguarding, the Review of Directorate Policies, Procedures and Guidance and the review of Serious Adverse Incidents and risk registers.</p>
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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.</p> <p>(please complete table below).</p>																		
	<table border="1" data-bbox="328 517 1334 898"> <thead> <tr> <th></th><th>Number</th></tr> </thead> <tbody> <tr> <td><i>Serious Adverse Incidents</i></td><td>0</td></tr> <tr> <td><i>Domestic Homicide Reviews</i></td><td>0</td></tr> <tr> <td><i>Case Management Reviews</i></td><td>0</td></tr> <tr> <td><i>Mental Health Review Tribunals</i></td><td>0</td></tr> <tr> <td><i>Judicial Reviews</i></td><td>0</td></tr> <tr> <td><i>Audits</i></td><td>1</td></tr> <tr> <td><i>RQIA Inspections</i></td><td>1</td></tr> <tr> <td><i>RQIA Enforcement notices – Failure To Comply Notices</i></td><td>0</td></tr> </tbody> </table> <p>Please provide details of any particular recommendations or learning that the Trust would wish to highlight.</p> <p>RQIA completed one unannounced inspection in a Physical Disability Statutory Day Centre; there was no Quality Improvement Plan required.</p> <p>The sub directorate has continued to work on the implementation of Care Management recommendations as per the previous BSO audit. Learning Letters have been circulated and updates provided to Trust Audit Committee.</p> <p>As noted in 2.4 the monthly oversight team health check (MOTH) supports the tracking of compliance across each team of the monitoring and review of each open case on a monthly basis under care management. This information is reviewed by community service managers and heads of service and is further discussed at bi-monthly sub Directorate Governance meetings which reports on the overall position of each service area. The sub-Directorate can report 97% compliance with annual reviews as of 31/03/25.</p> <p>The review process includes revisiting consent/capacity which was highlighted as an internal audit finding and ensuring that all care-plans are updated, signed and shared accordingly.</p> <p>Self-audit has been introduced at local team level as part of the overall managerial oversight to ensure quality standards are maintained across all documentation which supports the care management function.</p> <p>The self-audit findings are discussed within the supervision process of social workers and, in turn managers, with any emerging actions agreed.</p>		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>	1	<i>RQIA Inspections</i>	1	<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0
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	<p>An audit of Direct Payments was also carried out this year and a plan is in place to address recommendations.</p> <p>The Direct Payment Audit Recommendations included:-</p> <ul style="list-style-type: none"> • Updating Direct Payments forms, i.e. Payments & Receipts / Scheme Agreement for One Off Direct Payment / Commissioning Form. • Ensuring all cases had a current Scheme Agreement on File. • Direct Payment Monitoring was completed within the timeframe • Access NI completed for all Personal Assistants • Ensure appropriate levels of Insurance with a focus on redundancy. <p>As the Personalisation Officer for the Trust is based within Adult Physical Disability, PDSI led on this work with all actions now completed and shared Trust wide.</p> <p>There was a focused piece of work completed within Adult Physical Disability by the Personalisation Officer to ensure widespread learning on the above.</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 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	
	PDSI has adequately Discharged Statutory Functions. There are no actions to report on for PDSI. Previous actions regarding Unmet Need & ARBI are being progressed through SPPG / regional approaches.	PDSI have noted a reduction in Unmet Need within the reporting period.

DATA RETURN 1 – PoC / Directorate
AMHD – Physical Disability, Sensory Services, Brain Injury & ASD

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	PD = 400 SENSORY= 235 ASD = 101	PD = 7 SENSORY = 608 ASD = 2
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	PD = 154 SENSORY= 123 ASD = 15	PD = 0 SENSORY = 229 ASD = 0
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> Whilst there are 15 cases over 65 reported as open to PD, all cases were referred 3 months prior to their 65th birthday as per WHSCT Transitions Pathway but were not immediately allocated in COPS. Of the 15 cases, 11 are in transition to Older People, 2 are currently in allocation and two have been subsequently closed.	PD = 696 SENSORY= 129 ASD = 112	PD = 15 SENSORY = 186 ASD = 0
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>	PD = 16 SENSORY= 96 ASD = 3	PD = 7 SENSORY = 58 ASD = 0
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.	9	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.	58	0
	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.	396	0
	iv. Supported Living	15	0
	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 <i>If no, please explain</i> All annual reviews are carried out by professionally qualified social workers.	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 <i>If no, please explain</i> The annual care management review compliance rate is currently 97% across the sub directorate.	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	79	19
	- Independent sector	38	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	PD = 40 Sensory = 8 ASD = 16	0
1.6b	Shared Lives Day Support SPPG to complete		
1.7	Of those at 1.6 how many are dementia (EMI)	0	0
	- 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?	2	0
1.10	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for:	X	X

	<ul style="list-style-type: none"> - Number of Annual Reviews Completed - Number of Annual Reviews Outstanding - % Compliance 		
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 _____

No Longer Required

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?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) _____

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>	N/A	N/A	N/A

DATA RETURN 2 – PoC / Directorate:
AMHD – Physical Disability, Sensory Services, Brain Injury & ASD

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)	226	273
	Certified severely sight impaired (Partially sighted)	234	284
	Sight Loss	393	695
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	115	42
	Profoundly Deaf Oral / Lip Readers	99	41
	Hard of hearing	1058	2343
	Tinnitus (New)	131	101
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	102	414

DATA RETURN 3 – PoC / Directorate:
AMHD – Physical Disability, Sensory Services, Brain Injury & ASD

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/Sensory Disability during the reporting period.	PD = 407
		SENSORY = 843
		ASD = 103
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	1138
3.2	Number of assessments of need carried out during period end 31 st March.	PD = 711 SENSORY = 315 ASD = 112
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0

DATA RETURN 4 – PoC / Directorate
AMHD – Physical Disability, Sensory Services, Brain Injury & ASD

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	18
	Total expenditure for the above payments	£907
4.2	Number of TRUST FUNDED people in residential care	9
4.3	Number of TRUST FUNDED people in nursing care	58
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)	1

DATA RETURN 5 – PoC / Directorate
AMHD – Physical Disability, Sensory Services, Brain Injury & ASD

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)	3	388	69
	Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.			
	306 who have been offered with no identified caring role – no available data to categorise by age		306	
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return)	2	197	36
	Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.			
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return)	1	191	33
	Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.			
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	0	0
5.4	Number of adult carers receiving a service @ 31 st March	0	58	0
5.5	Number of young carers offered individual carers assessments during the period.		4	
5.6	Number of young carers assessments completed during the period.		3	
5.7	Number of young carers receiving a service @ 31 st March		0	
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March		111	
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March		104	

	(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.	196
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?	113
5.10	Number of carers receiving direct payments @ 31 st March	58
5.11	Number of one off Carers Grants made in-year.	77
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

NB Carers Consent/Encompass

This may impact carers consenting to an assessment if they are concerned about their own confidentiality in terms of their personal record.

DATA RETURN 6 – PoC / Directorate
AMHD – Physical Disability, Sensory Services, Brain Injury & ASD

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	SPPG to collect from PSSID
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	SPPG to collect from PSSID
6.3	Number of investigations commenced within the period	SPPG to collect from PSSID
6.4	Number of cases closed to adults in need of protection within the period	10
6.5	Number of protection plans commenced within the period	SPPG to collect from PSSID
6.6	Number of care and protection plans in place on 31st March	Not required

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate
AMHD – Physical Disability, Sensory Services, Brain Injury & ASD

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	4	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	3	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	1	
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?	N/A
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	4
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>	N/A

9.4.a	Confirm if these reports were completed within 14 days? YES / NO If no, please explain	N/A
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Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	N/A

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	N/A
9.6.a	New applications for Guardianship during period (Article 19(1))	N/A
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	N/A
9.6.c	How many were Guardianship Orders made by Court (Article 44)	N/A
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	N/A
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	N/A
9.6.f	Number of Guardianships accepted by a nominated other person	N/A
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	N/A
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	
	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	N/A
9.7.a	Number of Approved Social Workers removed during period	N/A

9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	N/A
9.7c	<p>Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on;</p> <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> <div style="text-align: center;">  ASW Quality Standards SF 9.7 </div>	N/A

9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old?</p> <p>If yes, please provide number and advise on any issues presenting</p> <p>NO</p>	
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.	N/A

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	N/A
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
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9 The Mental Capacity (NI) Act, 2016

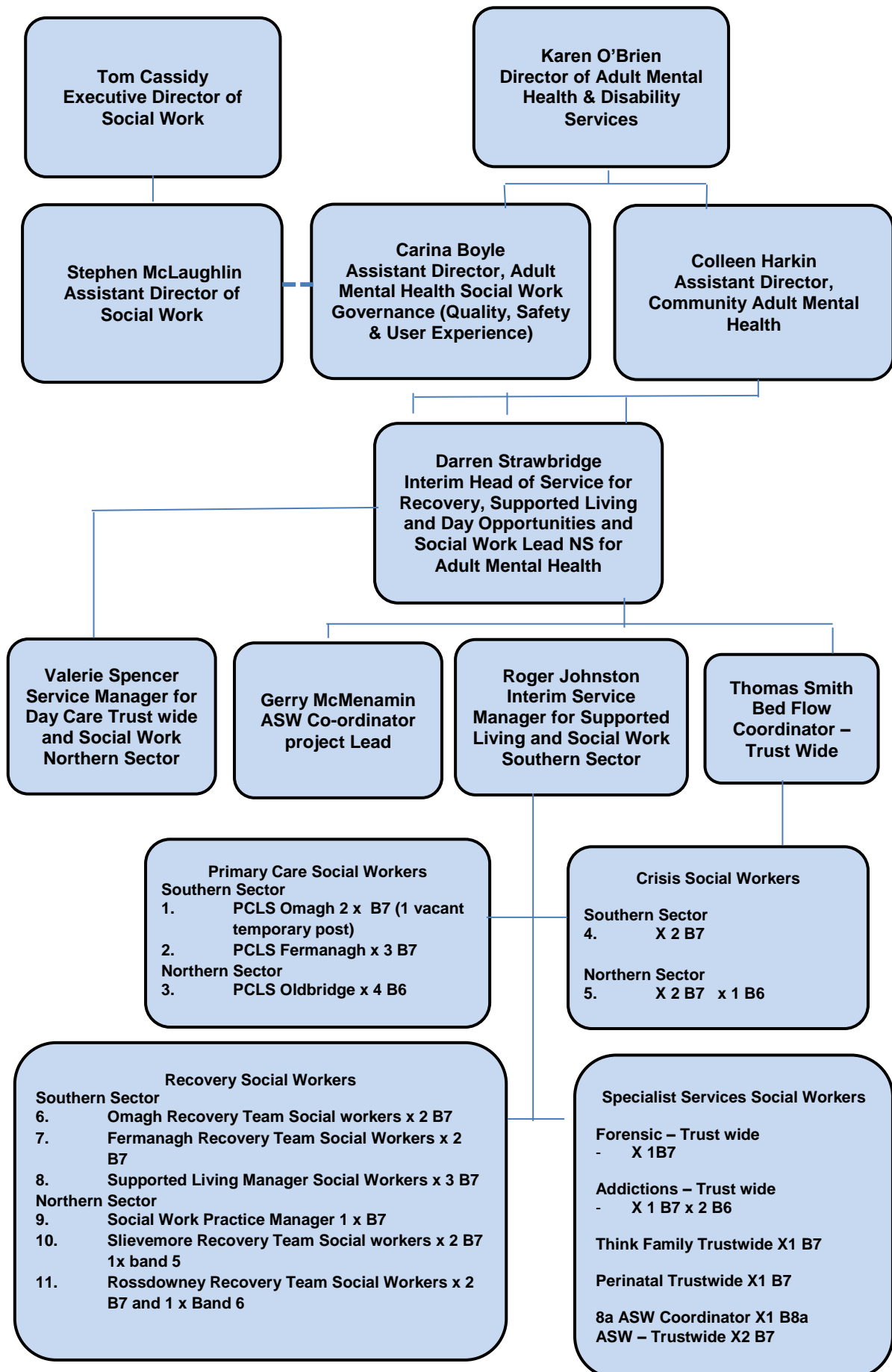
See AMHD - Learning Disability Section – Page 83

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate: AMHD Sub Directorate - Adult Mental Health & Disability Services
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2.1	<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>Mr Darren Strawbridge is the named officer for Professional Social Work lead in Adult Mental Health. Mr Strawbridge reports operationally to Mrs Colleen Harkin, Assistant Director Community Adult Mental Health Services.</p> <p>With regard to social work accountability Mr Strawbridge relates professionally to Carina Boyle, Assistant Director of Social Work and Governance and then to the office of the Executive Director of Social Work through the Assistant Director Social Work (Learning Development and Governance).</p>
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Professional Social Work Structure



