

Adult Services
Summary Management
Information Headline Report
Data for January 2023



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 Services & Tackling Poverty

Summary

There has been a focus on customer contact across all teams to reduce demand at the front door and to ensure that people can make direct contact with teams, providing a better customer service. There is still further work to ensure all teams have 'jabber' phone lines to receive calls, that there are consistent clear out of office responses for the public and communication of contact details, but improvements have been made.

There has been a significant focus on financial and resource planning to ensure a balanced budget in 23/24. This has resulted in being able to internally confirm the extension of fixed term contracts linked to grants and starting to sign off vacancies. The review of the costs and fees for 2023/24 including Real Living Wage and inflationary pressures has been completed and provides more favourable fees for our providers.

Work is progressing with regional colleagues to improve CHC processes including Joint Working processes and a Dispute Policy. A Vanguard review is planned in February to finalise this work.

The assessment and care planning completed by the LD, CMHT and OPMH teams has returned to pre-Christmas levels. The AMHP warranting interviews have been completed and the team is fully re-warranted with additional AMHP's from other service areas supporting the AMHP rota.

Additional step-up and step-down bed capacity continues to be available in internal homes contributing to the '1000 beds' ask from WG to alleviate pressure across the health and social care system. This includes working towards increasing the number of beds in Bonymaen to 24.

The total attendance at Day Services has increased again and trialling approaches are working well including Abergelli Day Services being extended to include older people in addition to people with LD who are older.

The general trend is an increase in number of service users receiving and attending a day service and work is progressing to develop the most effective way to delivery day opportunities in the future.

The safeguarding consultations remain high with low Adult at Risk Reports. The DoLS team are working closely with NPT and the HB in relation to DoLS / DOLO and LPS preparation, although there is limited information from WG about the regulations and Code of Practice.

Helen StJohn, Head of Integrated Services Summary

January has seen high levels of activity across all services.

Demand into the Common Access point has increased via all access routes. Email contact has increased from 1414 to 1770 which is positive as we do encourage non urgent contact to be made in this way to ensure the phone lines are available for crisis. However, we have also experienced the highest volume of telephone contacts since August 2022 with almost 350 more calls answered than during December 2022. Additionally, the CAP staff made 430 more outgoing calls in January than December. The number of cases managed by the MDT in CAP has increased.

The Social work assessment and review activity has recovered following the seasonal holiday period and the Team leads are supporting the workforce with active caseload management due to the increased complexity of their caseloads.

Whilst it is pleasing to note the consistent number of carers identified and the number of assessments and reviews which are being performed we are aware that the current partnership working between Swansea A/S and The Carers Centre is due to cease at the end of February and will be closely monitoring any impact on assessment activity.

Admissions to Residential Reablement from hospital have reduced during January and this will be linked to some of the hospital based IPC issues (increased Covid-19 impact on wards) which challenge discharge to care settings. The care home has also experienced Covid-19 although has continued to admit on a risk assessed basis.

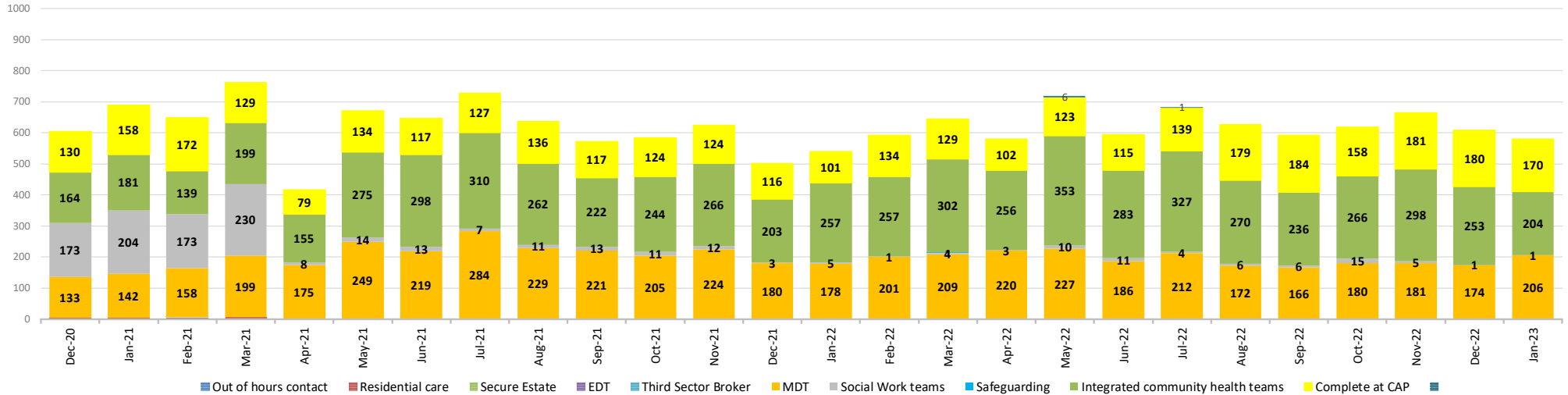
Additionally, the high escalation of the hospital sites and related acuity of inpatients has challenged identifying those who would benefit from the reablement offer. The Community Reablement teams have demonstrated significantly increased flow in January which will be linked to a number of activities – the therapy only support offer continues to identify individuals at home or in hospital who can be supported by the therapy / assistant practitioner model in place of domiciliary care and also the improved flow into the external domiciliary care sector which has freed up reablement capacity. The brokerage figures show a pleasing continued reduction in numbers awaiting care which further demonstrates this trend. We do need to address the issue of lack of recording which is demonstrated in this month's report.

Homecare recruitment timelines continue to see some delays in process, the limited availability of the mandatory and essential induction and practical training for care workers is an issue which further delays our ability to add new staff capacity to the rota which we are working through with Staff Development and Training colleagues. Staff in Homecare and Social Work teams are actively engaged in piloting ways of working and also the wider work in these areas to review and redesign models of service which support effective and efficient service delivery.



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. **149 referrals** (AAR, PPNs & Suicides) **were recorded directly in the Safeguarding team in January** (104 in December 22).

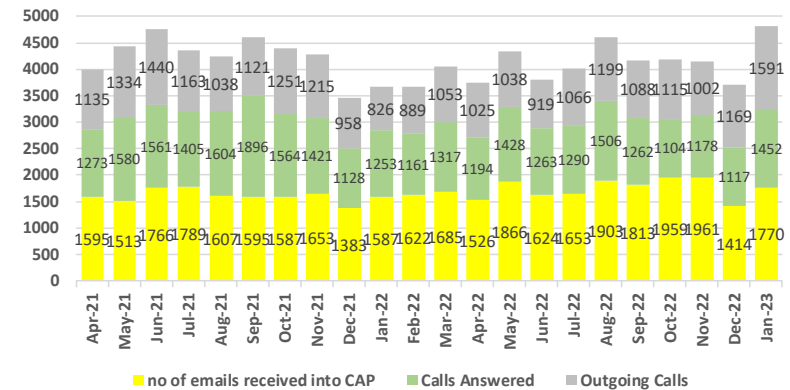
608 Referrals in Dec 22 **581** Referrals in Jan 23

180 Closed - Provided Advice & Information (29.6%)
174 MDT(28.6%)
1 directly to SW Teams (<1%)
253 to integrated therapies (41.6%)

170 Closed - Provided Advice & Information (29.3%)
206 MDT (35.5%)
1 to SW Teams (<1%)
204 to integrated therapies (35.1%)

541 Referrals were created by CAP in Jan 2022

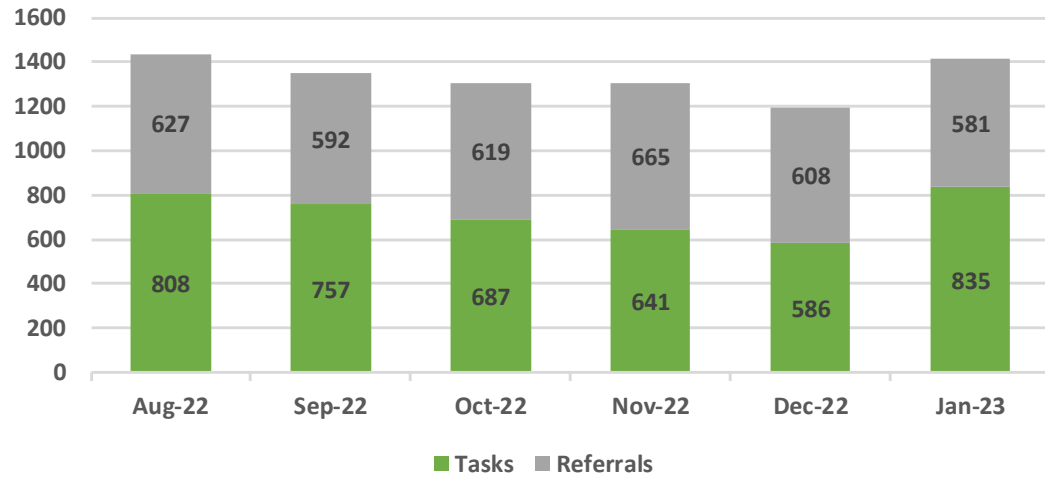
Common Access Point Number of Calls Answered, Outgoing Calls and Number of Emails Received



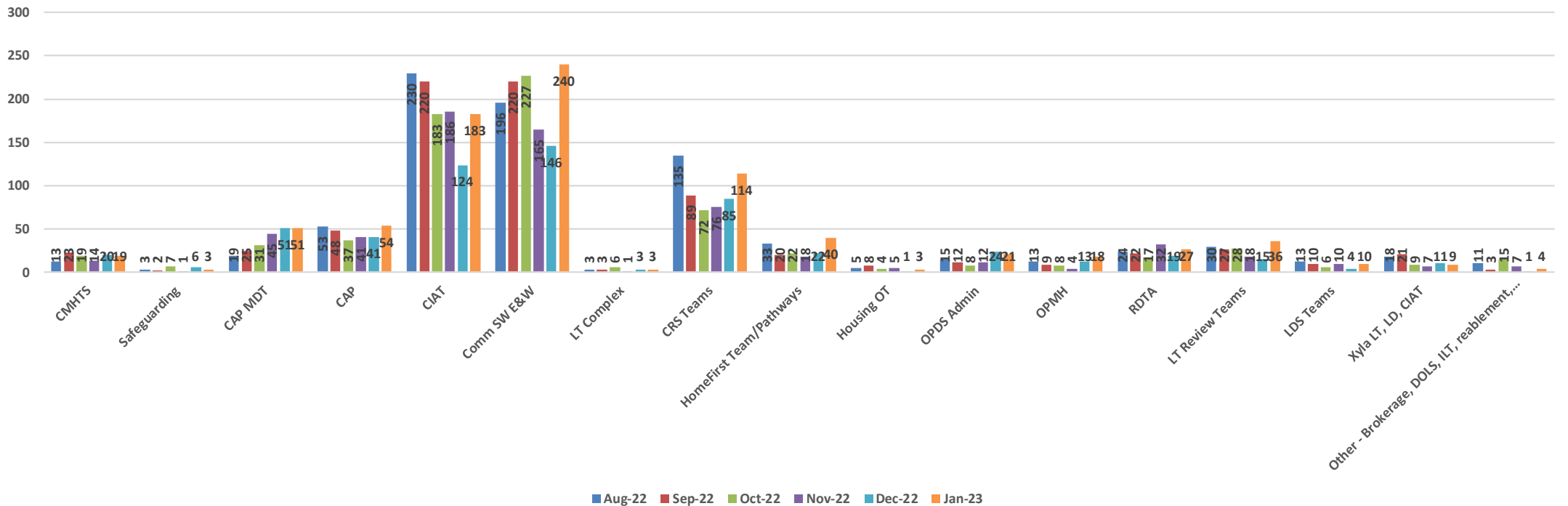
Referrals are recorded on to WCCIS by CAP for all new requests for information or Advice/Support.

