Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
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STRATEGIC PLANNING AND PERFORMANCE GROUP

REGIONAL REPORTING TEMPLATE FOR COMMUNITY CARE DIRECTORATE STATUTORY FUNCTIONS

PERFORMANCE MANAGEMENT AND ASSURANCE REPORT

REGIONAL EMERGENCY SOCIAL WORK SERVICES

For Year end 31 March 2026

DRAFT

Belfast Health & Social Care Trust

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1. EXECUTIVE SUMMARY

Executive Director of Social Work:

This report provides an overview of the Trust's discharge of statutory functions on behalf of the five HSC Trusts on an out of hours basis in respect of services delivered by the social work workforce in the Regional Emergency Social Work Service (RESWS); for the period covering 1st April 2025 to 31st March 2026. It addresses the assurance arrangements underpinning the delivery of these services, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (2015) and identifies on-going and future challenges in the provision of such services. This report is in accordance with the Trust responsibilities outlined in The Health and Social Care Act (NI) 2022 to provide assurance to the Department of Health that the exercise of social care and children's functions are implemented in accordance with the law and to all relevant professional standards (CIRCULAR (OSS) 01 / 2022).

1.1 Executive Director of Social Work Statement of the Governance arrangements in place for safe and effective social work and social care services across the Trust

At the outset of the reporting period, the role of Executive Director of Social Work (Interim) was held by Ms Tracy Reid, a qualified and registered social worker with the Northern Ireland Social Care Council (NISCC) on Part 1 of the register. From August 2025, this role has been undertaken by Ms Kerry-Lee Weatherall, Interim Director for Children's Community Services and the Trust's named Executive Director of Social Work. Ms Weatherall is also a qualified and registered social worker with NISCC on Part 1 of the register.

Ms Kerrylee Weatherall is accountable and responsible for the operational delivery of statutory functions by the Regional Emergency Social Work Service (RESWS). As a member of Trust Board Ms Kerrylee Weatherall is accountable to the Chief Executive for the discharge of safe and effective social work and social care services across the Trust. The EDSW oversees the organisational assurance and governance arrangements underpinning the discharge of social care statutory functions.

There remains an unbroken line of professional accountability for social workers in RESWS. The EDSW and Director of CCS is social work qualified which ensures an unbroken line of operational and professional accountability from the social work practitioner, through to the Director of CCS and the EDSW of social work who reports to the Chief Executive and to the Trust Board.

Mrs Lisa Hine is the Divisional Social Worker and the named officer for professional social work in RESWS with professional accountability to the EDSW & Director of Children's Community Services.

Regional Governance Structures

Executive Directors of Social Work across the five Health and Social Care Trusts maintain responsibility and accountability for the discharge of statutory functions related to the delivery and assurance of social work services within their respective areas. Assurance is provided through a Consortium Board arrangement, which convenes quarterly. Additionally, the Operational Management Group, comprising senior managers from all five Trusts and service areas, meets bi-monthly. A Service Level Agreement between the Trust and other Health and Social Care Trusts outlines the specifics of the provided service and associated governance arrangements.

Operational Management and Professional Registration

The Co-Director and Service Manager for RESWS are professionally qualified social workers. The Assistant Service Manager (ASM), also a social worker, has lead responsibility for mental health within RESWS. The ASM ensures that all Approved Social Workers (ASWs) in RESWS are registered with each of the other four Trusts' ASW Registers and updates these details as needed. Additionally, the ASM monitors compliance with mandatory training linked to ASW registration requirements.

Compliance and Assurance Mechanisms

The Trust adheres to the Northern Ireland Social Care Council (NISCC) Standards of Conduct for Employers and has established processes to monitor and assure compliance with registration requirements. Compliance with the Department of Health (DOH) supervision policy is monitored on a quarterly basis.

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

Emergency Provision for Children

The on-going shortage of emergency foster placements during out-of-hours periods, across Trust areas, continues to present a significant operational challenge. It is often necessary to arrange placements outside a child's home Trust area, which may result in very young children undertaking lengthy journeys at night. This can restrict the Regional Emergency Social Work Service's (RESWS) capacity to fulfil statutory obligations on behalf of host Trusts in a timely and effective manner when suitable emergency placements are not immediately available. This matter has been formally escalated via the Consortium Board.

Mental Health Order (1986) Assessments

The RESWS continues to encounter considerable difficulties in fulfilling its statutory functions under the Mental Health Order (1986) and has been unable to respond to all assessment requests.

The implementation of the NIPSA Direction of Health and Safety at Work Act (1974) – "Approved Social Workers in Regional Emergency Social Work Service" – has had an impact on the ability of RESWS to respond promptly to assessment requests under the Mental Health Order. The total number of Mental Health Order assessments delayed as a result of the NIPSA Direction was 45. This operational impact has been particularly acute around Approved Social Worker (ASW) handover times. Additionally, 54 Mental Health Order assessments were delayed due to the unavailability of a General Practitioner (GP).

