

Adult Services  
Summary Management  
Information Headline Report  
Data for November 2022



Cyngor **Abertawe**  
**Swansea** Council

## **Adult Services Vision**

***People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives.***

## **Doing What Matters**

***Adult Services will focus on strengths, prevention, early intervention and enablement. We will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.***

Agreed Service Objectives for 2022/23

1. Better Prevention and Better Early Help
2. Keeping People Safe
3. Enabling and Promoting Independence
4. Integrated Services
5. Financial Efficacy

## **Amy Hawkins, Head of Adult & Tackling Poverty Services**

### **Summary**

The recovery and transformation work continues along with preparations to manage winter pressures. Additional bed capacity in internal homes has been realised to contribute to the '1000 beds' ask from WG to alleviate pressure across the health and social care system. We have increased the number of step-up / step-down beds available for temporary admissions to internal care homes. The Regional Investment Fund complex care dementia beds bid for Ty Waunarlywydd has been approved to trial interim beds.

The take up of Carers Assessments has steadily been increasing over the last few months and a high percentage of carers are being offered an assessment, this is being attributed to the continued focus on the identification and support for carers, additional training for teams and the coproduction approach being taken to make improvements to the Carers Assessment Forms. Work continues on the cross Social Services Carers Planning Group, focused on the support offer and the recommissioning of Carers Support services.

There has been an increase in the amount of Mental Health and Learning Disability, Assessments and Care and Support / Treatment Plans completed this month and an increase in the number of unique people the teams are working with.

Regional work continues with the team active in the Complex Care programme, addressing joint working protocols and training for Decision Support Tool meetings to consider CHC cases. Work is progressing on the development of a Regional Emotional Well-being and Mental Health strategy which including a public survey and engagement activity closing in January.

The Commissioning team continue to work with new Dom Care providers to maximise the availability of care, with a focus on improvements to Direct Payment processes and engaging with micro enterprises to provide care.

There has been an increase in the number of unique people accessing day services in November.

The safeguarding detail shows that the consultations have risen, and the Adult at Risk Reports have reduce. The DoLS backlog has decreased this month, whilst the new applications have increased.

## **Helen StJohn, Head of Integrated Services Summary**

In line with what we are hearing from staff working in the Common Access Point we can see the increase in referrals to CAP that has occurred during November 2022. Whilst we can see the maintenance of the management of these referrals continues to breakdown proportionately between the various outcome pathways it is pleasing to see that the number of referrals passed to other SW team is as low as 1% with an increase in those able to be closed following AI&A increasing. Whilst it may be concerning to see the gradual increase in numbers of cases where a request for dom care is made during October and November it is important to note that this is the impact of relocating a CMO from one of the SW teams into CAP in order to manage the contract changes and right sizing of care packages advised by providers (work which is not purely new work but has been relocated from CIAT to CAP).

The continued reduction in the number of tasks being recorded in WCCIS demonstrates appropriate contact between existing clients with their involved teams / workers and therefore improved appropriate use of CAP. We plan further support to facilitate the increased resolution of complex presentations by the AI&A staff by providing registrant direct access to the staff managing the calls via a pilot in coming weeks.

The level of Adult SW assessment and review activity shows continued steady increase however we are concerned about the sustainability of this progress given the number of SW vacancies. Similarly, we have seen a positive increase in the number of carers identified and assessments /reviews undertaken.

Our Pathway 3 bedded reablement offer has seen an increased flow through the establishment with 23 admissions (17 October). Although the number of individuals who left the service is down on October the percentage with no ongoing care needs was 92% up from 81%. Bonymaen House continues to demonstrate flexibility to support hospital escalation and worked flexibly during the MADE event at the beginning of November to make beds available by transferring residents appropriately between internal care homes to create reablement capacity.

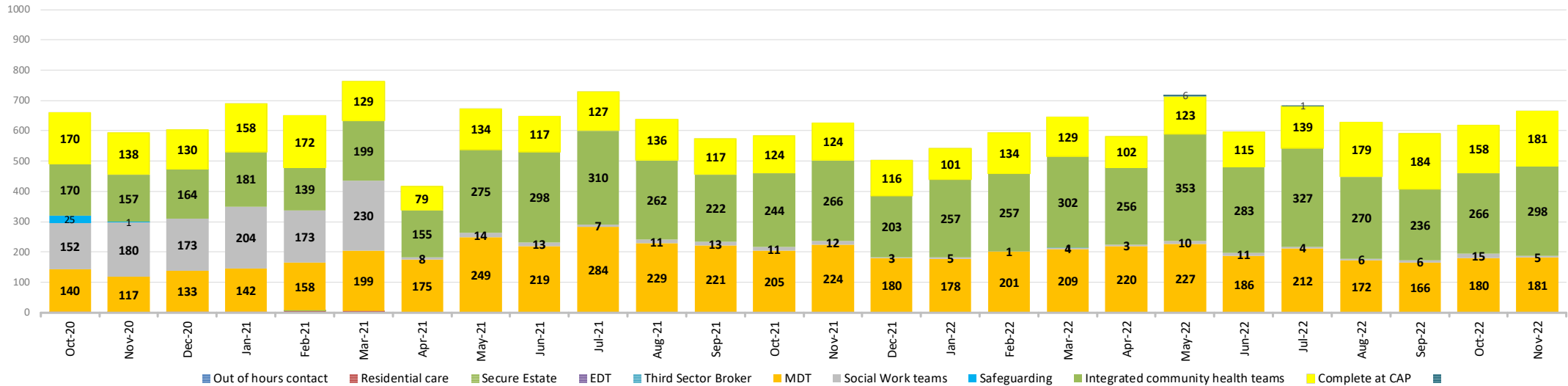
The community reablement team continue to see increasing numbers of referrals into service from the community – 15 of the 51 referrals in Nov (10 in Oct) however we are working to increase the proportion of discharges with less or no care needs following reablement. We are noting a consistent rota staffing deficit of between 30 and 40% and are working closely with HR colleagues to ensure timely and robust management of absence in conjunction with all efforts to expedite the delays linked to recruitment.

The internal long term complex dom care service has found great benefits in the current pilot of SCCA and HCM functions in the focussed work to right size existing packages of care based on ECM data. This has freed up capacity to accommodate new packages of support and also ensure that we avoid over prescription of care to those individuals whom we are providing bridging care to whilst they await a long-term provider.



# Common Access Point

Referrals created at the Common Access Point - Data is being further validated but it has been confirmed that the process is for all referrals for social care (not closed in CAP) go via MDT rather than directly to the Social Care teams.



It is important to note that referrals for Safeguarding, DOLS and PPNs are now going directly to the Safeguarding team rather than via CAP. This partly accounts for the reduction in Enquiries created from Aug 2020. **83 referrals** (AAR, PPNs & Suicides) **were recorded directly in the Safeguarding team in November** (105 in October 22).

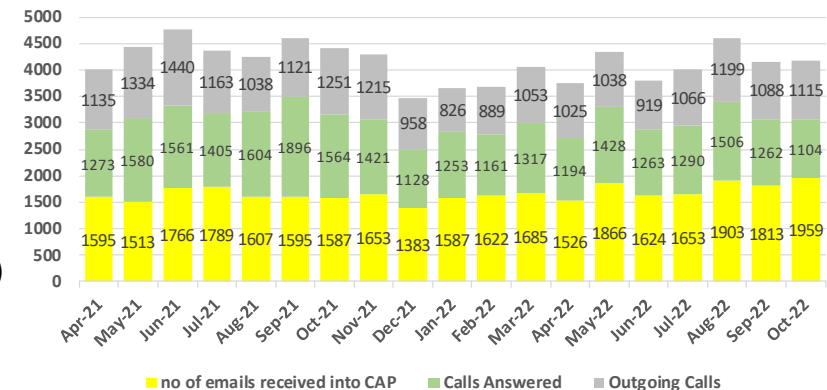
## 619 Referrals in Oct 22      665 Referrals in Nov 22

**158** Closed - Provided Advice & Information (26%)  
**180** MDT (29%)  
**15** directly to SW Teams (2%)  
**266** to integrated therapies (43%)

**181** Closed - Provided Advice & Information (27%)  
**181** MDT (27%)  
**5** to SW Teams (1%)  
**298** to integrated therapies (45%)

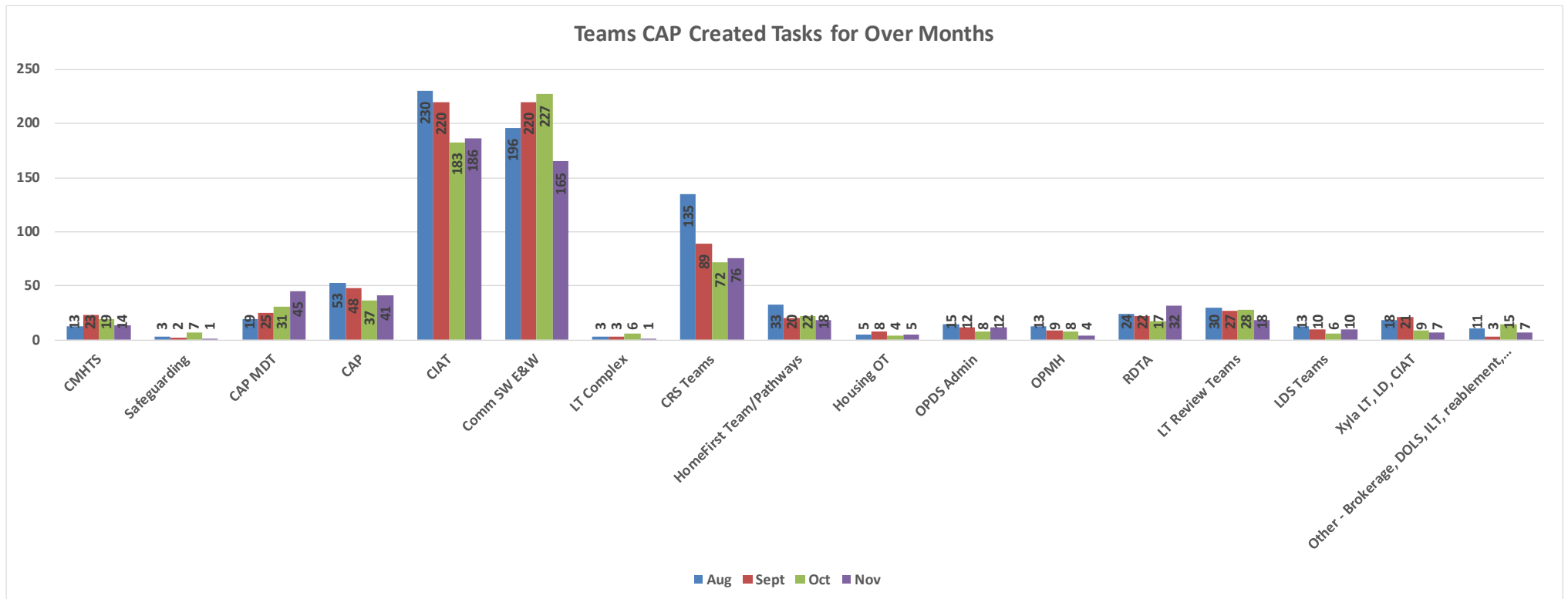
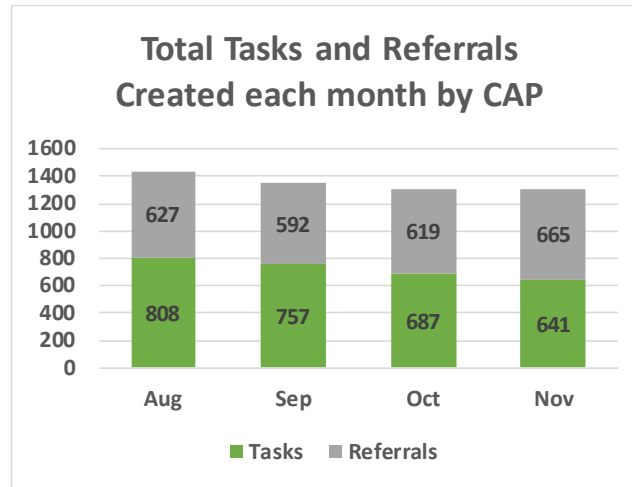
626 Referrals were created by CAP in Nov 2021

Common Access Point Number of Calls Answered, Outgoing Calls and Number of Emails Received



Referrals are recorded on to WCCIS by CAP for all new requests for information or Advice/Support.

