



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**

**Western Health and Social Care Trust Report**

February 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*'<sup>1</sup> (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

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<sup>1</sup> 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.

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 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 Western Health and Social Care Trust, as part of the process to validate and clarify the Trust's self assessment return:

- ❖ Ms Elaine Way, Chief Executive
- ❖ Mr John Doherty, Director of Women's and Children's Services/Executive Director of Social Work
- ❖ Mr Alan Corry-Finn, Acting Director of Acute Services
- ❖ Dr Anne Kilgallen, Medical Director/Executive Director
- ❖ Ms Nuala Sherrin, Director of Human Resources
- ❖ Mrs Sally O'Kane, Non-Executive Director

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 of the review team. It is presented in four discreet sections. Section 1 provides a context to the review. Section 2 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's performance against the recommendations. This includes the Trust's self assessment and the review team's assessment based on the maturity matrix and the interview process. Section 4 outlines three key recommendations for the Trust.

## 2. MAIN FINDINGS

### 2.1 Summary of Findings

In October 2008, the Western Health and Social Care Trust submitted a self assessed score of its progress against nine selected recommendations from 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	Western Health and Social Care Trust	Review Team
Recommendation	Trust assessment	Team Assessment
5 - Lead roles – Director	Leading	Leading
6 - Lines of responsibility & accountability	Leading	Developing
7 - Lead roles - doctor & nurse	Responding	Responding
8 - Corporate parenting reports	Practising	Practising
9 - Workforce strategy	Developing	Aware
10 - Lead roles & corporate parent	Practising	Practising
11 - Funding for children's services	Practising	Practising
12 - Escalation of difficulties in discharging statutory functions	Developing	Developing
13 - Escalation of staffing difficulties	Developing	Developing

**Table (b)**

Table (b) indicates that there was a broad consensus regarding the Trust's self assessment and the review team's findings following the interview process. There was variance between the Trust's self assessment and the review team's assessment of the Trust's performance against two of the recommendations. In relation to recommendation 6, the review team assessed the Trust as 'developing' due to an absence of audible information to assess staff training and development. The review team's assessment of the Trust as 'aware' in regard to Recommendation 9, was based on the absence of an overarching workforce strategy.

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

- ❖ The Director of Children's Services / Executive Director of Social Work has the clear lead for child protection services within the Trust.
- ❖ There are clear lines of professional accountability and responsibility from front line staff through to the Chief Executive and the Trust Board.
- ❖ The Trust needs to assure itself regarding the effectiveness of staff training and development.
- ❖ Adequate arrangements to cover the roles of Named Doctor and Named Nurse are in place within the Trust.
- ❖ The Trust's risk register does not cover all areas of Trust business.
- ❖ There is an appropriate training programme for Trust Executive and Non Executive Directors in relation to their role as a corporate parent.
- ❖ The executive team provided a good account of their role as a corporate parent.
- ❖ There is an absence of an overarching workforce strategy within the Trust.
- ❖ The Trust have developed sound and comprehensive mechanisms for developing quality improvement initiatives from a range of reports and inquiries.
- ❖ The Trust provided a reasonable account of their ability to discharge their statutory functions.
- ❖ The Trust has developed a sound relationship with its commissioner which includes robust monitoring and reporting mechanisms.
- ❖ The Trust is currently non compliant with departmental guidelines in relation to the ratio of 'Assessed Year in Practice' (AYE) social work staff employed in a number of teams across the Trust.
- ❖ The Trust is clear about resource limitations and is involved in ongoing discussions with the commissioner and department with regards to unmet need.

### 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:

The Western Health and Social Care Trust has appointed a Director of Women's and Children's Services who is also the Executive Director of Social Work. The Director who is a qualified Social Worker has lead responsibility for delivery of statutory functions in relation to Child Protection. This can be evidenced in: Director of Women's and Children's & Executive Director of Social Work Job Description, Corporate Parenting Report 2007/2008, Delegated Statutory Functions Report 2007/2008.