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. (Word limit 200 words)</p> <p>There are 56 designated social work posts in Adult Mental Health Services, 2 of which are in team management positions. This is an increase from last year but remains a workforce that is significantly less developed when compared with other HSCT's.</p> <p>Social workers are an integral part of the multi-disciplinary team within Adult Mental Health and work is ongoing to ensure that the structures within social work in Adult Mental Health provides appropriate levels of support supervision and governance.</p> <p>There are currently 2 x WTE vacant social work posts in Adult Mental Health both in the Southern Sector, 1x Omagh and 1x Fermanagh Recovery Service. The posts will be filled through a Band 6 waiting list in April 2025.</p> <p>Adult Mental Health Directorate has recruited an ASW coordinator/Project lead (Band 8A) and 2 x Band 7 full time permanent ASW's to support the implementation of the ASW Quality standards. The development of these posts contributes to the strengthening of the structures and governance arrangements of professional social work within the directorate. 10 candidates completed the ASW course in September 2024 and are now active on the rota with a further 8 candidates due to complete the course by September 2025.</p> <p>Future planning work has commenced in respect of strengthening Social Work within CMHT's. The Mental Health strategy is a significant driver and work has been completed by the DOH in relation to workforce planning. It is important that we continue to highlight the increase in referrals across all Community Mental Health services and the need to increase social work to support with this demand. We continue to have significant service pressures areas for our uncommissioned service such as ARBD and ADHD.</p> <p>The last reporting year has seen an increase in service users who require complex and enhanced placements which require a social work workforce to discharge the statutory functions of care management.</p> <p>The WHSCT acknowledges that in comparison with the rest of the region the social work workforce in adult mental health is significantly less than the other 4 HSCT's. There is an inherent risk that given the limited social work workforce within AMH and the increase in delegated statutory functions we will not be able to meet these moving forward. It is imperative that we strengthen the social work workforce in the future to take account of the changing and complex needs of the population in the WHSCT.</p>
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	<p>In 24/25 the Assistant Director for community adult mental health has supported the increase of the social work workforce and found funding to secure additional posts. Nonetheless, it will be important for the Social Work lead in adult mental health to undertake an equality impact assessment given population health/need and social deprivation to understand the full demand and capacity on the current workforce.</p> <p style="text-align: center;">Medical Workforce</p> <p>The author believes it is important to acknowledge pressures pertaining to the medical workforce within adult mental health services in the WHSCT. There has been a number of early alerts to the Department of health in the reporting year. The pressures within this workforce does have an impact when discharging the medical functions under the Mental health (NI) Order 1986 especially for Part 2 Doctors.</p>
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)</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance? (word limit 200 words)</p> <p>The Trust is compliant with current social work supervision arrangements All frontline social work staff receive their supervision from either a Team manager who is a professional social worker or a senior social work practitioner. All social workers with supervision responsibility have completed the social work intermediate supervision training as mandatory training from social services learning and development team. The Social Work Service Managers and Head of service also receive supervision in line with social work hierarchy structures within adult mental health.</p> <p>An additional support and supervision mechanism has been established for the Heads of Service/Social Work Leaders across the Directorate. This is facilitated by the Assistant Director SW/Care Governance who is also the overall Directorate Lead.</p> <p>The Social work lead within Adult Mental Health has continued to implement the new regional supervision policy (2024) and has a robust action plan pertaining to the core functions of supervision and the 7 key standards outlined within the policy. The mixed methods approach outlined in the policy is a welcome addition within adult mental health services as it attends to the social workers connection with the organisation through service and practice delivery.</p> <p>The Social work lead commissioned a social work supervision event in the reporting year 24/25 for all social workers supported by the learning development and governance team. This event supported staff with the operationalisation of the policy, acknowledging their input being a key driver to success. The social work lead alongside social work service managers has now developed an overall supervision plan for all social workers in adult</p>

	<p>mental health. This has full oversight from the Assistant Director for social work.</p>
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). (300 words)</p> <p>The data collection points are across multiple service delivery teams. This makes coordinating data collection a complex process. Adult Mental Health Services have recruited a new information analyst who has commenced the process of further developing robust data systems for DSF reporting. The Business Support Manager is developing a new working group within the business support function, to closely monitor the data gathering process, ensuring consistent and accurate data from adult mental health services.</p> <p>Appreciating the workforce pressures and fluidity of structures internally within services, the business support team endeavour to ensure that all new service managers and ASWs are equipped with the knowledge on how to complete reports using any new data collection systems which may be put in place. In relation to the ASW daily data sets required for SPPG reporting, the information analyst is developing a new data collection system which will simplify the process for the ASWs and automatically populate the daily data set.</p> <p>We are also heavily reliant on stakeholders external to the adult mental health services directorate, including medical records, finance, direct payments, information department and systems & service improvement to support with providing data. The business support team propose devising a structured timetable with defined parameters on timescales and an outline of the required datasets required to allow those services to plan internal work streams to support the reporting process.</p> <p>In relation to the 2024/25 with the support of the newly recruited information analyst we are assured of the robustness of the data provided within this report.</p> <p>The reporting year has seen the WHSCT undertake a significant amount of work with the encompass team and other HSCT trusts in preparedness to go live on the 8th May 2025.</p>

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.</p> <p>(Please complete table below).</p>																		
	<table border="1" data-bbox="328 555 1340 931"> <thead> <tr> <th></th> <th>Number</th> </tr> </thead> <tbody> <tr> <td><i>Serious Adverse Incidents</i></td> <td>25</td> </tr> <tr> <td><i>Domestic Homicide Reviews</i></td> <td>0</td> </tr> <tr> <td><i>Case Management Reviews</i></td> <td>0</td> </tr> <tr> <td><i>Mental Health Review Tribunals</i></td> <td>13</td> </tr> <tr> <td><i>Judicial Reviews</i></td> <td>1</td> </tr> <tr> <td><i>Audits</i></td> <td>2</td> </tr> <tr> <td><i>RQIA Inspections</i></td> <td>10</td> </tr> <tr> <td><i>RQIA Enforcement notices – Failure To Comply Notices</i></td> <td>0</td> </tr> </tbody> </table> <p>Please provide details of any particular recommendations or learning that the Trust would wish to highlight.</p> <p>The majority of SAI's reported through the sub directorate relate to suicide – consequently the Directorate has been heavily invested in progressing work associated with the Towards Zero Suicide initiative. The lessons learned from the National Confidential Inquiry into suicide have also been shared. Work associated with TZS has taken account of the findings in relation to those who have completed suicide.</p> <p>In relation to the activity completed during the reporting period that directly relates to the trusts delivery of social work and social care, it is important that this is placed in the context of service delivery in Adult Mental Health. All learning in relation to significant judgements/decisions in adult mental health is undertaken through a multi-disciplinary approach given the professional workforce. However, there are themes and trends that have been identified as a social work and social care responsibility. Social work and social care continue to provide a focus and lead on:</p> <ul style="list-style-type: none"> • Engaging with families across all mental health settings • Prevention of suicide considering predisposing factors of Health inequalities, social determinants of health and social deprivation in the context of Northern Ireland, specifically the WHSCT. • Crisis intervention • Homelessness inclusion • Dual diagnosis and early intervention • Care Management 		Number	<i>Serious Adverse Incidents</i>	25	<i>Domestic Homicide Reviews</i>	0	<i>Case Management Reviews</i>	0	<i>Mental Health Review Tribunals</i>	13	<i>Judicial Reviews</i>	1	<i>Audits</i>	2	<i>RQIA Inspections</i>	10	<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0
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<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0																		

	<ul style="list-style-type: none"> • Self-Directed Support <p>Our approach to learning from significant decisions will be taken forward in the forthcoming year by the social work lead in Adult Mental Health. A learning event is planned to further explore themes and which will take account of local and regional learning.</p> <p style="text-align: center;"><u>BSO Audits</u></p> <p>In the reporting year there were two audits in relation to Care Management and Self Directed Support. Adult Mental Health were complimented for their work in both areas and the progress that has been made from the previous audits.</p> <p>The Care Management audit highlighted good practice in that Mental Health had developed a harmonisation document between the You in Mind assessment framework tool and the Care Management circular to support all staff when undertaking this work. As such this work was scaled and spread to the rest of the Adult Mental Health Directorate (Learning Disability and Physical and Sensory Disability) as well as Primary Care and Older People.</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.

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>Offers and updates of Carers Assessments</p> <p>Approved Social Work:</p> <ol style="list-style-type: none"> 1. Increased demand on Adult Mental Health and requests for Approved Social Worker assessments under relevant legislation. 	<p>Adult Mental health services have increased uptake of carers assessments across mental health services, however the Trust have identified areas in which more progress is required, around the offers and completed carers assessments.</p> <p>The identification of Young carers continues to be a challenge for the Trust. The WHSCT has established a Think Family working group whose role it will be to develop an action plan that will detail a work in relation to young carers which will outline how we implement this.</p> <p>The social work lead will continue to monitor activity on increasing demand and report through at DSF and mid-point reviews.</p>

		<p>Ongoing QI activity particularly relating to CMHTs and recovery services is starting to yield improvements across the ASW service with the introduction to the ASW hub model.</p> <p>The social work lead to continue to monitor any changes in caseloads throughout the reporting period 2025–26.</p> <p>The social work lead to continue to implement ASW Quality Standards including QS. Governance (Lone Working)(Partially met)</p> <p>The WHSCT has partially achieved the Quality Standards pertaining to QS. Governance (Lone Working)</p> <p>This will be fully met by mid–year review with a fully developed standard Operating Procedure outlining how all ASW quality standards are being met and will continue to be met.</p> <p>Addition of 8 additional staff to support the ASW service including 2 Full time ASW staff and staggered working time rota.</p> <p>Reduction into ASW service continues to reduce due to QI activity particularly relating to CMHTs and recovery services.</p>
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	<p>2. Increased demand for Acute Psychiatric In-Patient services creates the potential for protracted waiting times for patients.</p> <p>Respite/Short Breaks Equity of service across adult mental health services using QI methodology</p>	<p>Trust to continue with implementation of QI initiatives which have significantly reduced protracted waiting times during 24/25.</p> <p>Trust to continue to liaise with RESWS re arrangements for ASW assessments and protracted waiting times.</p> <p>The short breaks service extended the provision of their service to existing carers and developed service improvements which have enhanced the quality of service being offered</p> <p>This is ongoing work to scale and spread the learning from the Omagh and Fermanagh to the Derry area.</p>
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DATA RETURN 1 – PoC / Directorate
AMHD, Sub Directorate - Adult Mental Health & 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?	5284	169
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	1444	32
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>	4646	579
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>	355	37
1.4	How many care packages are in place on 31 st March in the following categories:		
	vi. 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.	29	0
	vii. 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.	66	0
	viii. 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.	60	0
	ix. Supported Living	1	0
	x. 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>	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 / NO <i>If no, please explain</i>	YES	
1.5	Number of adults provided with a Short Break during the period.	PSSID return 68	PSSID return
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	225	0
	- Independent sector	381	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	384	0
1.6b	Shared Lives Day Support SPPG to complete		
1.7	Of those at 1.6 how many are dementia (EMI)		
	- Statutory sector	0	7
	- Independent sector	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?	5	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 – Hospital _____**No Longer Required**

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?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting)
Grangewood

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?	0	714	13
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	714	13
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	0	38	0
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

DATA RETURN 1 – Acute Hospital (general setting)
Tyrone & Fermanagh

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?	0	641	28
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	641	28
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	0	40	2
	<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

AMHD, Sub Directorate - Adult Mental Health & 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)	2	0
	Certified severely sight impaired (Partially sighted)	2	0
	Sight Loss	1	0
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	23	0
	Profoundly Deaf Oral / Lip Readers	6	0
	Hard of hearing	10	0
	Tinnitus (New)	1	0
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	0

DATA RETURN 3 – PoC / Directorate
AMHD, Sub Directorate - Adult Mental Health & 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.	5
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	45
3.2	Number of assessments of need carried out during period end 31 st March.	14
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0

DATA RETURN 4 – PoC / Directorate
AMHD, Sub Directorate - Adult Mental Health & 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	33
	Total expenditure for the above payments	£9315.00
4.2	Number of TRUST FUNDED people in residential care	27
4.3	Number of TRUST FUNDED people in nursing care	59
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)	0

DATA RETURN 5 – PoC / Directorate
AMHD, Sub Directorate - Adult Mental Health & 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. *Out of a total of 1940 – 1580 No care identified in a caring role.	0	262	98
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.	0	116	19
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. *Out of a total of 1805 – 1580 no care identified in a caring role	0	146	79
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?		NA	
5.4	Number of adult carers receiving a service @ 31 st March		68	
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments completed during the period.	0		
5.7	Number of young carers receiving a service @ 31 st March	0		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	0		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	7		

	(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.	
		23
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?	5
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	53
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

DATA RETURN 6 – PoC / Directorate
AMHD, Sub Directorate - Adult Mental Health & Disability Services

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	SPPG to collect from PSSID
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (h) Financial (i) Institutional (j) Neglect (k) Physical (l) Psychological/ Emotional (m) Sexual (n) Exploitation	SPPG to collect from PSSID
6.3	Number of investigations commenced within the period	SPPG to collect from PSSID
6.4	Number of cases closed to adults in need of protection within the period	45
6.5	Number of protection plans commenced within the period	SPPG to collect from PSSID
6.6	Number of care and protection plans in place on 31st March	Not required

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate
AMHD, Sub Directorate - Adult Mental Health & 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	AMH Children CAMHS LD PD Comms OP PCOP	236 8 4 10 4 58 12	98
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	AMH Children CAMHS LD PD Comms OP PCOP	187 4 3 7 3 47 8	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	AMH Children CAMHS LD PD Comms OP PCOP	11 0 2 0 1 1 0	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	AMH Children CAMHS LD PD Comms OP PCOP	2 0 0 0 0 0 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?	(Grangewood) 45 (Tyrone & Fermanagh) 50
9.2a	Of these, how many resulted in an application being made?	(Grangewood) 40 (Tyrone & Fermanagh) 40


ASW Applicant reports			
9.3	Number of ASW applicant reports completed	AMH Children CAMHS LD PD Comms OP PCOP	229 5 4 10 4 63 6
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>	2
9.4.a	Confirm if these reports were completed within 14 days? YES / NO If no, please explain	YES

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	Grangewood 6 Tyrone & Fermanagh 7

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)	
	Discharges as a result of an agreed multi-disciplinary care plan	1
	Lapsed	0
	Discharged by MHRT	0
	Discharged by Nearest Relative	0
	Total	1

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	10
9.7.a	Number of Approved Social Workers removed during period	0
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	41
9.7c	<p>Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on;</p> <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> <div style="text-align: center;">  ASW Quality Standards SF 9.7 </div>	

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.	11

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:	0
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	0
	(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