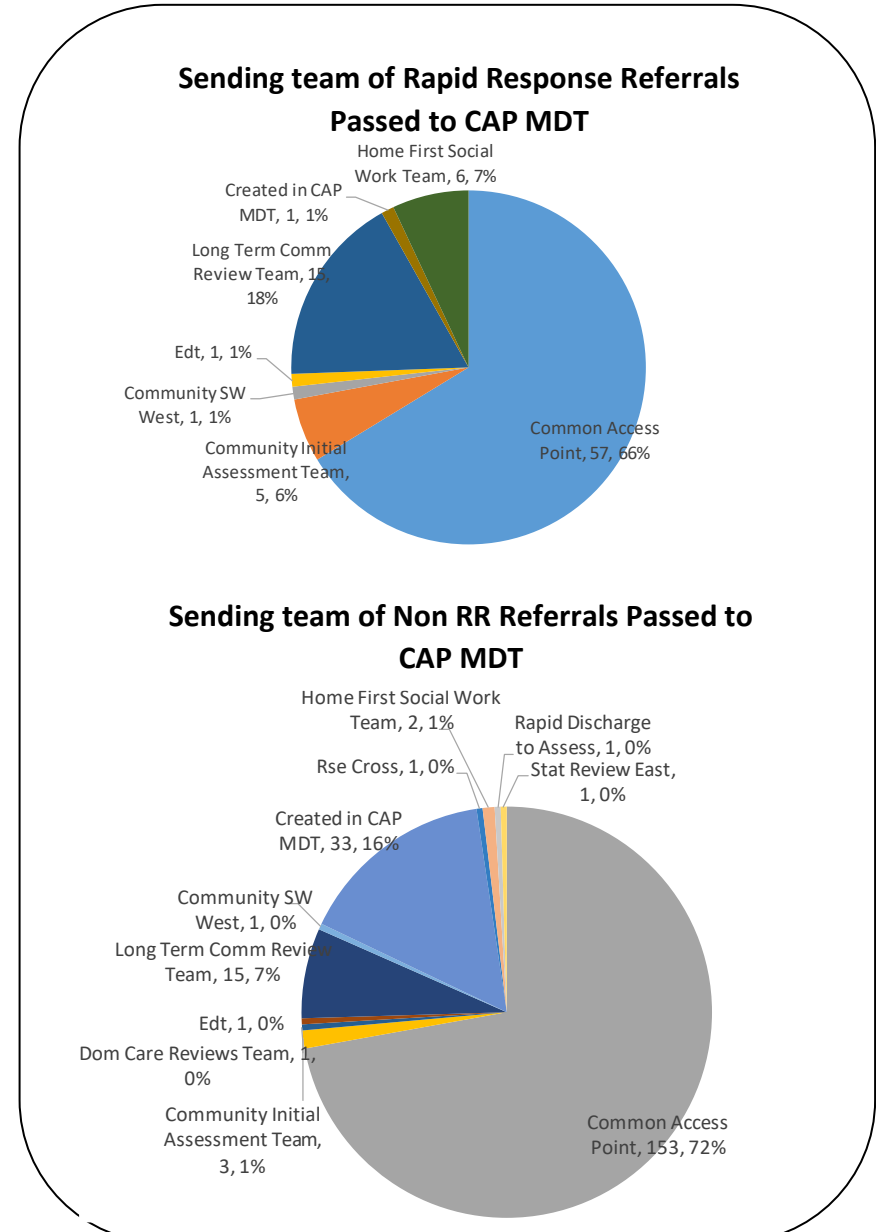
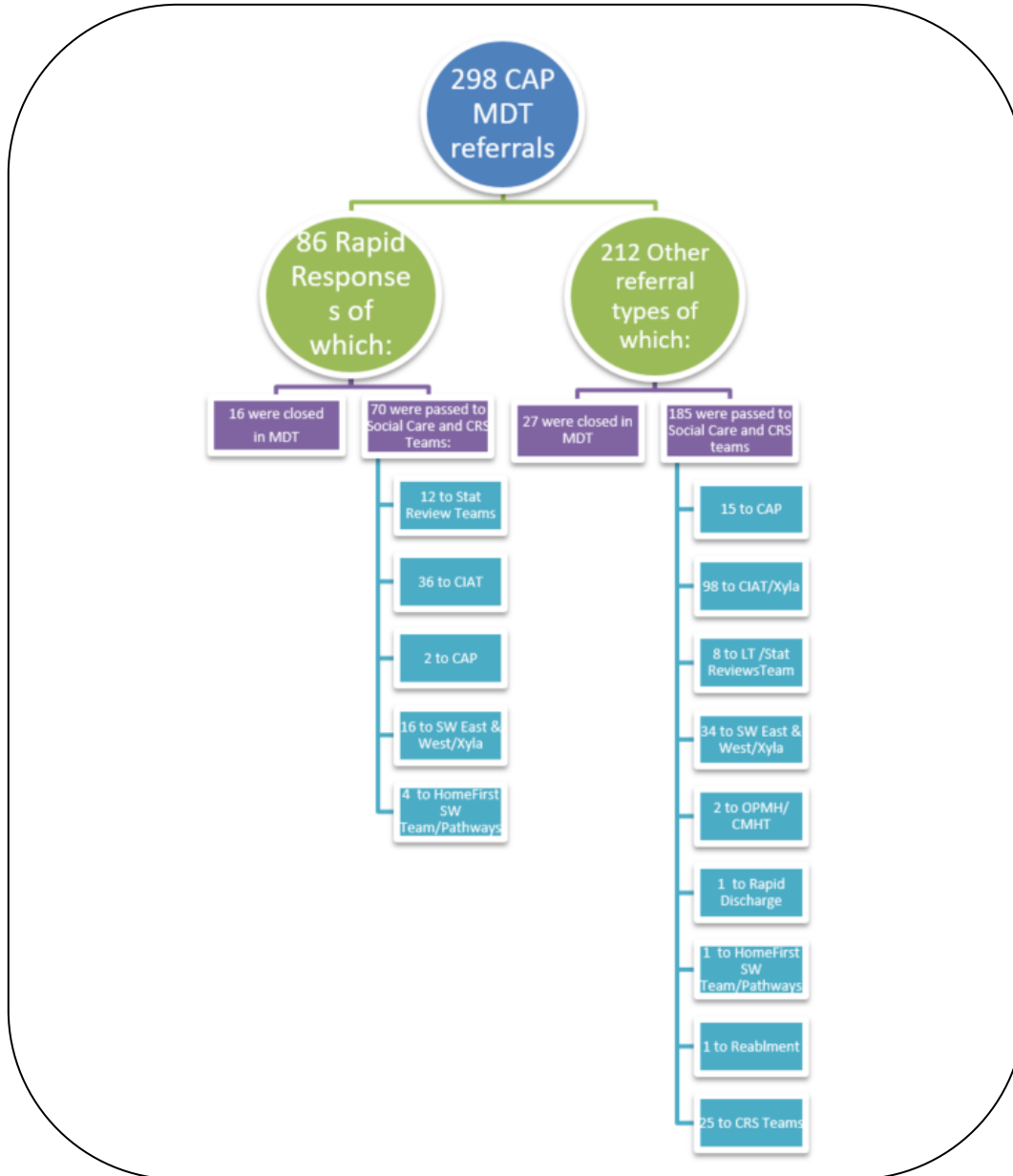
However, for existing clients, CAP will record a Task for the appropriate owning/involved team if they are unable to support. The number of Tasks is reducing each month which indicates service users are contacting the involved teams/staff members directly rather than via CAP



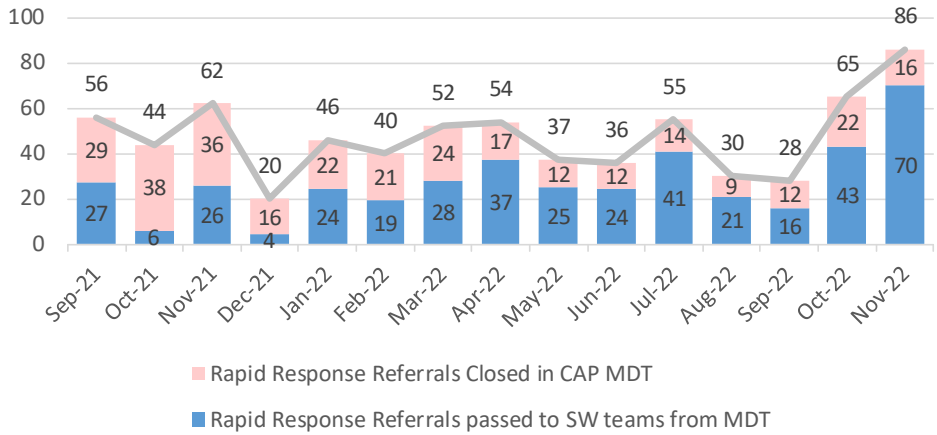


# CAP MDT

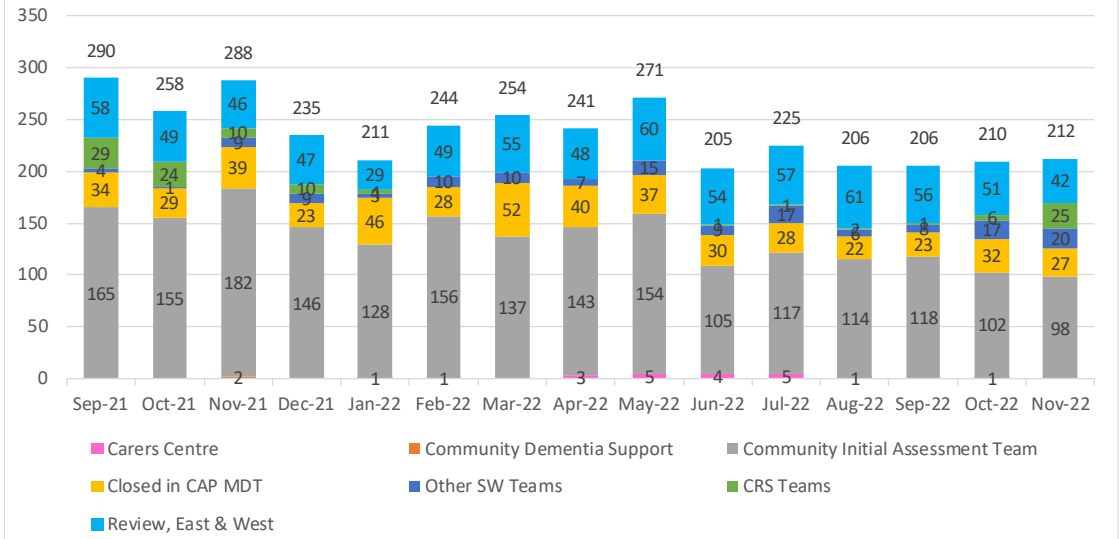
CAP MDT Data for November 2022 – further development & validation work is being



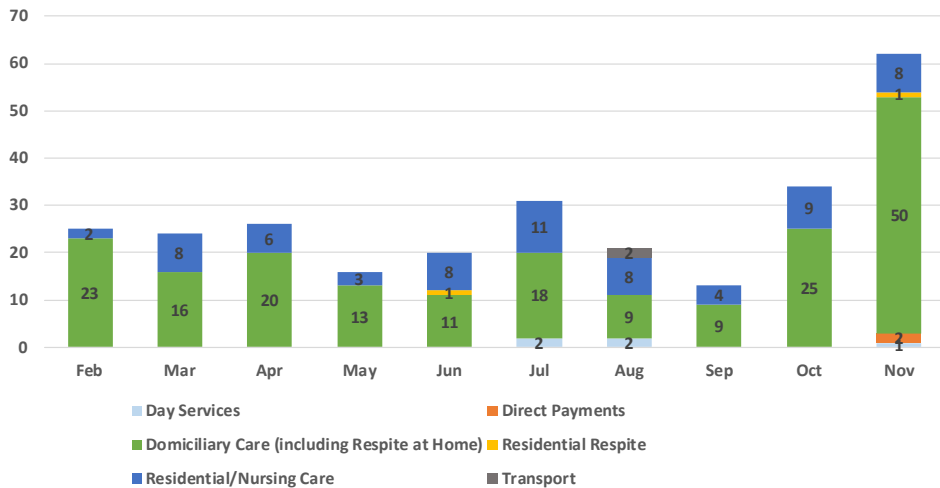
### Rapid Response Referrals into CAP MDT and Outcome



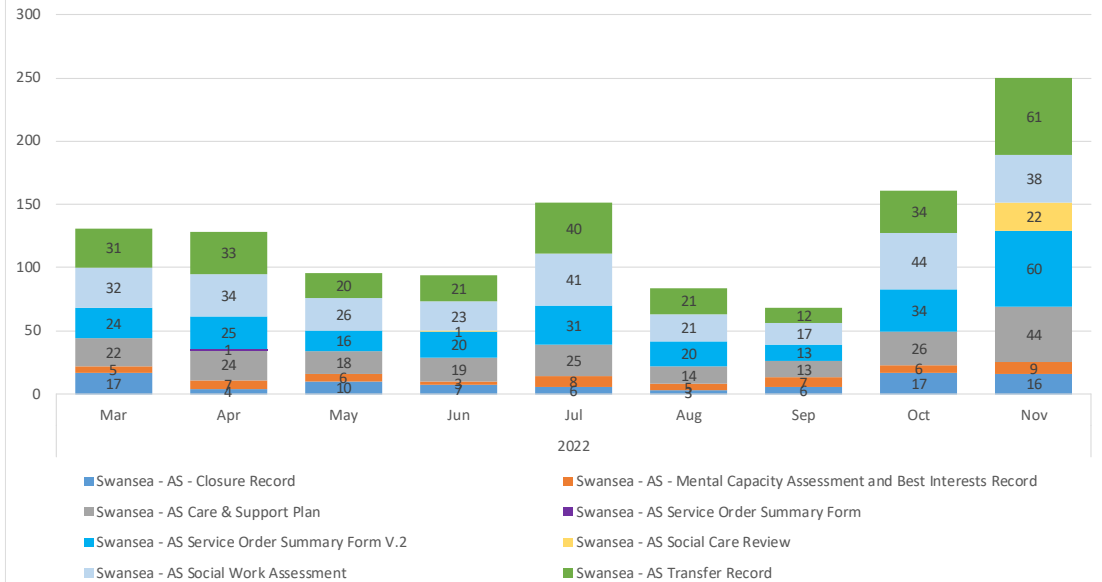
### Non Rapid Response Referrals in MDT and their Destination



### Type and Number of Services Requested by CAP MDT each month via a Service Order Summary Form



### Assessments Undertaken/Forms Completed by CAP MDT



What is working well?	What are we worried about?	What we are going to do?
<p>The Resilience of staff in the team including the Access and Information Assistants, Social Workers, and Therapy Staff. There have been quite a few new A&amp; I,s appointed who are doing well with their inductions.</p> <p>Staff continue to work in a collaborative /person centred approach.</p> <p>Hybrid working is still working well however in the New Year the team are looking at being back in the office as a full MDT.</p> <p>A care Management Officer from the Community Initial Assessment Team is now based in CAP dealing with the increases and decreases in care coming in from providers this has stopped some work going into the CIAT team. Her role in CAP IS assisting with the completion of contracts and care and support plans with cases that require right sizing.</p>	<p>The team have a few new staff who all need supervision/mentoring on a daily basis.</p> <p>Keeping up with the demand coming into the front door.</p> <p>Calls still coming into the department where the public could have explored community options first.</p>	<p>Regular support and supervision/mentoring required however this is difficult for staff due to the demand and complexity of cases being presented.</p> <p>Organising pilot in CAP to have the social workers from the MDT to sit next to the A&amp; I,s in order to full discuss cases and make sure all options have been explored.</p> <p>A meeting is to be held with the digital team to look at options for the CAP main number with the possibility of the public being sign posted to the correct person/ department with a more manageable phone system.</p>

