



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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CHILD PROTECTION REVIEW REPORT

**Stage 1 - Corporate Leadership and Accountability of
Organisations**

Belfast Health and Social Care Trust Report

January 2009

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1. BACKGROUND INFORMATION

1.1 The Role and Responsibilities of the Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body, established with powers granted under *The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003*. It is sponsored by the Department of Health, Social Services and Public Safety (DHSSPS), with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

1.2 Scope of Review

In May 2008, the RQIA began a two year review of child protection services in Northern Ireland. The review focused on selected recommendations from the report '*Our Children and Young People Our Shared Responsibility*'¹ (referred to as the SSI Overview Report). Where relevant, it also took into account recommendations from the '*Independent Inquiry Panel into the deaths of Madeleine and Lauren O'Neill*' (referred to as the O'Neill Report), and the '*Independent Report into the Agency Involvement with Mr McElhill, Ms Lorraine McGovern and their children*' (referred to as the Toner Report).

Due to the size and scale of child protection services in Northern Ireland and the number of recommendations in the SSI Overview Report, the review was subdivided into discrete stages during year one, 2008/09:

- ❖ Stage 1 - Corporate leadership and accountability
- ❖ Stage 2 - The views of service users
- ❖ Stage 3 - Quality of record keeping
- ❖ Stage 4 - Site visits to assess front line services
- ❖ Stage 5 - Interagency working

Each stage used different methodologies and produced separate reports.

1.3 Review Team

A review team was selected by RQIA from experienced, independent peer reviewers from across the United Kingdom. The team comprised the following membership:

- ❖ Mr Phelim Quinn, Director of Operations and Chief Nurse Advisor, RQIA
- ❖ Dr Rosalyn Proops, Child Protection Advisor for the Royal College of Paediatrics and Child Health, Consultant Community Paediatrician, Norfolk and Norwich University Hospital Trust

¹ DHSSPS (2006) *Our Children and Young People - Our Shared Responsibility* - Inspection of Child Protection Services in Northern Ireland <http://www.dhsspsni.gov.uk/print/oss-child-protection-overview.pdf>

- ❖ Mr William McKitterick, Independent Children's Social Services Advisor and Lead in the Children's Workforce Development Council
- ❖ Mrs Juliet Norman, Nurse Consultant Child Protection and Vulnerable Children, NHS, Lanarkshire

1.4 Approach for Stage 1

Stage 1 focussed on Corporate Leadership and accountability which are the main themes in Chapter 2 of the SSI Report, *'Planning, commissioning, monitoring and management and provision of child protection services'*. Reference was also made to the *Quality Standards for Health and Social Care*, theme one, Corporate Leadership and Accountability of Organisations.

Stage 1 began in July 2008, with a submission to the RQIA of the action plans each Trust had completed in response to the SSI Overview report. Action plans were analysed by the review team and an interim report was produced to inform the review team.

In October 2008, Trusts were also asked to provide a self assessed score, using a "maturity matrix", illustrated in Table (a) below, to describe their progress against the implementation of each of the nine recommendations from the SSI Report being examined in stage 1.

Maturity Matrix				
1	2	3	4	5
Aware	Responding	Developing	Practising	Leading
There is awareness of the issues to be addressed, but no approaches have been developed to address them.	There is recognition of the key issues to be addressed and there is a range of options identified to address them.	Steps are being taken to address the key issues with evidence of practical application across the organisation.	There are well-developed plans being implemented throughout the organisation that address the key issues with evidence of evaluation and benchmarking leading to continuous improvement.	There is evidence of innovative practice, which is being shared across and beyond the organisation to others. They are further developing their approaches to ensure long term sustainable improvement.

Table (a)

During January 2009, the review team interviewed the following senior executive and non-executive officers from the Belfast Health and Social Care Trust, as part of the process to validate and clarify the Trust's self assessment return:

- ❖ Mr William McKee, Chief Executive
- ❖ Ms Bernie McNally, Director of Social Services, Family and Child Care and Executive Director of Social Work
- ❖ Ms Marie Mallon, Director of Human Resources
- ❖ Ms Joy Allen, Non-Executive Director
- ❖ Dr Daphne Primrose, Named Doctor for child protection
- ❖ Ms Brenda Creaney, Co-Director for Child Health/Named Nurse for child protection
- ❖ Mrs Juliet Norman, Nurse Consultant Child Protection and Vulnerable Children, NHS, Lanarkshire