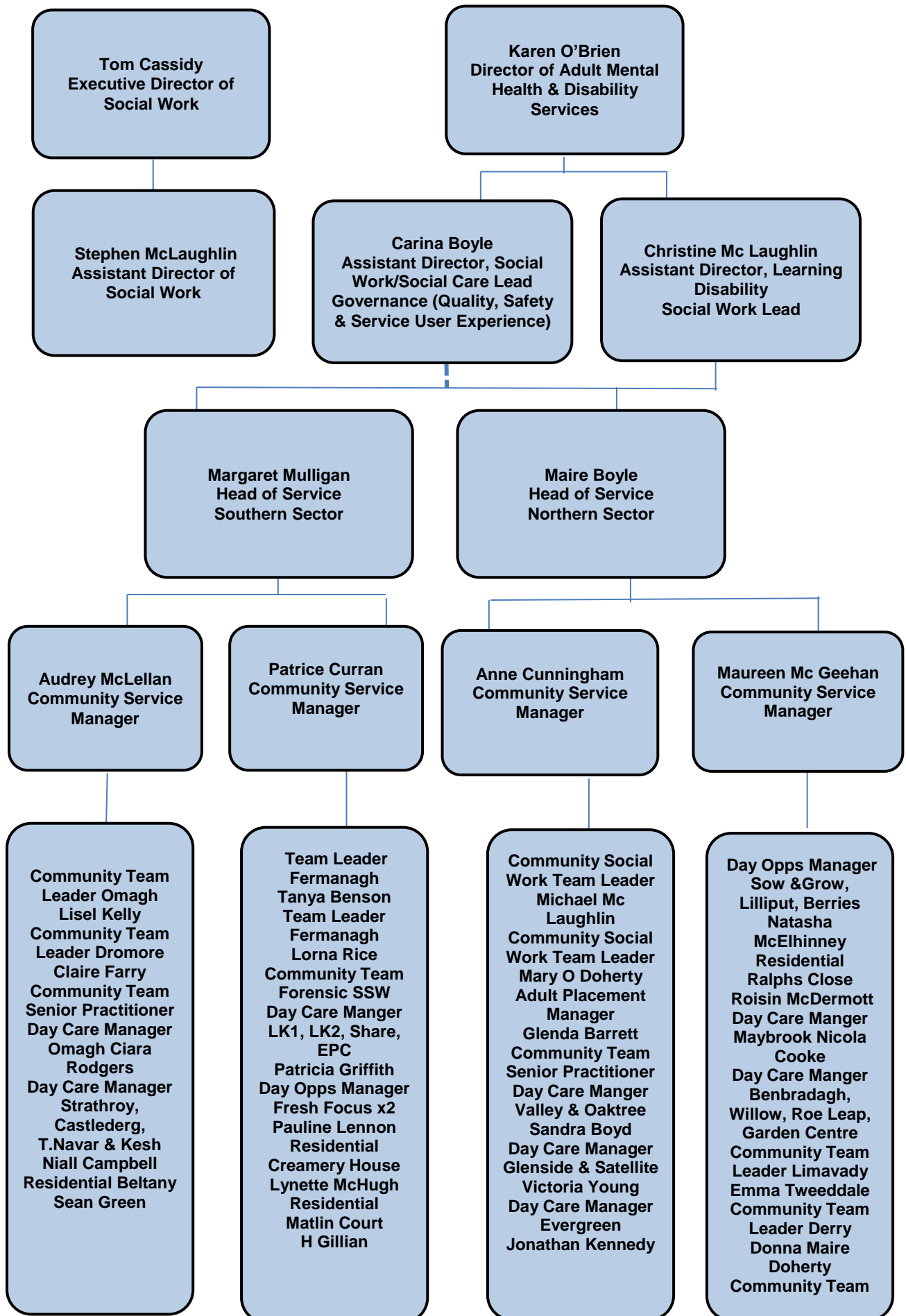
9 The Mental Capacity (NI) Act, 2016

See AMHD - Adult Learning Disability – Page 83	
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2. PROGRAMME OF CARE SUMMARY

Programme of Care : AMHD - Adult Learning Disability

2.1	<p>Named Officer responsible for professional Social Work</p> <p>Christine McLaughlin Assistant Director Adult Learning Disability /MCA Lead</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>At end of March 2025, Adult Learning Disability Services have vacancies for 4 permanent social work positions and 3 temporary posts, the latter required to support vacancies arising from illness(long and short term) and maternity leave. This is an improved position from the previous reporting year, albeit the position described was only achieved in the latter stages of 2024. To date all “normal” recruitment processes have been engaged, in terms of timely raising of requisitions to enable offers being made from the Regional Social Work Waiting List. The Service particularly benefitted from the recruitment of newly qualifying social workers in June 24 and is a positive outcome of the Community Teams ongoing commitment to nurturing interest in the practice area.</p> <p>While permanent social work positions remain attractive, there is limited appetite for temporary posts. It has been confirmed that the Trust will again offer contracts to newly qualifying social workers this Summer, so the current vacancies will take some time to fill pending the out-workings of that process.</p>
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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. (Word limit 200 words)</p> <p>Adult Learning Disability Services continues to experience limited permanent vacancies, with the exception of the Fermanagh area, where some challenges have been experienced. However delays associated with the Shared Services recruitment processes has continued to impact negatively on service delivery given the lengthy periods of time taken to achieve staff in post.</p> <p>Temporary recruitment to cover periods of staff absence has been much more challenging both in terms of the delays associated with the Shared Services processes and the limited number of staff on the Regional Waiting List accepting temporary posts. At various points throughout the year, Teams' have experienced a lack of interest in temporary positions, resulting in growing practice pressures given the reduced professional capacity available to manage cases. There is also an associated impact on the workload of Team Leaders as they assume oversight of unallocated/unmanaged cases.</p>
2.3	<p>Supervision arrangements for social workers</p> <p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework (Yes)</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance? (word limit 200 words)</p> <p>It is acknowledged in the reporting year that the new regional supervision policy is in place and is working well.</p>

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). (300 words)</p> <p>Currently on the cusp of the implementation of the new Encompass system which it is anticipated will support future proofing data collation, input, extraction, analysis and overall quality, Learning Disability Services continue to make use of the available suite of electronic based systems that includes applications such as PARIS and Soscare. These are complimented by a variety of Microsoft based systems with varying levels of application functionality, process, data quality and robustness behind them. Certain gaps and a lack of functionality within the current electronic systems available to the Trust has meant that in many cases the development of additional tools has been necessary to increase data accuracy, quality and integrity. This work is overseen by the Business Support Manager and the Service has benefited from their expertise, making significant developments in this area.</p> <p>The skill set within the Learning Disability Service with regards to data applications and data quality, ranges from low to very high and in this case we have varying levels of quality assurance processes behind our data to maximise its robustness. This is an important focus of our work and consequently the quality and robustness of the data provided in this Report is of a high standard. Given the experience of the Trust's already live on Encompass, it is anticipated that the referenced systems will continue to need to be maintained in at least the initial stages of Encompass Go-Live</p>
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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.</p> <p>(please complete table below).</p>																		
	<table border="1" data-bbox="328 555 1340 972"> <thead> <tr> <th></th> <th>Number</th> </tr> </thead> <tbody> <tr> <td><i>Serious Adverse Incidents</i></td> <td><i>1 completed; 2 ongoing</i></td> </tr> <tr> <td><i>Domestic Homicide Reviews</i></td> <td><i>0</i></td> </tr> <tr> <td><i>Case Management Reviews</i></td> <td><i>0</i></td> </tr> <tr> <td><i>Mental Health Review Tribunals</i></td> <td><i>0</i></td> </tr> <tr> <td><i>Judicial Reviews</i></td> <td><i>0</i></td> </tr> <tr> <td><i>Audits</i></td> <td><i>4 Internal Audits</i></td> </tr> <tr> <td><i>RQIA Inspections</i></td> <td><i>18</i></td> </tr> <tr> <td><i>RQIA Enforcement notices – Failure To Comply Notices</i></td> <td><i>0</i></td> </tr> </tbody> </table> <p>Please provide details of any particular recommendations or learning that the Trust would wish to highlight.</p> <p>All Relevant Actions/ Actions Plans related to SAI's, RQIA Inspections/Audits are held within a Service Tracker and presented for update in terms of timely progression of required work at monthly Adult Learning Disability Governance meetings and escalated/ discussed at Directorate Governance meetings as necessary. While there is no specific learning to highlight from in-year SAI's/ RQIA Inspections/ Audits, all of the above provide valuable learning, applicable across varying settings/ staffing groups. Updates are included at monthly Governance meetings attended by Service Managers/ Heads of Services facilitating further dissemination to staff/ service meeting and forums.</p>		Number	<i>Serious Adverse Incidents</i>	<i>1 completed; 2 ongoing</i>	<i>Domestic Homicide Reviews</i>	<i>0</i>	<i>Case Management Reviews</i>	<i>0</i>	<i>Mental Health Review Tribunals</i>	<i>0</i>	<i>Judicial Reviews</i>	<i>0</i>	<i>Audits</i>	<i>4 Internal Audits</i>	<i>RQIA Inspections</i>	<i>18</i>	<i>RQIA Enforcement notices – Failure To Comply Notices</i>	<i>0</i>
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<i>RQIA Enforcement notices – Failure To Comply Notices</i>	<i>0</i>																		

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.
	Learning Disability Issues	
	<p>Compliance with Care Management Assessments/ Reviews</p> <p>Social Work vacancies both permanent and temporary over the year have impacted on the availability of the necessary professional resource to ensure timely completion of this work</p> <p>Offers and Completion of Carer Assessments</p> <p>Social Work vacancies both permanent and temporary over the year have impacted on the availability of the necessary professional resource to ensure timely completion of this work</p>	<p>Prompt raising of all social work requisitions to support timely recruitment of new staff to vacant posts.</p> <p>Scheduling of all required Care Management processes including Annual Reviews into Social Worker Yearly Planner.</p> <p>Regular monitoring of vacant caseloads by Team Leaders/Service Managers to ensure agility in undertaking statutory, time-sensitive tasks in cases determined as highest risk by allocating to available Staff.</p> <p>Regular updates provided on activity levels to Directorate RRG</p> <p>Prompt raising of all social work requisitions to support timely recruitment of new staff to vacant posts.</p> <p>Scheduling of all required Care Management Reviews into Social Worker Yearly Planner.</p> <p>Regular monitoring of vacant caseloads by Team Leaders/Service Managers to ensure agility in undertaking statutory, time-sensitive tasks connected to Carer Assessments in cases determined as highest risk by allocating to available Staff</p>

	Updated Action Plan below:				
Learning Disability Issues					
Issue	Action Required	By when	Owner	Progress Report	RAG status
9. Issue: Lakeview: Challenges in inpatient bed provision					
Statutory Function: Mental Health Northern Ireland Order (1986)					
Issue: Previous challenges re inpatient provision with limited Psychiatric cover in Lakeview.	Action: 1. Trust to ensure continued psychiatric cover in Lakeview to enable access to inpatient care and treatment in accordance with assessed needs and risks. 2. Trust to engage in regional work re	On-going	Christine McLaughlin	<u>Update May 2025</u> Position re Psychiatry cover remains as outlined in September 2024/ February 2025 update. Adult Learning Disability Trust staff continue to engage in all regional work connected to the LDSM and to agree a regional inpatient model- recent meeting with SPPG 3 rd April 2025 Re same.	
		On-going	Christine McLaughlin	Trust continue to provide regular updates to SPPG re resettlements/ discharges via the Resettlement Tracker, CIP and Oversight Meetings.	

	inpatient provision, linked to LDSM and any associated protocols.	On-going	Christine McLaughlin	Trust engage in the LD Dashboard to support monitoring of bed capacity. WHSCT providing bed capacity for WHSCT patients requiring admission. Trust agreeable with regional network approach to inpatient beds but note refurb of Strule Ward and dedicated MDT required before Lakeview could potentially operate as a regional facility.	
	3. Trust to continue to work collaboratively with other Trusts to ensure access to inpatient care and treatment, in accordance with assessed need.	On-going	Christine McLaughlin	Trust advise significant input from community MDT to support community placements including in situations where tolerance of Providers/ community creates challenge to sustainability of placements. Assistant Director and Contracts Head of Service continue to engage in SPPG led regional work re High cost cases. Rag Rating: Agreed to retain as amber and carry forward as an action in 25/26.	
	4. Trust to continue to provide regular updates to SPPG re resettlements/ discharges via the Resettlement Tracker, CIP and Oversight Meetings.	On-going	Christine McLaughlin		

	<p>5. Trust to continue to work with families and service providers to support service users in their communities and to prevent family/placement breakdowns.</p> <p>6. Trust to continue to engage in the High Cost Cases Review and associated work being led by SPPG.</p>	On-going	Christine McLaughlin		
11. Issue: Reduction in the number of Carer's assessment completed and variation in respect of Carer assessment.					