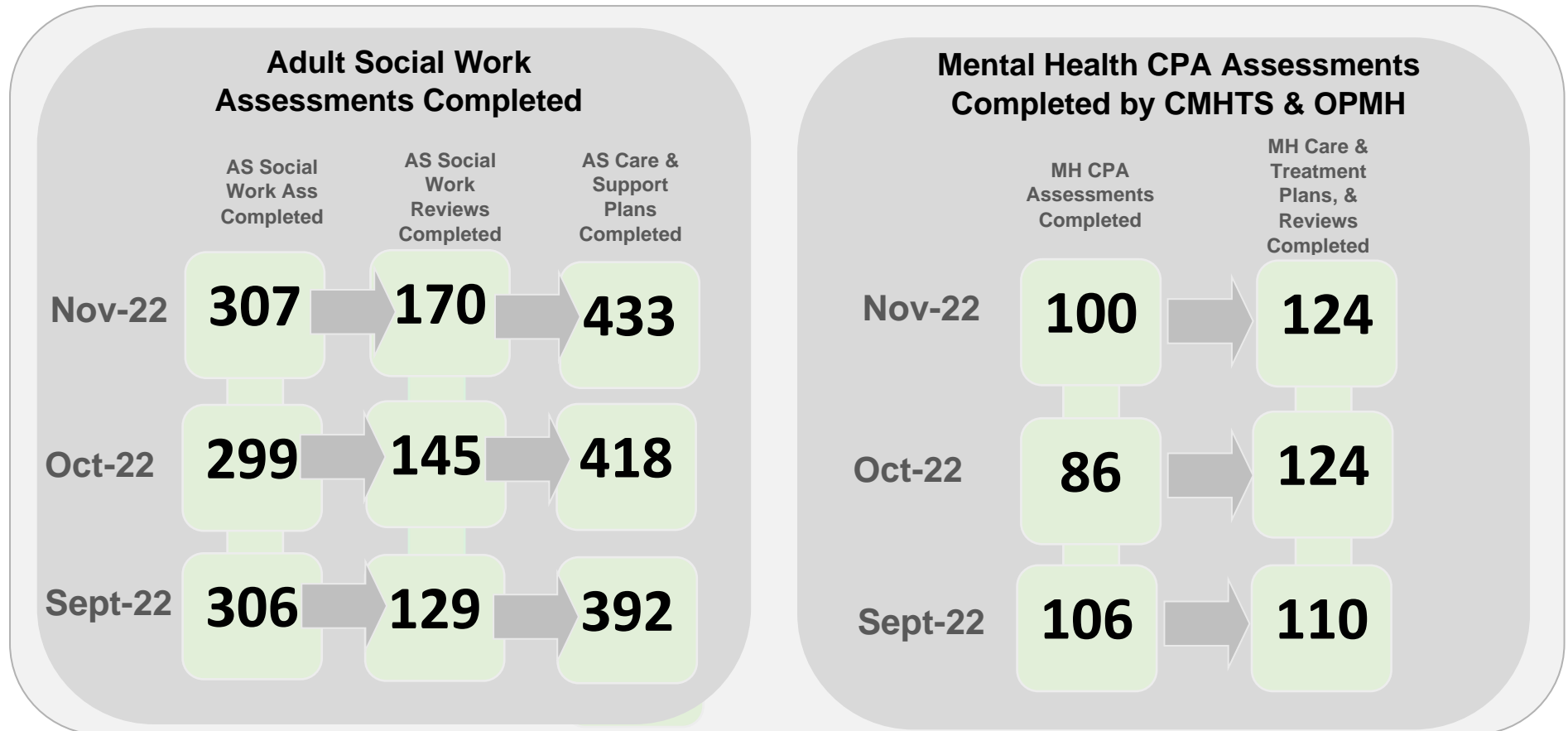


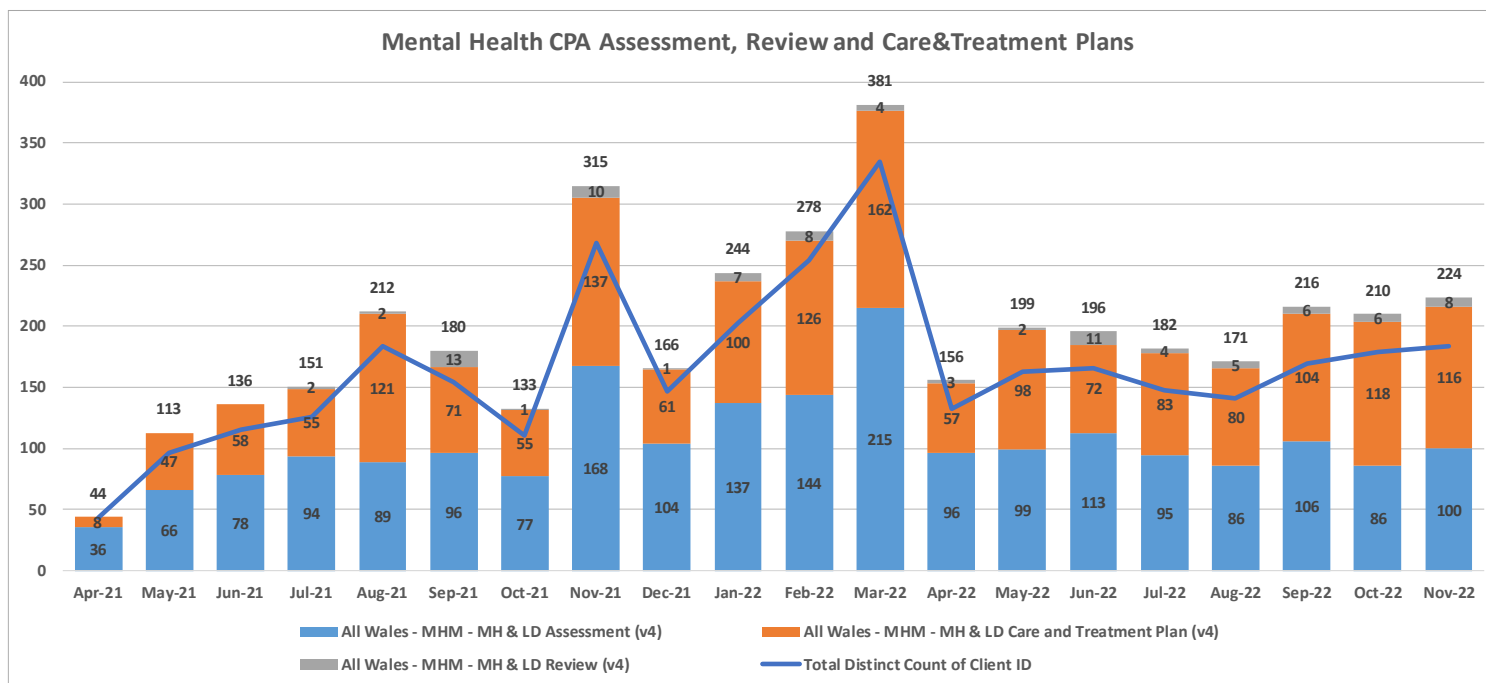
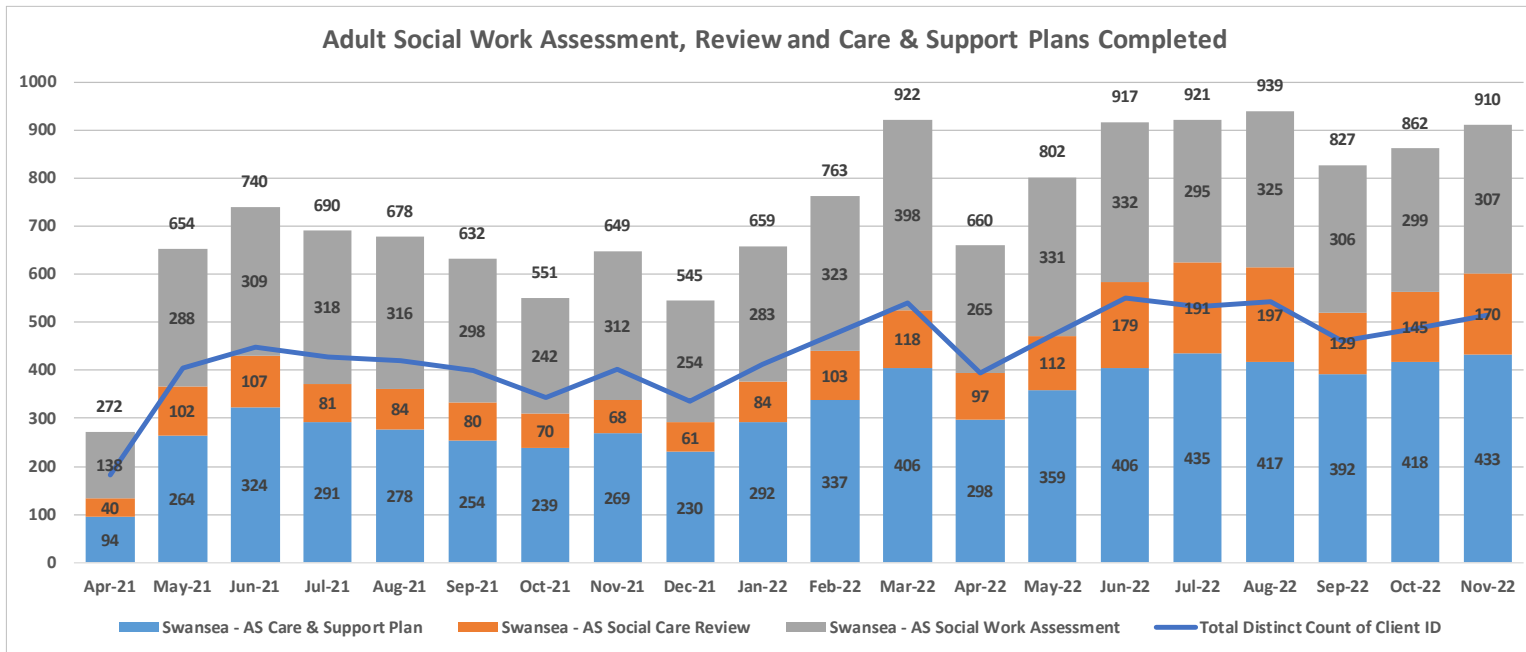


# Assessments & Reviews

## Reviews

Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports have been developed but require substantial validation, currently this data will only be available on an annual basis.





## Community Teams:

What is working well?	What are we worried about?	What we are going to do?
<p>Level of assessments and reviews completed continue to grow steady.</p> <p>Positive legal support to address complex social work functions.</p>	<p>Due to the number of social work vacancies and level of sickness in teams, we are worried about level of incomplete assessments on waiting lists.</p> <p>Growing number of COP cases requiring experienced staffing levels to meet demand. Worried about competent capacity to meet complex demands which could affect organisational reputation.</p>	<p>Working to priority levels at RAG to minimise potential public risks.</p> <p>Continue to work with existing staff to grow experience in teams. Continue to promote social work vacancies in Swansea Adult Services</p>

## Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
<p>The ability to maintain the Approved Mental Health Professional service is being maintained with staff returning from long term sickness to take up the role. Added to this we have approved staff from other service areas looking to join the rota as well as 3 members of staff hopefully qualifying in September.</p> <p>The Regional CHC dispute Policy is being looked at in detail. Improved working arrangements as part of this policy are developing. Management of the CHC lists regionally is allowing us to be clear about system blockages and focus on solutions.</p>	<p>The long term and unpredictable sickness levels of staff cause some difficulty in planning and managing this service.</p> <p>Individual interpretation of the regional guidance is creating on going confusion and delay in the system. The funding split arrangement as part of this agreement will add to our spend in the short to medium term.</p> <p>Another concern is that many people, their family, and Deputies decline to engage in the CHC process for fear of losing their Direct Payments and Personal Assistants.</p>	<p>Monthly meetings with managers to plan the rota and manage the service. AMHP re warranting interviews have been arranged for January 2023 with 3 students due to qualify in July 2023.</p> <p>MH and LD services Regionally continue to engage in discussion regarding the financial arrangement regarding CHC cases through the West Glamorgan Regional Board.</p> <p>We continue to engage with the NHS in Wales and Regionally to solve this issue. One recommendation from Welsh Government is the development of Independent User Trusts. As yet this has not been tried in any Health Board in Wales.</p>

<p>CLDT staff are applying for more applications to the Court of Protection with additional applications being completed by the SW agency XYLA.</p>	<p>Following the completion of the work undertaken by XYLA the court will look for these presented cases to be renewed. This will create a level of demand that the CLDT may not be able to manage in a short time which may cause delays in renewal applications for cases already before the Court. This increases the reputational and financial risk to the Authority.</p>	<p>Continue to do the best we can by meeting regularly with the CLDT staff to prioritise cases and manage demand within the available resources</p>
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# Carers and Carers Assessments

## Updated Carers Information:

Carers Information is now successfully being extracted from WCCIS however it continues to be validated with a view to improve on accuracy and completeness of information. Work to be undertaken to ensure data is appropriately entered and completed on WCCIS.

**187**

carers identified in Nov 22

169 offered assessment (90%)

84 assessments/reviews undertaken

6 of the MH Carers identified who weren't offered an assessment were not in attendance at the assessment

**162**

carers identified in Oct 22

149 offered assessment (92%)

77 assessments/reviews

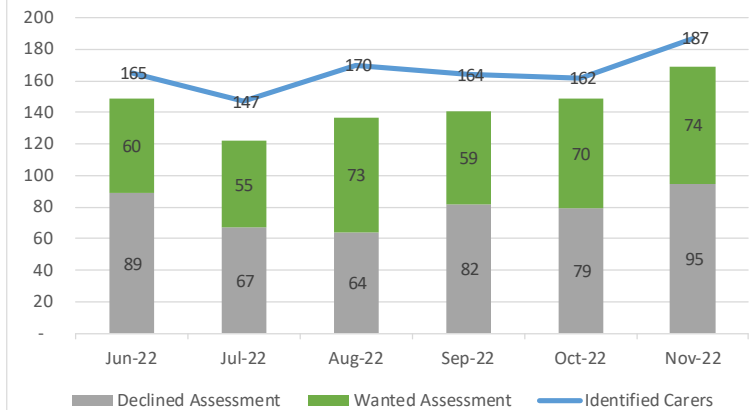
**164**

carers identified in Sept 22

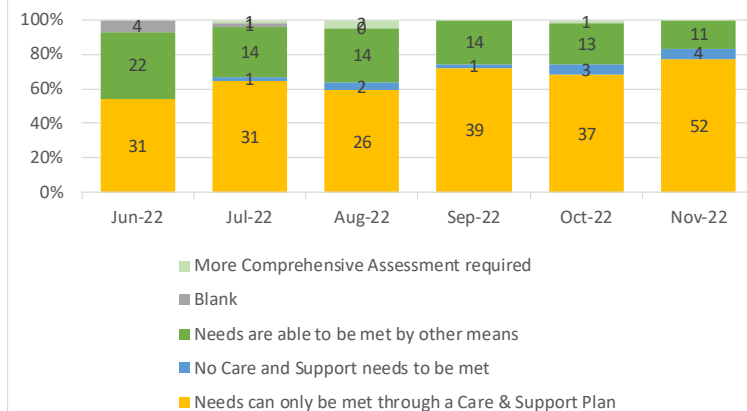
141 offered assessment (86%)