### REVIEW TEAM'S ASSESSMENT

It was evident to the review team that the Director of Women's and Children's Services /Executive Director of Social Work's role was clearly defined in terms of process, content and purpose. It was also clear that within his role he has lead responsibility for child protection services throughout the Trust. His authority was respected by the rest of the executive team, and it was evident from the Trust input that he is held to account by the Trust Board in relation to child protection matters.

#### 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 'leading'. Based on the Trust's self assessment and the interview process, the review team's assessment was that the Trust was 'developing' 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 Chief Executive is accountable to the Trust Board. The Executive Director of Social Work is accountable to the Chief Executive and is an executive member of the Trust Board. The director has ensured that there is a clear unbroken line of professional accountability within child care services. He has ensured that those managers who are responsible for the planning and delivery of social work services to children are professionally qualified Social Workers. This includes both assistant directors and Heads of Service. Consequently, the Women's and Children's Directorate accountability arrangements are clear and unambiguous. This is described in the attached organisational chart.

## REVIEW TEAM'S ASSESSMENT

During the interview process, the review team found some evidence to support the Trust's self assessment against this recommendation. The Trust was able to outline unbroken lines of accountability between front line staff through the organisation to the Chief Executive and the Trust Board. However, the review team had queries relating to legacy Trust issues and consistency of performance across the new Trust. In addition the review team assessed there to be an absence of auditable information to assess staff training and development across the Trust.

### RECOMMENDATION:

**The Trust should have auditable information that demonstrates the effectiveness of professional responsibility and accountability, including systems for capturing all training provided to staff.**

### 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 'responding'. 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:

A Clinical Director has been appointed with responsibility for Paediatrics and CAMHS Plans are underway to permanently appoint a Named Doctor and to secure funding for a Named Nurse.

## REVIEW TEAM'S ASSESSMENT

The review team concurred with the Trust's assessment that there were considerable advantages in the appointment of a clinical medical director who is a paediatrician with acute and community experience.

The team assessed that adequate temporary arrangements were in place to cover the roles and responsibilities of a Named Doctor and a Named Nurse and there was a good understanding of their respective responsibilities within the Trust. However, the review team questioned why the risk related to the absence of permanent appointments to these key leadership roles, had not been identified on the Trust risk register.

### 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'. 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:

The Director of Women's and Children's Services reports to the Trust Board on the Corporate Parenting CC3/02 Report on a six monthly basis and brings to their attention any difficulties in relation to the Trust's ability to discharge its statutory functions.

The Trust has established a project managed process named 'Improving Quality Together'. The Project Board, Chaired by the Director of Women's and Children's Services, agrees and ensures implementation of a number of quality improvement plans. The project is the umbrella for the implementation of recommendations from SSI investigations into childcare practices and the implementation of the Reform of Children's Services (RIT) products. The project is also responsible for the implementation of recommendations from case management reviews (CMRs) and independent reviews/enquires e.g. O'Neill 2007 and Toner 2008.

A Quality Improvement Forum for looked after children has been established and meets bi-monthly, chaired by the Assistant Director, Family Support. This Forum reviews the Quality Improvement Plans for residential services.

Evidence for the above is contained in: Corporate Parenting Report CC3/02 Presentation to Trust Board, Trust Board Minutes re Corporate Parenting Report, Quality Improvement Forum Minutes, Presentation on Improving Quality Together, SSI/RIT Project, Example of a Quality Improvement Plan.

## REVIEW TEAM'S ASSESSMENT

The review team considered that the "Improving Quality Together Project" was a positive and effective way to manage the recommendations from a range of reports and modernisation initiatives facing the Trust. This included the SSI Overview Report, the Neill and Toner Reports, and the guidelines and policy initiatives around the Reform Implementation Team (RIT) programme. The evidence provided to the review team from the Trust's self assessment and through interview. indicated that the Trust was being responsive to these inputs. The multi disciplinary programme of work and the project management approach to the range of recommendations and initiatives is to be commended.