Statutory Function: Carers and Direct Payments Act (2002)					
<p>Issue:</p> <p>As at March end 24, 37 AO and 35 AC. PSSID return cites this equates to –51% reduction from March 23.</p> <p>As at March 24, 146 RO and 137 RC, equating to a – 14% reduction from March 23.</p>	<p>Action:</p> <p>1. Trust to develop action plan to increase Carer's Assessments Offered & completed and Carers reassessments offered/ completed. Trust to include detail re the trajectory of improvement (i.e. volume of carer's assessments/ reassessments to be offered/completed per month, over the 24/25 reporting period). Action Plan</p>	July 24	Christine McLaughlin	<p><u>Update May 2025</u></p> <p>Carer's Conversation Wheel is the assessment format used and Trust will use NISAT for new / review assessments following Go Live Encompass. Trust report some negative feedback from Carers/Advocates re use of Carers Conversation Wheel but Trust committed to using regionally agreed Carers Assessment Tools. Continued challenges with Social Work availability due to absence and vacancies resulting in reduction in Carer Assessments offered/ completed.</p>	

	<p>to be shared with SPPG.</p> <p>2. WHSCT will continue to commit to aligning Trust practice with the standardisation of approach, which is part of the on-going regional Encompass work plan (i.e. NISAT and Carer's Conversation Wheel)</p>	On-going	Christine McLaughlin		
12. Issue: Failure to complete Care Management and Annual Reviews within Required Timeframes					
Statutory Function: Health and Personal Social Services (NI) Order (1972), Chronically Sick and Disabled Person's (NI) Act (1978), Disabled Persons (NI) Act (1989), DHSSPS Care Management HSC ECCU/1/2010 and associated timeframes apply.					
Trust note issues regarding completion of annual reviews	Actions: 1. Trust to share Action Plan with SPPG to	July 24	Christine McLaughlin	<u>Update May 2025</u> Social work vacancies/ absence continue to impact negatively on	

within required timeframes.	<p>include baseline number of outstanding annual reviews and trajectory to facilitate compliance, (i.e. no. of annual reviews to be completed per month).</p> <p>2. Trust to advise SPPG re Contingency Planning arrangements to prioritise reviews, based on professional oversight and risk management.</p> <p>3. Trust to offer Carer's assessments/reassessments during annual reviews,</p>	<p>July 24</p> <p>July 24</p>	<p>Christine McLaughlin</p> <p>Christine McLaughlin</p>	available staffing resource to complete necessary work	
13. Issue: Impact on delivery of statutory functions due to Workforce Challenges					

statutory functions. 61 students offered contracts after graduation.	<p>recruitment and provide training to staff including AYE's to enable staff retention.</p> <p>4. Trust to update SPPG re transferring current Temporary staff to Permanent Contracts.</p> <p>5. Trust to monitor impact of workforce challenges on delegated statutory functions.</p>	July 24	<p>Christine McLaughlin/Stephen McLaughlin</p> <p>Christine McLaughlin/Stephen McLaughlin</p>	offering Practice Learning Opportunities.	
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DATA RETURN 1 – PoC
AMHD - 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?	99	12
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	81	4
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>	1374	169
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>	158	11
1.4	How many care packages are in place on 31 st March in the following categories:		
	xi. 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.	104	27
	xii. 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.	45	31
	xiii. 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.	93	38
	xiv. Supported Living	152	41
	xv. 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. NO <i>If no, please explain</i> <i>Social work vacancies, both permanent and temporary over the reporting year have impacted on the availability of sufficient professional resource to undertake this work. While</i>		

	<i>Managers have sought to provide an agility in caseloads with a focus on risk- management, the extent of vacancies and delays in recruitment has meant that all aspects of the Care Management process have not been delivered in all relevant cases</i>		
1.4b	<p>Annual Reviews – Please provide assurances to the Commissioner that there is professional oversight of the Annual Review process in your Trust</p> <p>NO <i>If no, please explain</i></p> <p><i>Social work vacancies, both permanent and temporary over the reporting year have impacted on the availability of sufficient professional resource to undertake Annual Reviews in all cases. While Managers have sought to provide an agility in caseloads with a focus on risk- management, the extent of vacancies and delays in recruitment has meant that Annual Reviews have not been delivered within timeframes in all relevant cases</i></p>		
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	406	40
	- Independent sector	103	36
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	652	63
1.6b	Shared Lives Day Support SPPG to complete		
1.7	Of those at 1.6 how many are dementia (EMI)		
	- 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?	4	1

1.10	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for: <ul style="list-style-type: none"> - 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 _Adult Learning Disability Services

No Longer Required

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

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting)
AMHD - Adult Learning Disability Services

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</i> <i>Age at 31st March for 1.3</i>	N/A	N/A	N/A

**DATA RETURN 2 – PoC / Directorate
AMHD - 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)	36	6
	Certified severely sight impaired (Partially sighted)	40	6
	Sight Loss	44	7
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	5	2
	Profoundly Deaf Oral / Lip Readers	8	1
	Hard of hearing	62	18
	Tinnitus (New)	0	0
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	0

**DATA RETURN 3 – PoC / Directorate
AMHD - 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.	111
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	1543
3.2	Number of assessments of need carried out during period end 31 st March.	30
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

**DATA RETURN 4 – PoC / Directorate
AMHD - Adult Learning Disability Services**

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	3
	Total expenditure for the above payments	£320
4.2	Number of TRUST FUNDED people in residential care	130
4.3	Number of TRUST FUNDED people in nursing care	74
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)	0

**DATA RETURN 5 – PoC / Directorate:
AMHD - 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.	N/A	106	15
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.	N/A	80	9
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.	N/A	26	6
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?	N/A	N/A	N/A
5.4	Number of adult carers receiving a service @ 31 st March	0	0	0
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments completed during the period.	0		
5.7	Number of young carers receiving a service @ 31 st March	0		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	503		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March (481 one-off and 14 recurring)	495		
	(c) Number of adults receiving direct payments @ 31 st March (Source: SPPG PSSID Return)	307		

	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	N/A
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?	N/A
5.10	Number of carers receiving direct payments @ 31 st March	79
5.11	Number of one off Carers Grants made in-year.	128
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

DATA RETURN 6 – PoC
AMHD - Adult Learning Disability Services

6 SAFEGUARDING ADULTS		
6.1	Number of adult protection referrals within the period	SPPG to collect from PSSID
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (o) Financial (p) Institutional (q) Neglect (r) Physical (s) Psychological/ Emotional (t) Sexual (u) Exploitation	SPPG to collect from PSSID
6.3	Number of investigations commenced within the period	SPPG to collect from PSSID
6.4	Number of cases closed to adults in need of protection within the period	10
6.5	Number of protection plans commenced within the period	SPPG to collect from PSSID
6.6	Number of care and protection plans in place on 31st March	Not required

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC : AMHD - 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	10	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	7	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. YES <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?	0

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	10
9.3.a	Confirm if these reports were completed within 5 working days YES <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 If no, please explain	n/a
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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)	
	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	1
9.7.a	Number of Approved Social Workers removed during period	0

9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	1
9.7c	<p>Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on;</p> <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> <div style="text-align: center;">  <p>ASW QUALITY STANDARDS SF ADD</p> </div>	

9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old?</p> <p>If yes, please provide number and advise on any issues presenting</p> <p style="text-align: right;">No</p>	
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.	27

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:	0
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	0
	(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
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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	Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? 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)? 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)? 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)? 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)? 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)? 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): 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)? 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)? 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)? 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)? If no, please provide brief explanation of action taken	YES
9.36	Do you have sufficient number of ASWs and appropriate healthcare professionals to authorise STDs (Form 8)? 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 <i>(to be collected from 2022/23 onwards)</i>		
9.39	<p>Do you have sufficient number of staff trained to operate DoLs?</p> <p>If no, please provide brief explanation of action taken</p>	YES

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

Rule 6 reports and participation at hearings when required <i>(to be collected from 2022/23 onwards)</i>		
9.42	<p>Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests?</p> <p>If no, please provide brief explanation of action taken</p>	YES
9.43	<p>(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General?</p> <p>If no, please provide brief explanation of action taken</p>	YES
9.44	<p>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?</p> <p>If no, please provide brief explanation of action taken</p>	YES

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

The Western Trust Corporate MCA Risk has remained graded at High Amber, with focused work ongoing to address the

- Pressures in identifying and assessing STDA,
- Medic capacity constraints,
- Processes to assure that staff completing forms are suitably qualified
- Conveyance issues.

Actions have been identified to address these issues and remain under regular review

An additional pressure relates to 25/26 MCA Funding constraints.

24/25 spend has been in line with available MCA funding. Introduction of Encompass is requiring some revision to professional team resource related to STDA necessitating additional spend. Additionally, given the experience of the 3 Trusts who are using Encompass, there are clear trends in terms of increased admin activity as already existing systems alongside Encompass need to be maintained to meet the need of the workflow with the range of Stakeholders engaged in the MCA process. These areas will result in an increased need for resource in 25/26.

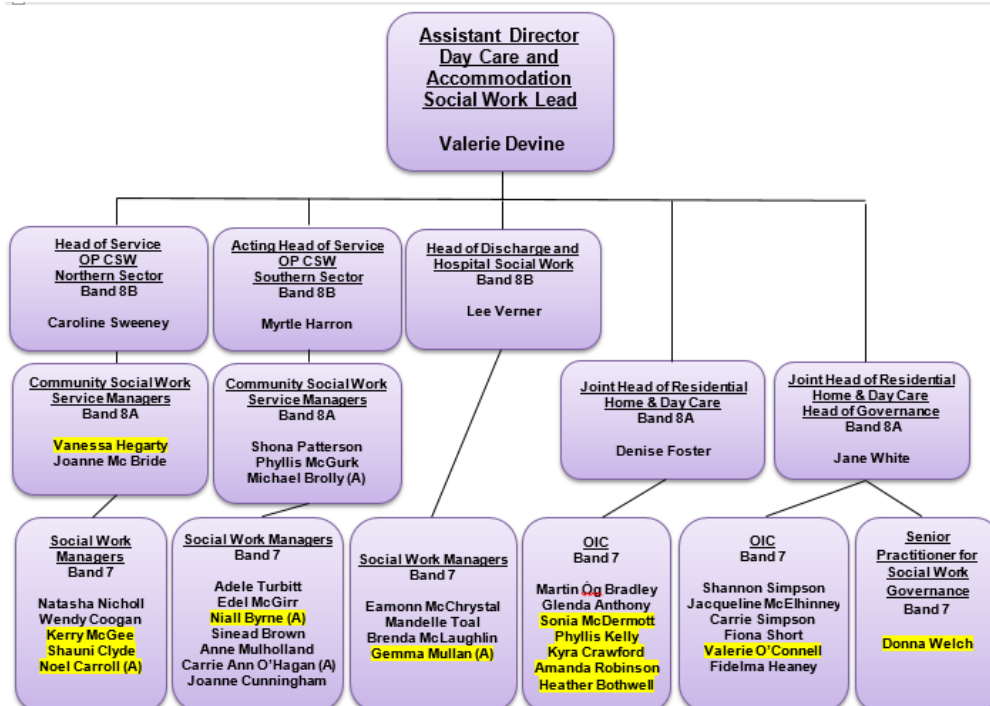
2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Community Older Peoples Service

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).

- Changes from Last Year are highlighted in yellow



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

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

	<p>Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.</p> <p>Workforce stability remains a challenge within Community Social Work Teams. A number of our social work posts have temporary funding, providing instability due to staff moving to accept permanent posts elsewhere. Recruitment for temporary posts is often unsuccessful, resulting in a number of vacancies across our Social Work Teams. As of 31st March there were 8.2wte vacant Social Work and 3.6wte vacant Social Work Assistant posts in the Southern Sector, resulting in a significant volume of unallocated and uncovered cases. The Northern Sector had a further 1.0wte vacant Social Work posts. Recruitment processes have been ongoing however vacancies remain due to the Regional Social Work list being exhausted, resulting in bespoke recruitment process being implemented. We have implemented action plans within several localities to maintain service delivery as much as possible while working towards stabilising our workforce. We have also met with our Executive Director of Social Work to explore options of maintaining the Care Management process where teams are operating at 50% staff capacity. The intake of Social Work students will provide further opportunity for us to fill current vacant posts and work is progressing in relation to the funding aspect of our Social Work posts. We have also agreed a full review of our Community Social Work service, which will enable us to measure demand and capacity and work towards future proofing our service.</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)</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?</p> <p>Yes - Supervision is provided in line with the Regional Supervision Framework and this is monitored via monthly returns and managers meetings. High quality supervision is prioritised and ensures that staff are supported in their practice alongside ensuring that there is good governance across each service area.</p> <p>At present staff have individual 4 weekly supervision with their line managers alongside opportunities for group and peer supervision. Social work forums are a requirement for all social work staff and managers across the Directorate. There is a plan in place for 4 forums to take place in the upcoming year.</p> <p>The Learning Development and Governance Team will be undertaking an audit of Supervision to assess compliance with the new Social Work (NI) Supervision Policy.</p> <p>Work is on-going to finalise the Supervision Service Plan for the directorate with support and guidance from the Learning Development and Governance Team.</p>
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> <p>Data for the DSF report has been gathered from a range of both manual and electronic data sources. Data is quality assured by Managers and individual staff members to ensure reliability. The Social Work Teams in conjunction with Community Systems staff developed the PARIS system to capture Care Management, Case Review and case notes which commenced on 1st April 2024 and has been developed to incorporate DSF reporting data. The move to recording caseload activity on one system has provided more robust activity data. The associated data cleanse has also supported in providing more accurate caseload information held on one centralised system with the ability to run reports enabling ongoing oversight by Managers. Electronic caseload data is reviewed via various caseload reports that are run at Team level with necessary amendments made to maintain accuracy. Audit also forms part of our data assurance</p>

	process with corrective actions taken to enhance reliability of the data when issues are identified. Ongoing assurance measures will be required post Encompass to support continued accuracy and reliability in future reporting cycles.
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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.</p> <p>(please complete table below).</p> <table border="1"> <thead> <tr> <th></th><th>Number</th></tr> </thead> <tbody> <tr> <td><i>Serious Adverse Incidents</i></td><td>2</td></tr> <tr> <td><i>Domestic Homicide Reviews</i></td><td>0</td></tr> <tr> <td><i>Case Management Reviews</i></td><td>0</td></tr> <tr> <td><i>Mental Health Review Tribunals</i></td><td>0</td></tr> <tr> <td><i>Judicial Reviews</i></td><td>0</td></tr> <tr> <td><i>Audits</i></td><td>2</td></tr> <tr> <td><i>RQIA Inspections</i></td><td>14</td></tr> <tr> <td><i>RQIA Enforcement notices – Failure To Comply Notices</i></td><td>0</td></tr> </tbody> </table> <p>Please provide details of any particular recommendations or learning that the Trust would wish to highlight.</p> <p>The Learning Summary from recent SAI's includes:</p> <p>Medications management: Falls and risk of falls requires a multifactorial intervention of which medicines review is one – at present there is an inconsistency and lack of on-going comprehensive review of polypharmacy when commencing and reviewing medications in this patient group. Falls risk increasing drugs within the broader list of potentially inappropriate medicines and needs to be reviewed at appropriate intervals and changed as necessary. There is an overarching inability within the current system to respond to early signals (falls, sedation, delirium, ED presentations, admissions, non-adherence etc.) of the harms of polypharmacy.</p> <p>Importance of record keeping: Importance of ensuring risk assessments are up to date- accurate and reviewed monthly if there is no change in the resident condition. Risk assessments must be reviewed and updated following a fall, and especially if there is a change in the resident's physical health, cognitive health or medical condition.</p>		Number	<i>Serious Adverse Incidents</i>	2	<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>	2	<i>RQIA Inspections</i>	14	<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0
	Number																		
<i>Serious Adverse Incidents</i>	2																		
<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>	2																		
<i>RQIA Inspections</i>	14																		
<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0																		