77 assessments/reviews

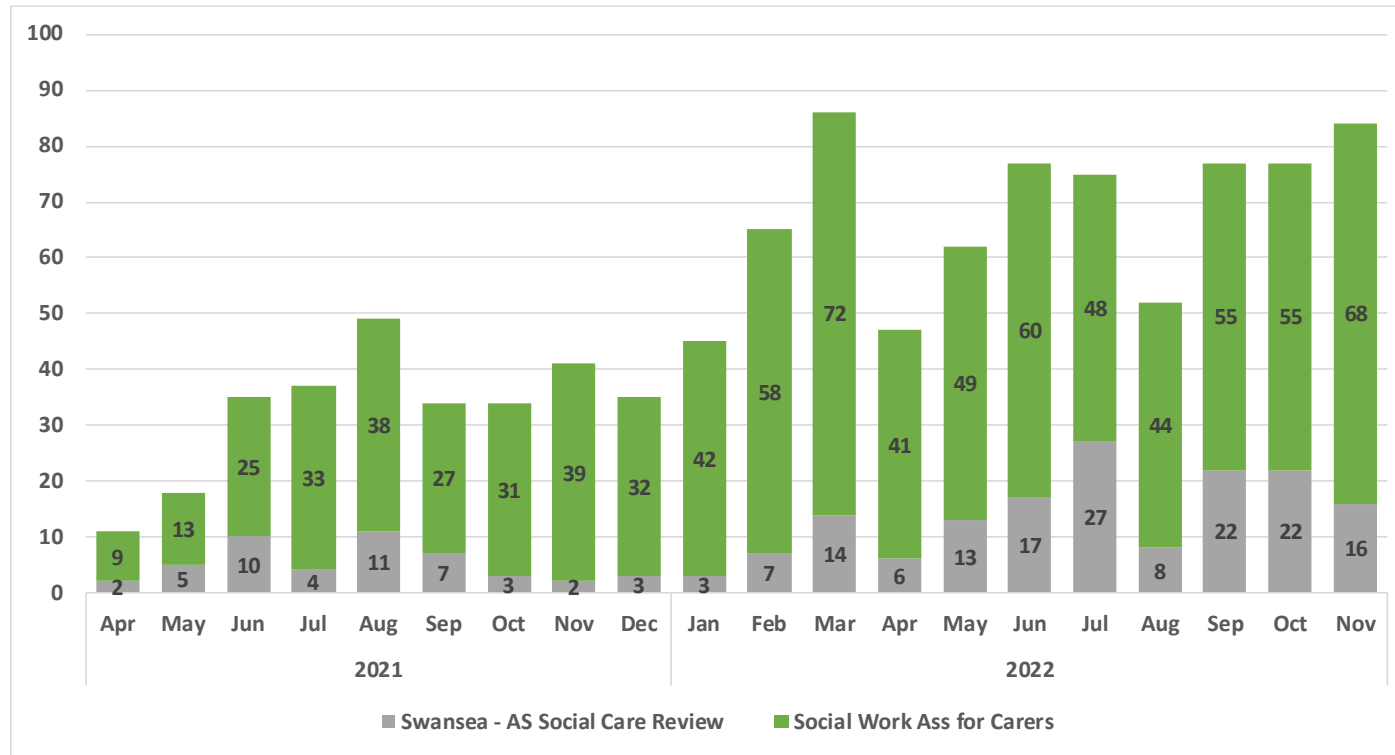
Accepted/Declined Offer of Assessment



Outcomes of Completed Carers Assessments



## Carers Assessments and Reviews completed



What is working well?	What are we worried about?	What we are going to do?
Carers assessment have remained at a steady growth with assessments offered at every opportunity where identified.	Carers continue to prefer traditional methods of care which are reported from a 'cared for' perspective rather than alternative methods of support from a carer's perspective.	Continue to promote Carers Right for carers support needs.



# Residential Reablement

During September, October & November Residential Reablement services in Bonymaen had an overall percentage of 72% of people returning to their own homes, independently and with care packages.

**23**

**Admissions (Nov 22)**  
23 from Hospital

**17**

**People left residential reablement (Nov 22)**

7 people left residential reablement in Nov 21

**13**

**People went home (1 with care, 12 with no care)**

1 Hospital, 3 Residential



**17**

**Admissions (Oct 22)**  
14 from Hospital  
3 Community

**19**

**People left residential reablement (Oct 22)**

8 people left residential reablement in Oct 2021

**16**

**People went home (3 with care, 13 with no care)**

3 Hospital



**19**

**Admissions (Sept 22)**  
12 from Hospital  
3 Community  
4 Not Recorded

**17**

**People left residential reablement (Sept 22)**

21 people left residential reablement in Sept 2021

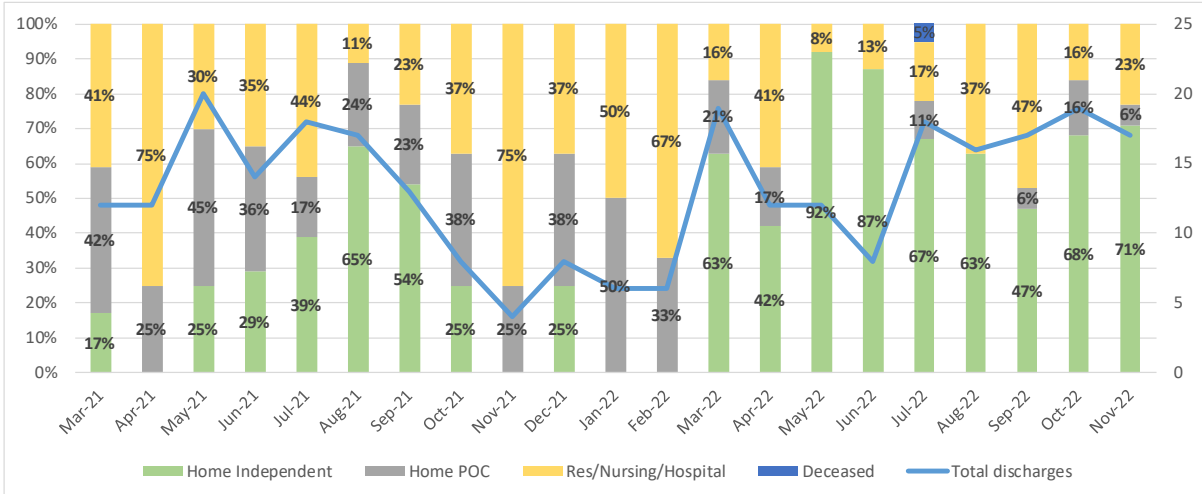
**9**

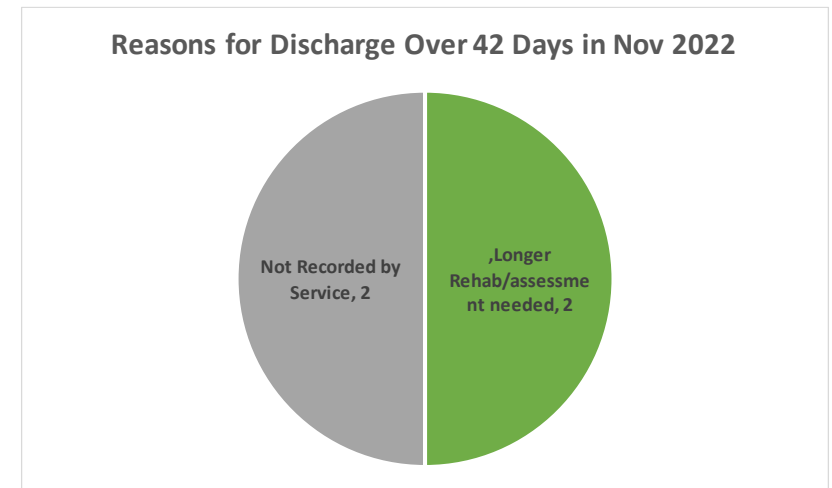
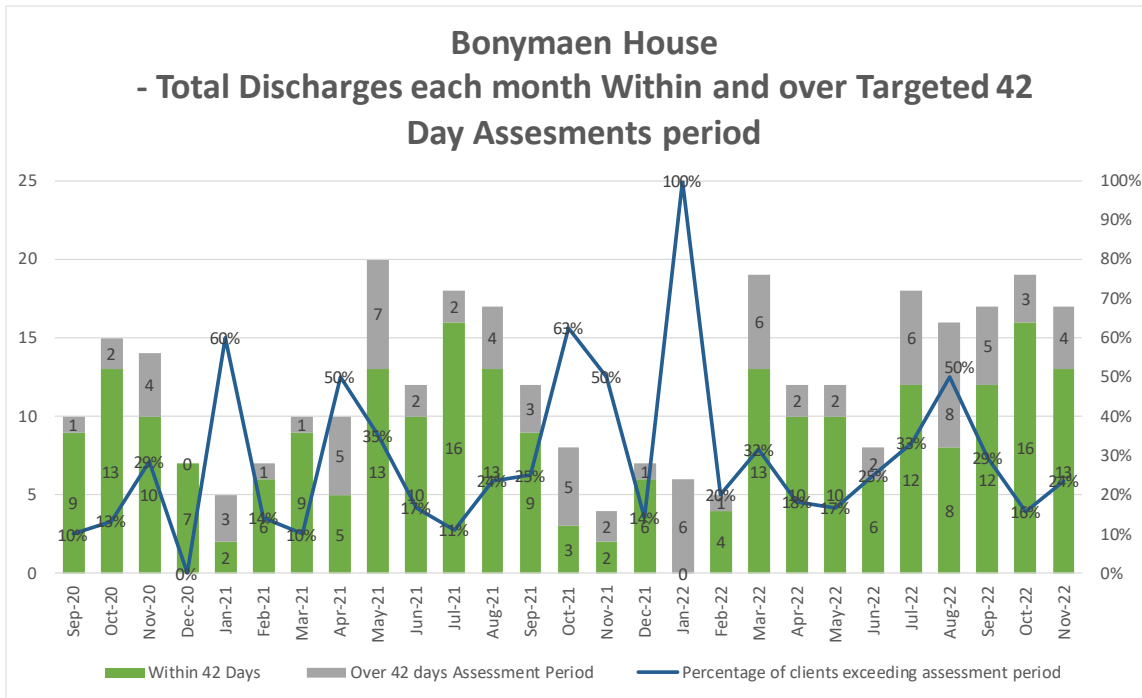
**People went home (1 with care, 8 with no care)**

5 Hospital, 3 Residential



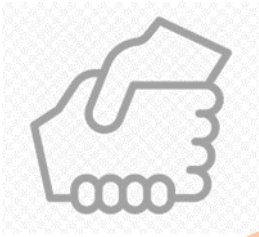
Percentages Leaving Residential Reablement & Outcomes



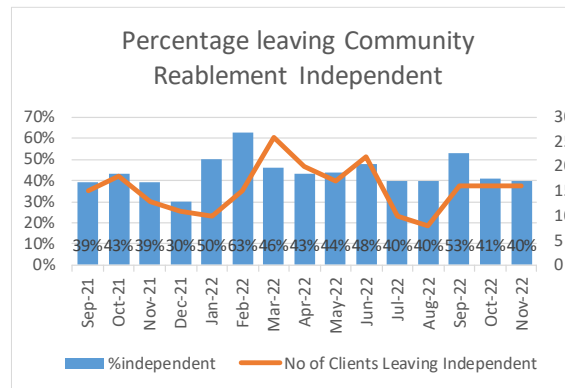
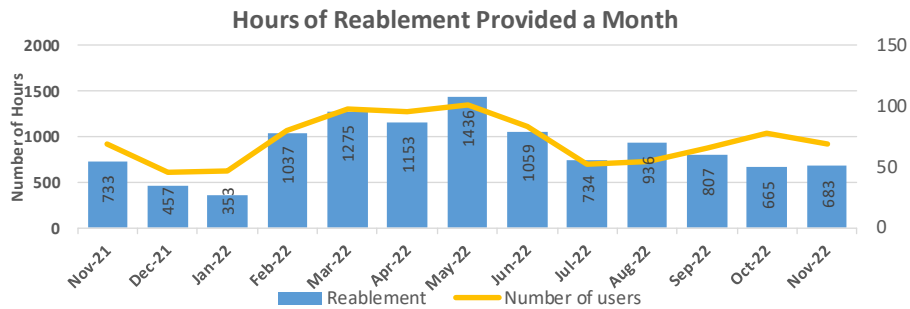
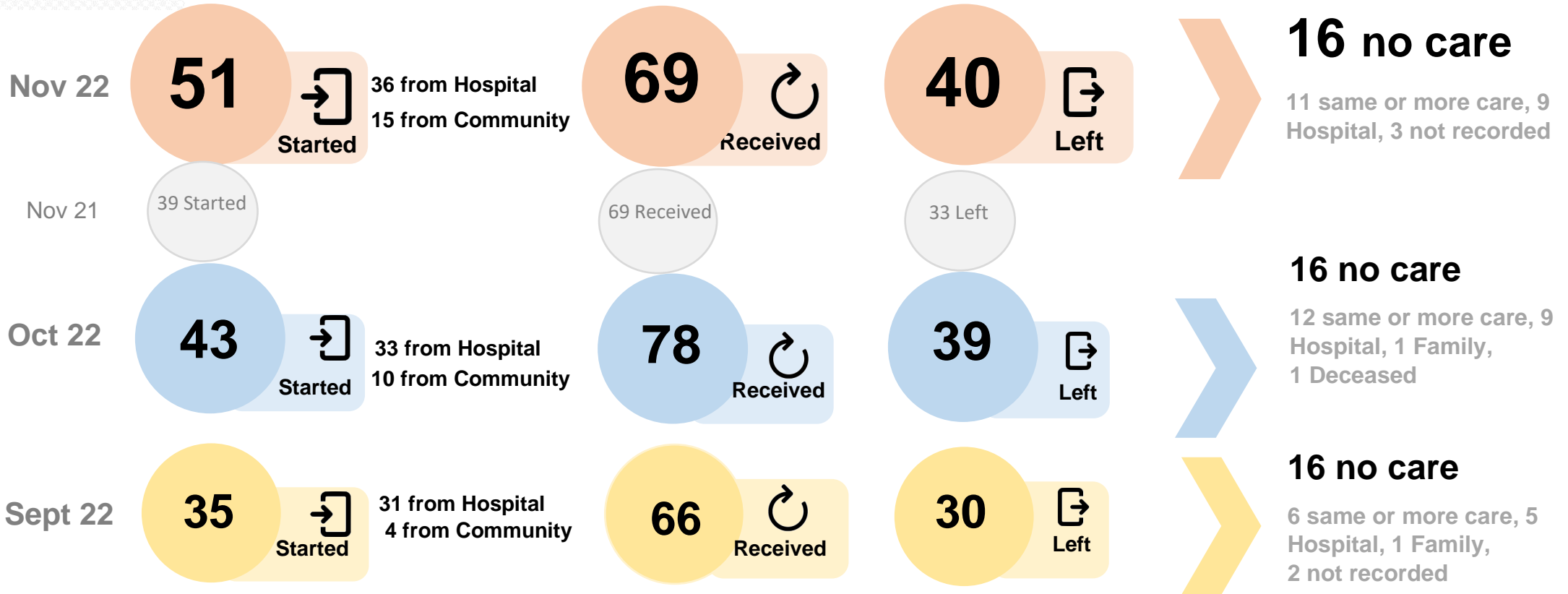