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

Total Tasks and Referrals Created each Month by CAP



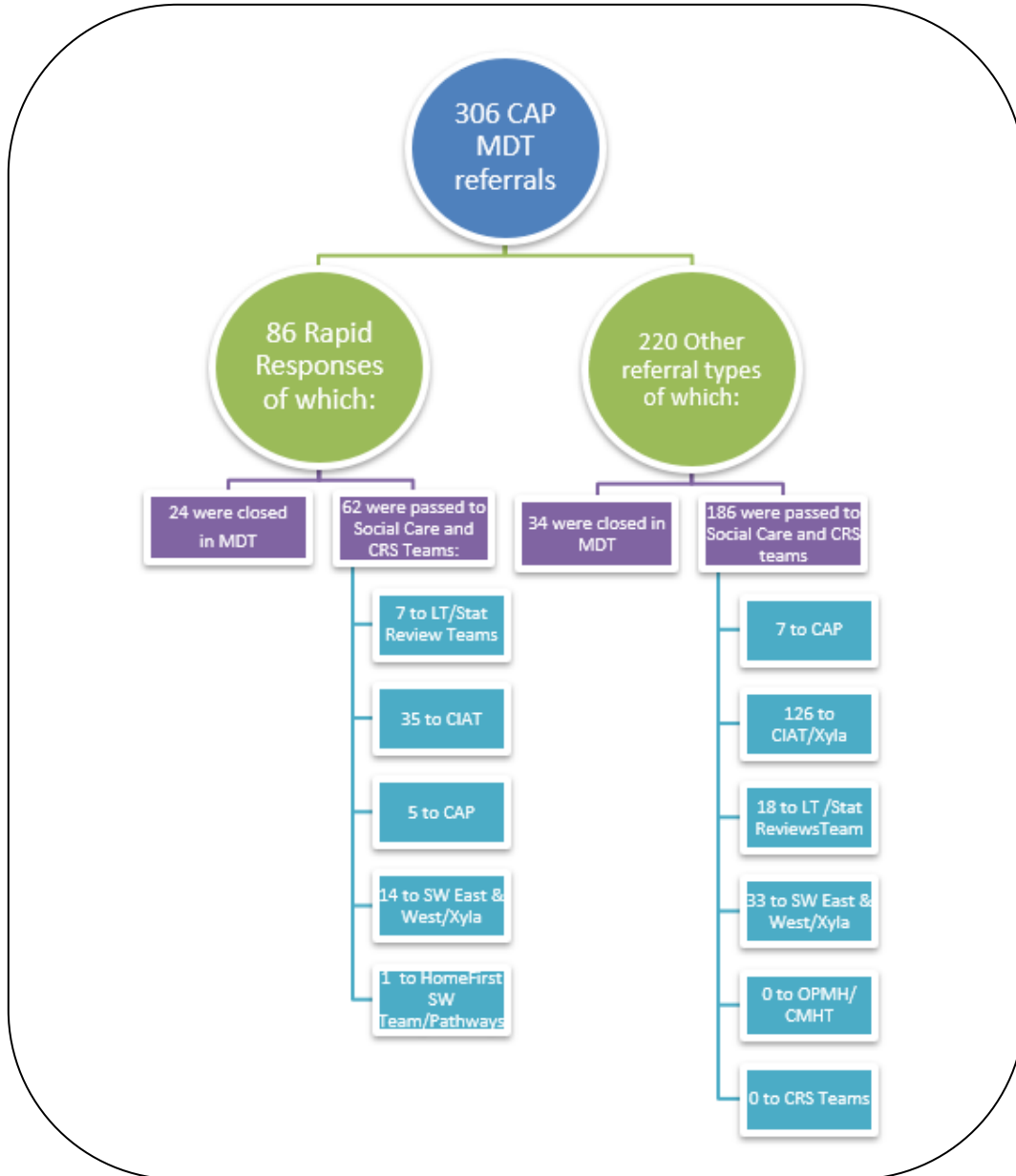
Teams CAP Created Tasks for Over Months



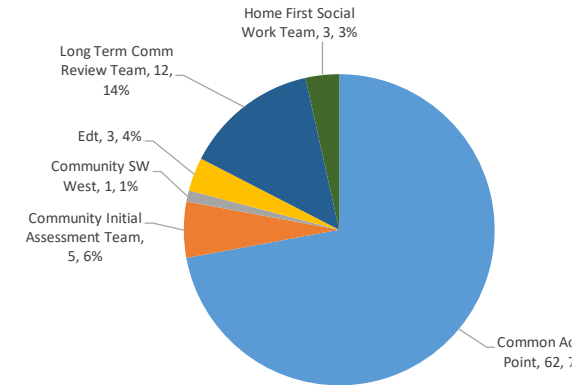


CAP MDT

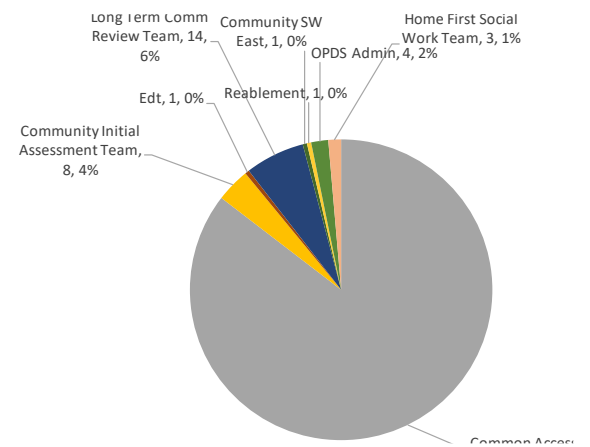
CAP MDT Data for January 2023 – further development & validation work is being



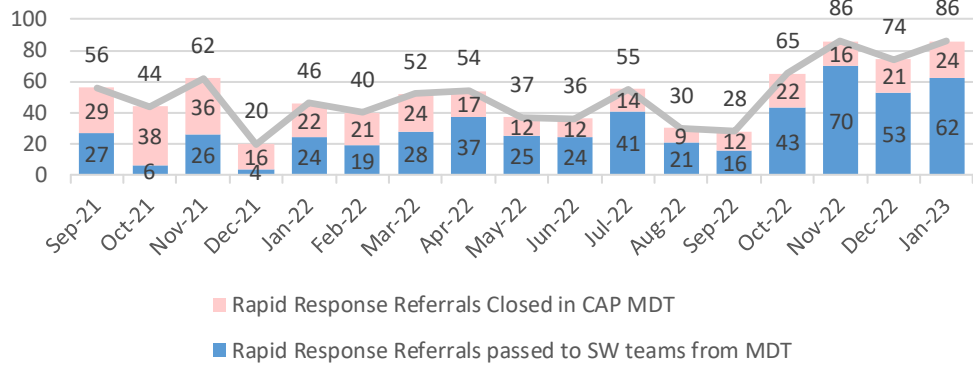
Sending team of Rapid Response Referrals Passed to CAP MDT



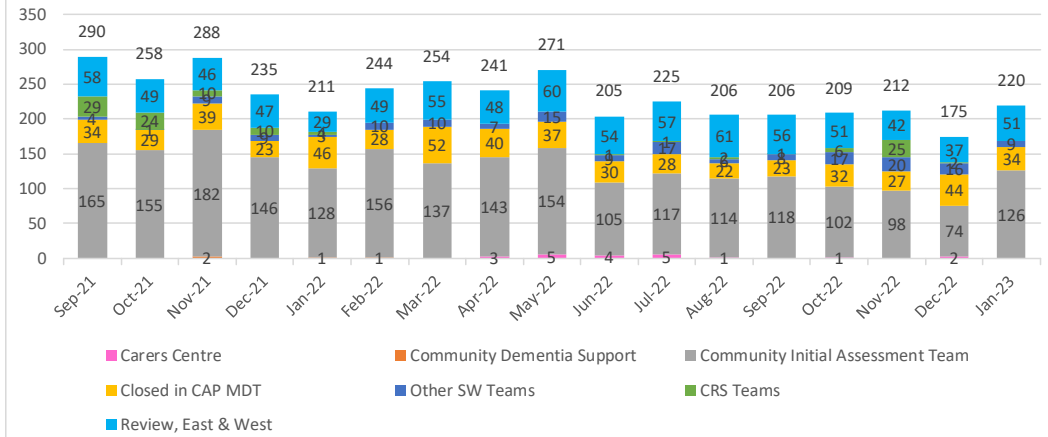
Sending team of Non RR Referrals Passed to CAP MDT



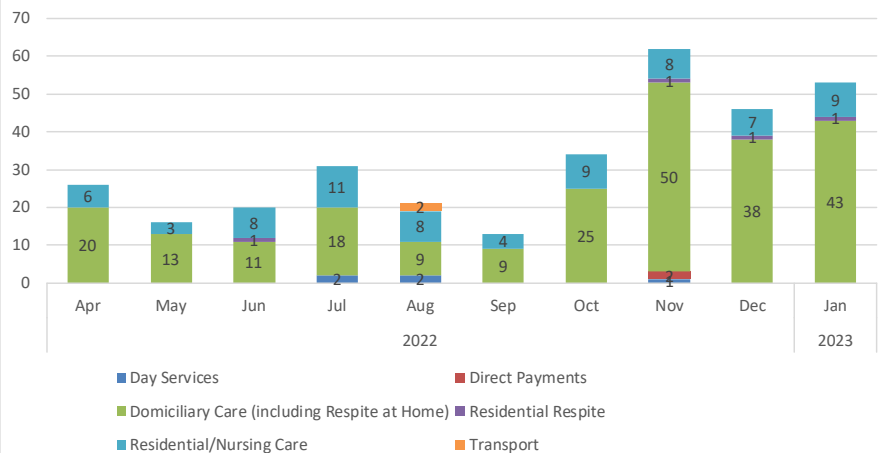
Rapid Response Referrals into CAP MDT and Outcome



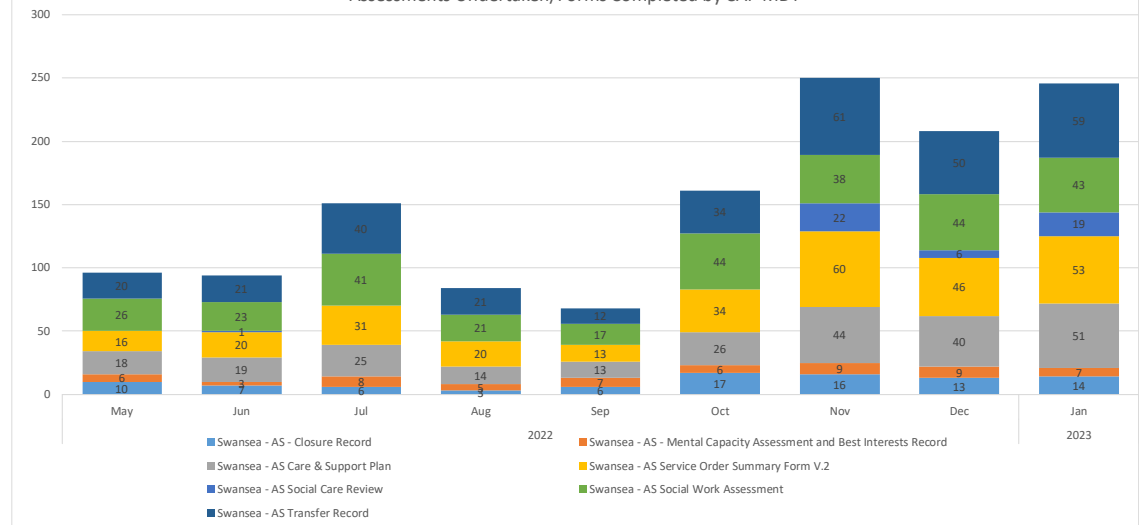
Non Rapid Response Referrals in MDT and their Destination



Type and Amount of Services Requested by CAP MDT each month (via a Service Order Summary Form)



Assessments Undertaken/Forms Completed by CAP MDT



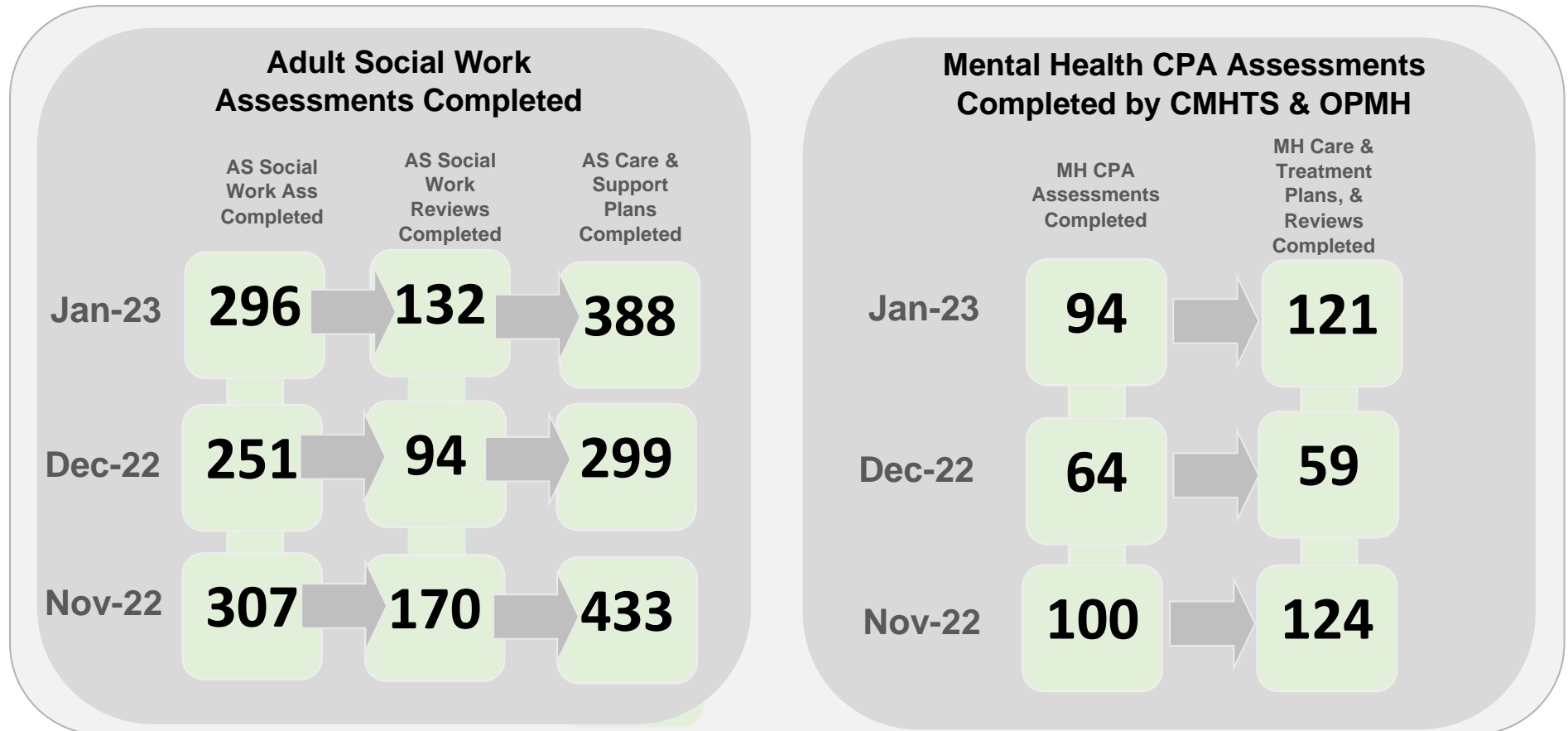
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • The number of incoming calls answered and the number of outgoing calls made in CAP have increased in January. • CMO based in CAP has developed a really good working relationship with brokerage, commissioning and external Dom Care providers. This work has really improved the response times for the agencies and also the Citizens of Swansea. • There are now more team members in the office each day and this is working well. Staff and managers supporting each other with different queries etc. 	<ul style="list-style-type: none"> • We are worried about the time taken to answer calls due to staffing levels and time calls are taking with callers already on the phones. This is exacerbated during the hours of 12-2pm. Lunch times are in two stages for staff as there will always be A & I,s available to take calls. • The number of Rapid Responses coming into the MDT with staff shortages due to sickness, annual leave, maternity leave and working patterns. • WCCIS performance over the past month has been a major worry and has had a significant impact on the work we do in CAP and our productivity. 	<ul style="list-style-type: none"> • We are moving forward with our changes to our phone system and answer machine. Safeguarding telephone line has now been redirected to the Safeguarding team from last week, which will ease the pressure. • Meeting with SW's throughout each day to ensure that they feel supported and their welfare is considered. • Every time that there is an issue with WCCIS performance, It is report to the WCCIS helpdesk.