	<p>Care plans must be reviewed and updated and should be informed by the resident's risk assessment. They should also be person centred and provide adequate detail of the individual's needs.</p> <p>As a result of the findings from an SAI, a learning letter was shared within the directorate as below:</p> <p><i>'Learning from the importance of ensuring that formal care management reviews are arranged for care home placements where appropriate.'</i></p> <p><i>Further to a serious adverse investigation, I wish to draw your attention to the importance of ensuring that formal care management reviews are arranged for care home placements where appropriate.</i></p> <p><i>In summary, particular scrutiny must be given to the requirement that:</i></p> <ul style="list-style-type: none"> <i>• Social Workers are to ensure that formal reviews are held in the care home.</i> <i>• Social Workers are to ensure that all falls have been accurately recorded on the care review report and incidents have been submitted by the provider to the Trust Contracts Dept. in line with the Independent sector incident reporting pathway.</i> <i>• Social workers are to ensure that formal reviews are written up at the time of the review to ensure these are factually correct and signed by those present.</i> <p><i>This learning letter applies to placements made by COPS to Residential and Nursing Homes'.</i></p> <p>In relation to Audits, there have been 2 completed:</p> <ul style="list-style-type: none"> • Management of Domiciliary Care • Direct Payments. <p>A number of recommendations have been made in respect of completed audits which have been accepted. Management plans have been developed to ensure compliance.</p> <p>Inspections</p> <p>In the year April 2024 – March 2025 14 unannounced Care inspections and 2 Pharmacy inspections took place across the Western Trust Residential Homes and Day Centres. There were no Failure to Comply notices issued to any of the facilities. A number of Areas for improvements were noted in some facilities:</p>
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WHSCT DAY CENTRES SUMMARY

Unannounced inspections took place in Foyleville (Derry/Londonderry), Newtownstewart Day Centre, Dromore Day Centre and Tempo Road (Enniskillen) which were very positive and resulted in no Areas for Improvement being identified.

The unannounced inspection in Drumhew (Lisnaskea) resulted in 5 minor Areas for Improvement.

The unannounced inspection in Beragh Day Centre in resulted in 1 minor Area for Improvement.

Improvement plans were put in place for both of these day centres.

The unannounced inspection in Creggan (Derry/Londonderry) Day Centre took place in February the report is still to be finalised.

RESIDENTIAL CARE HOMES WHSCT

Rectory Field

An unannounced Pharmacy inspection took place on 14 May 2024. This inspection resulted 1 new Area for Improvement regarding Care Plans for residents regarding distressed reactions.

A further unannounced Care inspection took place on 27 February 2025. The inspection resulted all in the previous areas for Improvement being met and no new Areas for Improvement were stated.

Thackeray Place

An unannounced Care inspection took place on 29 May 2024. This inspection was part of the validation process regarding the opening of a Dementia unit within the Home. It resulted in 1 area for Improvement being carried over to the next inspection, 5 Areas for Improvement being Met, 1 Area for Improvement being stated for the second time, but no new Areas for Improvement being issued.

An unannounced Pharmacy inspection took place on 27 August 2024. This inspection resulted in no new Areas for Improvement being stated.

A further unannounced Care inspection took place on 1 February 2025. The inspection resulted in 2 previous areas for Improvement being Met, 1 Area for Improvement being stated for the second time and 3 new Areas for Improvement in relation to Residents smoking Care Plans, and electrical cupboard being unlocked and checks on agency staff.

William Street

An unannounced Care inspection took place on 3 September 2024. This inspection was part of the validation process regarding the opening

	<p>rehab beds within the Home. The inspection resulted no new Areas for Improvement being identified.</p> <p>An unannounced Care inspection took place on 3 March 2025. The inspection resulted in 1 new Area for Improvement being identified regarding access NI checks for transferring staff.</p> <p><u>Greenfield</u></p> <p>An unannounced Care inspection took place on 29 May 2024. The inspection resulted in 1 area for Improvement being carried over to the next inspection, 8 Areas for Improvement being Met and 2 additional Areas for Improvement in relation pre-employment checks and falls Care Plans.</p> <p><u>Seymour Gardens</u></p> <p>An unannounced Care inspection took place on 3 June 2024. The inspection resulted in 1 area for Improvement being carried over to the next inspection, 6 areas being met and 1 partially met and 7 additional Areas for Improvement in relation to agency registration, hairdressing room, form 1As, call bells, fire RA and managerial audits.</p> <p>Whilst sign off for all Areas for improvement will take place at the next Inspection by RQIA, the respective facility Manager and HOS have ensured that these Standards and Regulations are now being met.</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 Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.												
	Older People & Adults Issues													
	<div>Uncovered/Unallocated Cases</div> <p>The table below outlines the position regarding uncovered and unallocated cases on 31 March 2025.</p> <table><tr><td>Total</td><td></td><td>SS</td><td>NS</td></tr><tr><td>893</td><td>Unallocated cases</td><td>466</td><td>427</td></tr><tr><td>1086</td><td>Uncovered cases</td><td>965</td><td>121</td></tr></table> <p>The number of uncovered and unallocated cases will rise and fall as a result of the impact of ongoing industrial action, staff vacancies, delays in recruitment, high absence, safeguarding activity, increase in referrals and increasing MCA, all of which impact on allocation of cases.</p> <p>Managers review and monitor their unallocated cases on a regular basis. All Adult protection and most at risk cases are allocated immediately. However some red RAG rated referrals continue to remain unallocated due to lack of capacity.</p>	Total		SS	NS	893	Unallocated cases	466	427	1086	Uncovered cases	965	121	<div>The following work has been undertaken:-</div> <ul style="list-style-type: none">Unallocated cases are screened, prioritised and reviewed on a regular basis by Service Manager/SWM to prioritise the most at risk cases for action.Individuals awaiting allocation or their representative are advised of the Duty System to make contact with should further concerns arise while the case is awaiting allocation.Urgent work is actioned on the uncovered caseloads.Ongoing prioritisation of overall Team workload by Managers.Recruitment process actioned timely with proactive follow up. Specific focussed work with HR in The Southern Sector of the Trust to focus on areas which are difficult to recruit to.Capacity demand issues escalated through HOS to AD for Directorate Governance oversight.Trust work regarding a model of providing temporary staff with permanent contracts to create stability is at consultation stage.Promotion of positive practice learning opportunities to encourage staff to work in Older People.
Total		SS	NS											
893	Unallocated cases	466	427											
1086	Uncovered cases	965	121											

<p>Annual Reviews</p> <p>Yearly review targets are being overseen and prioritised for completion by Managers within the context of overall Team workload based on need and risk. This has been ongoing since July 2022.</p> <p>The PCOP Review report run 31 March 2025 shows overall Outstanding Reviews at 83% compliant Northern Sector and 68% compliant Southern Sector.</p> <p>Staffing gaps continue to impact the ability of Social Work Teams to meet yearly review targets, this includes current gaps in staffing that mean caseloads are uncovered and also backlogs of reviews due to previous staffing gaps.</p> <p>Industrial action, increased referral rates, higher acuity of cases, (in particular the higher number of dementia cases and delayed discharges) MCA work, higher numbers of enhanced care cases also affect progression of reviews.</p> <p>Carers Assessments</p> <p>The number of carer's assessments has reduced in Community Older people for this year. This is a result of a number of factors including</p>	<ul style="list-style-type: none"> • Participation in regional work regarding Social Care workers and Delegated tasks <p>The following work has been undertaken or is ongoing</p> <ul style="list-style-type: none"> • At supervision Manager sets realistic review targets identifying reviews to be completed before the next supervision. • Review targets discussed at next supervision, have they been completed, understand any blocks to completion and try to resolve or keep a record why not completed. Set new targets for the coming month. • Admin notified timely of review dates for updating on Paris to ensure system reflects actual activity. • Service Managers download a monthly report from Paris. • Review compliance reports shared with HOS and identify compliance across individual Teams. Those teams with more significant staff deficits sit with higher numbers of reviews outstanding. • Progress with Annual Reviews are now reported through Divisional and Directorate Governance meetings. • Newly appointed Governance SSWP has commenced work. Audits of this area will be scheduled as part of her work plan to evidence compliance. • A cross Directorate working group has developed a guidance paper which will harmonise the care management process across AMHD and COP services in line with the Circular and the various assessment systems in place. The Care Management Guidelines have been shared via each Directorates governance meetings for sign off. Approved at COPs governance meeting 12th September 2024.
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	<ul style="list-style-type: none"> • The level of uncovered cases • Issues in specific offices where there has been manger absence and manager changes • Data recording issues 	<ul style="list-style-type: none"> • Ongoing assurance measures will be required post Encompass to support continued accuracy and reliability in future reporting cycles. <p>Proposed action</p>
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DATA RETURN 1 – PoC / Directorate Community Older Peoples 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	5044
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	1990
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	6616
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	15
1.4	How many care packages are in place on 31 st March in the following categories:	N/A	
	xvi. 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	331
	xvii. 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	1214
	xviii. 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	3243
	xix. Supported Living	N/A	9
	xx. 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 The Care Management process continues to be applied. Staff assume responsibility for application of the Care Management process in all relevant cases with contribution from other key		

	<p>members of the multi-disciplinary team as relevant and oversight of Social Work Managers.</p> <p>Redefining Care Management following previous internal audit to include all cases in receipt of care not just complex cases has resulted in increased numbers of care managed cases. Teams were advised that regardless of whether needs are short or long term and whether these are complex or not, the care management process is applied and cases should be recorded as care managed. We have also developed Trust wide Care Management Guidelines to support staff to implement the Care Management Process and to support the Trust to be able to evidence the process undertaken with the individual.</p> <p>A number of factors have affected the ability to consistently apply the Care Management process:-</p> <p>The return notes a decrease in referral rates from last year, however the 23/24 Guidance did not advise to exclude referrals for service users that were already open to Teams so this figure is not comparable. Comparable figures are as below.</p> <ul style="list-style-type: none"> • Southern Sector had 2110 referrals recorded in 23/24 and 2318 in 24/25, a 10% increase. • Northern Sector had 2272 referrals recorded in 23/24 and 1723 in 24/25. <p>Although the overall figures are down from last year the number of complex cases particularly enhanced care means that more regular reviews are required which has presented challenges in terms of managing the increased workload within existing staffing resource. Teams are managing waiting lists for unallocated cases.</p> <p><u>Ongoing Industrial action short of strike:</u> impacting the ability to cover all aspects of work for uncovered cases unless it falls into the agreed risk to life and limb threshold.</p> <p><u>Staffing gaps:</u> Staffing has improved in Northern sector of the Trust however remains challenging in the Southern Sector despite recruitment efforts vacant posts remain a challenge.</p> <p><u>MCA:</u> The increased workload associated with MCA workload remains challenging for Teams in the context of wider workload pressures.</p>		
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1.4b	<p>Annual Reviews – Please provide assurances to the Commissioner that there is professional oversight of the Annual Review process in your Trust</p> <p>YES</p> <p>Reviews</p> <p>Care management has been added to the divisional Directorate agenda meetings. Care Management monitoring implemented PARIS 01st April 2024. Restraints associated with staffing gaps, ongoing industrial action, increasing referral rates and the increased workload associated with MCA impact Teams ability to achieve 100% compliance. Review compliance reports are run monthly and quality assured by Social Work Managers and actioned as required. Review compliance oversight in conjunction with local Social Work Manager knowledge of highest risk cases enables the highest risk uncovered cases to be prioritised for review. Performance in this area has improved overall since the previous DSF Report which recorded 30% of reviews outstanding in February 2024. As of March 2025, 24.5% of reviews were outstanding. Teams continue to work towards further improving compliance. Review compliance at March 2025 reporting period: Northern Sector - 83% compliant, Southern Sector - 68% compliant. Ongoing assurance measures will be required post Encompass to support continued accuracy and reliability in future reporting cycles.</p> <p>As noted above there are increasing numbers of cases where Enhanced Care is necessary and more regular reviews than the yearly requirement.</p>		
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	N/A	299
	- Independent sector	N/A	187

1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	N/A	178
1.6b	Shared Lives Day Support SPPG to complete		
1.7	Of those at 1.6 how many are dementia (EMI)		
	- Statutory sector	N/A	136
	- Independent sector	N/A	71
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	7
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 _____

No Longer Required

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?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) _____

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	390	3243
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	390	3243
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	0	16	180
	<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 Community Older Peoples 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:	N/A	
	Certified severely sight impaired (Blind)		88
	Certified severely sight impaired (Partially sighted)		41
	Sight Loss		205
2.3	Number of adults known to the Programme of Care who are:	N/A	
	Profoundly Deaf sign language users		10
	Profoundly Deaf Oral / Lip Readers		4
	Hard of hearing		603
	Tinnitus (New)		97
2.4	Number of adults known to the Programme of Care who are:	N/A	
	Deaf Blind		0