What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Consistently high percentage of people returning home without a package of care.</li> <li>Continue to meet requests within the agreed response time for the service.</li> <li>Remain above the target for residential reablement.</li> <li>Increased admissions from Hospital</li> </ul>	<ul style="list-style-type: none"> <li>There are still a small number of people requiring readmission to hospital or long-term care.</li> <li>Slight increase in 42 plus day discharge – some presented needs are higher than reablement.</li> <li>Decrease in leaving the service.</li> <li>Winter pressures and available staffing.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to have dialogue with hospital colleagues on appropriate referrals.</li> <li>Work with other services and colleagues to plan for Winter Pressures and business continuity.</li> <li>Continue to review beds available and increase subject to staffing.</li> </ul>





# Community Reablement

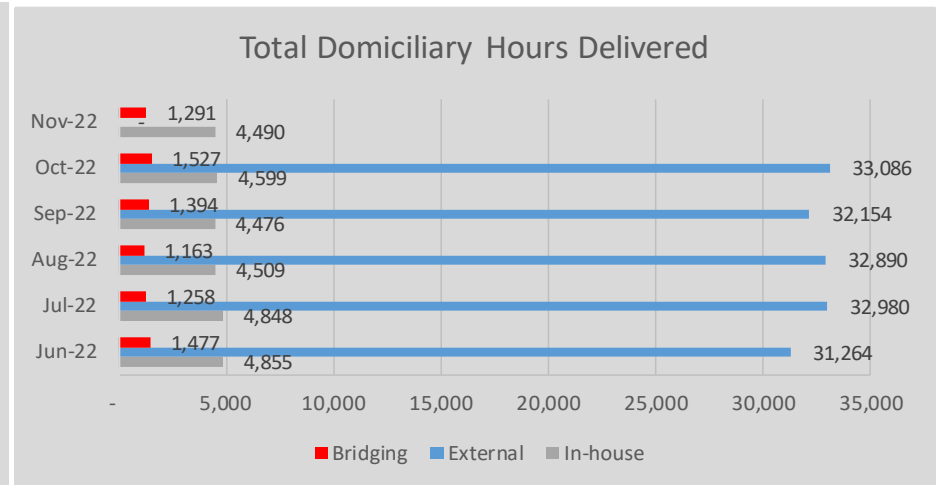
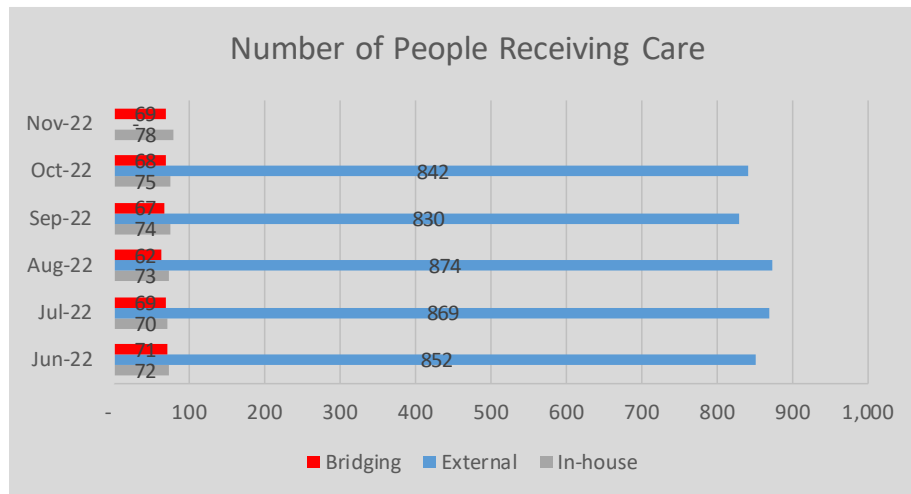
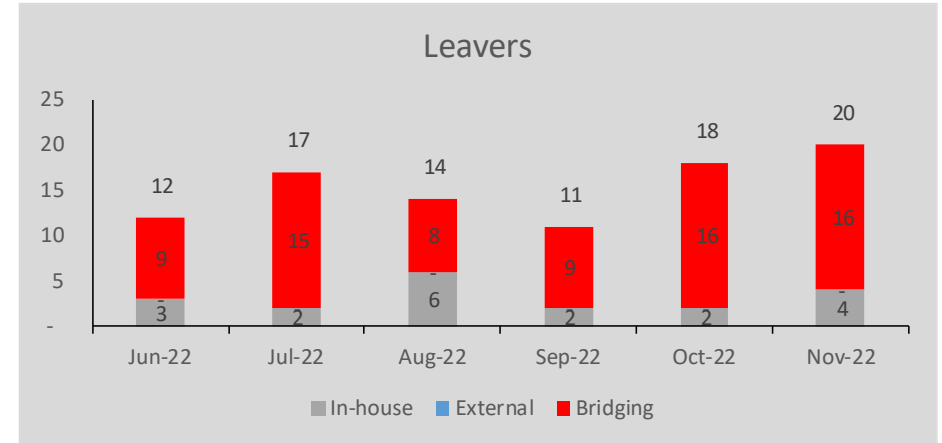
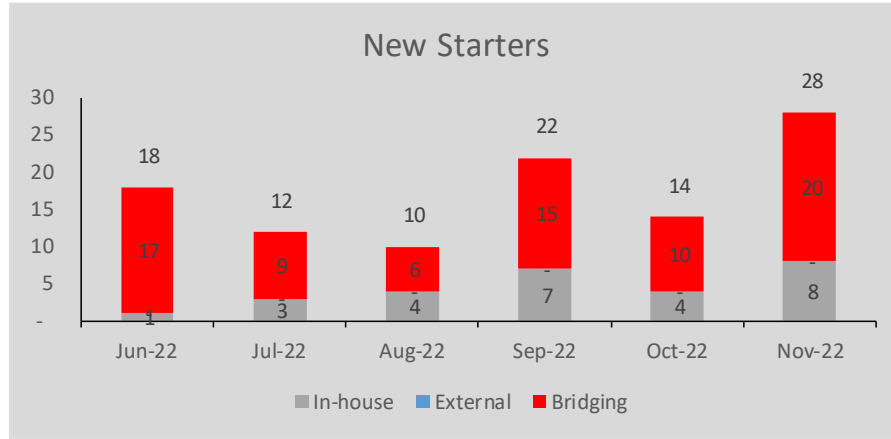


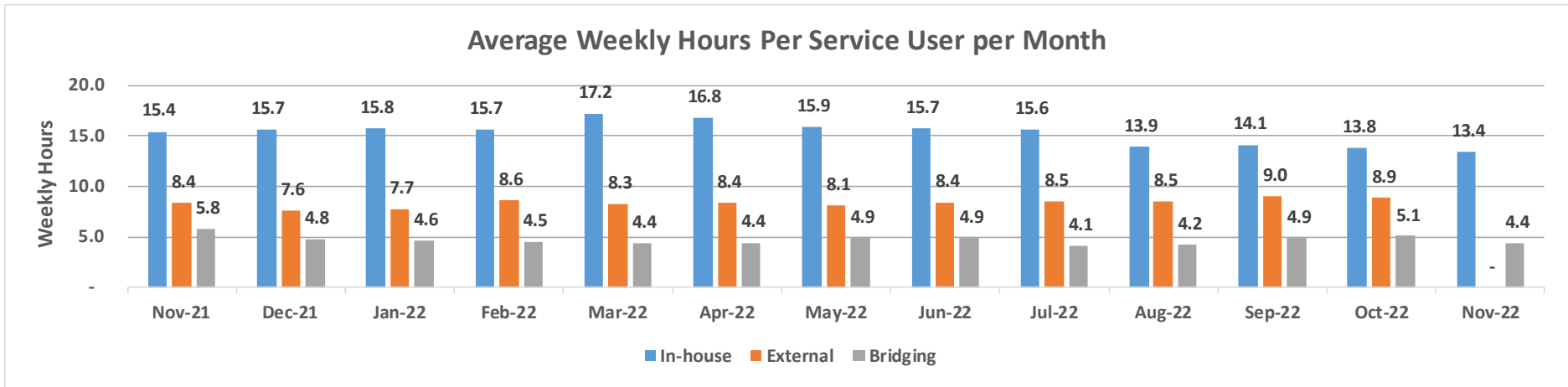
What is working well?	What are we worried about?	What we are going to do?
<p>In spite of rising staffing deficits we have managed to increase the number of individual's admitted to service this month.</p> <p>This is wholly due to the teams' ability to identify spare capacity to safely accommodate new packages.</p>	<p>The proportion of discharges that are with the same or more care following our intervention is still higher than we would like to see as a Reablement Service and points to an increase in the number of individual's that are being referred to us with longer term and more complex needs.</p> <p>Flow through the reablement service is still impacted by delays in sourcing long term maintenance packages of care in the external domiciliary care sector.</p> <p>Our staffing rota deficits have been fluctuating between 30 and 40% throughout November due to staff sickness and staff vacancies. We fear that this will increase as we near the Christmas period when staff socialise more when the incidence of flu and other seasonal illnesses are on the increase.</p> <p>Delays in our recruitment pipeline means that we are not filling our vacancies as quickly as we would like.</p> <p>Feedback from the Homecare Manager and Seniors in Reablement would suggest that they continue to struggle to to meet their week 1,3 and 5 reviews with all of their clients in spite of the new Pilot.</p>	<p>Look again at the criteria used in triage for referrals into the service to ensure that we are taking individual's with reablement/right sizing potential.</p> <p>We continue to work with our colleagues across the wider MDT to manage down demand (right sizing packages of care whilst individuals are waiting for an external domiciliary care provider via Brokerage; attendance at the domiciliary care consideration panel).</p> <p>Continue to transfer bridging packages of care to our Long-Term Complex service, where their capacity allows.</p> <p>Continue to work on our staffing deficits (through better management of absence and ongoing recruitment activity).</p> <p>Remind staff of the measures that can be taken to keep themselves and the individuals we support, safe and well during the festive period.</p> <p>Maintain contact with successful applicants throughout the pre-employment check period to ensure that they are not 'lost' to other employment opportunities.</p> <p>Amend the pilot in the Reablement Service to address the concerns raised by staff and review procedures to identify any further efficiencies that can be made.</p>



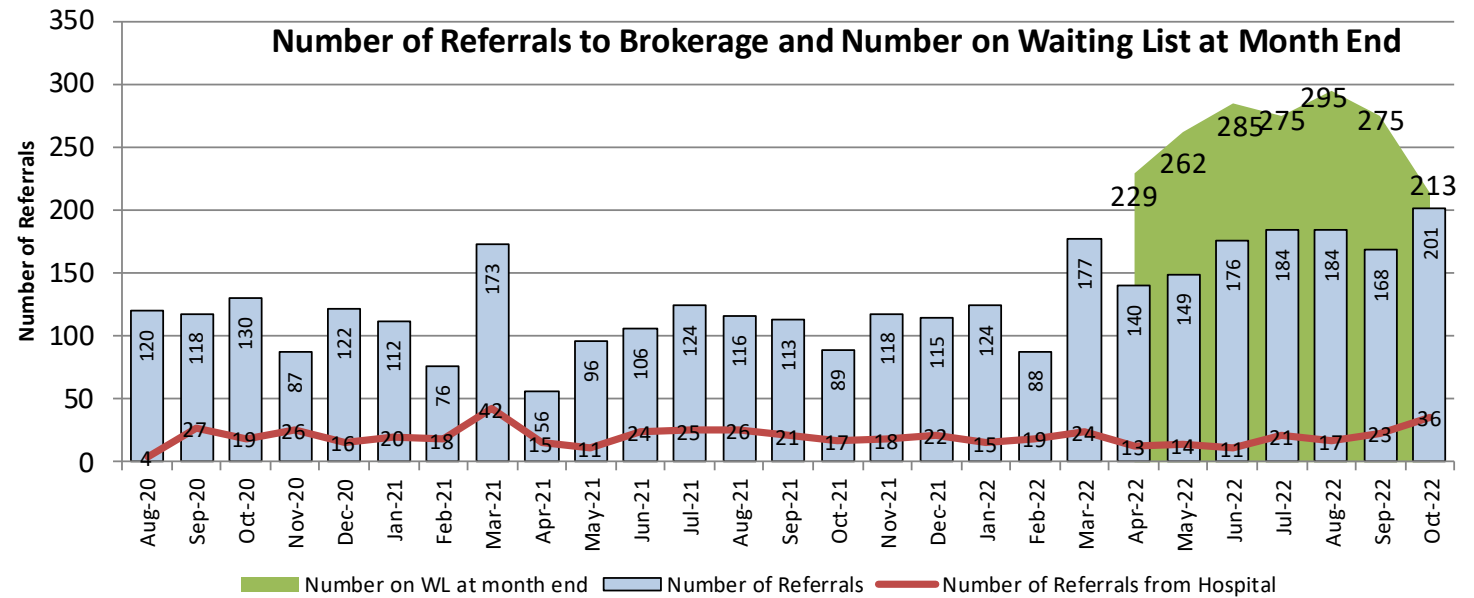
# Long Term Domiciliary Care

Due to when the service receive Call Monitoring logs and invoices from external providers, we are always a month behind in reporting for externally commissioned care. In addition, our dom care hours and number of people receiving care are based on actuals from invoices. This can lead to delays in achieving accurate results as some providers are 8 weeks behind in their invoicing





Brokerage Reports are on the development list for the WCCIS team.