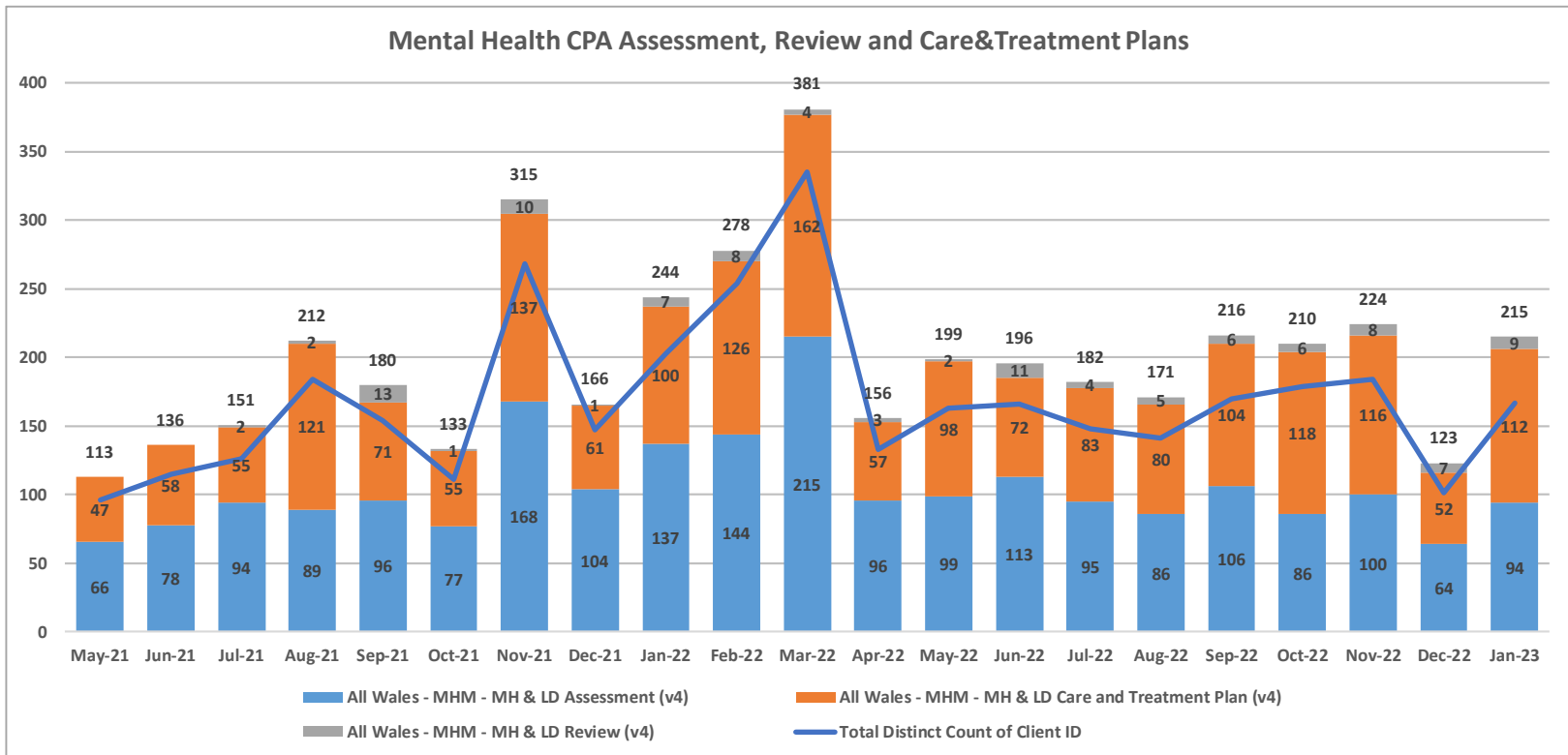
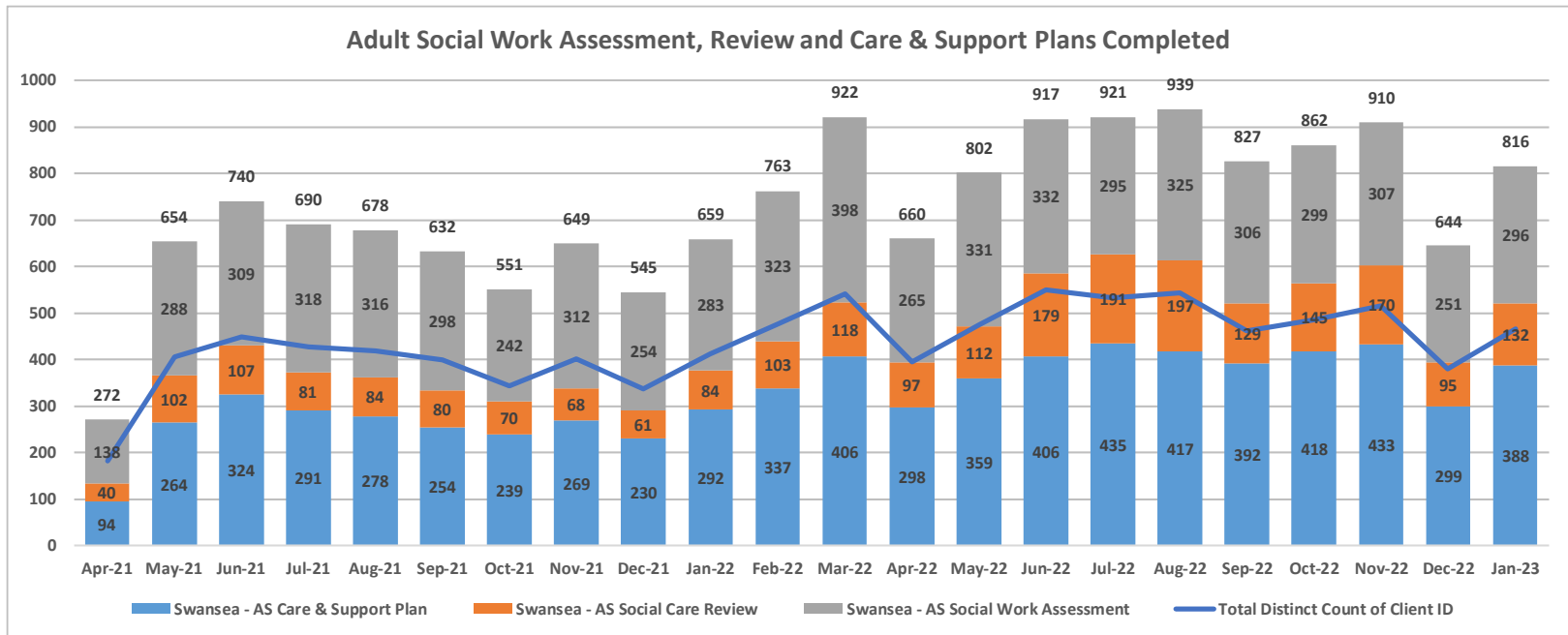


Assessments & Reviews

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?
<ul style="list-style-type: none"> Number of social work assessment, reviews and care&support plans have increased for this month which may be due to the reduce absence levels across teams 	<ul style="list-style-type: none"> Caseloads have increased due to complexity of identifying risks and SW presence in people lives is longer than estimated – this will impact on SW capacity and SW wellbeing 	<ul style="list-style-type: none"> Monitor caseloads with RAG tools Maintain supervision to provide wellbeing checks Review RAG monthly to identify timely case transitions to minimise SW dependencies

Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
<p>The CHC application process is being improved as part of the Regional Dispute Policy working group. Workshops for practitioners are being developed to aid understanding of what is required in the process of assessment and evidence gathering.</p> <p>AMHP warranting Interviews have now been completed & all our existing AMHP's have been re-warranted. Two AMHP's from other service areas have begun to assist with the rota. In addition, we have three CMHT members of staff due to qualify as AMHP's in September.</p> <p>CLDT services constantly review CoP priorities and staff are applying for more applications to the Court of Protection.</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 is under review by the RPB.</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>Sickness levels in CMHT 1 & 2 have increased in the last month causing some difficulty in planning and managing these services.</p>	<p>Weekly meeting within the LD service is attempting to work through the CHC cases on the regional list. Consideration of a similar process for MH services is ongoing.</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 actioned in any Health Board in Wales</p> <p>Weekly meetings with managers understand capacity and demand allows us to plan the rota and manage the service.</p> <p>XYLA are focussing on completing CoP cases that have commenced.</p>



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.

157

carers identified in Jan 23

134 offered assessment (85%)

54 assessments/reviews undertaken

146

carers identified in Dec 22

132 offered assessment (90%)

55 assessments/reviews

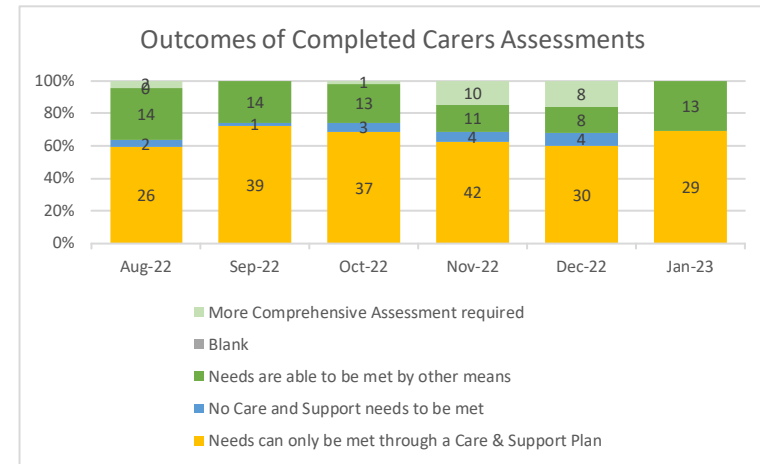
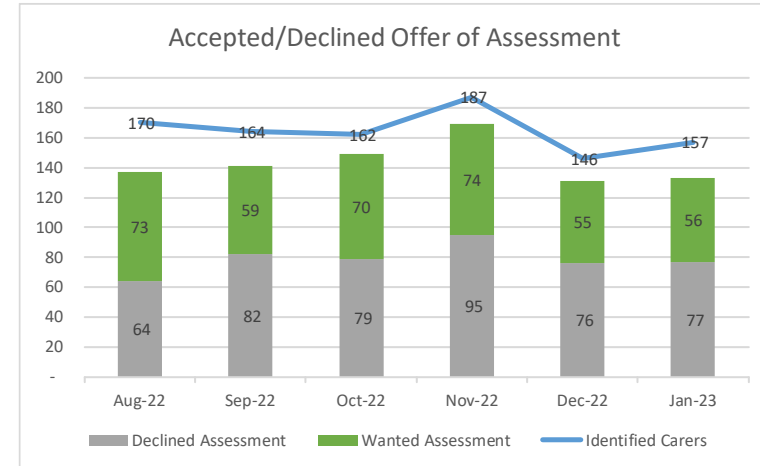
4 of the MH Carers identified who weren't offered an assessment were not in attendance at the assessment

187

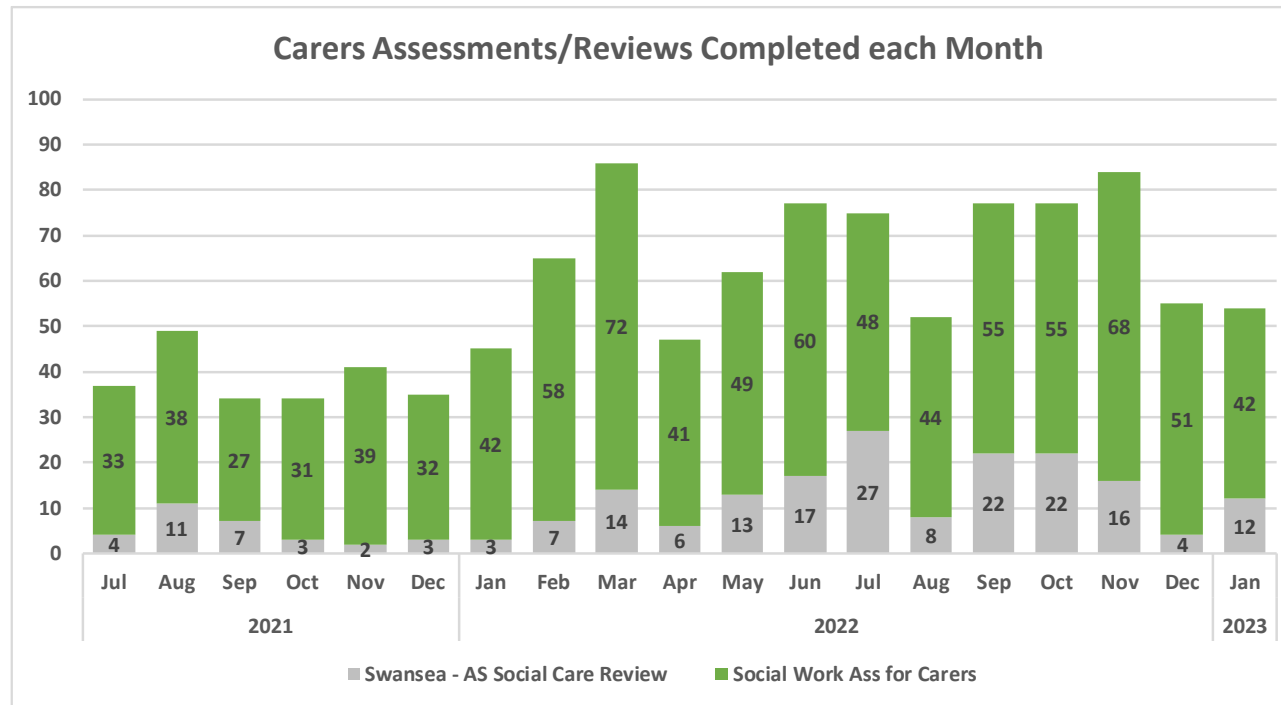
carers identified in Nov 22

169 offered assessment (90%)