DATA RETURN 3 – PoC / Directorate - Community Older Peoples 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.	N/A
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	N/A
3.2	Number of assessments of need carried out during period end 31 st March.	N/A
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 4 – PoC / Directorate- Community Older Peoples 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	29
	Total expenditure for the above payments	£1471.31
4.2	Number of TRUST FUNDED people in residential care	263
4.3	Number of TRUST FUNDED people in nursing care	914
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)	1

DATA RETURN 5 – PoC / Directorate Community Older Peoples 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.	N/A	844	461
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.	N/A	525	291
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.	N/A	319	170
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	92	0
5.4	Number of adult carers receiving a service @ 31 st March	N/A	0	0
5.5	Number of young carers offered individual carers assessments during the period.	1		
5.6	Number of young carers assessments completed during the period.	1		
5.7	Number of young carers receiving a service @ 31 st March	1		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	Cannot Report		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	1151		
	(c) Number of adults receiving direct payments @ 31 st March (Source: SPPG PSSID Return)	578		

	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?	135
5.10	Number of carers receiving direct payments @ 31 st March	3
5.11	Number of one off Carers Grants made in-year.	819
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

DATA RETURN 6 – PoC / Directorate: Community Older Peoples Service

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	SPPG to collect from PSSID
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (v) Financial (w) Institutional (x) Neglect (y) Physical (z) Psychological/ Emotional (aa) Sexual (bb) Exploitation	SPPG to collect from PSSID
6.3	Number of investigations commenced within the period	SPPG to collect from PSSID
6.4	Number of cases closed to adults in need of protection within the period	30
6.5	Number of protection plans commenced within the period	SPPG to collect from PSSID
6.6	Number of care and protection plans in place on 31st March	Not required

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate: Community Older Peoples 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	7	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	5	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. 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?	See AMH 9.2
9.2a	Of these, how many resulted in an application being made?	See AMH 9.2a

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	6
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 If no, please explain	-
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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	See AMH 9.7
9.7.a	Number of Approved Social Workers removed during period	See AMH 9.7a
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	See AMH 9.7b

9.7c	<p>Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on;</p> <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> <div style="text-align: center;">  <p>ASW QUALITY STANDARDS SF ADD</p> </div>	See AMH 9.7c
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9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old?</p> <p>If yes, please provide number and advise on any issues presenting</p>	
9.9	<p>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.</p>	89

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:	0
	(a) Treatment as an in-patient	0
	(b) Treatment as an out patient	0
	(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

See AMHD - Adult Learning Disability – Page 83	
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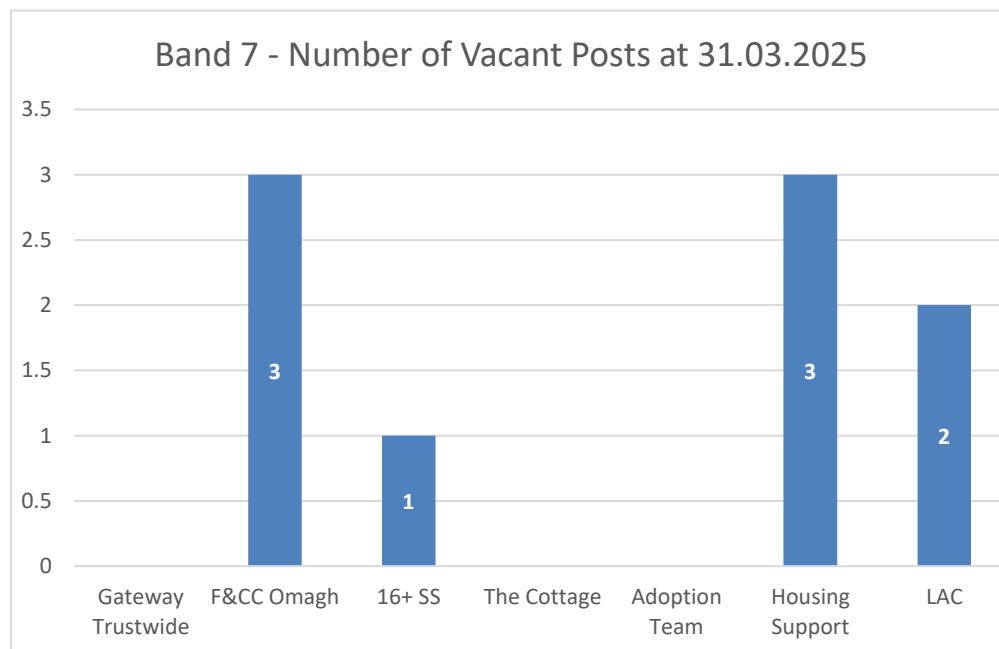
2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:
Children & Families, Family and Child Care

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). (See next page)

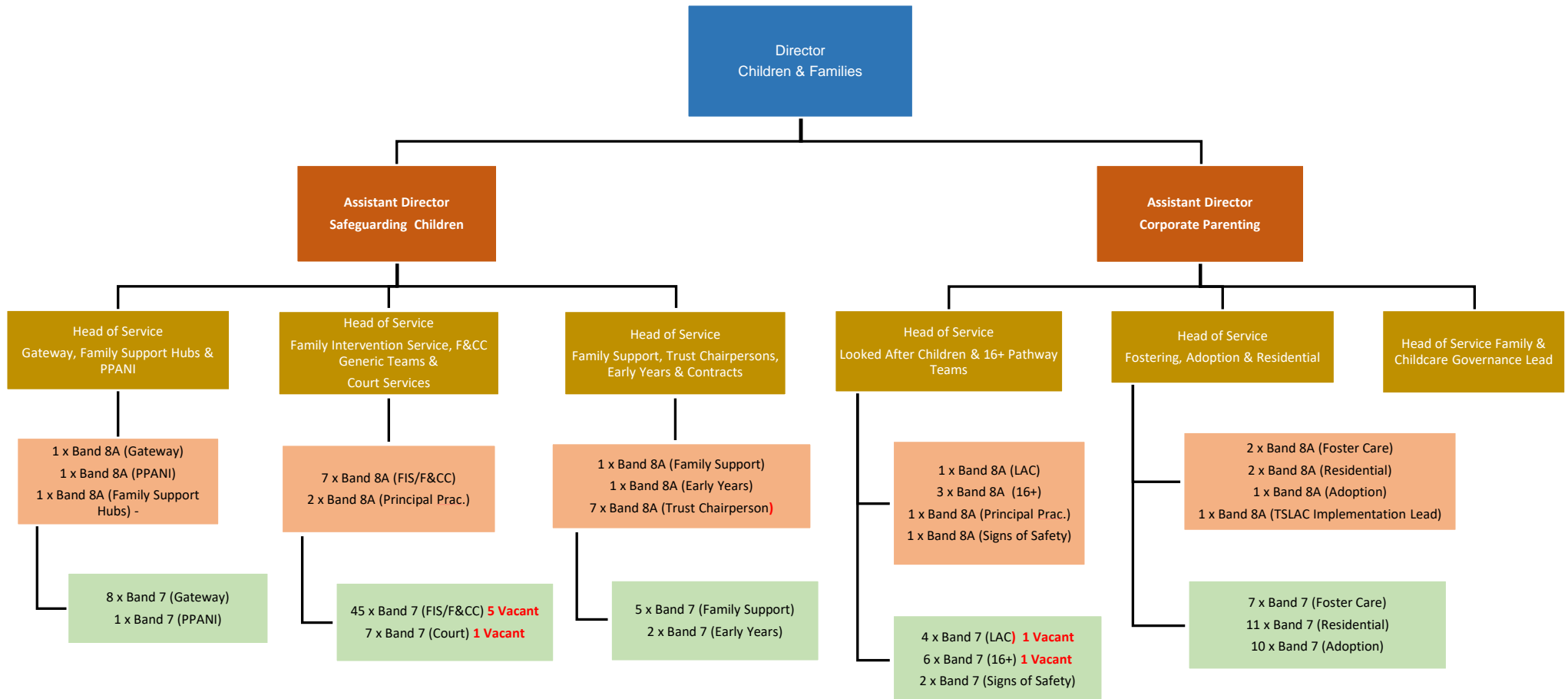
Highlight any vacancies and the action taken to recruit against these.
(Word limit 200 words) excl chart



*includes permanent & temporary vacancies as at 31.03.25 that required cover – i.e. Sick leave, Maternity Leave, Secondment etc

Family and Child Care continue to participate in local recruitment campaigns and develop specific social media campaigns to attract and recruit social work staff. This has resulted in the stabilisation of staffing across front line teams within Family and Child Care.

The Trust has contributed to the development of a Regional Business Continuity Plan to mitigate against staff shortages and to ensure safeguarding children across the continuum is not compromised.



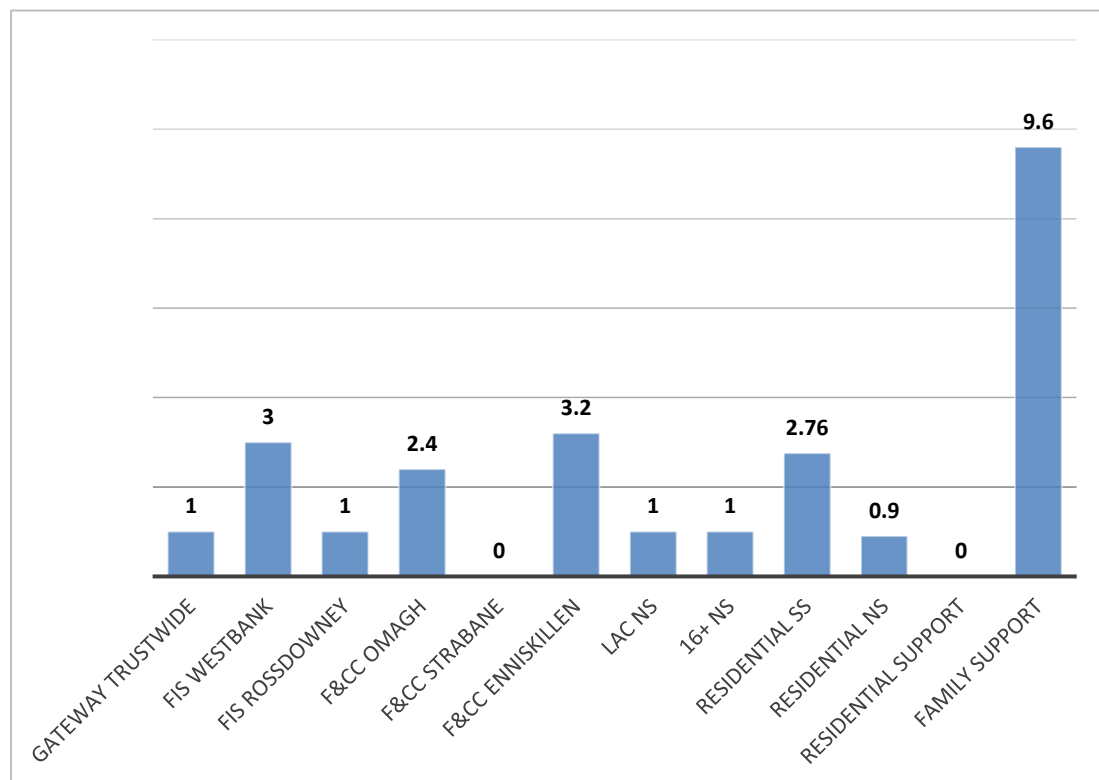
2.2

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.

(Word limit 200 words)

Band 5/6 Social Worker - No. of Vacant posts as at 31.03.25*



*includes permanent and temporary vacancies at 31.03.25 that required cover - i.e. Sick leave, Maternity leave, Secondment etc

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)</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance? (word limit 200 words)</p> <p>Yes, the Western Trust is fully compliant with the Regional Supervision Framework</p> <p>Family and Child Care staff are in the process of implementing supervision service plans in line with the new Regional Supervision Policy. Supervision is core to professional accountability and development of family and child care social work staff. The Head of Service for Governance via the Risk Monitoring Forum monitors supervision activity on a monthly basis and is assured that Managers are focused on and committed to ensuring staff receive regular supervision.</p>
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). (300 words)</p> <p>The data for Family and Child Care is provided for this Report from the Trust's Community Information Department and data is extracted from manual systems and from the PARIS system.</p> <p>Data is analysed by service leads and Business Support Team to ensure robustness of data provided.</p> <p>Work continued across the financial year with Encompass. Due to limitations within the functionality, Children's Services will not go live within the current timescales. A Children's Services Oversight Group has been set up under the Encompass programme board to oversee timescales and functional development.</p> <p>Timelines will be dependent on external funding to support implementation across the wider Children's Services family.</p> <p>CAMHS, Autism, Children's Learning Disability Nurses, Health Visiting, School Nursing and PPANI will go live as expected on the 8th 2025. Interim workflow arrangements to ensure the delivery of safe services to children and young people have been agreed for legacy systems and the new Encompass system to ensure safeguarding of children & young people.</p>

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" data-bbox="328 517 1342 898"> <thead> <tr> <th></th><th>Number</th></tr> </thead> <tbody> <tr> <td><i>Serious Adverse Incidents</i></td><td>3</td></tr> <tr> <td><i>Domestic Homicide Reviews</i></td><td>0</td></tr> <tr> <td><i>Case Management Reviews</i></td><td>0</td></tr> <tr> <td><i>Mental Health Review Tribunals</i></td><td>0</td></tr> <tr> <td><i>Judicial Reviews</i></td><td>0</td></tr> <tr> <td><i>Audits</i></td><td>0</td></tr> <tr> <td><i>RQIA Inspections</i></td><td>2</td></tr> <tr> <td><i>RQIA Enforcement notices – Failure To Comply Notices</i></td><td>0</td></tr> </tbody> </table> <p>Please provide details of any particular recommendations or learning that the Trust would wish to highlight.</p> <p>Learning from SAI's</p> <p>60-23 – This was a young person who had to be placed in Curo Salas, Specialist Residential Home under an ECR in May 2024 following a serious incident involving alcohol. The learning from this SAI was the need for the matching process for residential care to be robust. The outcome of this SAI also highlighted a recommendation for the need for comparative analysis between the young person's placement in the Children's Home and Curo Salas at an appropriate time in near future when he has time to settle to ascertain any learning.</p> <p>63-24 – This was a young child only 8 years old who absconded from a Timeout placement in Rosscor Youth Village. It is fortunate that the child did not come to any harm. There has been significant learning from this SAI such as the importance of robust planning prior to the Children and Young People attending Time Out, the need for accurate and up to date information by allocated Social Workers, the importance of robust risk assessments prior to Time Out placements and the need for continuous learning and development of staff. Staff in Extern have also completed additional training in relation to contracting, planned activities for children/young people, staff ratio and composition, risk management, recording and reporting and training specifically relating to absconding, supervision and risk management. Since this incident there has been a vigorous review of Extern's contract which has examined all of the above to ensure robust systems are now in place to safeguard children/young people moving forward.</p>		Number	<i>Serious Adverse Incidents</i>	3	<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	<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0
	Number																		
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<i>Judicial Reviews</i>	0																		
<i>Audits</i>	0																		
<i>RQIA Inspections</i>	2																		
<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0																		

2.6 Discharge of Directed Statutory Functions

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.