The Trust also provided a reasonable account of their ability to discharge statutory child care functions. They gave a good example of their method for priority setting within child protection services, and were clear where there were challenges in relation to the discharge of statutory functions. Examples presented included, unallocated cases within family support services, difficulties in issuing case conference minutes within statutory guidelines, and staff recruitment and retention issues. It was evident that these issues were shared across the organisation and were clearly brought before the Trust Board. Evidence was also provided of how non executive directors challenged information provided to the Board in relation to the Trust's discharge of statutory functions.

The review team assessed that the use of the corporate risk register should be much more comprehensive. For example, risks related to health issues for children were not identified on the risk register. The Trust acknowledged that the risk register required further development and advised the review team that they were taking steps to make it more comprehensive.

**RECOMMENDATION:**  
**The Trust should develop a comprehensive risk register at all levels of the organisation.**

### 3.5 SSI Recommendation 9

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

"There 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 the interview process, the review team assessed the Trust to be 'aware' 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:

A Workforce Strategy Workstream has been established under the Reform of Children's Services to look regionally at workforce issues.

An Assistant Director, Quality Development has been appointed within the Trust who is responsible for the implementation of the Improving Quality Together SSI and RIT Project. She is also responsible for other aspects of Social Care Governance.

A capacity analysis has been completed in relation to the Gateway Service and a workforce plan developed. Plans are underway to complete a similar piece of work within both the family intervention service and the looked after children service.

Evidence for the above can be found in: Assistant Director, Quality Development Job Description, RIT Workforce Strategy, Workstream Terms of Reference Report on Capacity Pressures on Gateway Service, July 2008.

**REVIEW TEAM'S ASSESSMENT**

In the Trust's submission to the review team, they reported that an overarching workforce strategy was not yet in place. They also reported on initiatives relating to recruitment and retention and staff supervision.

A related issue was the number of Assessed Year in Practice (AYE) social workers located in some child care social work teams and the challenge for the Trust to comply with departmental guidelines in relation to ratios. The Trust reported that staffing the gateway service had been a priority but this had lead to difficulties regarding recruitment within the family support services. This difficulty was more acute in certain geographical areas of the Trust. The Trust reported that they had their own policy on supervision in place but intended to implement the Reform Implementation Team (RIT) Supervision Policy. In comparison to the expectations related to the RIT Supervision Policy, the review team was unclear about the robustness of the Trust's policy. It was the view of the review team that the Trust should develop an overarching workforce strategy as a priority.

**RECOMMENDATION:**  
**The Trust needs to develop an overarching workforce strategy as a matter of priority.**

**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 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:

The Director of Women's and Children's Services has briefed the Trust Board on their responsibilities of the role of corporate parent. This is also outlined in the CC3/02 report and in a presentation provided to Trust Board.

The Director of Women's and Children's Services and the Assistant Director, Quality Development have organised specific training for the Executive and Non Executive Directors for 4th December 2008.

The Regional Training Group is developing a programme for Non – Executive Directors. This has been piloted in the SHSSB area. Feedback is being analysed, with a view to implementation across the region. Evidence: Corporate Parenting CC3/02 Report, Presentation to Trust Board on the Corporate Parenting Report, Trust Board Minutes.

## REVIEW TEAM'S ASSESSMENT

The executive team gave a good account of their role as a corporate parent and presented as a cohesive team. All directors had received training relating to this role. It was evident from the submissions that both executives and non executives were aware of their individual and corporate responsibilities in this regard. The non executive director on the Trust team spoke of the need for comprehensive information to enable him to carry out the role of a corporate parent as effectively as he could.

### 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 '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:

The Trust regularly reports on key areas of need to WHSSB via a number of processes. These include:

1. Delegated Statutory Functions Annual Report
2. Corporate Parenting CC3/02 Report
3. Risk Monitoring Report (monthly)
4. Western Area Child Protection Committee (WACPC) Annual Report
5. WACPC Audit Reports
6. Recent capacity analysis in relation to the Gateway Service. Further work is to be completed for the Family Intervention Service and Looked After Children Service

The Assistant Director, Quality Development provides quarterly Social Work Reports to the Trust's Integrated Governance Committee.