The review team made an assessment of the Trust's progress against recommendations 5 to 13 of the SSI Overview report, using both the information supplied in the Trust's self assessment and the information provided during a group interview with the officers listed above. **(Refer to Appendix 1 for the SSI recommendations relating to this report)**

1.5 Report Outline

This report includes the Trust's self assessment and the findings from the review team, following the interview process. It is presented in four discreet sections. Section 1 provides a context to the review. Section 2 of this report outlines a summary of the findings presented in the maturity matrix, and includes an overview of the high level findings. Section 3 covers a more in-depth analysis of the Trust performance against the recommendations. This includes the Trusts self assessment and the review team's assessment based on the maturity matrix and the interview process. Section 4 outlines one key recommendation for the Trust.

2. MAIN FINDINGS

2.1 Summary of Findings

In October 2008, the Belfast Health and Social Care Trust submitted a self assessed score of its progress against selected nine recommendations in Chapter 2 of the SSI Overview Report. **(Refer to Appendix 1 for the SSI recommendations relating to this report)**

Based on the information provided by the Trust on the maturity matrix and the interviews with senior officers, the review team assessed the Trust's progress on the implementation of these recommendations. The summary of the results of both assessments are presented in Table (b) below.

SSI OVERVIEW REPORT - CHAPTER 2		
Planning, commissioning, monitoring and managing, and provision of child protection services	Belfast Health and Social Care Trust	Review Team
Recommendation	Trust Assessment	Team Assessment
5 - Lead roles - Director	Leading	Leading
6 - Lines of responsibility & accountability	Practising	Practising
7 - Lead roles - doctor & nurse	Developing	Developing
8 - Corporate parenting reports	Practising	Leading
9 - Workforce strategy	Developing	Practising
10 - Lead roles & corporate parent	Practising	Leading
11 - Funding for children's services	Developing	Practising
12 - Escalation of difficulties in discharging statutory functions	Practising	Practising
13 - Escalation of staffing difficulties	Developing	Practising

Table (b)

Table (b) indicates that in 5 of the 9 recommendations, the review team's overall assessment of the Trust's performance was higher than the Trust's self assessment. In relation to recommendation 8, the review team's assessment of the Trust as 'leading' reflected the quality of the monitoring systems in place relating to corporate parenting responsibilities and the proactive role of Trust directors', executive and non executive. With regards to recommendation 9, the review team found the Trust to be 'practising', due to its efforts to implement a strategic overview of workforce issues. Against recommendation 10, the review team assessed the Trust to be 'leading', in view of its progress and commitment to implement this recommendation across the organisation. With regards to recommendation 11, the review team found the Trust to be 'practising' based on evidence presented by the Trust Panel which indicated ongoing review of services with real service improvement initiatives. Finally with regards to recommendation

13, the review team assessed the Trust as 'practising', due to the comprehensive nature of the Trust's workforce strategy and attention to staff training and professional development.

A more detailed outline of the Trust's performance against these recommendations will be presented in Section 3 of this report.

2.2 High Level Findings of the Child Protection Review - Stage 1

- ❖ The review team assessed that in five out of the nine recommendations, the Trust was performing at a higher standard than the Trust's self assessment. This level of performance is to be commended.
- ❖ The Director of Social Services Family and Child Care also holds the position of Executive Director of Social Work. It is clear that this position has lead responsibility for child protection within the Trust and is responsible for professional social work across the organisation. Systems and processes were in place to support the Director to meet these responsibilities.
- ❖ There are clear and unambiguous lines of professional accountability and responsibility from front line practice through the organisation to the Chief Executive and to the Trust Board.
- ❖ The Trust's role as a corporate parent is given a priority across all disciplines in the Trust. The appointment of a non executive director who is also a foster carer in the Trust brings substance to the Trust Board as a corporate parent.
- ❖ The Trust has a sound structure of named professionals but should consider the provision of a 24 hour on call system for medical input into the child protection process.
- ❖ There is a robust recruitment strategy which attempts to ensure that all posts are filled promptly.
- ❖ The Trust places emphasis on supervision and appraisal and staff training and development with attendant processes for monitoring.
- ❖ The Trust reported that robust systems and processes are in place to monitor and review the Trust's discharge of its statutory functions.