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.
	Family & Childcare Issues	
	Issue: Foster Care Assessments / Annual Reviews	<p><u>Update – March 2025</u></p> <p>50 outstanding reviews (72 at 31st March 2024). This has continued to be a concern due to an increase in numbers of kinship carers coming through the system, staff sickness and significant staffing changes which has left posts unfilled for significant periods. The senior management team will continue to monitor these figures through the Risk Monitoring Forum. An Action Planned approach will remain in place to address statutory performance in this area.</p>
	Issue: Capacity to effect compliance in relation to statutory functions within Early Years' Service	<p><u>Update – March 2025</u></p> <p>145 inspections did not meet this requirement by the 31st March 2025. This was primarily due to prolonged sick leave particularly within the Southern sector which impacted on targets set for each member of staff. To address deficits and promote compliance, the Action Plan has been reviewed and progress will be closely monitored by the Early Years Governance and Improvement Forum and via monthly Risk Monitoring Meetings.</p>

	Issue: Unallocated Cases	<u>Update – March 2025</u> Gateway – 1 FIS/Generic – 28 families and 70 children Looked After Children – 0 children (53 at 31 st March 2024)
	Issue: LAC and Case conference Minutes not circulated	<u>Update – March 2025</u> Number of LAC Minutes not circulated within timescale at 31 st March 2025 = 17 (90 at 31 st March 2024) Number of CPCC Minutes not circulated within timescale at 31 st March 2025 = 1 The previous Governance Lead for Family & Child Care established a Task and Finish group which focused on outstanding minutes. A plan of action was agreed to ensure compliance with timelines. The Head of Service for Governance keeps this under review within the monthly Risk Monitoring Meetings.
	Issue: Pathway Plans, Pathway Needs Assessments and Personal Advisors	<u>Update – March 2025</u> Figures at 31 st March 2025:

		<p>Total number of young people who do not have a Personal Advisor 112 (129)</p> <p>Number of young people who do not have an up to date Pathway Plan 82</p> <p>Number of young people who do not have a completed Needs Assessment 0 (20)</p> <p>Plan remains in place and progress is reviewed monthly at Risk Monitoring Meeting:</p> <ul style="list-style-type: none"> • Focus on those YP without a needs assessment and pathway plan – draw up individual action plan with social worker in supervision • Remaining young people – look at most outstanding and prioritise in date order. Set dates in supervision re pathway plan review meetings • Focused training for Social Workers on completing these on Paris IT System. <p>Principal Practitioner for LAC to work with PSW/SWM regarding governance of these and Risk Monitoring Meeting to be updated on a monthly basis.</p>
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DATA RETURN 1 – PoC / Directorate
Children & Families, Family and Child Care

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
	xxi. 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
	xxii. 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
	xxiii. 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
	xxiv. Supported Living	N/A	N/A
	xxv. 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 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		
	- Independent sector		
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		
	- Independent sector		
1.8	This is intentionally blank	N/A	N/A
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	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 – Hospital _____

No Longer Required

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?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) _____

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>	N/A	N/A	N/A

**DATA RETURN 2 – PoC / Directorate
Children & Families, Family and Child Care**

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:	N/A	N/A
	Certified severely sight impaired (Blind)		
	Certified severely sight impaired (Partially sighted)		
	Sight Loss		
2.3	Number of adults known to the Programme of Care who are:	N/A	N/A
	Profoundly Deaf sign language users		
	Profoundly Deaf Oral / Lip Readers		
	Hard of hearing		
	Tinnitus (New)		
2.4	Number of adults known to the Programme of Care who are:	N/A	N/A
	Deaf Blind		

**DATA RETURN 3 – PoC / Directorate
Children & Families, Family and Child Care**

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

**DATA RETURN 4 – PoC / Directorate:
Children & Families, Family and Child Care**

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	N/A
	Total expenditure for the above payments	£ n/a
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

**DATA RETURN 5 – PoC / Directorate
Children & Families, Family and Child Care**

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.	N/A	N/A	N/A
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.	N/A	N/A	N/A
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.	N/A	N/A	N/A
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?	N/A	N/A	N/A
5.4	Number of adult carers receiving a service @ 31 st March	N/A	N/A	N/A
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments completed during the period.	0		
5.7	Number of young carers receiving a service @ 31 st March	59		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	N/A		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	N/A		
	(c) Number of adults receiving direct payments @ 31 st March (Source: SPPG PSSID Return)	N/A		

	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	N/A
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?	N/A
5.10	Number of carers receiving direct payments @ 31 st March	N/A
5.11	Number of one off Carers Grants made in-year.	N/A
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

**DATA RETURN 6 – PoC / Directorate
Children & Families, Family and Child Care**

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	SPPG to collect from PSSID
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (cc) Financial (dd) Institutional (ee) Neglect (ff) Physical (gg) Psychological/ Emotional (hh) Sexual (ii) Exploitation	SPPG to collect from PSSID
6.3	Number of investigations commenced within the period	SPPG to collect from PSSID
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	SPPG to collect from PSSID
6.6	Number of care and protection plans in place on 31st March	Not required

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

**DATA RETURN 9 – PoC / Directorate
Children & Families, Family and Child Care**

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	N/A	N/A
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?	N/A
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	N/A
9.3.a	Confirm if these reports were completed within 5 working days 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>	N/A
9.4.a	Confirm if these reports were completed within 14 days? YES / NO	N/A

	If no, please explain	
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Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	N/A

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	N/A
9.6.a	New applications for Guardianship during period (Article 19(1))	N/A
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	N/A
9.6.c	How many were Guardianship Orders made by Court (Article 44)	N/A
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	N/A
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	N/A
9.6.f	Number of Guardianships accepted by a nominated other person	N/A
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	N/A
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	
	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	N/A
9.7.a	Number of Approved Social Workers removed during period	N/A
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	N/A
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;	N/A

	<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> <div style="text-align: center;">  <p>ASW QUALITY STANDARDS SF ADD</p> </div>	
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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	
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.	N/A

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	N/A
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

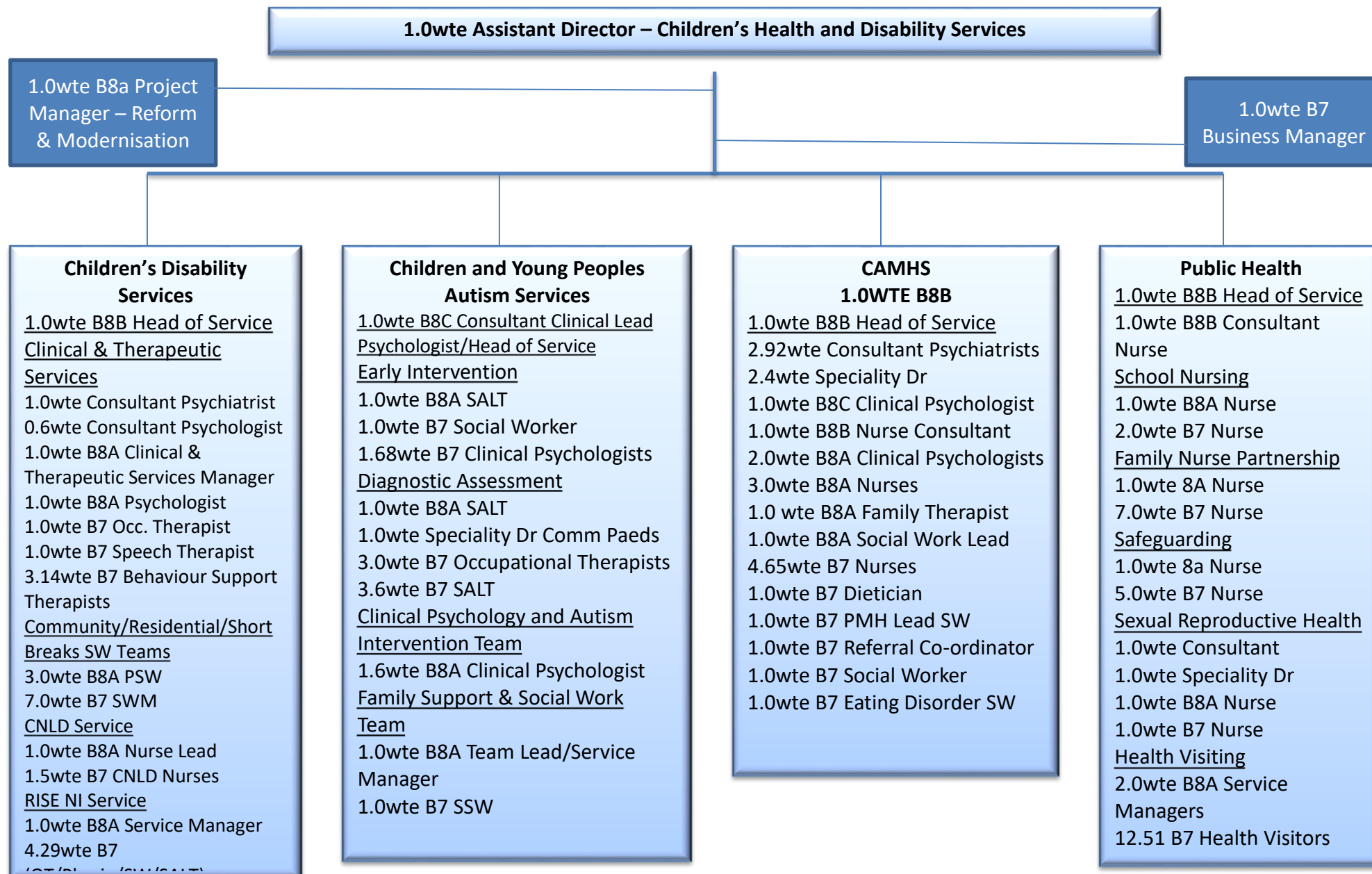
See AMHD - Adult Learning Disability – Page 83	
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2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Children & Families, Children's Health and Disability Service
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2.1	<p>Named Officer responsible for professional Social Work</p> <p>Kevin Duffy</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><u>Children's Disability</u></p> <p>1.0wte Consultant Psychiatrist (temp locum Spec Dr in place). 1.0wte B8 Lead Nurse – recruitment on-going 1.0wte B7 Specialist Occupational Therapist – recruitment on-going 1.0wte B7 Specialist Speech and Language Therapist – recruitment ongoing 1.0wte B7 Behaviour Support Therapist – temp cover – recruitment ongoing.</p> <p><u>CAMHS Service</u></p> <p>1.0wte B7 Trauma Practitioner</p> <p><u>Children and Young People's Autism Service</u></p> <p>0.8wte temp B8A Psychology 0.6wte B7 Occupational Therapist 1.4wte B7 Speech & Language Therapist</p>
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Funded Posts Only



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. (Word limit 200 words)</p> <p><u>Children’s Disability Services</u> Recruitment for short break and residential services remains problematic for unqualified posts at B3 – we still have a number of vacancies that exist despite a number of recruitment attempts.</p> <p><u>CAMHS</u> Recruitment to B6 Mental Health Practitioner roles remains challenging. There are currently 5.88wte vacancies across the services. These roles are multi-professional. Work is ongoing with HR colleagues to recruit to these vacancies.</p> <p><u>Children and Young People’s Autism Service</u> There are no social work vacancies within the service.</p>
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)</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance? (word limit 200 words)</p> <p><u>Children’s Disability Services</u> Compliant</p> <p><u>Children and Young People’s ASD Services</u> Compliant</p> <p><u>CAMHS</u> Compliant</p>