84 assessments/reviews



Carers Assessments and Reviews completed



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Increase in carers assessment • Ongoing Carers Awareness training for the across directorate workforce • Good Regional Partnership discussions to maximise joint working arrangements 	<ul style="list-style-type: none"> • Carers Assessment Project between Swansea Council and Swansea Carers Centre ends 28/02/23 – which will have an impact on assessments delays • Pockets of department not offering Carers Assessment at point of contact • Returning carers declining carers assessment • Traditional support services outweigh non-care & support solutions 	<ul style="list-style-type: none"> • Monitor volume of unpaid carer assessment requests • Consider contractual parameters to current partnership arrangements • Continue to promote care awareness • Consider Regional grant funded best practice to enhance non-C&S intervention

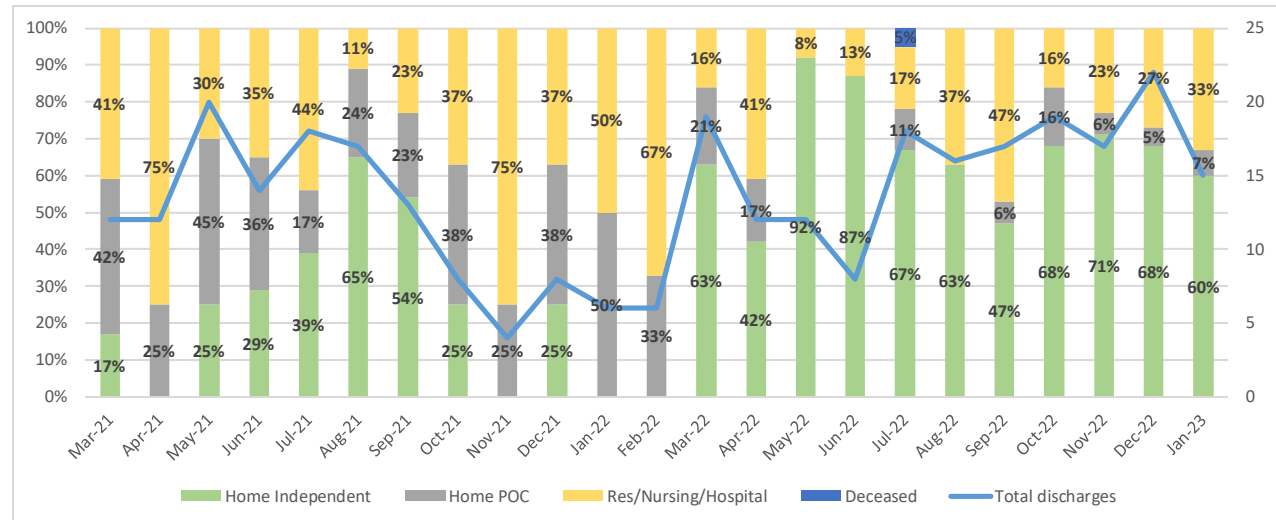


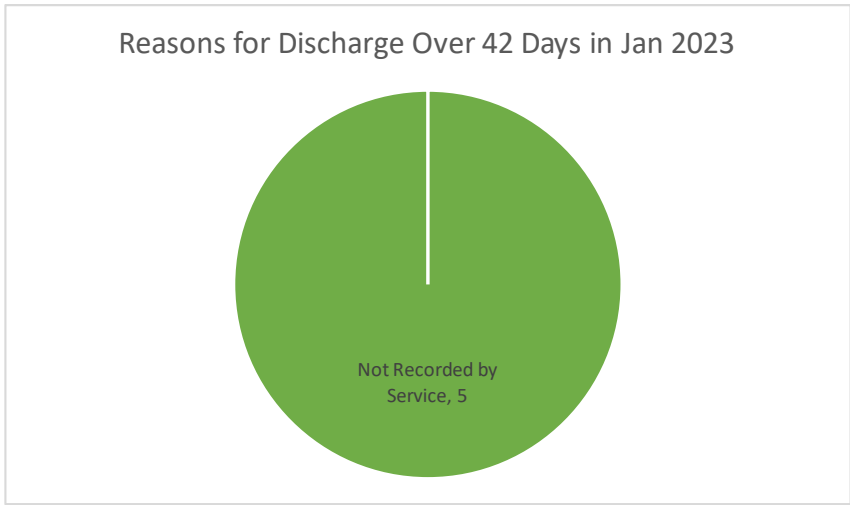
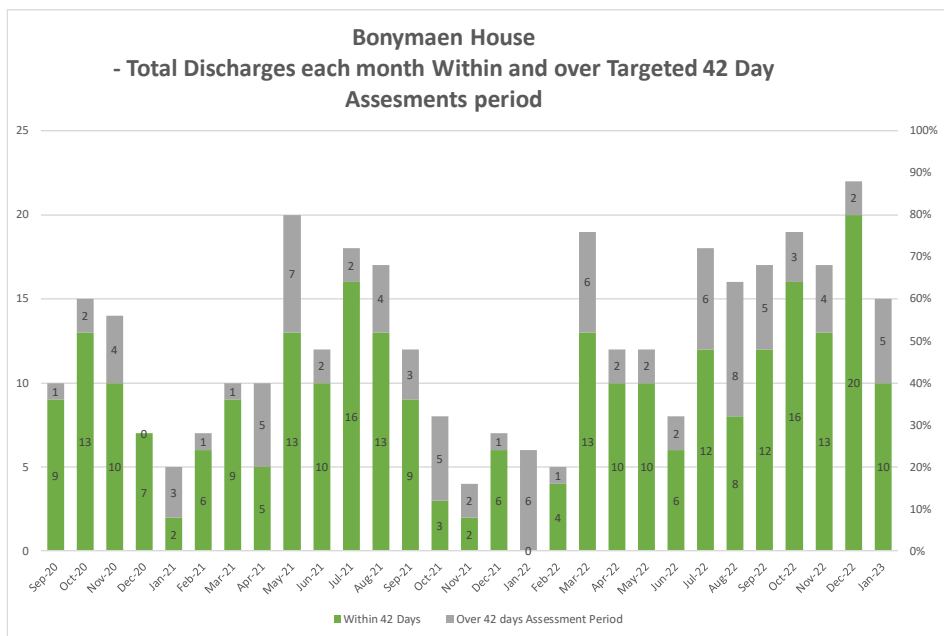
Residential Reablement

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

<p>17 Admissions (Jan 23) 15 from Hospital 2 from Community</p>	<p>15 People left residential reablement (Jan 23) 7 people left residential reablement in Jan 22</p>	<p>10 People went home (1 with care, 9 with no care) 1 Hospital, 4 Residential</p>
<p>21 Admissions (Dec 22) 20 from Hospital 1 from Community</p>	<p>22 People left residential reablement (Dec 22) 11 people left residential reablement in Dec 21</p>	<p>16 People went home (1 with care, 15 with no care) 5 Hospital, 1 Residential</p>
<p>23 Admissions (Nov 22) 23 from Hospital</p>	<p>17 People left residential reablement (Nov 22) 7 people left residential reablement in Nov 2021</p>	<p>13 People went home (1 with care, 12 with no care) 1 Hospital, 3 residential</p>

Percentages Leaving Residential Reablement & Outcomes





What is working well?

- Consistently high percentage of people returning home, particularly without a package of care.
- Continue to meet requests within the agreed response time for the service.
- Integrated and community partnerships offer a range of support solutions.

What are we worried about?

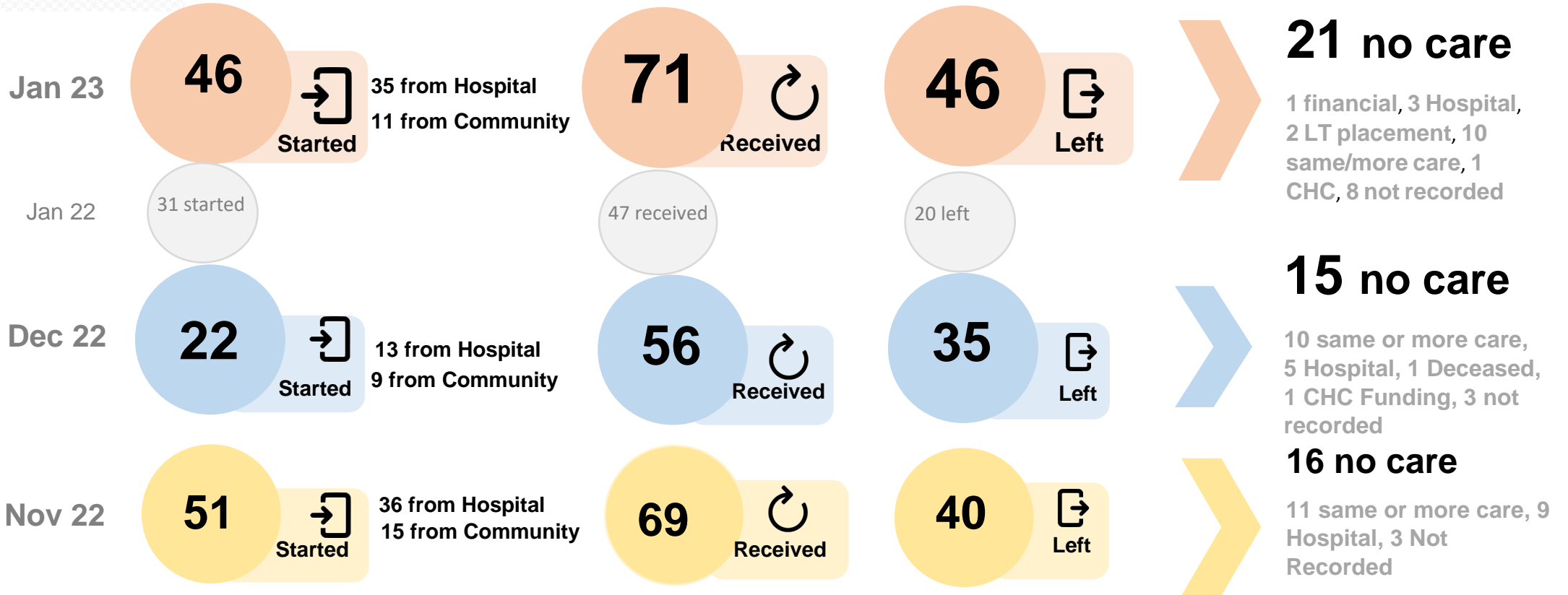
- Drop in numbers. This is due to the increased acuity of people admitted. Some bordering nursing needs, having to return to hospital. This has impacted on both admissions and discharges.
- There are still a small number of people requiring readmission to hospital or long-term care.
- Increase of Covid.

What we are going to do?

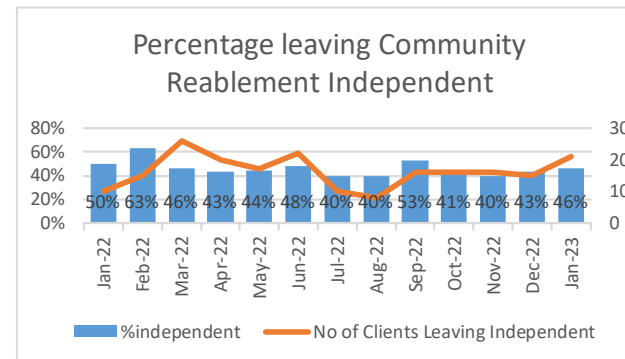
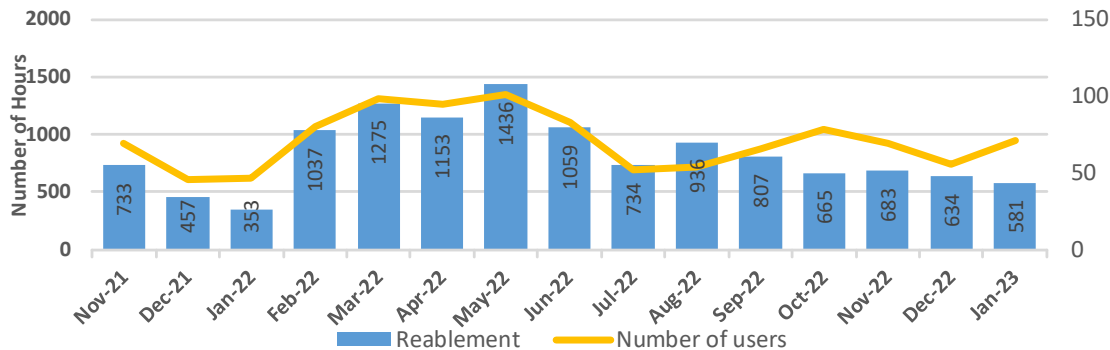
- Scrutinise admissions from both hospital and community.
- Increasing staffing to provide 24 beds approved and to be implemented.
- Continue internal transfers to other homes to release beds from Bonymaen, where enabled and awaiting POC.