During the reporting period, the service received 20 interface incidents, each relating to Mental Health Order referrals. A recurring issue across these incidents was the prolonged waiting times experienced by patients in Emergency Department settings while awaiting Mental Health Order assessments.

Adults with a Learning Disability

Admissions for assessment under the Mental Health Order for individuals with a learning disability remain a continuing challenge, primarily due to limited regional bed access. This issue impacts adults requiring specialist learning disability facilities.

Workforce Capacity

Ongoing workforce challenges continue to affect the safe delivery of care within the RESWS. As of the end of the reporting period, there were 3.59 senior practitioner vacancies and a combined vacancy and absence rate of 34.5%. A recruitment campaign is underway within the service to address these staffing shortfalls.

Independent Review of RESWS

The Strategic Planning and Performance Group (SPPG) commissioned an independent review of the Regional Emergency Social Work Service (RESWS) which was published in this reporting period. The Review Team presented a series of recommendations aimed at stabilising and transforming the service, with a clear focus on short, medium, and long-term improvements. A number of the recommendations were assigned to BHSCT to deliver upon and equally a number related to wider systems issues for the Commissioner to lead on.

To address immediate challenges, the short-term recommendations emphasise leadership and cultural reform, stronger governance and accountability, enhanced workforce wellbeing and safety, as well as more effective operational

management of rotas and workload allocation. Looking ahead to the medium term, the priorities shift towards regional reconfiguration, particularly in responding to mental health crises and refining workforce planning, while also ensuring the service delivers strong performance and value for money.

In the long term, the objective is to strategically redesign RESWS, ensuring it aligns with legislative and policy developments.

The Trust has developed an action plan and several initial steps have been taken to address key priorities. Progress is being closely monitored by both the RESWS Steering Board and the Trust Culture and Governance Oversight Group. Work streams in relation to key themes are in development.

The Trust is reporting that reasonable compliance has been achieved, within the context of significant ASW workforce pressures and industrial action. Compliance with the ASW Quality Standards reflects the complexity of regional work however the Trust notes high standards of practice in relation to governance, supervision, support and training. Please see spreadsheet for further information. Challenges in regard to compliance and remedial actions taken are outlined within this report.

Signature

Date 8th May 2026

2. PROGRAMME OF CARE SUMMARY

Regional Emergency Social Work Service	
2.1	**Named Officer responsible for professional Social Work** Mrs Lisa Hine is the Divisional Social Worker and the named officer for professional social work in children's community services with professional accountability to the Interim Executive Director of Social Work (EDSW) Mrs Kerrylee Weatherall. Mrs Melissa Campbell is the Interim Service manager and has operational responsibility for the Regional Emergency Social Work Service (RESWS) The Director of Children's Community Services (CCS), Mrs Kerrylee Weatherall, supported by the Co-Director Mr Martin Morgan (Corporate Parenting Services) have responsibility and accountability for the operational delivery of statutory functions by the Regional Emergency Social Work Service. **Accountability Arrangements** There remains an unbroken line of professional accountability for social work. The Director of CCS is social work qualified which ensures an unbroken line of operational and professional accountability from the social work practitioner, through to the Director of CCS who report to the Chief Executive and to the Trust Board Please see copy of organisational structure on page 18. **Highlight any vacancies and the action taken to recruit against these.** The funding for the RESWS is 1 service manager, 4 assistant service managers (ASM) and 32.46 senior practitioners. The service also operates with a locum bank of senior practitioner staff. There are 2 ASM posts currently filled on a temporary basis; 1 is backfilling the secondment of one of the Assistant Service Manager's to the RESWS service manager post. The 2nd is backfilling one of the Assistant Service Manager's as they undertake specific tasks related to RESWS such as chairing Serious Adverse Incidents (SAI). At the end of the period there were 2 permanent ASMs in post and 2 temporary ASMs. The service manager post has continued on a temporary basis during this reporting period and will be progressed to permanent recruitment in the next review period.