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). (300 words)</p> <p><u>Children’s Disability Services</u> The service currently use the Paris Community Information System to capture data relating to Psychology/Psychiatry waiting lists and unallocated Social Work cases. The services is assured of the robustness of this data.</p> <p><u>Children and Young People’s Autism Service</u> Within the Children and Young People’s Autism service we currently use the Paris Community Information System to record data relating to the targeted assessment, post diagnostic waiting lists and unallocated social work cases. The service is assured of the robustness of this data.</p> <p><u>CAMHS</u> The service currently use the Paris Community Information System to capture data relating to waiting lists and activity. The services is assured of the robustness of this data.</p>
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2.5	<p>Programme of Care to advise of numbers of 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 Trusts discharge of their statutory functions (please complete table below).</p>																		
	<table border="1" data-bbox="330 575 1335 954"> <thead> <tr> <th></th><th>Number</th></tr> </thead> <tbody> <tr> <td><i>Serious Adverse Incidents</i></td><td><i>0</i></td></tr> <tr> <td><i>Domestic Homicide Reviews</i></td><td><i>0</i></td></tr> <tr> <td><i>Case Management Reviews</i></td><td><i>0</i></td></tr> <tr> <td><i>Mental Health Review Tribunals</i></td><td><i>0</i></td></tr> <tr> <td><i>Judicial Reviews</i></td><td><i>0</i></td></tr> <tr> <td><i>Audits</i></td><td><i>0</i></td></tr> <tr> <td><i>RQIA Inspections</i></td><td><i>3</i></td></tr> <tr> <td><i>RQIA Enforcement notices – Failure To Comply Notices</i></td><td><i>0</i></td></tr> </tbody> </table> <p>Please provide details of any particular recommendations or learning that the Trust would wish to highlight.</p> <p>An unannounced care inspection took place in Rosebud on the 6th June 24 and within 4 standards areas of improvement were noted (standard 19,11,15 and 11) with a quality improvement plan submitted to RQIA on the 6th August 2024.</p> <p>An unannounced care inspection took place in Avalon on the 20th June 24 and within 5 standards areas of improvement were noted (standard 11,17,6,21,17) with a quality improvement plan submitted to RQIA on the 24th October 2024.</p> <p>An announced care inspection took place in Jasmine on 16th October 24. The inspection was conducted by a care inspector and an estates inspector. The inspection process concluded on the 14th November 24. One area of improvement was noted regulation 16 and Quality improvement plan submitted to RQIA on the 6th January 25.</p>		Number	<i>Serious Adverse Incidents</i>	<i>0</i>	<i>Domestic Homicide Reviews</i>	<i>0</i>	<i>Case Management Reviews</i>	<i>0</i>	<i>Mental Health Review Tribunals</i>	<i>0</i>	<i>Judicial Reviews</i>	<i>0</i>	<i>Audits</i>	<i>0</i>	<i>RQIA Inspections</i>	<i>3</i>	<i>RQIA Enforcement notices – Failure To Comply Notices</i>	<i>0</i>
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<i>Judicial Reviews</i>	<i>0</i>																		
<i>Audits</i>	<i>0</i>																		
<i>RQIA Inspections</i>	<i>3</i>																		
<i>RQIA Enforcement notices – Failure To Comply Notices</i>	<i>0</i>																		

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.
	Family & Childcare Issues	
	<p><u>Children's Disability Services</u></p> <p>The Western HSC Trust Children's Disability Service continued to experience pressures in delivery of residential and short break services. Jasmine Lodge reopened as a medium/long term residential unit for children with disabilities in November 2024 following a period of closure for refurbishment. Rosebud Cottage Short Break unit was closed for a number of months during 2024 to facilitate a number of medium/long term placements however following the reopening of Jasmine Lodge, the unit returned to the provision of short breaks in December 2024 albeit on a part time basis only due to staffing pressures. Avalon House Short Break unit remains paused to short break services due to a number of medium/long term placements. It is acknowledged by the Trust that there is a demonstrable gap and a clear need for a residential unit in the Southern Sector of WHSCT. The Trust understands that this need is being reviewed at a regional level by the Commissioner.</p> <p>Demand for clinical and therapeutic services remains high. These teams are small in number and due to a number of staff absences and recruitment issues, the service has had reduced capacity during the year. At 31st March 2025 there are 60 young people waiting for Psychiatry assessments. There are 134 young people waiting for Psychology assessments with 64 awaiting access to intervention services. There were also 79 young people waiting</p>	<p><u>Children's Disability Services</u></p> <p>The service welcomed the Minister for Health's announcement of additional financial resources during the 2024/25 financial year and recurrently from 2025/26.</p> <p>The in-year funding allowed the service to provide a range of short break activities for families and young people including sensory play therapy, overnight short break stays, movement, music and dance therapy, reflexology and self-care sessions. The service also held a successful Christmas Grotto event and 3 Spring Carnival fun days for families and these were well attended and feedback from parents was very positive in relation to these events and other activities held</p> <p>The additional recurrent funding provided by the Minister will enable the Trust to enhance support services to families and children with a disability and a suite of projects was agreed with commissioner in the initial bid submission, all of which are being mobilised by a dedicated project manager. The Trust engaged with parents and carers in advance of proposal submissions to ensure their views were considered.</p>

<p>to access Behaviour Support Services, 8 awaiting CNLD services and 25 awaiting ID ADHD services.</p> <p>Community Social Work teams also continue to experience a continued high demand for services. At 31st March 2025 there were 116 cases awaiting allocation to a social worker. However, this has reduced from the previous year's position of 168 unallocated cases following the successful completion of a quality improvement project which reviewed the processes, pathways and skill mix within the service. The recurring funding that will be made available to the CWD team will enhance service delivery, by improving accessibility to appropriate supports and enabling the team to provide a more timely response.</p> <p><u>CAMHS Services</u></p> <p>WT CAMHS has continued to be challenged in meeting IEAP 9 week routine access targets.</p> <p>The second and third quarter of 24/24 saw an approximate 33% staffing vacancy rate relating to an approximate annual loss of 672 new choice appointments and 8,064 approximate loss of annual review appointments. Coupled with workforce pressures there continues to be a sustained increase in referrals post the COVID pandemic. WTCAMHS receiving 2,176 referrals in 2022/23, 1,976 referrals received during 2023/24 increasing to 2,122 referrals received during 2024/25.</p> <p>This accounts to an overall 34% increase in referral demand on pre – COVID figures resulting in a 48% increase in referral acceptance rate. An increase in complex high acuity cases is also being managed by the team. This is resulting in greater intensive working (the need for clinicians co-working) and more frequent multi-agency involvement required to</p>	<p>The development of these additional services will be across the continuum of support to include additional clinical and therapeutic services, family support services and short break opportunities both in the community and residential setting. This additional support will enable earlier intervention with families and provide more intensive targeted support in order to prevent crisis and potential family breakdown. Recruitment is in progress for a range of posts to support this work and negotiations are underway with a number of Community and Voluntary providers to deliver a range of family support services across the Trust geography.</p> <p><u>CAMHS Services</u></p> <p>The reasons for this are multifactorial in nature however reduced service capacity is undoubtedly directly linked to workforce instability brought about through vacant unfilled specialist mental health positions compounded by maternity/sick leave. Recruitment and workforce stability/wellbeing has and continues to be a primary focus for the service through 24/25.</p> <p>The Service is working closely with Trust Performance colleagues, Senior Managers and SPPG with respect to understanding workforce issues/recruitment challenges endeavouring to support escalation plans.</p>
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	<p>support the family and system. There is evidence of longer treatment tails (young people remaining and requiring longer periods of intervention) resulting in secondary pressures of reduced capacity. There has been a significant increase in the need to assess young people presenting with an emergency /crisis mental health presentations. Throughout 2024/25 figures evidence a 38.6% rise in emergency presentations to the Service.</p> <p>Significant pressures within the regional adolescent inpatient unit continue however ability to access timely admissions has become more manageable. WTCAMHS requested 9 admissions for assessment during 2024/25. Complex Eating disorders and psychosis presentations accounted for 5 of these admissions. This unfortunately results in additional significant pressures for young people and families requiring admission and secondary pressures for Community CAMHS clinicians attempting to work to mitigate clinical risks and promote safety as well as collaboration with the wider networks.</p> <p><u>CAMHS Emotional Health & Wellbeing Team in Schools</u> The DOH/DOE jointly published the Children & Young Persons Emotional Health and Wellbeing in Education Framework in 2021. This has supported an innovative CAMHS led Regional response (at a universal approach/step 1 level) to maximizing prevention efforts by supporting all those working in educational settings to help promote emotional wellbeing, promote positive mental health , strengthen self-esteem and resilience in our children in NI.</p>	<p>Remit: Support Post Primary schools across Western Trust area Phase 1 Sept 23 – March 24 completed– 9 post primary schools across Western Trust Area – Youth baseline questionnaire completed regionally by 4031 young people – inform service delivery and resource development. In moving forward to phase 2 which commenced April 2024 – December 2024 saw the involvement of a further 23 post primary schools across Western Trust area. 17,815 pupils attended workshops delivered in addition to 2361 staff attending workshops.</p>
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<p><u>CAMHS/Youth Justice Service Collaboration</u></p> <p>WTCAMHS and The Youth Justice Agency (YJA) have been working in partnership to assess and offer intervention in respect to the mental health needs of children and adolescents that are potentially at risk of being involved with YJA and CAMHS since April 2022. As part of the initial pilot a dedicated Step 3 CAMHS Senior Mental Health Practitioner was co-located between community CAMHS clinics in the Southern area of the Trust and the YJA Omagh.</p> <p><u>Children and Young People's Autism Service</u></p> <p>Demand continues to outstrip capacity of the service across diagnostic assessment and post diagnostic support and intervention. The capacity of the diagnostic assessment team has been reduced due to a number of resignations, maternity and sick leave.</p> <p>The service accepted 950 diagnostic assessment referrals up to 31st March 2025. This is 530 (126%) more than the annual capacity of 420 assessments per year. There is an increased need for specialist multi-disciplinary intervention for children with Autism and their family resulting in long waiting lists for specialist intervention.</p>	<p>The Service was further extended to the Northern part of the Trust in February 24 through co-funding. This has led to an additional Senior CAMHS Mental Health Practitioner being in post. Early evidence is suggestive of positive health outcomes. DOH in partnership with DOJ are supporting the need for a regional roll out of the model across NI. This has been successful within the final quarter of 2025 with the Northern Sector acquiring a practitioner to support roll out. QUB are interested in developing a proposal to build on the positive outcomes evidenced in Health. The proposal will consider data within the criminal Justice system.</p> <p><u>Children and Young People's Autism Service</u></p> <p>The Early Intervention service (EIS) provides a range of interventions and supports to parents/carers, children, young people and their families whilst they await their diagnostic assessment. The service has supported 528 calls to 31st March 2025. The service is prioritising recruitment of vacant posts. Additional private diagnostic assessments have been purchased from the external provider on contract.</p> <p>The risk is being mitigated by prioritising families who are presenting with higher levels of need or those who find themselves in a crisis situation. As at 31st March 2025 there were 151 unallocated cases.</p>
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DATA RETURN 1 – PoC / Directorate
Children & Families, Children's Health and Disability

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
	xxvi. 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
	xxvii. 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
	xxviii. 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
	xxix. Supported Living	N/A	N/A
	xxx. 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 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		
	- Independent sector		
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		
	- Independent sector		
1.8	This is intentionally blank	N/A	N/A
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	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 – Hospital _____

No Longer Required

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?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) _____

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>	N/A	N/A	N/A

DATA RETURN 2 – PoC / Directorate
Children & Families, Children's Health and 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:	N/A	N/A
	Certified severely sight impaired (Blind)		
	Certified severely sight impaired (Partially sighted)		
	Sight Loss		
2.3	Number of adults known to the Programme of Care who are:	N/A	N/A
	Profoundly Deaf sign language users		
	Profoundly Deaf Oral / Lip Readers		
	Hard of hearing		
	Tinnitus (New)		
2.4	Number of adults known to the Programme of Care who are:	N/A	N/A
	Deaf Blind		

DATA RETURN 3 – PoC / Directorate
Children & Families, Children’s Health and Disability 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.	N/A
		N/A
		N/A
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	N/A
3.2	Number of assessments of need carried out during period end 31 st March.	N/A
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

**DATA RETURN 4 – PoC / Directorate:
Children & Families, Children’s Health and Disability 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	N/A
	Total expenditure for the above payments	£ n/a
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

DATA RETURN 5 – PoC / Directorate
Children & Families, Children's Health and 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.	N/A	153	N/A
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.	N/A	149	N/A
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.	N/A	4	N/A
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?	N/A	156	N/A
5.4	Number of adult carers receiving a service @ 31 st March			
5.5	Number of young carers offered individual carers assessments during the period.	-		
5.6	Number of young carers assessments completed during the period.	-		
5.7	Number of young carers receiving a service @ 31 st March	-		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	227		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	Total 98 43 Direct Payments 55 Respite short break Payments		
	(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.	
5.9	Number of children receiving direct payments @ 31 st March	301
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?	98
5.10	Number of carers receiving direct payments @ 31 st March	-
5.11	Number of one off Carers Grants made in-year.	81
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

DATA RETURN 6 – PoC / Directorate
Children & Families, Children’s Health and Disability Service

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	SPPG to collect from PSSID
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (jj) Financial (kk) Institutional (ll) Neglect (mm) Physical (nn) Psychological/ Emotional (oo) Sexual (pp) Exploitation	SPPG to collect from PSSID
6.3	Number of investigations commenced within the period	SPPG to collect from PSSID
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	SPPG to collect from PSSID
6.6	Number of care and protection plans in place on 31st March	Not required

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

**DATA RETURN 9 – PoC / Directorate
Children & Families, Children’s Health and 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	N/A	N/A
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?	N/A
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	N/A
9.3.a	Confirm if these reports were completed within 5 working days 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>	N/A

9.4.a	Confirm if these reports were completed within 14 days? YES / NO If no, please explain	N/A
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Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	N/A

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	N/A
9.6.a	New applications for Guardianship during period (Article 19(1))	N/A
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	N/A
9.6.c	How many were Guardianship Orders made by Court (Article 44)	N/A
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	N/A
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	N/A
9.6.f	Number of Guardianships accepted by a nominated other person	N/A
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	N/A
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	
	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	N/A
9.7.a	Number of Approved Social Workers removed during period	N/A
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	N/A

9.7c	<p>Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on;</p> <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> <div style="text-align: center;">  <p>ASW QUALITY STANDARDS SF ADD</p> </div>	N/A
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9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old?</p> <p>If yes, please provide number and advise on any issues presenting</p>	
9.9	<p>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.</p>	N/A

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	N/A
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

See AMHD - Adult Learning Disability – Page 83	
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