Community Reablement



Hours of Reablement Provided a Month

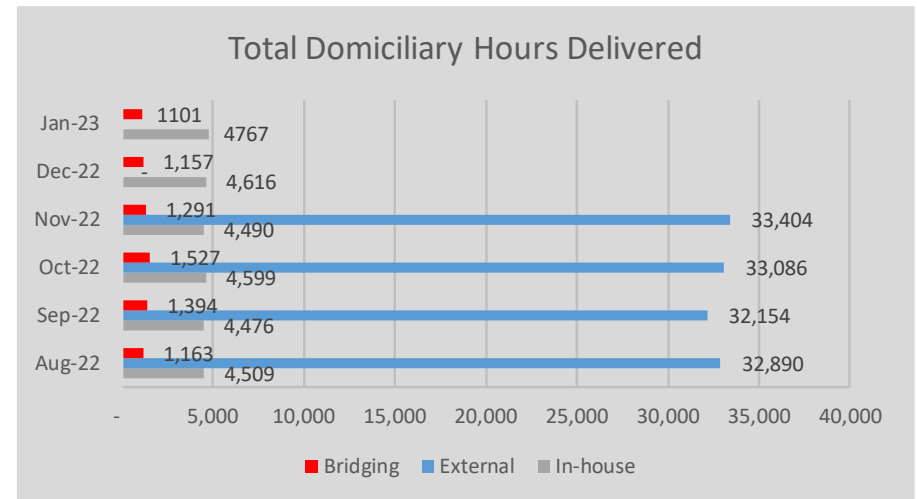
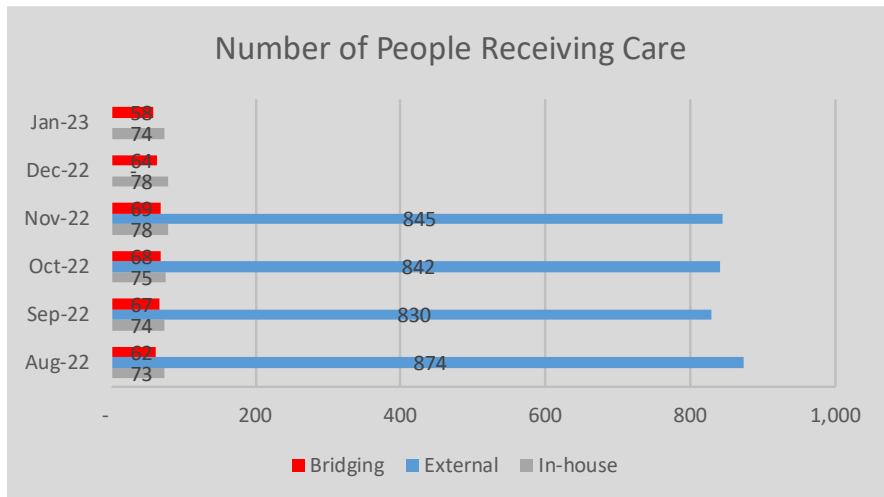
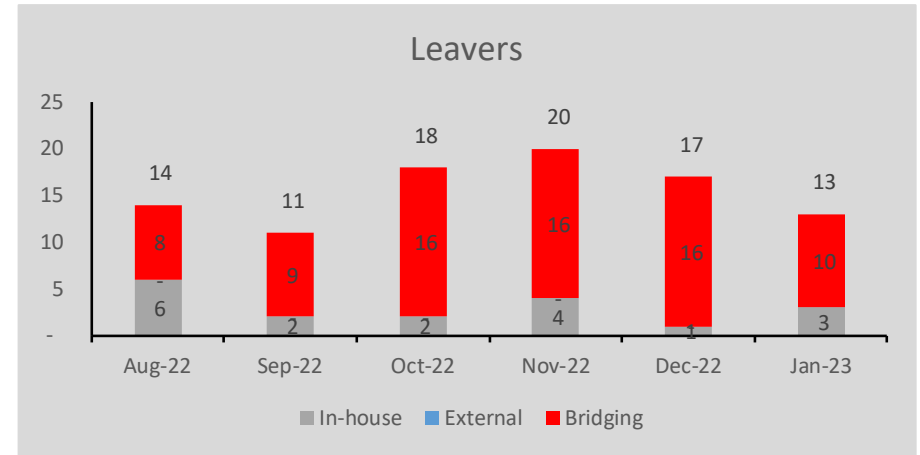
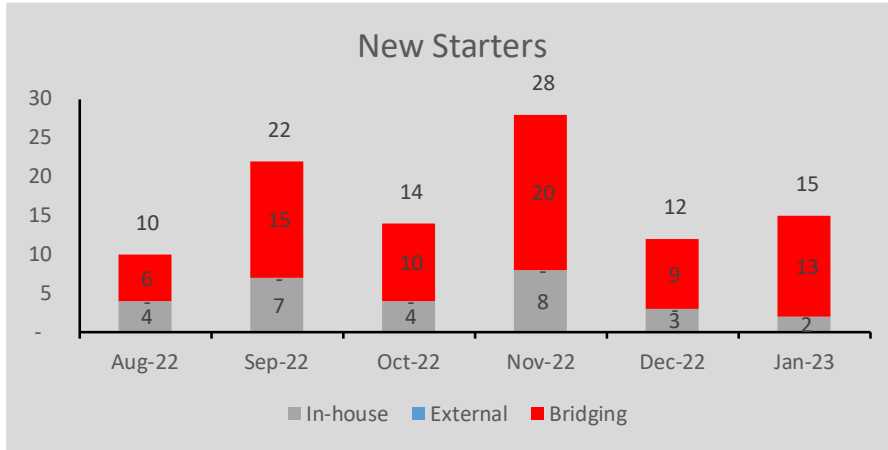


What is working well?	What are we worried about?	What we are going to do?
<p>Our staffing deficits have stabilised, we have 2 Cohorts of new recruits going through Induction totalling 11 staff, 7 allocated to the Long-Term Complex (LTC) Team, 1 to Reablement and 3 relief staff. The 7 staff allocated to the LTC team will reduce the need for Reablement CCA's to cross cover in LTC. Hence, increasing capacity. Cohort 3 starting 27th February 2023 with 2 members of staff 1 for Reablement and 1 Relief and Cohort 4 starting on 13th March 2023.</p> <p>North Reablement have increased from 1 member of staff out per night to 2 staff out per night. Enabling the team to take on double staffed night calls.</p> <p>We continue to meet daily to monitor and assess capacity across the service. Which is contributing to stronger working relationships between the Business Support team and Homecare.</p> <p>As at the 9th January 2023 we had 40 individuals waiting for care and support from our service. As of 20th February we have 27 individual's waiting for care and support.</p> <p>The appointment of a trainer in Homecare is proving beneficial to the team.</p>	<p>The lack of sufficient suitable applicants and continued delays in our recruitment pipeline means that we are not filling our vacancies as quickly as we would like. We have temporary and permanent 28-hour vacancies to fill which is instrumental in the rota rolling. Ongoing HR activity may result in an increase of vacant lines.</p> <p>The increase in referrals through CAP to support Rapid Referrals.</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>The waiting time for staff to be seen by Occupational Health.</p> <p>Difficulties in accessing timely training in Manual Handling, Food Hygiene and First Aid for new recruits as part of their induction, leading to delays in being able to use their capacity in our rotas.</p>	<p>Working with colleagues in Employee Services, Business Support and Staff Development & Training to continue to provide a robust induction.</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>

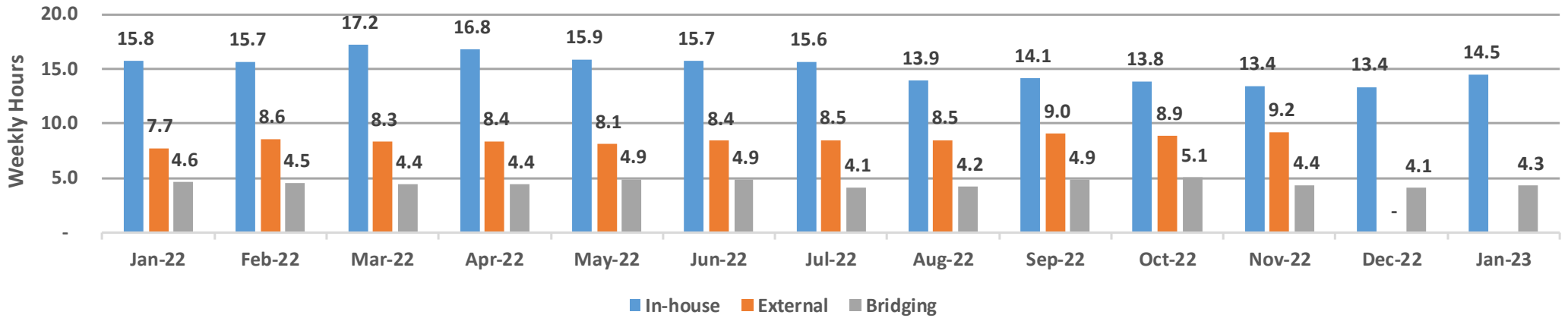


Long Term Domiciliary Care

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

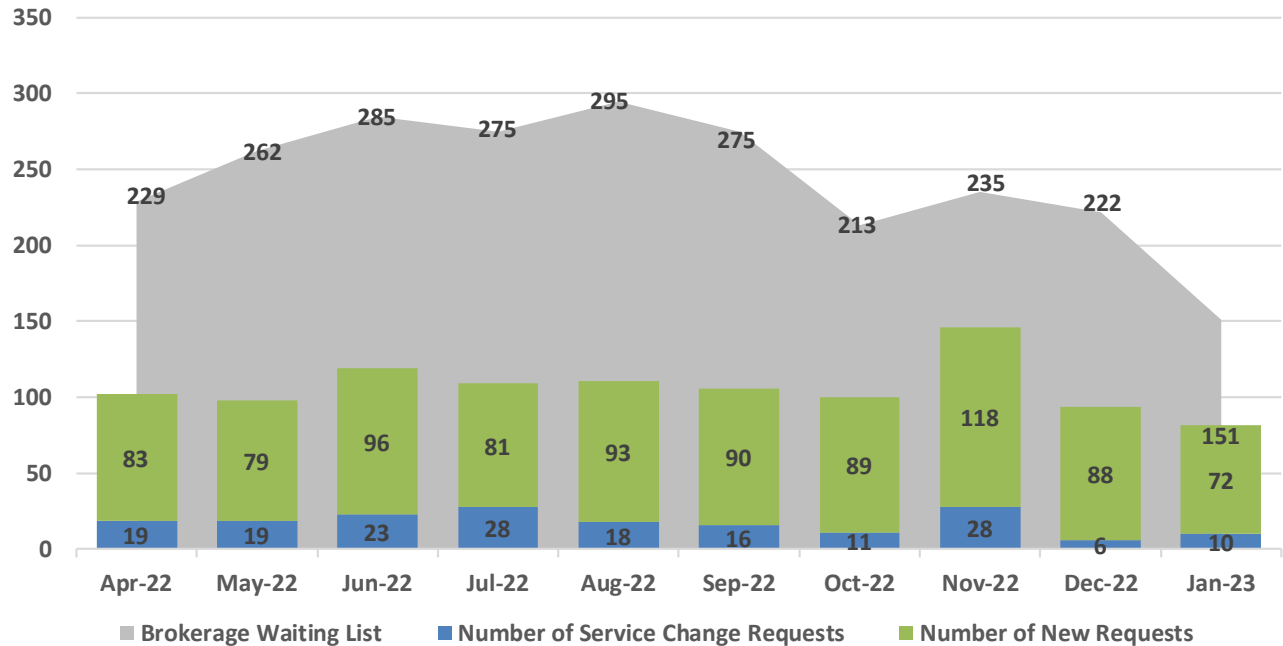


Average Weekly Hours Per Service User per Month



Brokerage Referrals

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"> • Block contract in hard to reach areas resulting in no waiting list for care on Gower. • Implementation of second block (low volume) contract to optimise capacity and stabilise workforce. • Continued stability of services • Effective and timely allocation of care leading to reduced brokerage numbers meaning fewer people waiting for care. • Completion of work to review costs leading to more favourable rates which address RLW requirements and inflationary pressures for 23/24 • Collaborative work with Providers to review costs and revise fee structures • Implementation of interim subsidy to reflect unforeseen inflationary cost pressures • Completion of work to review costs leading to more favourable fee rates which address RLW requirements and inflationary pressures for 23/24 	<ul style="list-style-type: none"> • Ongoing operational cost pressures • Ongoing workforce recruitment and retention pressures. • Potential for further handbacks caused by staff leaving the care sector • Timely access to dom care services for people awaiting hospital discharge 	<ul style="list-style-type: none"> • Continue to Review service and commissioning models to achieve more sustainable and stable services • Apply uplifts for 23/24 to meet RLW obligations and ongoing inflationary pressures. • Propose maintenance of fuel subsidies for 23/24 to help with increased fuel costs • Explore free parking permits to enable dom carers to park free of charge at council locations. • Continue to attempt to develop ways to increase social care workforce

Internal Long Term Care:

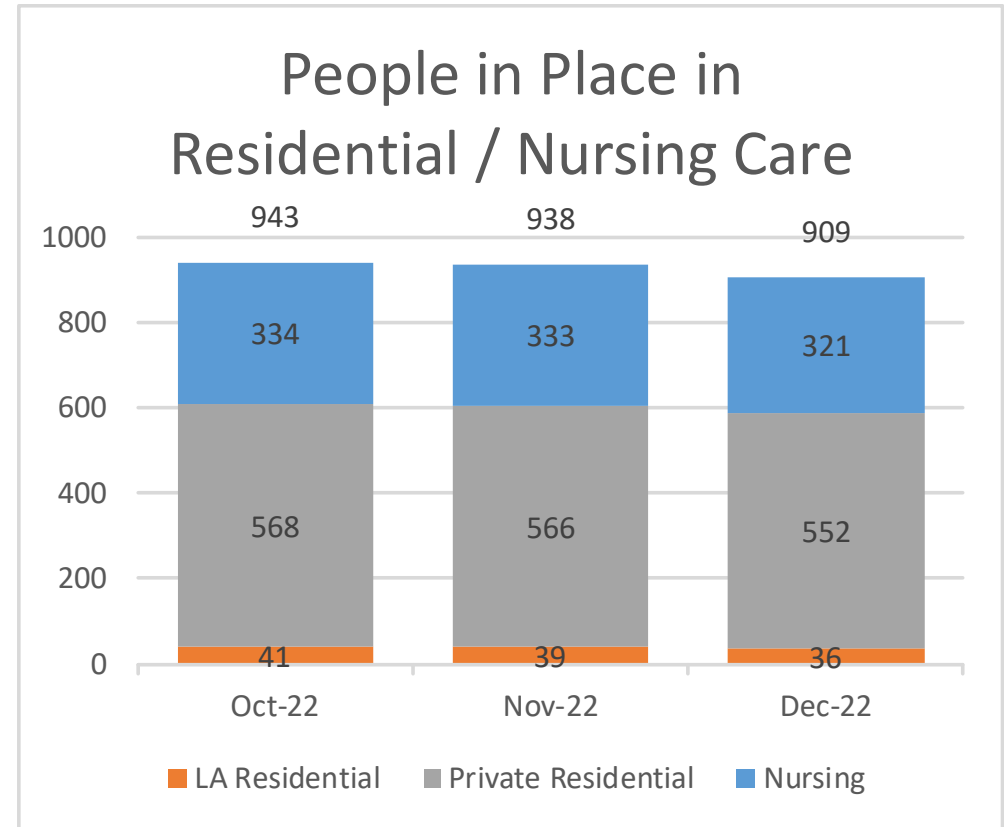
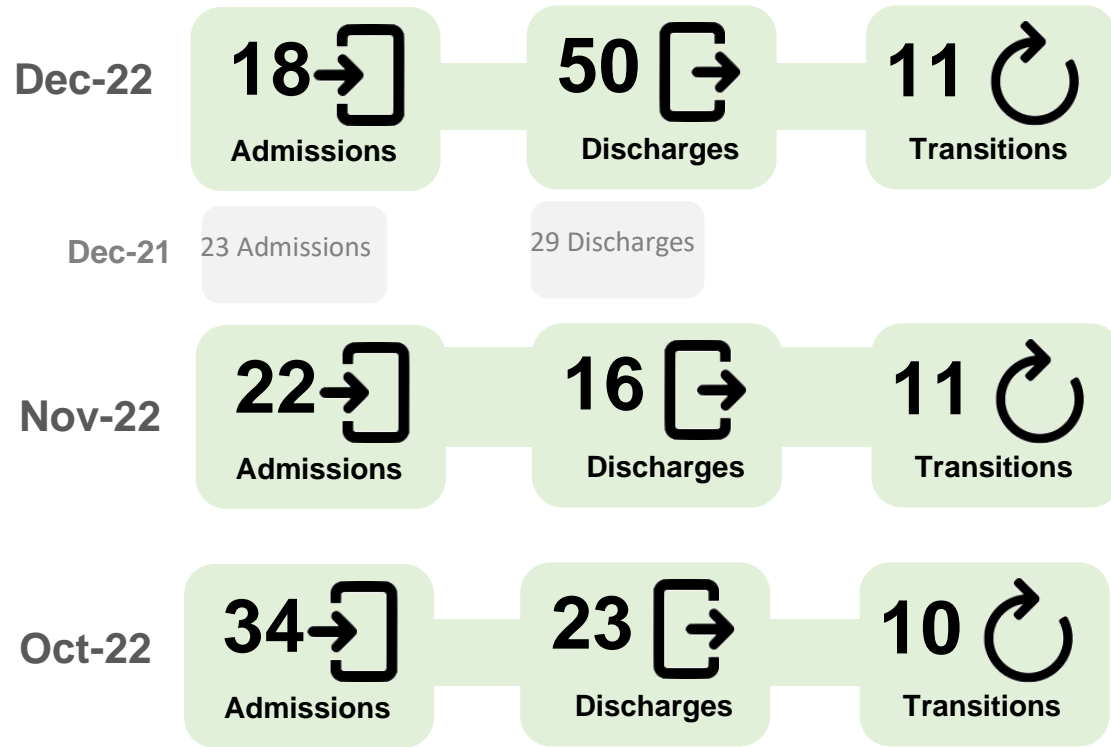
What is working well?	What are we worried about?	What we are going to do?
<p>As above in Reablement section.</p> <p>The pilot management re-structure is helping support Senior Community Care Assistants to concentrate on Individuals and managing caseloads.</p>	<p>The pilot management re-structure has identified managing 30 Community Care Assistants is not viable.</p> <p>The number of clients/staff on an individual SCCA's caseload. Some teams have 30 staff and 1 SCCA cannot line manage this number of staff and maintain regulatory compliance alone.</p> <p>To review the Pilot Management Structure again, and in light of ongoing feedback from key stakeholders.</p>	<p>Review the pilot management re-structure. Considering building in a HR function to manage training, management of absence and annual leave.</p> <p>Continue to identify capacity in LTC to support the Rapid Referrals for care and support before using Reablement capacity.</p> <p>Concentrate on undertaking timely regulatory compliance reviews.</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>External Provision</p> <ul style="list-style-type: none"> Collaborative work with Providers to review costs and revise fee structures Implementation of interim subsidy to reflect unforeseen inflationary cost pressures 	<p>External Provision</p> <ul style="list-style-type: none"> Ongoing workforce recruitment and retention pressures Ongoing inflationary pressures Reduced contract monitoring and 	<p>External Provision</p> <ul style="list-style-type: none"> Resume light touch contract monitoring arrangements Propose increased rates to address RLW and rising costs

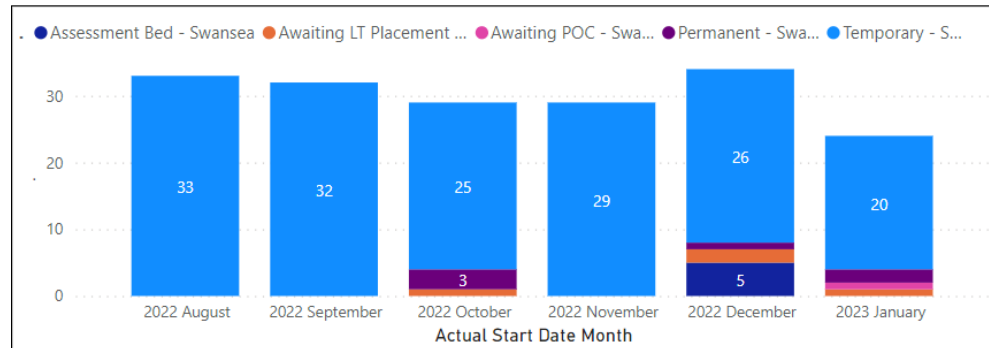
<ul style="list-style-type: none">• Completion of work to review costs leading to more favourable fee rates which address RLW requirements and inflationary pressures for 23/24	<p>understanding of service quality.</p> <ul style="list-style-type: none">• Use of care home capacity to address community / hospital discharge pressures	<ul style="list-style-type: none">• Review commissioning arrangements to ensure effective step /step down services which address hospital and community pressures.
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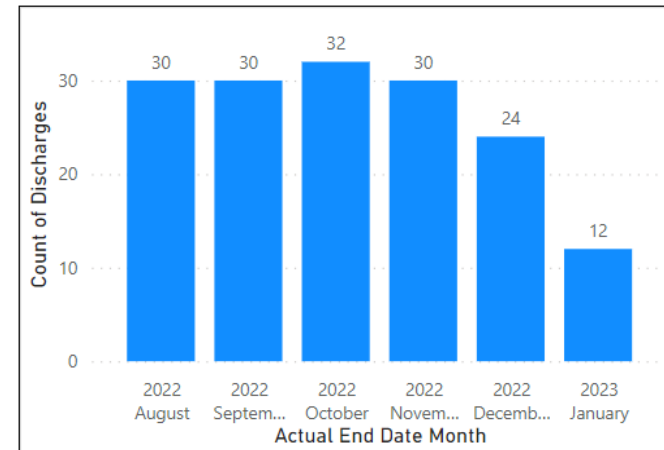
Older People Internal Residential Care – Permanent & Temporary

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

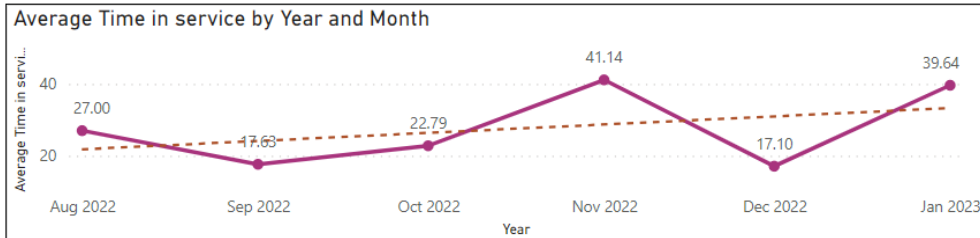
Admissions:



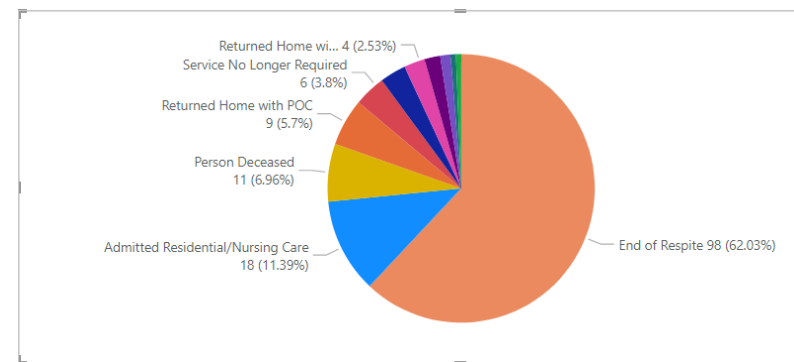
Discharges:



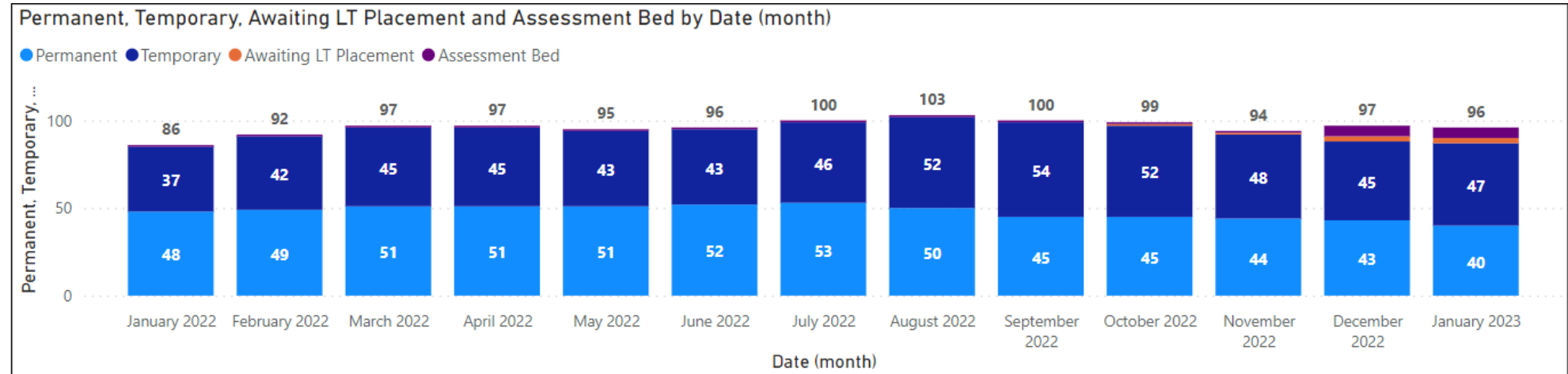
Average time in Service for Temp Placements only over Period July-Dec 22



Discharge Destinations over Period July-Dec 22



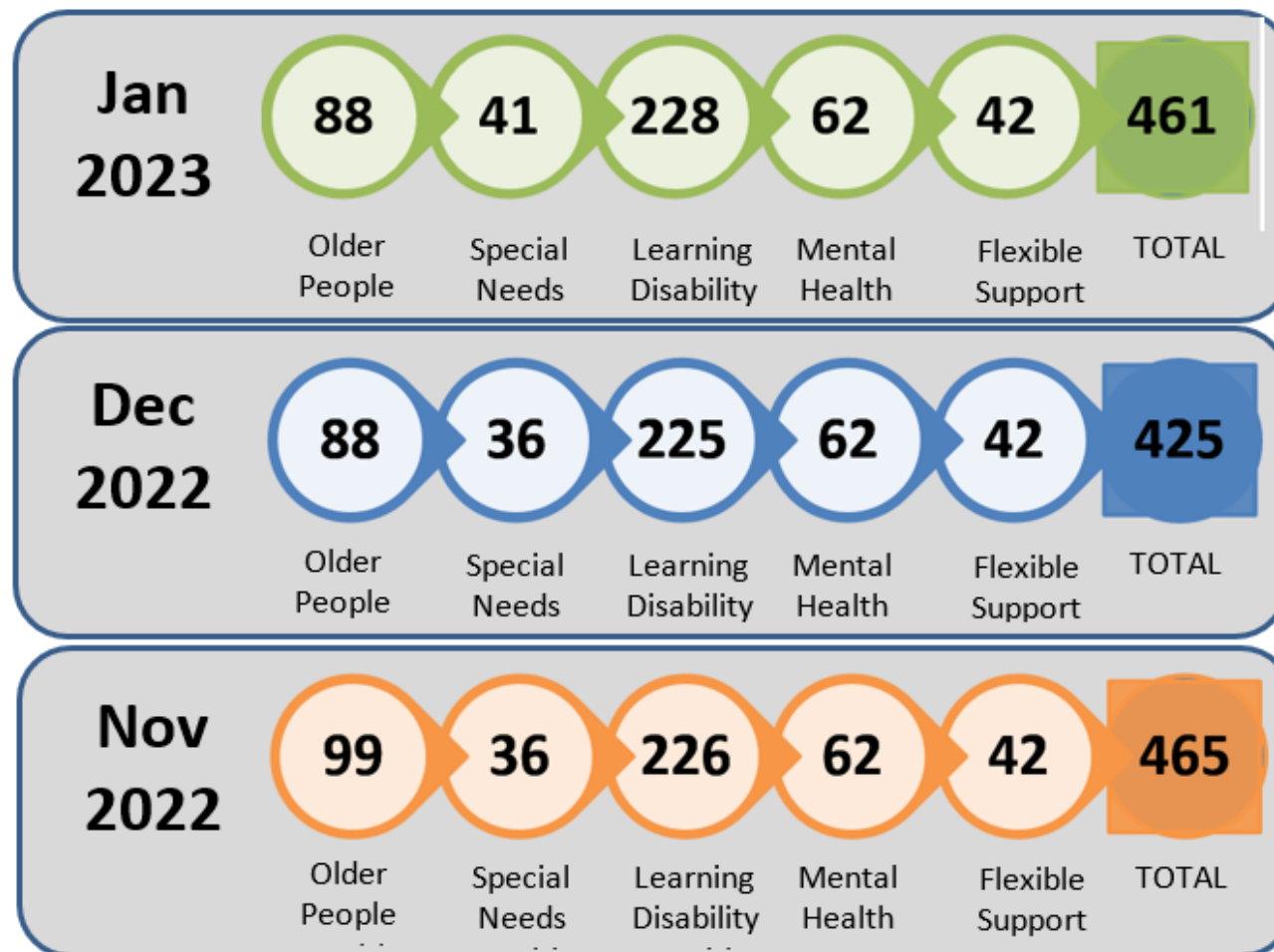
Clients in Place During Each Month:

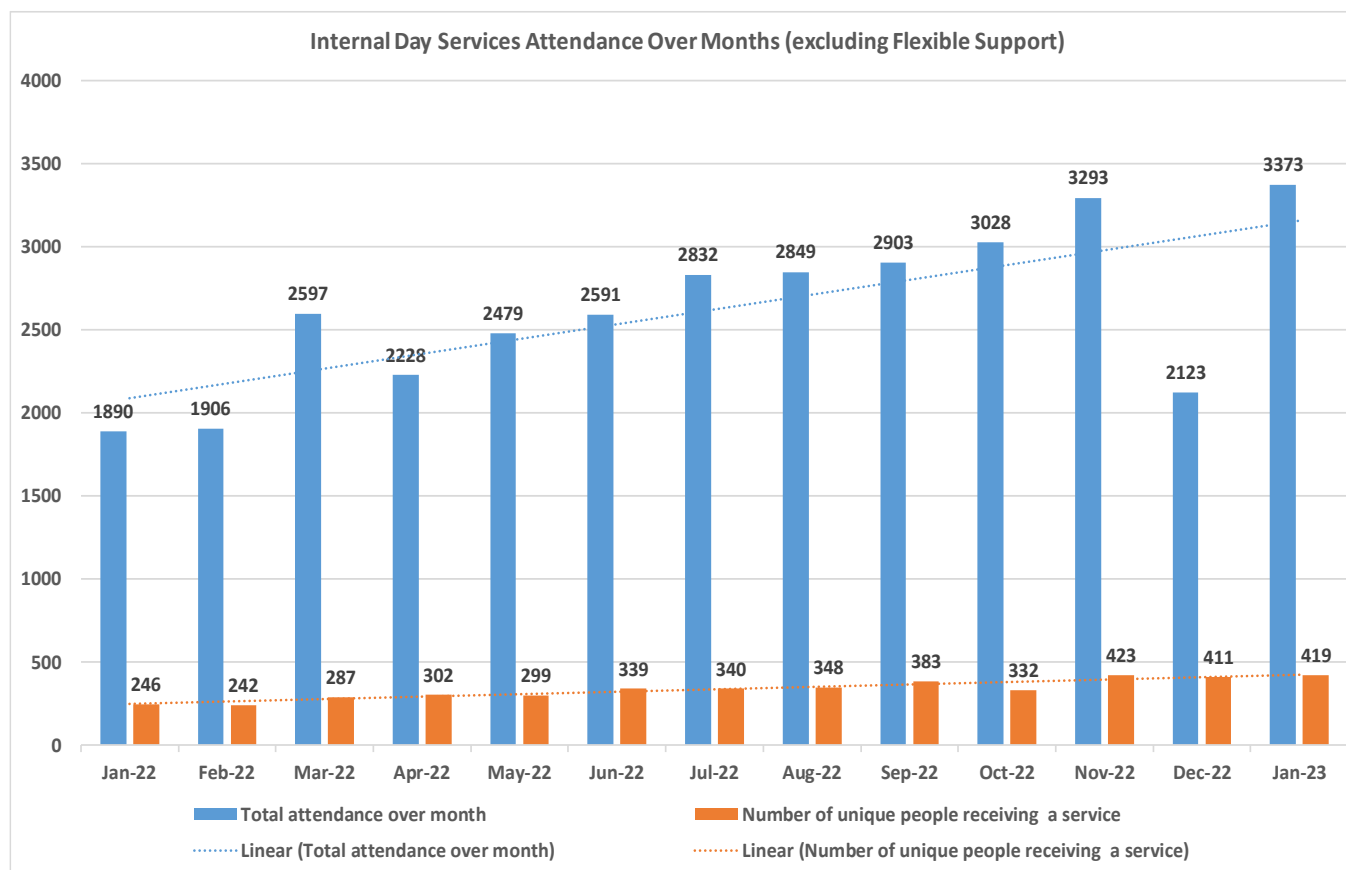


What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Step up step down (SUSD) offer and systems in place Planned respite and long term allocation in place for better planning 	<ul style="list-style-type: none"> Still some delays in return home due to POC supply Increase in Covid Both impact on providing placements 	<ul style="list-style-type: none"> SUSD process being refined and aligned to Hospital and Home First team. Comms due to be sent out (Feb).

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. Work has also commenced on External Day Services Provision.



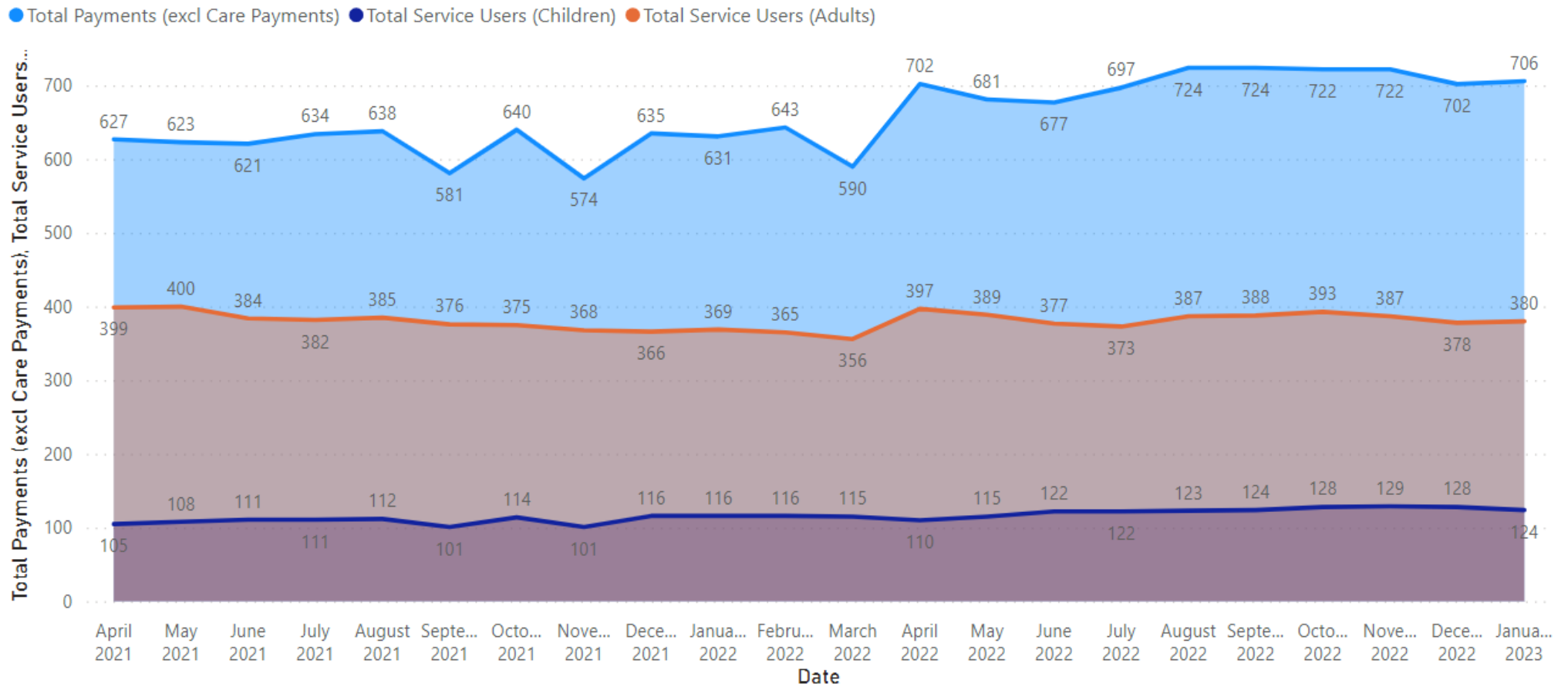


What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Continued increase in individuals attending Increase in attendance Fortnightly monitoring of return to day service, number of days Use of resources - Abergelli day service (for people with LD who are older) expanded to older people – working very well. 	<ul style="list-style-type: none"> Increasing capacity within current staffing levels and increase in complexity 	<ul style="list-style-type: none"> Continue to review staffing structures against support needs. Continue to review needs of service users and support required. Continue to explore alternative support/proportionate support (e.g. people living in supported living to be supported at home, access services sessionally supported by Supported Living staff).

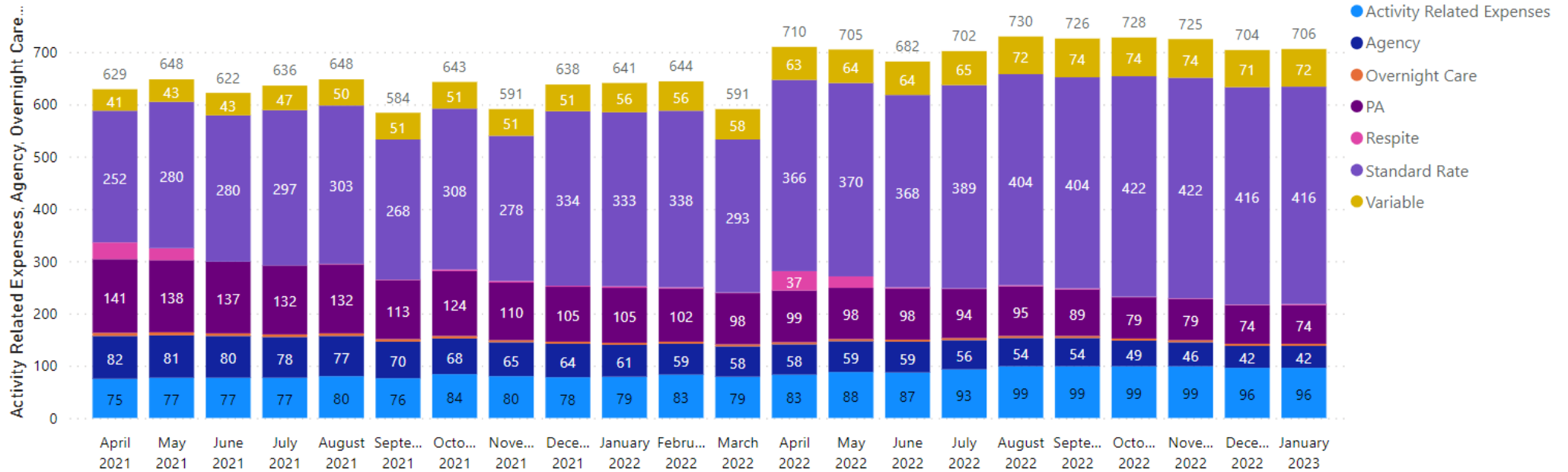
Direct Payments

Number of Payments each Month Plus number of Unique Service Users

Total Payments (excl Care Payments) and Number of Service Users by Month

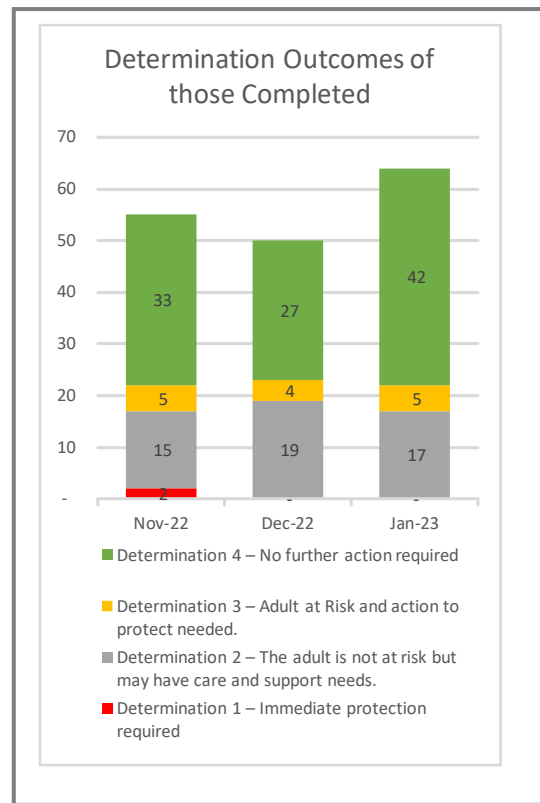
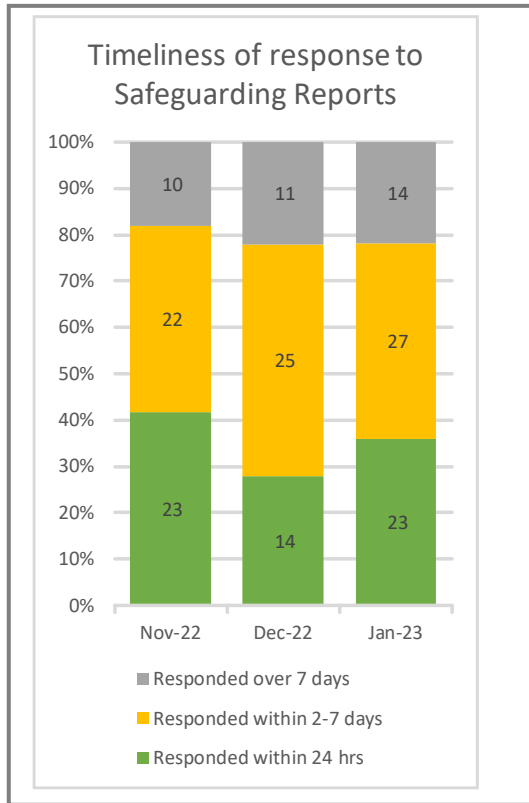


Number of Payments each Month based on Type of Payment



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Stabilisation of services from new Managed Account service Provider (Compass) • Successful recruitment of PAs which has significantly increased additional no of PAs available to provide care and support. • Creation of 2 work placements within team to bolster capacity • Creation of Project Board to ensure compatible practices and shared strategic vision across children’s and adults’ services. • Combined DP and Dom care FACS panels to create process efficiencies and improved access to services. 	<ul style="list-style-type: none"> • Transfer of contract (and data) for Payroll and Managed Account Services is creating additional costs (to manage / correct former Provider’s payroll errors) • Opportunities to use DPs to create alternatives to traditional services are not optimised. • DPs for carers are underused. • Systems and processes to ensure payments are recovered if not used require review. • Resources and processes are impeding capacity to match PAs with people waiting to receive care. 	<ul style="list-style-type: none"> • Risk management plan in place to address transfer of contract / data related problems • Legal advice regarding recovery of additional costs (legal action pending). • Review systems and processes and identify improvements where possible. • Improve Performance management (of internal staff , systems and processes) • Expand use of DPs to support the development of micro enterprises. • Review process for ensuring allocated DP funds are used or recovered. • Benchmarking systems, processes and team structures with other LAs to identify improvements