## External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Optimisation of block contract in hard to reach areas resulting in no waiting list for care on Gower.</li> <li>• Implementation of second block (low volume) contract to optimise capacity and stabilise workforce.</li> <li>• Relative stability of services approaching Christmas</li> <li>• Provider feedback which suggests use of long-term services to provide respite care is effective and helps maintain Provider stability.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing operational cost pressures</li> <li>• Ongoing workforce recruitment and retention pressures.</li> <li>• Potential for further handbacks caused by staff leaving the care sector</li> <li>• Ongoing Winter Pressures</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to Review service and commissioning models to achieve more sustainable and stable services</li> <li>• Explore additional uplifts for 23/24</li> <li>• Continue to attempt to develop ways to increase social care workforce</li> <li>• Winter pressure contingency planning</li> </ul>

## Internal Long-Term Care:

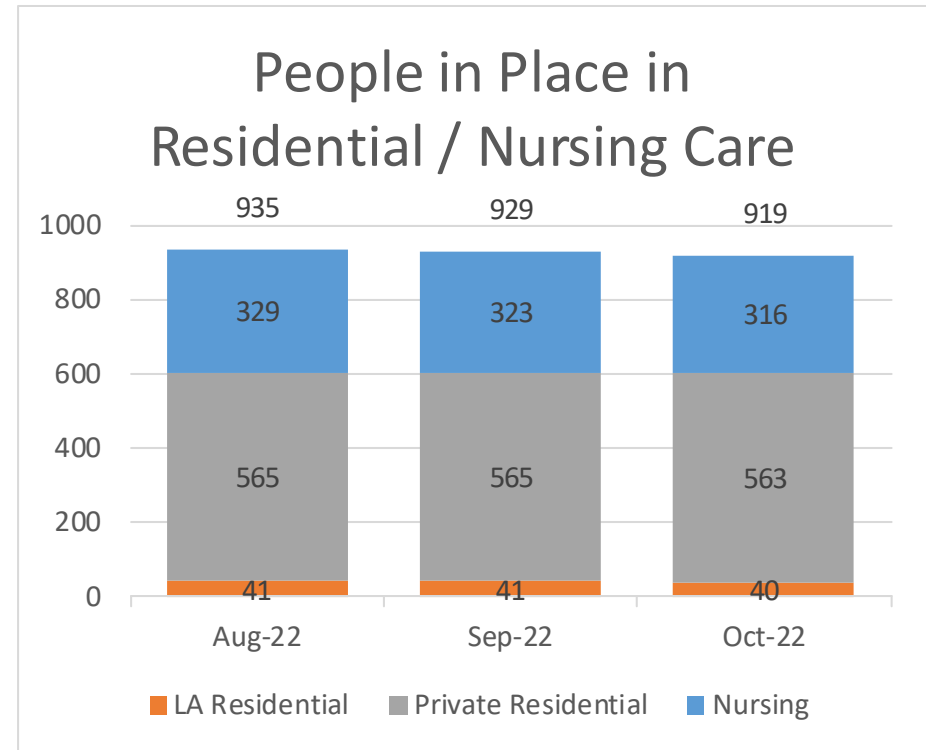
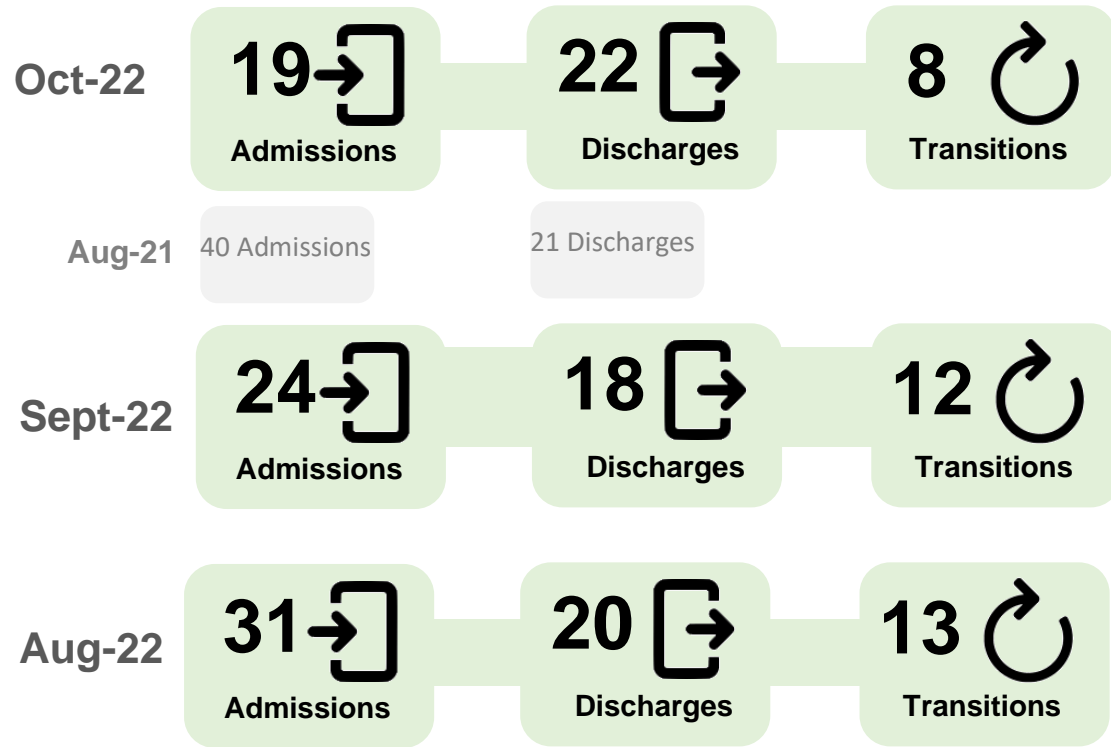
What is working well?	What are we worried about?	What we are going to do?
<p>Focussed work on right sizing packages of care based on our call monitoring data is releasing capacity to accommodate new packages of care from our duty desk and facilitating the transfer of bridging calls from our Reablement Service.</p> <p>Feedback on the new Pilot from the Homecare Manager and Seniors reveals that it is freeing up staff to fulfil their regulatory obligations in respect of timely client reviews.</p>	<p>See Reablement Service</p>	<p>See Reablement Service</p> <p>Maintain the existing pilot Management Structure in the Long Term Complex Service and continue to review to ensure that we are still providing a safe and sustainable service.</p>



# Residential/Nursing Care - Permanent

We have worked with the finance teams and fully revised our methods to ensure accurate information. Alternative methods of gathering this data are being investigated to see if we can get faster accurate data. WCCIS is being developed to fully meet requirements for internal & external residential care and reports have been developed. We are in the process of ratifying data.

*Previous months information is updated as systems are updated.*



What is working well?	What are we worried about?	What we are going to do?
<p><b>External Provision</b></p> <ul style="list-style-type: none"> <li>Stable occupancy levels leading to reduced market stability risks</li> <li>Collaborative work with Providers to review costs and revise fee structures</li> </ul>	<p><b>External Provision</b></p> <ul style="list-style-type: none"> <li>Ongoing workforce recruitment and retention pressures</li> <li>Ongoing inflationary pressures</li> <li>Reduced contract monitoring and</li> </ul>	<p><b>External Provision</b></p> <ul style="list-style-type: none"> <li>Winter pressure contingency planning</li> <li>Service failure / disruption contingency planning</li> <li>Resume light touch contract monitoring arrangements</li> </ul>

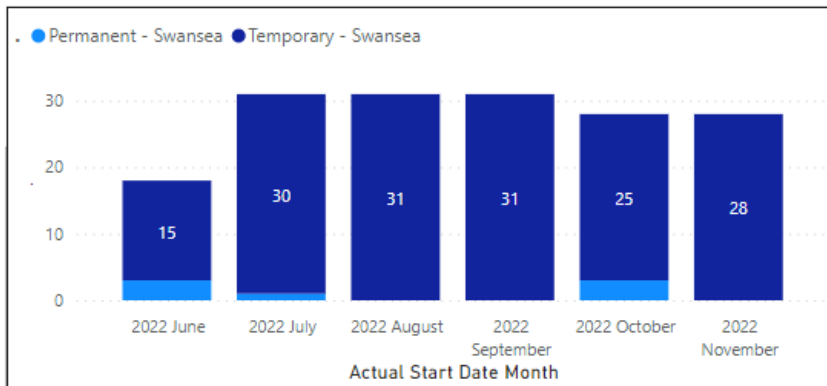
<ul style="list-style-type: none"> <li>• Implementation of interim subsidy to reflect unforeseen inflationary cost pressures</li> <li>• Compulsory workforce registration</li> </ul>	<p>understanding of service quality.</p> <ul style="list-style-type: none"> <li>• Absence of residential dementia fee rate</li> <li>• Potential for service failures / disruptions linked to rising costs</li> <li>• Winter pressures</li> </ul>	<ul style="list-style-type: none"> <li>• Provide contingency cover for homes if essential and where possible.</li> <li>• Devise options for dementia rate implementation</li> </ul>
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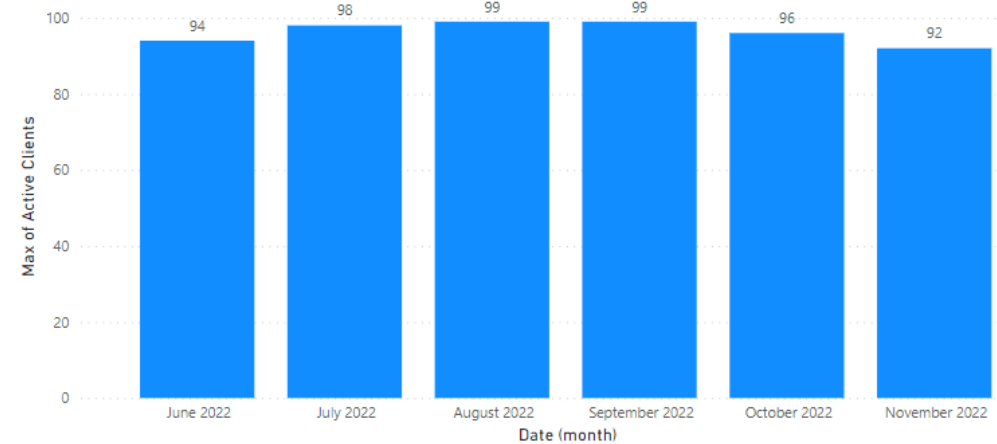
# Older People Internal Residential Care – Permanent & Temporary

WCCIS is now being used to record and collect data on Internal Residential Care. All data continues to be validated.

## Admissions:

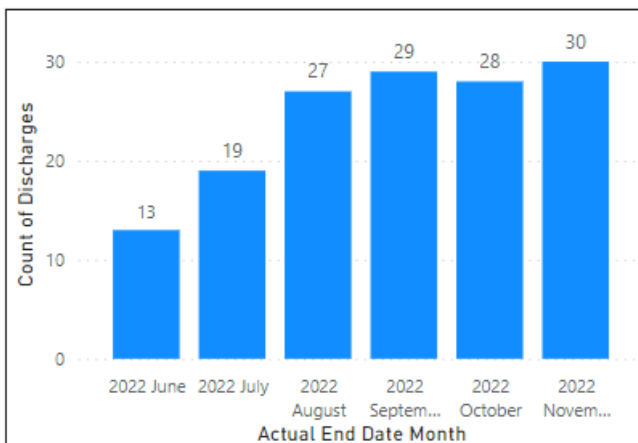


## Clients in Place during each month:

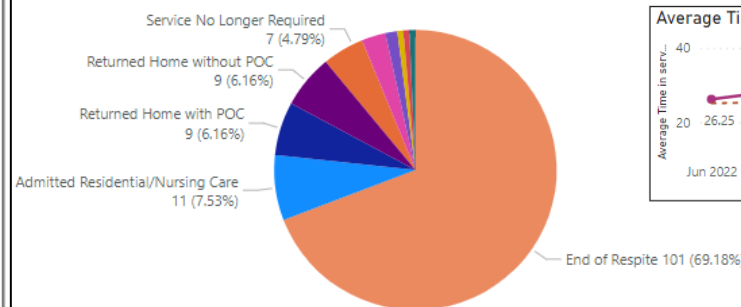


This will be broken down into temp and permanent placements in next months report

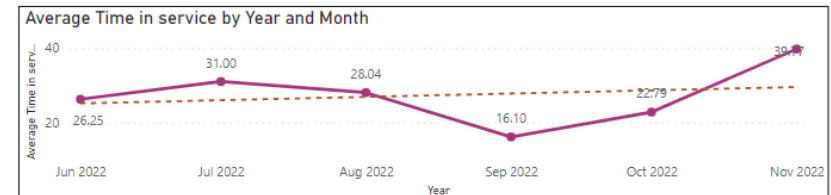
## Discharges:



## Discharge Destinations over Period June-Nov 22



## Average time in Service for Temp Placements only over Period Jun-Nov 22





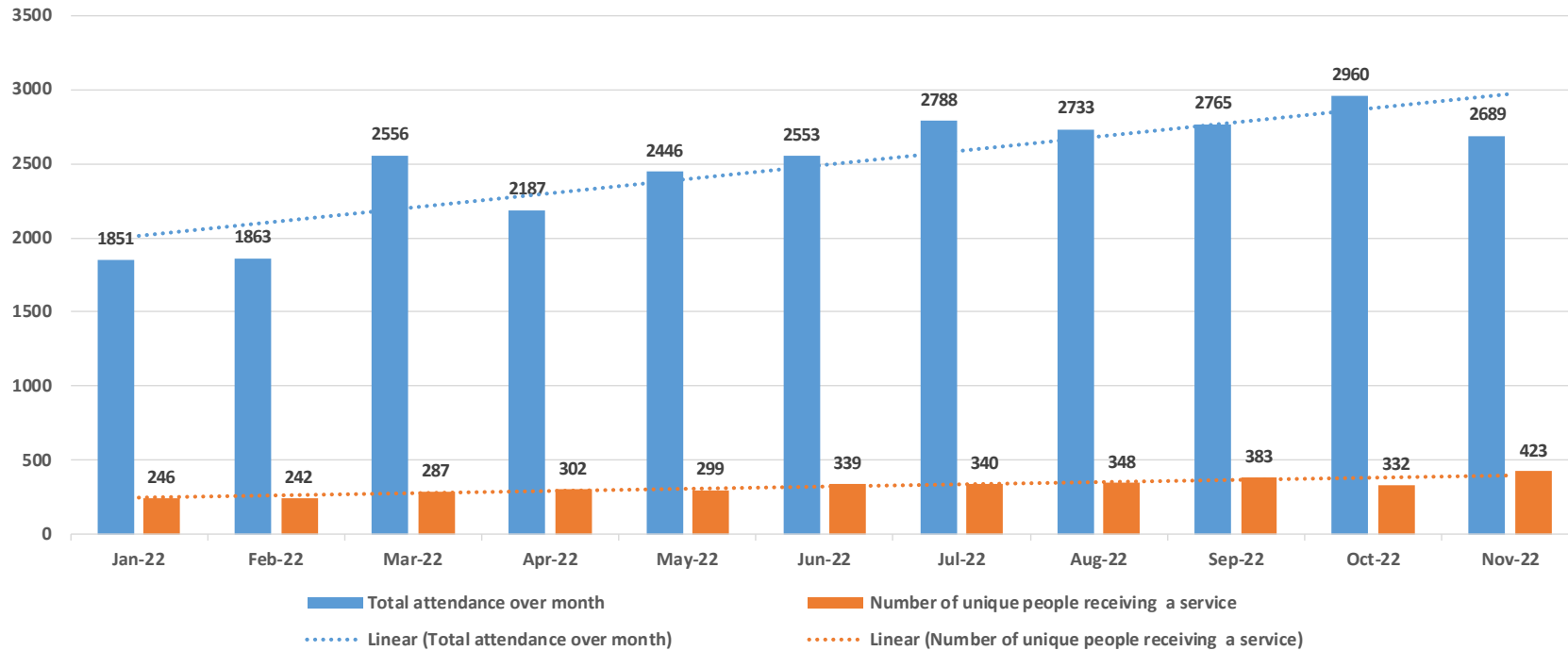
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Offering step up/down short term emergency placements. This prevents admission to hospital/long term care or enables discharge from hospital.</li> <li>• Planned respite continues to increase.</li> <li>• System to refer now on WCCIS which will help with speedy admissions.</li> </ul>	<ul style="list-style-type: none"> <li>• Delays in resident returning home due to availability of POC. Impact on available beds.</li> <li>• Complexity of need requires higher staffing levels.</li> <li>• Winter Pressures.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to review the figures and refine to confirm data.</li> <li>• Offer support to lower level need individuals e.g. P1, low intervention within staffing levels. Supports return home.</li> </ul>

# Internal Day Services for Older People, Special Needs and Learning Disabilities

The data below is extracted from Abacus plus a manual record of Health users and a number of other recording systems. This is the number of unique people who have attended a day service, together with the number of places used each month. Updates on attendance are made by the service and therefore there can be some delays in achieving accurate fully up to date data. Internal Day Services Service Provisions are soon to officially 'go live' on onto WCCIS. This will provide a streamlined approach to gathering data on unique service users and admissions and discharges. Attendance cannot be recorded on WCCIS so other methods will continue to be used to gather this information. Work has also commenced on External Day Services Provision.