3. Review Team Findings

3.1 SSI Recommendation 5

Recommendation 5 of the SSI Overview Report states that Trusts must ensure:

"The Director of Children's Services is clearly identified as having lead responsibility for child protection services and effectively discharges the responsibilities associated with this post and with the post of Executive Director of Social Work;"

Based on the maturity matrix, the Trust assessed its implementation of this recommendation to be 'leading'. The review team agreed with this assessment.

1	2	3	4	5
Aware	Responding	Developing	Practising	Leading
				Trust Assessment
				Team Assessment

TRUST'S SELF ASSESSMENT

The following information is taken directly from the self assessment submitted by the Trust prior to interview:

Within the Belfast Health and Social Care Trust the Director of Social Services, Family and Child Care /Executive Director of Social Work, Ms Bernadette McNally, has had a lead responsibility for child protection services and for the discharge of Statutory Functions since the establishment of the Trust on 1st April 2007. This is evidenced in the attached job description and in the attached agendas/minutes for the Trust Board which refer to these items being the responsibility of Ms McNally.

REVIEW TEAM'S ASSESSMENT

The Director of Social Services, Family and Child Care clearly presented an overview in relation to her lead role within the Trust with regards to child protection. It was evident this lead responsibility went beyond her role as Executive Director of Social Work. She was also chair of the Trust Child Protection Panel. Evidence was also presented of her significant support and direction for a range of community organisations who played a role in lower level child protection through the provision of a range of family support services. It was clear that through the lead of the Director of Social Services, Family and Child Care, that a strategic approach was in place to ensure that child protection is a responsibility for every employee in the Trust.

3.2 SSI Recommendation 6

Recommendation 6 of the SSI Overview Report states that Trusts must ensure:

"The lines of professional responsibility and accountability from the front line of practice to the Chief Executive and to the Trust board are clear and unambiguous thus enabling the Trust board to discharge its responsibilities in regard to children's services effectively;"

Based on the maturity matrix, the Trust assessed its implementation of this recommendation to be 'practising'. The review team agreed with this assessment.

1	2	3	4	5
Aware	Responding	Developing	Practising	Leading
			Trust Assessment	
			Team Assessment	

TRUST'S SELF ASSESSMENT

The following information is taken directly from the self assessment submitted by the Trust prior to interview:

There is a clear and unambiguous line of accountability from the front line of practice to the Chief Executive and Trust Board within the Trust. This is evidenced through the organisational charts which are attached. The Director of Family and Child Care/Executive Director of Social Work is a member of the Trust Board and is responsible for presenting the statutory reports to the Trust Board. The following reports were presented to Trust Board on 17th January 2008 - Annual Trust Child Protection Report 2006/2007, Corporate Parenting Report for period March 2007-September 2007, Annual Quality Improvement Plan for Residential Children's Homes 2006/2007. The Trust's Statutory Functions Report was presented to the Trust Board on June 26th 2008. This is evidenced in the attached Trust Board agendas and minutes. The Trust Child Protection Panel is also accountable to the Trust's Assurance Committee and will be presenting its role, remit and Action Plan at a later date to the Committee.

REVIEW TEAM'S ASSESSMENT

The Chief Executive was clear and unambiguous about his own accountability within the organisation. He provided evidence both through the self assessment and through the interview as to how this accountability is achieved and maintained. Initiatives presented included visits to facilities, the Trust's children's homes and the presentation of a variety of reports relating to Trust activity and performance. This line of accountability extended through the organisation to him as the Chief Executive, and through his office to the Trust Board, commissioners and the department.

The review team noted the size and scale of the Belfast Trust and its responsibility for a range of acute regional services, and the importance of the Trust maintaining child protection as a priority.

3.3 SSI Recommendation 7

Recommendation 7 of the SSI Overview Report states that Trusts must ensure:

"There is a Named Doctor and Named Nurse with clearly defined job plans and responsibilities to provide a lead role for child protection within these disciplines;"

Based on the maturity matrix, the Trust assessed its implementation of this recommendation to be 'developing'. The review team agreed with this assessment but considered that the nursing discipline within the Trust would be 'practising' against this recommendation.