Safeguarding Response



Reports /Actions

64 Reports received in Jan 23

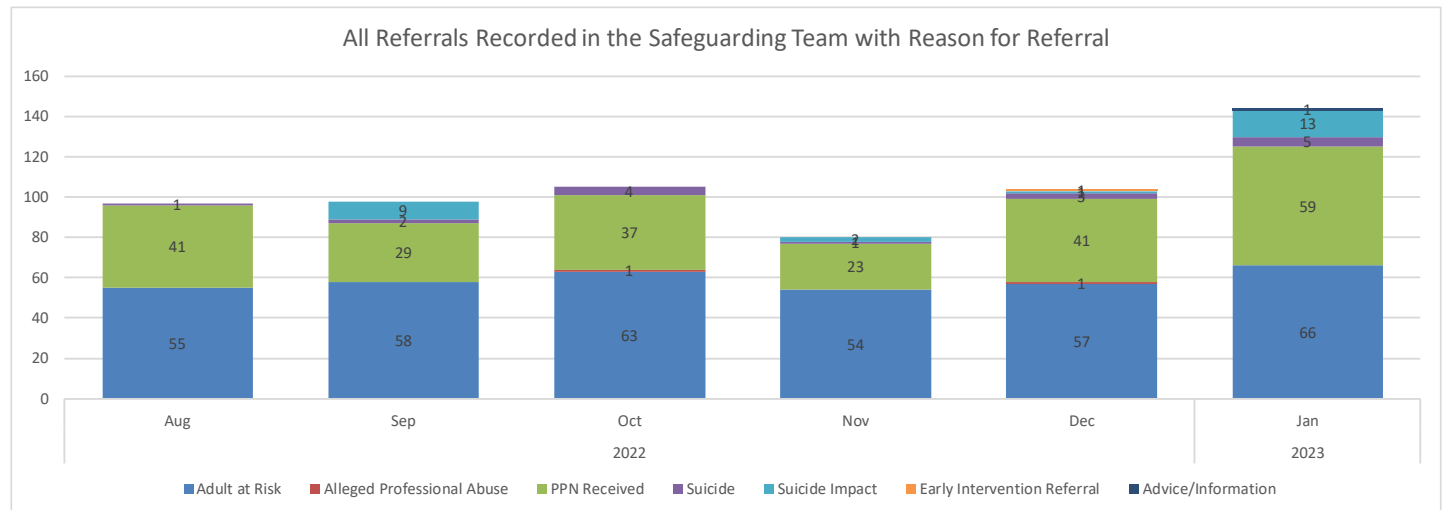
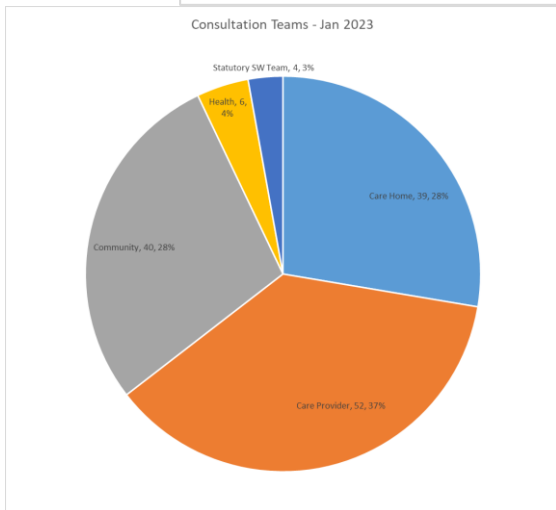
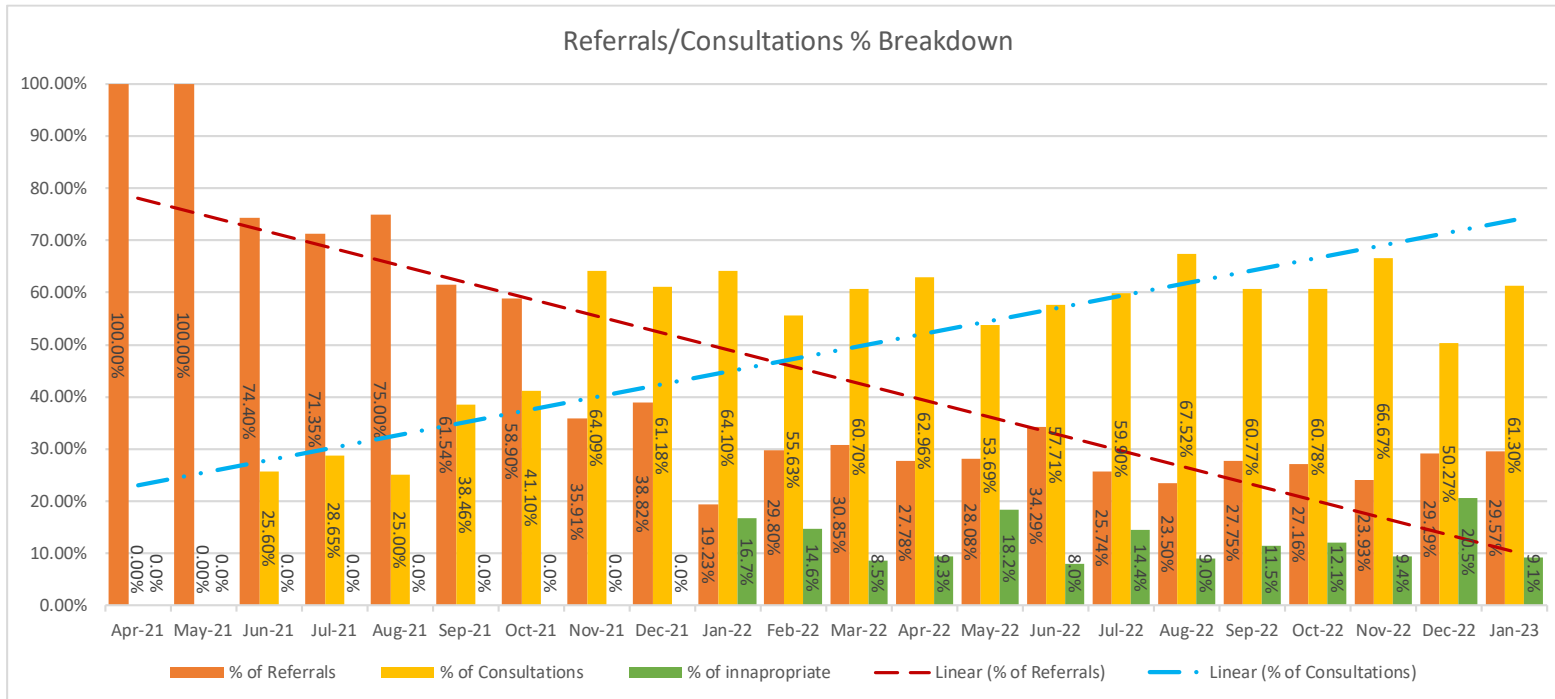
64 Determinations completed
83% responded to within 7 days
141 Consultations held,
21 inappropriate

30 Reports were received in Jan 22,
 30 Determinations completed

38 Determinations completed
89.5% responded to within 7 days
91 Consultations held,
38 inappropriate

49 Determinations completed
86% responded to within 7 days
156 Consultations held,
22 inappropriate

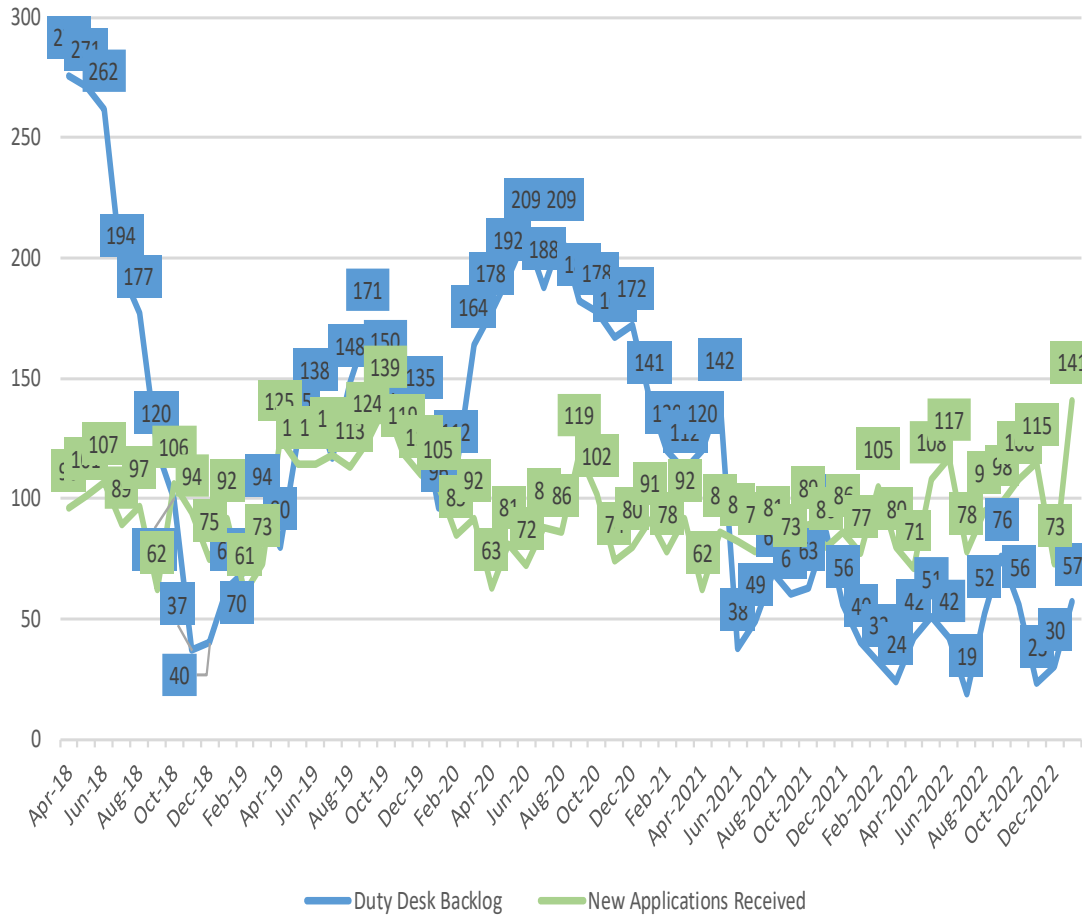
Safeguarding are now recording Inappropriate Referrals as Casenotes on WCCIS, therefore they are no longer counted/included in the Referrals total. Consequently, Referral numbers will be less than previous reporting and Consultations & Inappropriate Casenotes will be higher.



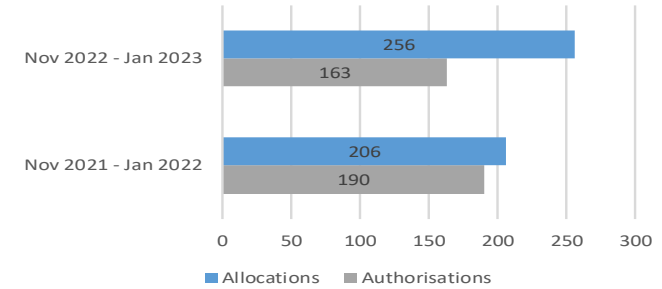
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • The Safeguarding Team are enjoying the benefits of having 3 Student Social Workers in the Team. This encourages their own growth and development and also provides an additional resource to the Team. • The team continue to access counselling support every 6 weeks to help prevent vicarious trauma. • 141 consultations, evidences the good work the Team are involved in, ensuring colleagues are given expert advice on the day. The work that the Safeguarding Team have been involved with, alongside partner agencies is being recognised and promoted in the NHS Conference in March. • The continue to develop good working relationships with partner agencies; visiting team meetings and broadening knowledge base on services to refer on to. • The Team routinely attend multi-agency meetings and ensuring a joined up approach to safeguarding issues relating to domestic abuse and other areas where risk is predominant. 	<ul style="list-style-type: none"> • Increased numbers of suicides, there appears to be a national trend of increased suicide. • Despite the resilience within the team it would be beneficial to have specialist support available immediately, when traumatic situations are dealt with. 	<ul style="list-style-type: none"> • Consideration to be given to more specific trauma counselling, in order to prevent vicarious trauma occurring within the Team. • Continue to promote Team resilience and engage and encourage the team to recognise the importance of their emotional well-being. • Continue to meet with partner agencies and maintain good working relationships, in order to best access the right support at the right time.

Timeliness of Deprivation of Liberty Assessments

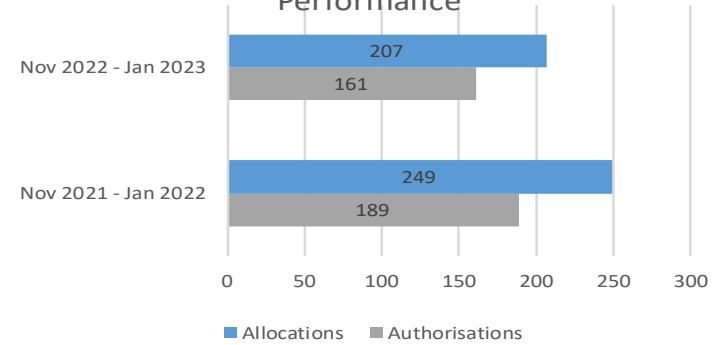
DoLS Backlog and New Referrals



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"> • Plans for a rota for business support staff to ensure better allocation of work being made. • Good morale in team and no sickness in social work side of team. • Moving forward with working closer with the LHB and NPT in relation to DoLS/DoL and LPS work. • Work on improving quality of assessments started with permanent staff and well received by staff. 	<ul style="list-style-type: none"> • Still waiting 2 LPS roles and no further information from Welsh Government about regulations and Code of Practice. • Increase in DoLS applications from care homes so increase in backlog waiting to be authorised. • Still getting new s21a applications from paid RPR's. • Still full-time senior vacant post in Team. • 2 staff in Business Support on sick leave so backlogs remain in processing Form 5's. 	<ul style="list-style-type: none"> • Advertise LPS jobs as soon as agreed. • Increase use of independent BIA's again to help manage increasing backlog. • Make contact with paid RPR staff to remind them of agreement to discuss any s21a challenges with DoLS team and care manager before application is made to court. • Continue to use agency senior on a part –time basis to help with Form 5 work.