Internal Day Services Attendance Over Months (excluding Flexible Support)

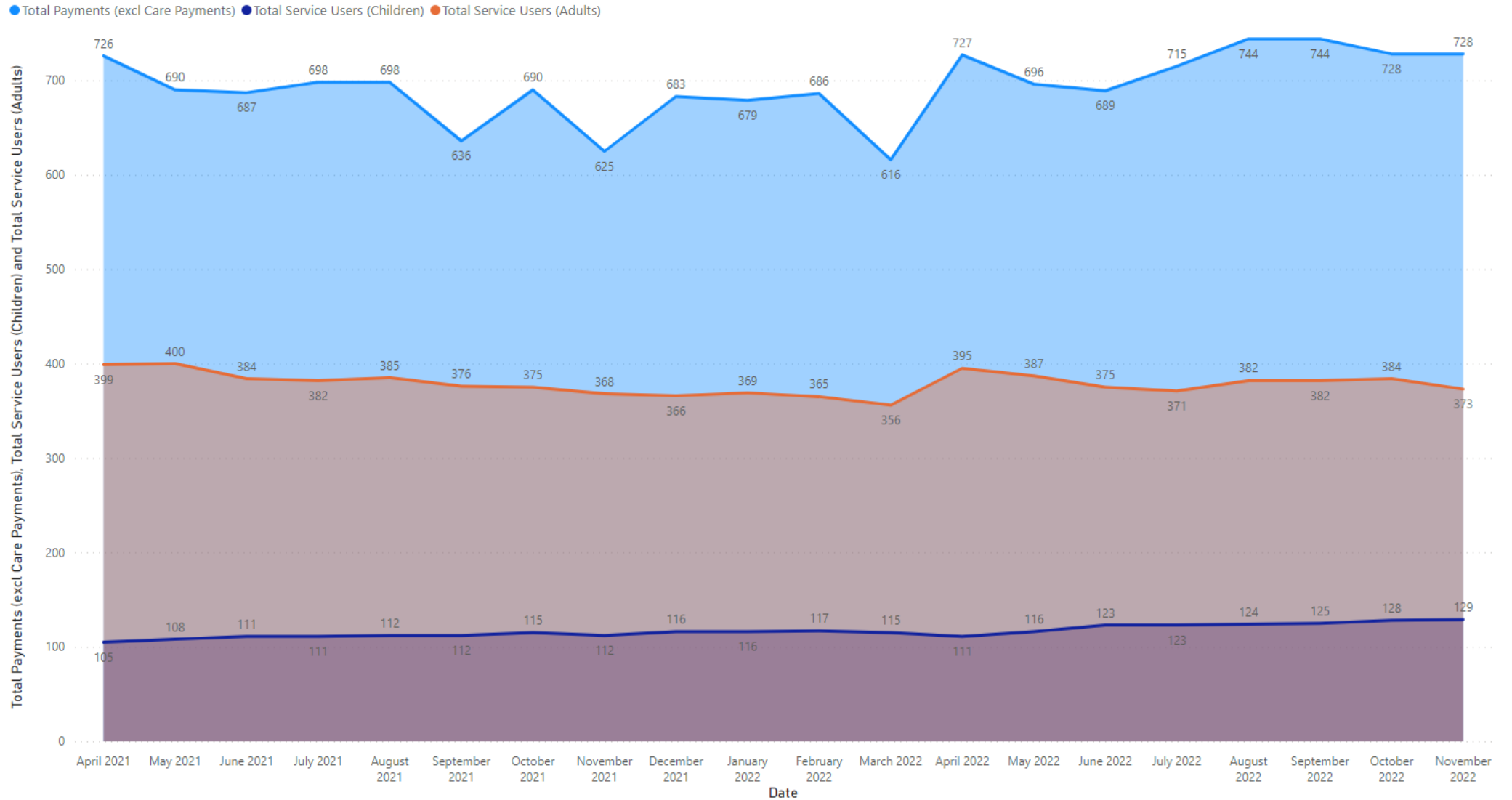


Oct LD Data is being further validated

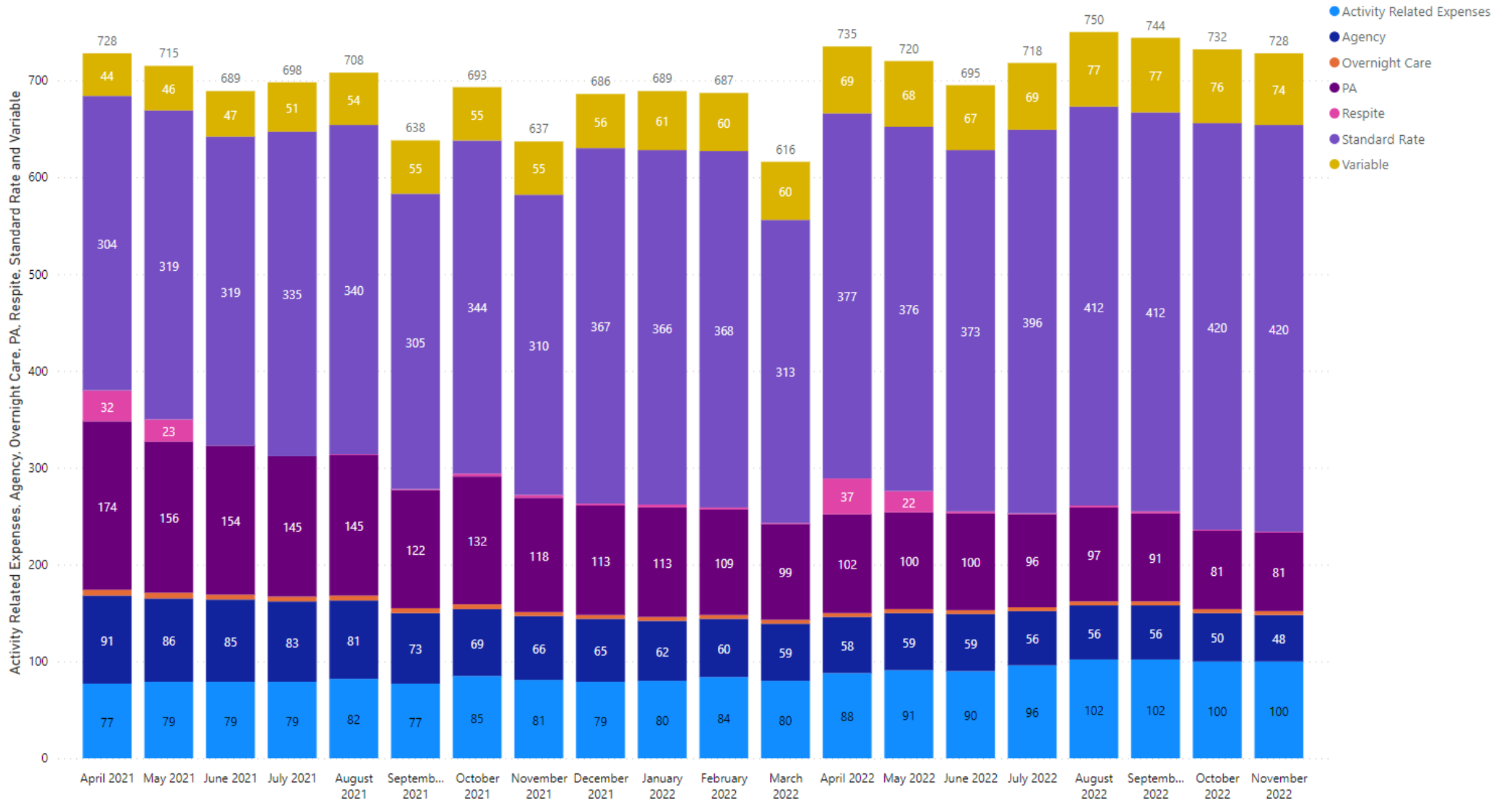
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Increase in number of service users returning, commencing a new service and attending day services.</li> </ul>	<ul style="list-style-type: none"> <li>Flexible Support is at capacity.</li> </ul>	<ul style="list-style-type: none"> <li>Review criteria, use, capacity and pressures on FSS.</li> <li>Continue to enable service users to return to service.</li> <li>Support care managers to review service users' needs and consider a range of options.</li> <li>Services such as CREST and Work Development working closely together to maximise support around employment.</li> </ul>

# Direct Payments

Number of Payments each Month Plus number of Unique Service Users

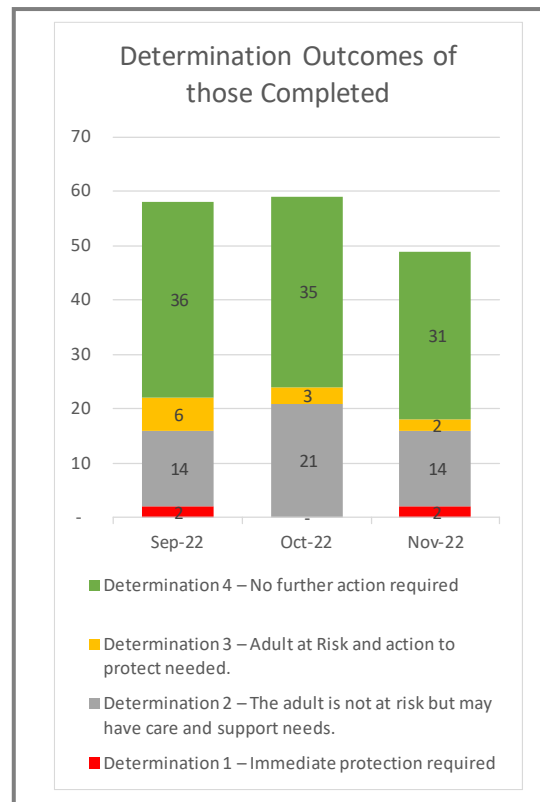
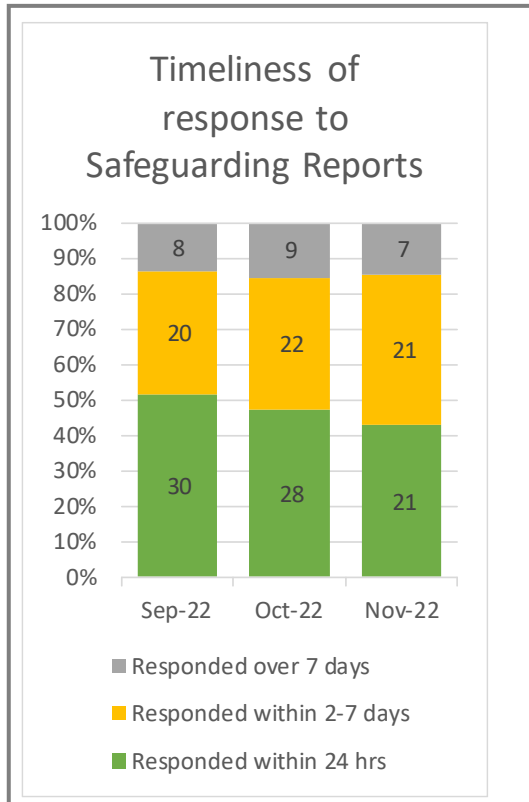


## Number of Payments each Month based on Type of Payment



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• DP increases continue to enable people to receive one of the most favourable rates across Wales</li> <li>• Stabilisation of services from new Managed Account service Provider (Compass)</li> <li>• Successful recruitment of PAs which has significantly increased additional no of PAs (now over 180) available to provide care and support.</li> <li>• Creation of 2 work placements within team to bolster capacity</li> <li>• Data shows gradual increase in use of DPs</li> <li>• Creation of performance management data sets to be used to evaluate DP use, process bottlenecks and team performance.</li> </ul>	<ul style="list-style-type: none"> <li>• Transfer of contract (and data) for Payroll and Managed Account Services is creating additional costs (to manage / correct former Provider's payroll errors)</li> <li>• Opportunities to use DPs to create alternatives to traditional services are not optimised.</li> <li>• DPs for carers are underused.</li> <li>• Systems and processes to ensure payments are recovered if not used require review.</li> <li>• Resources and processes are impeding capacity to match PAs with people waiting to receive care.</li> </ul>	<ul style="list-style-type: none"> <li>• Risk management plan in place to address transfer of contract / data related problems</li> <li>• Legal advice regarding recovery of additional costs (legal action pending).</li> <li>• Review systems and processes and identify improvements where possible.</li> <li>• Improve Performance management (of internal staff , systems and processes)</li> <li>• Expand use of DPs to support the development of micro enterprises.</li> <li>• Review process for ensuring allocated DP funds are used or recovered.</li> <li>• Benchmarking systems, processes and team structures with other LAs to identify improvements</li> </ul>