1	2	3	4	5
Aware	Responding	Developing	Practising	Leading
		Trust Assessment		
		Team Assessment		

TRUST'S SELF ASSESSMENT

The following information is taken directly from the self assessment submitted by the Trust prior to interview:

Within the Belfast Health and Social Care Trust there is a named nurse, Brenda Creaney, and a Named Doctor, Daphne Primrose for child protection. The role of the Named Doctor is evidenced in Dr Primrose's job plan (see attached). Both the Named Doctor and Named Nurse are members of the EHSSB ACPC and will be members of the new Belfast Trust Child Protection Panel due to be launched in November 2008.

REVIEW TEAM'S ASSESSMENT

There was a clear advantage in the Named Nurse also being a co-director within the Trust. The Named Nurse informed the review team that there was a team of nursing child protection advisors who had monthly supervision and that front line nurses involved in child protection work have quarterly supervision. This process was regularly audited. This structure and process was commended and learning should be shared across disciplines.

The Trust had assembled a robust resource of Named Doctors across the hospitals in the Trust and the Trust should now consider how best to utilise this resource across the organisation.

The initiatives around clinics for looked after children, demonstrated a clear awareness of the particular needs of this group, and were indicative of how the Trust's corporate parenting responsibilities are owned across professions.

The review team recommended that the Trust should develop a 24 hour on call system for medical input into child protection cases, rather than the proposed day time on call system.

RECOMMENDATION:
The Trust should provide a 24 hour on call system for medical input to child protection cases.

3.4 SSI Recommendation 8

Recommendation 8 of the SSI Overview Report states that Trusts must ensure;

"Difficulties or risks in regard to its ability to discharge statutory child care functions are included in C03/02 reports and brought to the attention of the Trust board. Trusts should also seek to agree, implement and review quality improvement plans, as appropriate;"

Based on the maturity matrix, the Trust assessed its implementation of this recommendation to be 'practising'. On the basis of the evidence provided in the Trusts own self assessment and through the interview process the review team felt that the Trust was 'leading' against this recommendation.

1	2	3	4	5
Aware	Responding	Developing	Practising	Leading
			Trust Assessment	
				Team Assessment

TRUST'S SELF ASSESSMENT

The following information is taken directly from the self assessment submitted by the Trust prior to interview:

The Trust completes a Corporate Parenting Report on a six monthly basis and presents this to the Trust Board. This reporting mechanism specifically addresses the Trust's discharge of its statutory responsibilities. It complements the annual Statutory Functions Report. The Trust seeks to address any difficulties or risks in its ability to discharge its statutory child care functions in a number of different ways. The Trust has established a Quality Improvement Plan in relation to the recommendations of the SSI Overview Report which outlines actions that are to be taken in addressing any significant deficits in the delivery of its child protection services. The current restructuring of the Family and Child Care Programme is a response to addressing many of the issues raised in the Overview Report and to manage some of the issues raised through the Corporate Parenting Report. The establishment of a discrete

Children's Disability Service reflects the Trust's emphasis on person-centred planning and service delivery structures which maximise multi-disciplinary working and integrated provision across Children's Services.

The Trust has established an assurance framework which ensures sound governance and financial arrangements within the Trust as well as the identification and management of risks within each of the service areas. The Service Area has reviewed its Risk Register. Within the residential services an Annual Quality Improvement Plan is completed, linked to issues arising from the RQIA Inspection Process and the monthly monitoring reports, and reviewed.

REVIEW TEAM'S ASSESSMENT

Robust reporting and monitoring systems were in place across the Trust with regard to the Trust's discharge of its statutory child care and corporate parenting responsibilities. It was clearly evident from the input during the interview process that this was a priority area for the Trust.

Evidence was provided in relation to training for all Trust directors, including non executive directors regarding their roles and responsibilities as a corporate parent. The Trust's role as a corporate parent is given a priority across all disciplines in the Trust. The appointment of a non executive director who is also a foster carer in the Trust brings substance to the Trust Board as a corporate parent.

During the interview process and through the self assessment, the Trust demonstrated a proactive approach to meeting regional targets, influencing policy and ensuring its focus remained on quality and the provision of effective child protection and family support services.

3.5 SSI Recommendation 9

Recommendation 9 of the SSI Overview Report states that Trusts must ensure:

"Their workforce strategy enables them to meet their requirements as an employer as set out in the NISCC Code of Practice and complies with social care governance arrangements;"

Based on the maturity matrix, the Trust assessed its implementation of this recommendation to be 'developing'. From the maturity matrix and considering the interview process the review team assessed the Trust to be 'practising' in relation to this recommendation.