The Trust has set up a centralised Children Resource Panel to ensure services are directed to identified areas of need. Children's Resource Panel protocols and information for staff has been developed and is reviewed regularly

## REVIEW TEAM'S ASSESSMENT

The Trust evidenced a range of reporting mechanisms and reports to keep the commissioner informed. The Trust reported a close working relationship with the commissioner both on a formal basis but also through debate, discussion and mutual understanding. The Trust would contend that there is an under investment in children's services in their region and they have identified areas of unmet need. This is communicated through the commissioner to the department. Within this environment, the Trust reported that they review how they use resources, work jointly with the commissioner and would not be averse to divert resources in an attempt to respond to need and improve outcomes. At times for this to be effective, interim funding arrangements would be put in place. An example provided by the Trust was the reduction of the number of children on the child protection register, following investment in family support services and the robust functioning of the resource panel.

### 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 'developing'. 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:

The Trust continues to report any difficulties in discharging statutory functions to the Western Health & Social Services Board (WHSSB) who in turn advise the Department of Health, Social Services and Public Safety (DHSSPS).

The WHSSB and the Trust have worked closely to develop plans and proposals to address difficulties particularly in relation to unallocated cases and outstanding minutes.

The monthly Trust Risk Monitoring Report to the WHSSB highlights any difficulties in discharging statutory functions which can then be escalated to the DHSSPS.

#### REVIEW TEAM'S ASSESSMENT

As stated previously, the Trust reported that there were a number of reporting mechanisms in place to collate and report on any difficulties relating to the Trust's discharge of its statutory functions. These mechanisms are in place throughout the organisation and enable issues to be brought promptly before the Trust Board, who in turn report to the commissioner and department.

One of the mechanisms used by the Trust is the Trust governance committee comprising the full Trust Board which meets every two months. Individual directors are responsible for keeping this group apprised of current issues. In addition, the Trust reported that monthly monitoring takes place and reports are forwarded to the relevant director for submission to the Trust Board.

The Trust also described a thorough system for addressing serious concerns within residential services. If concerns remained unresolved they were processed through the governance structure with clear expectations within identified timescales and set against a named executive. If necessary these concerns could be escalated to the Trust Board for the attention of the commissioner and department.

### 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 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:

Team Health checks are fully implemented within the Trust highlighting any area of difficulty within childcare services.

The results are presented in monthly Risk Monitoring Reports to the WHSSB.

A monthly meeting takes place between Senior Managers in the Trust and the Board to discuss the Risk Monitoring Report and agree actions.

The WHSSB reports to the DHSSPS via:

1. PSS Training Statutory Accountability Reports
2. Four Board Directors Meeting with CSSO
3. Service Performance Monitoring Meetings which take place quarterly between the Board and the Trust.

## REVIEW TEAM'S ASSESSMENT

See also the review teams comments at 3.5

The Trust reported on a variety of mechanisms by which staffing difficulties within professional groups are brought to the attention of the department. The Trust outlined in its submissions to the review team that the capacity of the Trust to carry out its statutory duties is incumbent on a skilled workforce. The Trust has acknowledged difficulties in relation to complying with departmental guidelines relating to the ratio of AYE social workers within teams and recruitment issues in family support. These issues are managed through the Trust's governance structure and through this mechanism to the Trust Board.

### 4.0 Key Recommendations

**RECOMMENDATION:**

The Trust should have auditable information that demonstrates the effectiveness of professional responsibility and accountability, this should include systems for capturing all training provided to staff.

**RECOMMENDATION:**

The Trust should develop a comprehensive risk register at all levels of the organisation.

**RECOMMENDATION:**

The Trust needs to develop an overarching workforce strategy as a matter of priority.

## **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**

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

<b>TCPP</b>	Trust Child protection Panel
<b>UNOCINI</b>	Understanding the Needs of Children in Northern Ireland (Assessment Framework)
<b>VOYPIC</b>	Voice of Young People in Care