# Safeguarding Response



## Reports /Actions

**56 Reports received in Nov 22**

49 Determinations completed

86% responded to within 7 days

156 Consultations held, 22 inappropriate

65 Reports were received in Nov 21, 65

Determinations completed

**59 Determinations completed**

85% responded to within 7 days

127 Consultations held, 26 inappropriate

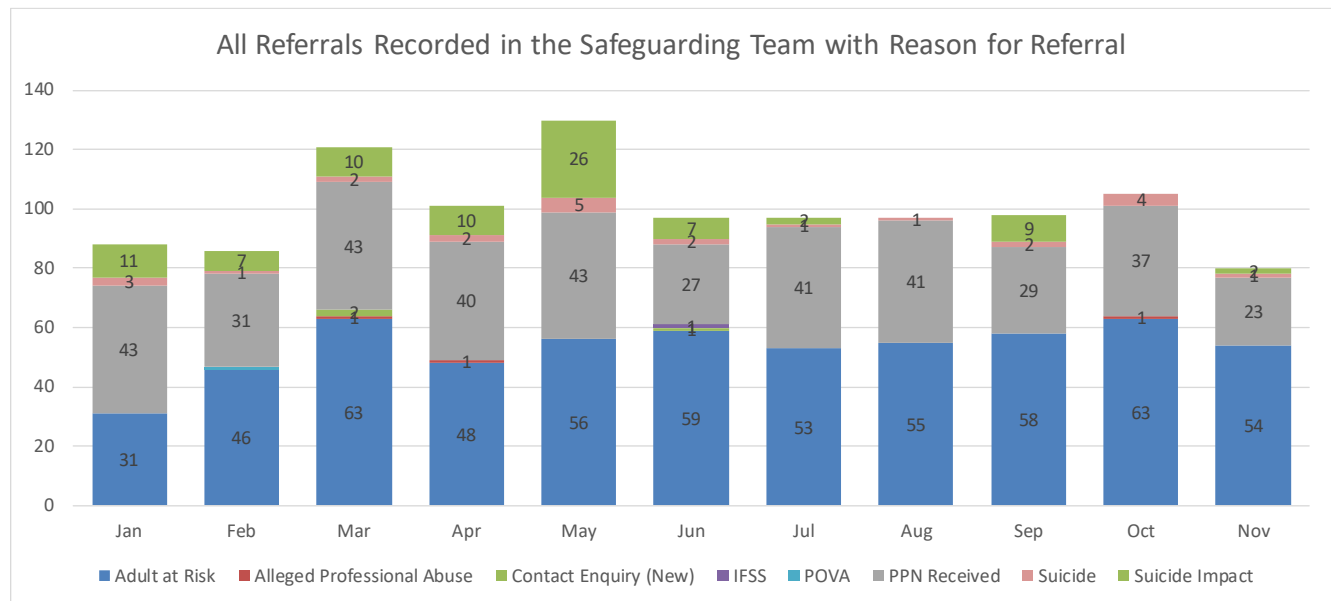
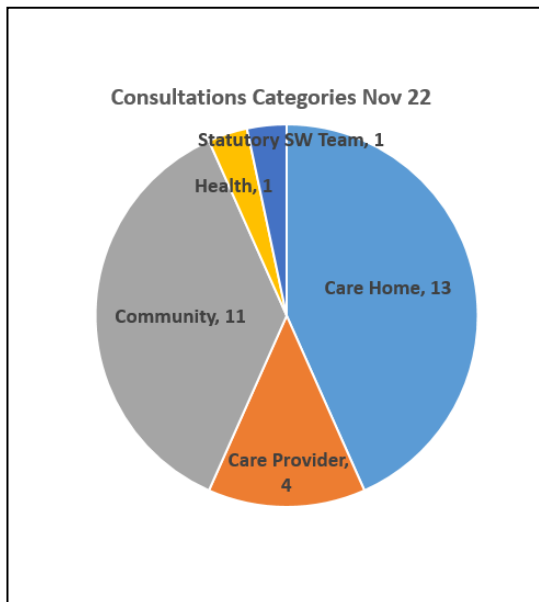
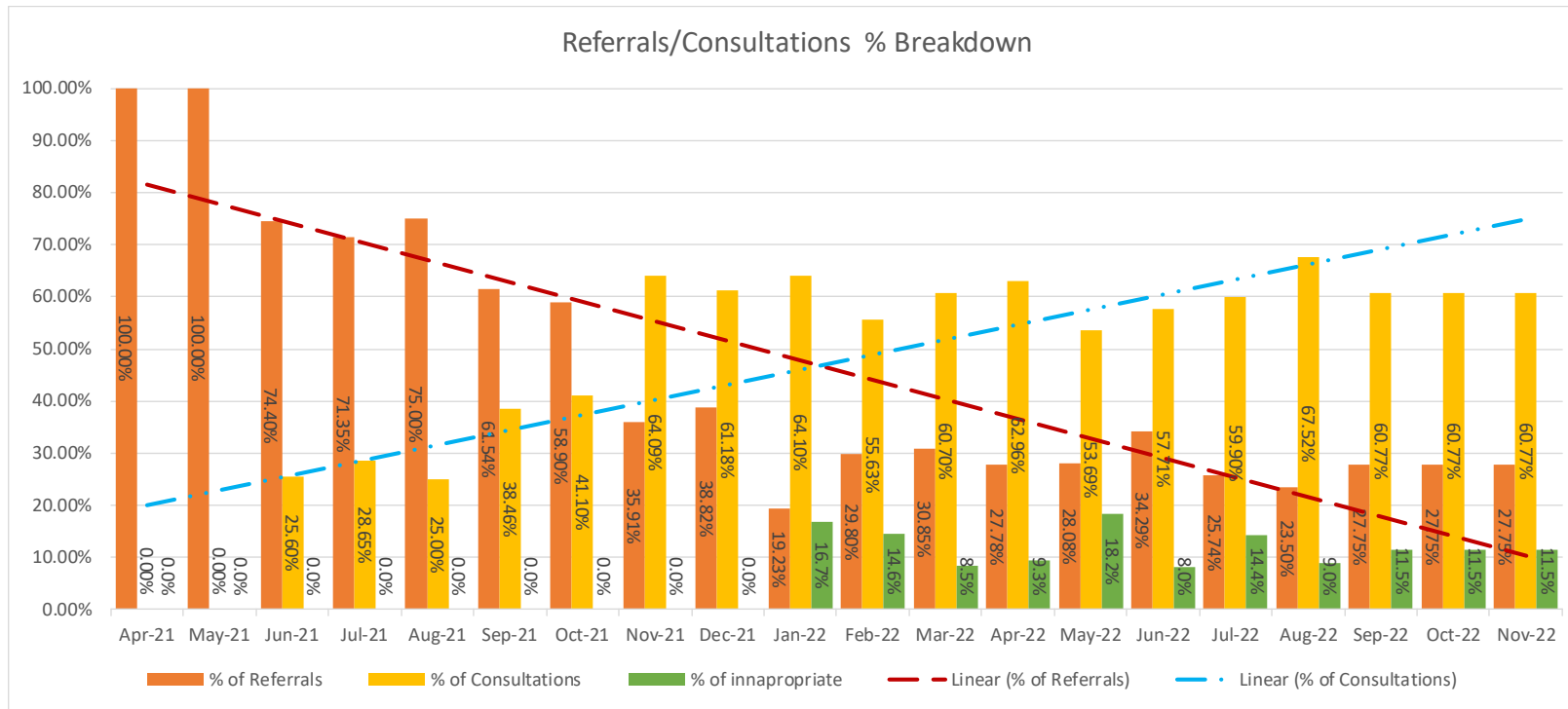
**55 Determinations completed**

3 awaiting response

89% responded to within 7 days

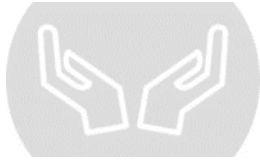
122 Consultations held, 23

Safeguarding are now recording Inappropriate Referrals as Casenotes on WCCIS, therefore they are no longer counted/included in the Referrals total. Consequently, Referral numbers will be less than previous reporting and Consultations & Inappropriate Casenotes will be higher.



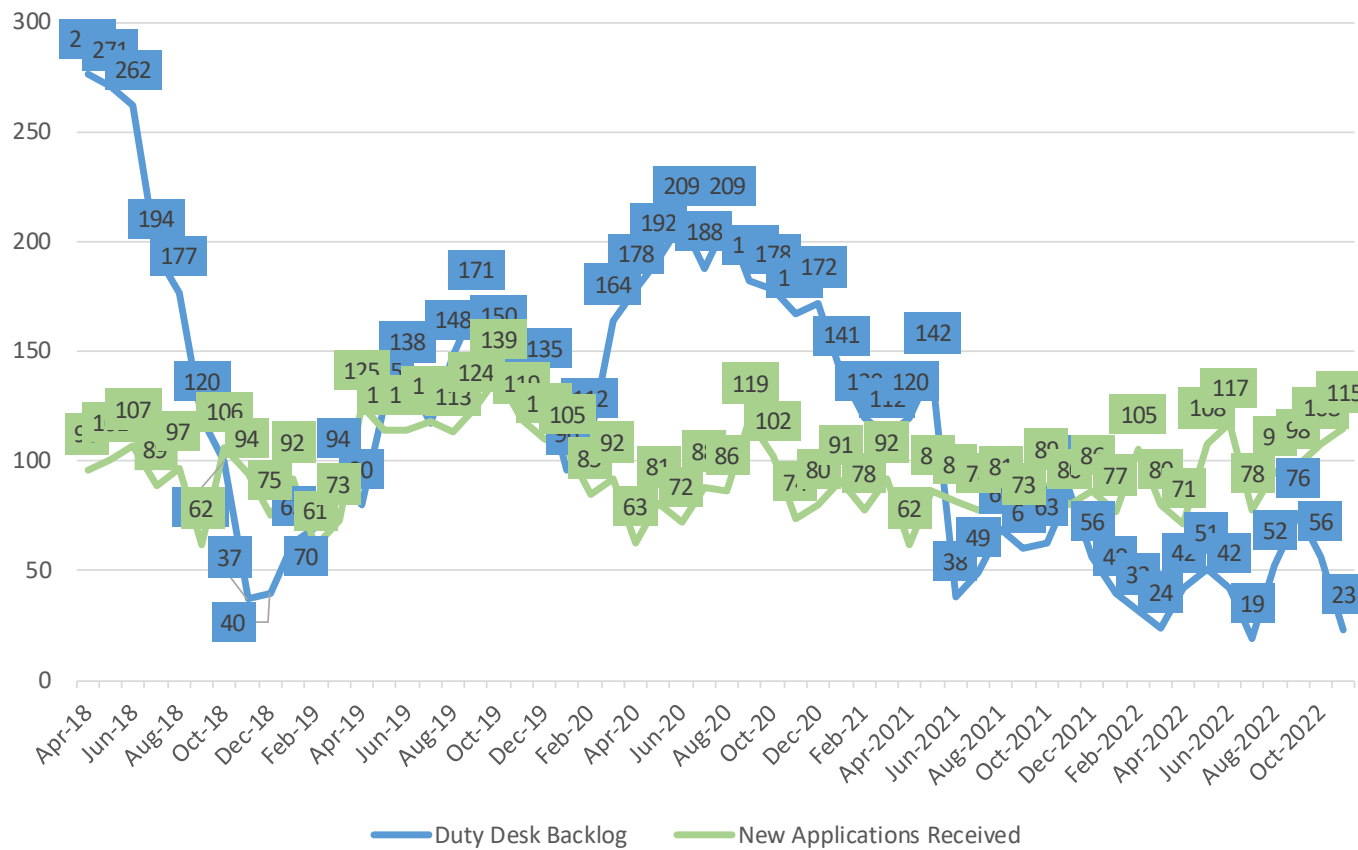


What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Consultations continue to rise- demonstrating that people are using the Safeguarding Team for advice and Guidance</li> <li>• The Safeguarding Team remain resilient, strong and together. Despite the trauma, abuse and harm that they deal with daily. They utilise the support of one another and 6 weekly vicarious trauma counselling. There is no sickness within the Team currently and sickness is not something that features very often.</li> <li>• 2 Students have joined the Team and are a huge asset in terms of supporting the work that is being undertaken</li> <li>• Office days are being seen and the team are enjoying some face to face work again.</li> <li>• No sickness in the fully staffed Team</li> </ul>	<ul style="list-style-type: none"> <li>• There continues to be a rise in the inappropriate reports, and we believe this is down to a rise in the number of agency staff that are being used in the care sector, due to the current care crisis we are in. They may not be aware of the consultation process, and submit AAR Reports rather than consulting with us.</li> <li>• The volume of Professional Concerns referrals continues to rise. This means that the Manager has reduced time to manage other elements of the Team Manager role. This also has an impact on the principal officer, who also undertakes professional concerns meeting.</li> <li>• Suicide numbers are rising and we worry that the number of attempted suicides is also rising. This has an emotional drain on the team.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to promote Team resilience and engage and encourage the team to recognise the importance of their emotional well-being, by booking vicarious trauma counselling regularly. Continue to meet regularly and talk through what is working well and what they are worried about. Continue to support one another in the difficult and frequently challenging roles that we have in the Safeguarding Team.</li> <li>• The ‘buddy system’ that was developed last month continues to be used and is working well. This ensures that they are not left alone with the emotion of difficult and emotive phone calls.</li> </ul>

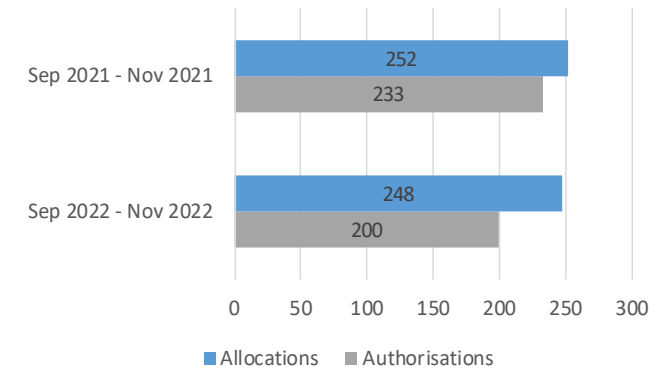


# Timeliness of Deprivation of Liberty Assessments

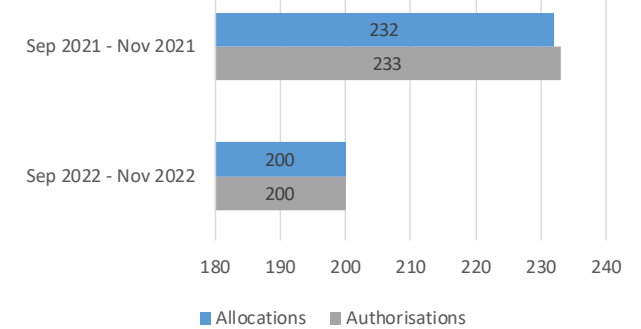
## DoLS Backlog and New Referrals



## Quarterly Best Interest Assessor Performance



## Quarterly Signatory Body Performance



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Full team of BIA's so well staffed.</li> <li>• Backlog staying low.</li> <li>• Senior back from sickness.</li> <li>• Morale in team is good</li> </ul>	<ul style="list-style-type: none"> <li>• Still one senior post vacant causing a backlog of Form 5's to be authorised.</li> <li>• Still a backlog of documents waiting to be sent out due to sickness in business support.</li> <li>• Increased amount of s21 applications being made to Court of Protection.</li> <li>• Still not in a position to advertise LPS roles meaning Team Leader is still having to pick up this work.</li> <li>• Very short of s12 doctors over the festive period due to them taking leave.</li> </ul>	<ul style="list-style-type: none"> <li>• Team Manager picking up Form 5 work.</li> <li>• Business support from Safeguarding helping out with sending documents out.</li> <li>• Regular meetings with paid RPR service to ensure s21a challenges are appropriate.</li> <li>• Follow up HR in the new year in relation to LPS roles.</li> <li>• Prioritise s12 doctor allocations over the festive periods to ensure we can continue to allocate.</li> </ul>