1	2	3	4	5
Aware	Responding	Developing	Practising	Leading
		Trust Assessment		
			Team Assessment	

TRUST'S SELF ASSESSMENT

The following information is taken directly from the self assessment submitted by the Trust prior to interview:

Within the Trust there is a focus on developing and supporting staff and the Trust is currently working towards the Investors in People Award. Within this context, the Trust continues to prioritise professional supervision as a core developmental process. The Trust is presently operationalising a corporate personal development and appraisal framework which will be implemented for all staff by March 31st 2009. The Trust's Children's Social Services Learning and Development Plan has been completed for 2008-2009 and submitted to EHSSB. This complies with the EHSSBs Workforce Planning and Training Framework. The Learning and Development Team is developing an implementation plan in relation to the Workforce Development Strategy issued by RIT. The Family and Child Care and Children's Disability Services, along with Learning and Development, are currently developing an induction pack for new staff which complies with NISCC Standards. An audit was carried out in January 2008 in relation to the support that AYE staff experienced which showed a high quality of supervision, evidence of a managed caseload and compliance with NISCC guidelines. The Family and Child Care Programme has recently established a social work forum which will consider workforce issues and report to the Social Work Leads Forum which is chaired by the Director of Social Work. The development and retention of staff is a key priority across Children's Social Services.

REVIEW TEAM'S ASSESSMENT

The review team commended the strategic workforce planning approach to the recruitment and retention of social workers, which demonstrated the active engagement of senior human resources and operational managers. The Trust Panel presented a strong focus on quality supervision and outlined a specific policy in relation to supervision, appraisal and staff training and development. A robust audit process was also evident. It was outlined that this policy ensures the requirements of ongoing professional registration can be met. The review team agreed with this assessment.

3.6 SSI Recommendation 10

Recommendation 10 of the SSI Overview Report states that:

"Executive and non-executive directors are clear about their individual and corporate responsibilities and receive mandatory training in understanding their role as a "corporate parent;"

Based on the maturity matrix, the Trust assessed its implementation of this recommendation to be 'practising'. The review team assessed the Trust to be 'leading' in its performance against this recommendation.

1	2	3	4	5
Aware	Responding	Developing	Practising	Leading
			Trust Assessment	
				Team Assessment

TRUST'S SELF ASSESSMENT

The following information is taken directly from the self assessment submitted by the Trust prior to interview:

Within the Belfast HSC Trust a workshop was provided for the Trust Board members in relation to their Corporate Parenting responsibilities in June 2007. All Trust Board members receive copies of the Trust's Corporate Parenting Report, Statutory Functions Report, Trust Child Protection Report and Annual Quality Improvement Report for Residential Services in advance of them being presented at Trust Board. In addition Trust Board non-executive members have been assigned a residential child care facility which they visit on a quarterly basis. The Family and Child Care Programme has also had an opportunity to appraise Trust Board members through workshops. In March 2008 the Co-Director provided an input on the Scheme of Delegation of Statutory Functions and in October 2008 a presentation was given on Child Protection.

REVIEW TEAM'S ASSESSMENT

Executive and non executive directors were clear about their roles and responsibilities as corporate parents and confirmed that training had taken place. During the interview process, they demonstrated a high level of commitment in regard to their role as a corporate parent.

Non executives are assigned a children's home which they visit regularly. The Chief Executive has also visited all the Trust's children's homes since the Trust has come into being. The Director of Social Services, Family and Child Care, visits children and young people living in residential care who have contacted her in relation to complaints. In addition, the Director of Human Resources referenced her responsibility in terms of recruitment processes to ensure that children and young people are kept safe.

3.7 SSI Recommendation 11

Recommendation 11 of the SSI Overview Report states that Boards and Trusts must ensure:

"Information provided to the Boards to secure resources for children's services is appropriately collated, validated and analysed, and

- resources made available to children's services are directed to identified areas of need, and progress is regularly and appropriately reported on; and**

- investment in children's services is continuously reviewed and the findings included in the annual reports to the Area Board on the discharge of statutory functions;"

Based on the maturity matrix, the Trust assessed its implementation of this recommendation to be 'developing'. The review team assessed the Trust to be 'practising' against this recommendation.

1	2	3	4	5
Aware	Responding	Developing	Practising	Leading
		Trust Assessment		
			Team Assessment	

TRUST'S SELF ASSESSMENT

The following information is taken directly from the self assessment submitted by the Trust prior to interview:

The Trust has a number of formal processes which allows for the exchange of information with the EHSSB in relation to resources and investment. A Strategic Planning Group meets on a bimonthly basis between the EHSSB and Trust in which Children's Services are included. These meetings consider resource issues, performance and expenditure against HWIP monies. On a monthly basis the Senior Managers from the programme meet with the Commissioner to discuss a range of practice issues alongside resources, investment and performance. An annual meeting is also convened by the EHSSB with the Trust in which the Trust's Statutory Functions Report is discussed.

REVIEW TEAM'S ASSESSMENT

The Trust reported that modernisation was a key element in how it reviews and plans service delivery, and provided several examples of modernisation programmes. For example, the differentiation of children's home, the introduction of more specialised resources within residential care, the active engagement and communication with children and young people in care by senior managers, and the development of the gateway service. The Trust also highlighted the high percentage of its looked after children population living in kinship and foster care placements.

The Trust reported it had developed robust local performance management processes in addition to prescribed, departmental targets. Examples highlighted included referrals from Trust children's homes to juvenile justice, data relating to child protection investigations and registration and the stability of care placements.

Within this performance management process, the Trust reported an ongoing process of review and monitoring with commissioners.

3.8 SSI Recommendation 12

Recommendation 12 of the SSI Overview Report states that Boards and Trusts must ensure;

"The DHSSPS is advised of difficulties in discharging statutory functions for child protection and children's residential services, the action plan and timescale proposed to address these, and any specific shortfall in resources;"

Based on the maturity matrix, the Trust assessed its implementation of this recommendation to be 'practising'. The panel agreed with this assessment.

1	2	3	4	5
Aware	Responding	Developing	Practising	Leading
			Trust Assessment	
			Team Assessment	

TRUST'S SELF ASSESSMENT

The following information is taken directly from the self assessment submitted by the Trust prior to interview;

An annual meeting is convened by the EHSSB to discuss the Trust's Statutory Functions Report. The EHSSB provides feedback to the Trust and outlines actions that are required to be taken. The EHSSB also provides a report to the DHSS&PS on the Trust's performance. The Trust completes a monthly monitoring report and an Annual Quality Improvement Report in relation each of its Children's Homes and forwards this to RQIA and provides a copy to the EHSSB. The monthly meetings between the Commissioner and Family and Child Care senior managers allows for issues in relation to the discharge of statutory functions to be highlighted and discussed. The Trust completes a monthly return on unallocated cases to the DHSS&PS and the EHSSB. The Trust has developed a Quality Improvement Plan in response to the SSI Overview Report and this is reviewed by the EHSSB at Project Board Meetings. The Trust has also completed a cost pressures paper and forwarded this to the EHSSB for consideration. This highlights the areas where the Trust has concerns regarding its ability to implement some of the recommendation without additional resources.

REVIEW TEAM'S ASSESSMENT

The Trust's annual statutory functions report critically analyses its performance in the discharge of statutory functions. This report is presented to the commissioner who provides a report to the DHSSPS on the Trust's performance. The Trust reported that systems were in place for ensuring action plans were implemented.

The Trust presented a number of initiatives in relation to its discharge of statutory functions. This included, the commissioning of annual audits of aspects of service, robust monitoring of residential services with reporting through to the Director of Social Services, Family and Child Care, three monthly meeting of senior managers chaired by the Director of Social Services and robust monitoring and review of unallocated cases, reported to the Director of Social Services on a three weekly basis.

From the Trust's self assessment and interview process, the review team assessed that the Trust had a systematic approach to the management of issues relating to the discharge of its statutory functions.

3.9 SSI Recommendation 13

Recommendation 13 of the SSI Overview Report states that Boards and Trusts must ensure:

"Staffing difficulties within the professional groups are brought to the attention of the DHSSPS Workforce Planning Group and Children Matter Taskforce and addressed;"

Based on the maturity matrix, the Trust assessed its implementation of this recommendation to be 'developing'. The review team assessed that the Trust were 'practising' against this recommendation.

1	2	3	4	5
Aware	Responding	Developing	Practising	Leading
		Trust Assessment		
			Team Assessment	

TRUST'S SELF ASSESSMENT

The following information is taken directly from the self assessment submitted by the Trust prior to interview.

The Trust participates fully in the Reform Implementation Team and Programme Reference Group where work has been ongoing in establishing consistent job descriptions for social work, senior practitioner and team leader grades. The use of AYE staff at the Gateway Service has also been considered within this Forum to ensure a consistent and appropriate response. The Trust reports to RIT on a monthly basis on the implementation of the Gateway Service and any difficulties arising from this. RIT also developed a Workforce Development Strategy which the Trust is now implementing which focuses on the need to have an appropriately qualified and trained workforce. Within the annual meeting with the EHSSB regarding the Trusts Discharge of Statutory Functions a report is provided on the Trusts workforce and any issues arising. The Director of Social Work has also developed a social work leads structure which is replicated within the Family and Child Care Programme. These forums provide an opportunity to highlight any staffing issues through to the Director.

REVIEW TEAM'S ASSESSMENT

The Trust was able to provide evidence of a comprehensive workforce strategy and a staff training and development strategy. The review team were informed that an assistant director from human resources liaises directly with the child care programme in terms of recruitment. The Trust reported that they try and fill all vacancies promptly and that they would over recruit and attempt to fill posts through waiting lists. It was reported that currently there is not a significant number of vacancies within the Trust. These strategies attempt to ensure that both experienced and senior practitioners are deployed in those priority service areas which require particular expertise and skills. The Trust reported that work force issues are included in its statutory function report.

4.0 Key Recommendations

RECOMMENDATION:

The Trust should provide a 24 hour on call system for medical input to child protection cases.

Appendix 1 Outline of the SSI Recommendations Relating to this Report

RECOMMENDATION 5

The Director of Children's Services is clearly identified as having lead responsibility for child protection services and effectively discharges the responsibilities associated with this post and with the post of Executive Director of Social Work;

RECOMMENDATION 6

The lines of professional responsibility and accountability from the front line of practice to the Chief Executive and to the Trust board are clear and unambiguous thus enabling the Trust board to discharge its responsibilities in regard to children's services effectively;

RECOMMENDATION 7

There is a Named Doctor and Named Nurse with clearly defined job plans and responsibilities to provide a lead role for child protection within these responsibilities;

RECOMMENDATION 8

Difficulties or risks in regard to its ability to discharge statutory child care functions are included in CC03/02 reports and brought to the attention of the Trust board. Trust should also seek to agree, implement, and review quality improvement plans, as appropriate;

RECOMMENDATION 9

Their workforce strategy enables them to meet their requirements as an employer as set out in the NISSC Code of Practice and complies with social care governance arrangements;

RECOMMENDATION 10

Executive and Non-Executive Directors are clear about their individual and corporate responsibilities and receive mandatory training in understanding their role as a corporate parent";

RECOMMENDATION 11

Information provided to the Boards to secure resources for children's services is appropriately collated, validated and analysed, and

- resources made available to children's services are directed to identified areas of need, and progress is regularly and appropriately reported on; and
- investment in children's services is continuously reviewed and the findings included in the annual reports to the Area Board on the discharge of statutory functions.

RECOMMENDATION 12

The DHSSPS is advised of difficulties in discharging statutory functions for child protection and children's residential services, the action plan and timescale proposed to address these, and any specific shortfall in resources; and

RECOMMENDATION 13

Staffing difficulties within the professional groups are brought to the attention of the DHSSPS Workforce Planning Group and Children Matter Taskforce and addressed.

Glossary of Terms

ACPC	Area Child Protection Committee
AYE	Assessed Year in Employment
CAHMS	Child and Adolescent Mental Health Services
DHSSPS	Department of Health, Social Services and Public Safety
FIT	Family Intervention Teams (Field social work teams)
Gateway Teams	Initial referral social work teams
HWIP	Health and Well-Being Investment Plan
LAC	Looked After Children
NISCC	Northern Ireland Social Care Council
PA	Programmed Activities (Dedicated medical time)
RIT	Reform Implementation Team
RQIA	Regulation and Quality Improvement Authority
SOSCARE	Social Services Client Administration and Retrieval Environment
SSI	Social Services Inspectorate
SSI Overview Report	Our Children and Young People - Our Shared Responsibility. Inspection of Child protection Services in Northern Ireland Overview Report, December 2006

TCPP Trust Child protection Panel

UNOCINI Understanding the Needs of Children in Northern Ireland
(Assessment Framework)

VOYPIC Voice of Young People in Care