	At the end of the reporting period there was a total of 3.59 senior practitioner vacancies and a total of 34.5% vacancy/absence rate. There is a recruitment campaign ongoing within the service to fill the vacant posts; 36 applications were received, of which 29 were shortlisted for interview. Interviews are scheduled to take place in the next two weeks. The service has also advertised for ASW locum staff and 4 applications were received for this.
2.2	**Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.** All posts within the RESWS are designated Senior Social Work Practitioner posts. Recruitment within RESWS continues to be a priority given the current challenge of retaining social worker practitioners, particularly ASW staff. RESWS are flexible in their approach to recruitment with many of the staff working a combination of both 28 hours per week (HPW) and 37.5 HPW. A potential barrier to recruitment in this reporting period may be the service being under review. The outcome of this review was shared with staff in January 2026 and with action plans now in progress it is anticipated that any impact on recruitment should be reduced. Throughout the reporting year the RESWS has relied on locum senior practitioners to cover for staff absence. The locum senior practitioners work to a zero-hour contract with RESWS and flexibility is provided in relation to the start and finish times of shifts for locum staff. During the recruitment process for locums, the service advertised for both ESW and ASW locums. From the ASW campaign, 9 candidates were shortlisted and 5 were successful at interview. From the ESW campaign, 42 were shortlisted and had 23 successful candidates **Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.** **Band 8A On-Call Manager** A recruitment process was completed for an 8A on call ASW Manager and 19 staff from RESWS applied for this role and were successful at interview. However, only one employee has been undertaking on-call shifts on a regular basis, as the remaining successful candidates have chosen to prioritise senior practitioner shifts within the service. Staff have also raised concerns regarding the financial remuneration associated with the on-call role. In line with DOH Regional ASW Quality Standards the service must have an 8A ASW on call available to support ASWs. These standards were primarily written for Mental Health services and occurred post the development of the RESWS service. Therefore, achieving this requirement has proved challenging for RESWS as the service

	employs four Band 8a Managers (of which two are ASW qualified) and the available resource is not sufficient for full operational hours. Where an 8A is on shift, particularly at weekends the role is intended to support the shift manager (demand and capacity) and to make available a senior manager to provide advice and guidance to ASWs, ESWs and shift managers as a single point of contact for RESWS; with regional on-call managers where escalation of complex cases is required and the local Trust support is required. The posts have been identified in a cost pressures paper presented to SPPG in March 2025. **Nurse Bank** As a consequence of protracted waits and Lone Working requirements the service utilised the Belfast Trust Nurse Bank to act as a second person to support ASWs deployed on protracted waits and to support Social Workers in lone working situations. This resource also enabled Social Workers to be available to respond to adult and children's safeguarding referrals. RESWS are no longer utilising Trust Nurse bank as there was limited availability of staff willing to undertake these shifts. These posts were not within the current commissioned service resource and were implemented at financial risk. **Band 4 social work assistants** The service introduced temporary Social Work Assistants to act as second persons to support ASWs deployed on protracted waits, ESWs in safeguarding cases and to support Social Workers in lone working situations. This resource has enabled Social Work workforce capacity to some extent to be available to respond to Mental Health Order Assessments and adult and children's safeguarding referrals. There are currently 3 social work assistant posts utilised via expressions of interest and agency staff. These staff ~~are currently employed by the BHSCT as Social Work Assistants and~~ have proven to be a valuable resource to the service. ~~They support both ESW and ASW practitioners during social work visits and MHO assessments.~~ The service plans to recruit four temporary Social Work Assistants on a locality-based model, which will further strengthen compliance with the lone working policy within RESWS. These posts were not within the service level agreement, the current commissioned service resource and were implemented at financial risk. **Shift managers** The service plans to introduce four temporary Shift Manager posts to oversee operational cover after 5.00pm, with responsibility for

	management cover during the hours of 2.00am to 9.00am. This initiative will provide additional capacity within the service, enabling the Band 8A management team to focus on strategic priorities and fulfil their roles as escalation managers. To date, 12 applications have been received, and the service is currently at the shortlisting stage of the recruitment process. These posts are not within the current commissioned service resource, are not resource neutral and will be implemented at financial risk.
2.3	**Supervision arrangements for social workers** **Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes** Yes, the service is 100% compliant at the end of month and the total compliance for the year is 92% The review of RESWS commissioned by SPPG completed during the report period identified the need to strengthen supervision arrangements for RESW locum (bank) social work staff, aligned to the DoH Social Work Supervision Policy (2024) and relevant ASW standards. A Trust review of the current arrangements identified that locum supervision needed greater consistency/assurance. Whilst there is recognition that most locums receive professional supervision via substantive posts, there was a need to develop operational supervision arrangements specific to RESWS. The outcome of the service review recommended a proportionate locum-specific supervision plan (mixed model) as an alternative to resource-heavy universal 6-weekly 1:1 supervision for all locums**.** The DSW for children's service completed this review in March 2026 and made recommendations for a supervision plan for this cohort of social work staff for consideration by the EDSW and Co-Director for RESWS for implementation in the next reporting period. Compliance with supervision is monitored by the DSW and reported on a 1/4ly basis to the EDSW office.
2.4	**Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it.** **(This may include reference to electronic or manual data sources and any data gaps and work with Encompass).**

	Mental Health (NI) Order 1986 (MHO) RESWS is confident in the robustness of the data and has completed a full manual data check of all referrals to RESWS for MHO assessments. The Trust notes that a manual count was required as accurate information was not available from Encompass reporting systems. This has been highlighted regionally, and work is on-going to resolve.

2.5 **Programme of Care to advise of numbers of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity completed during the reporting period, that directly relates to the Trusts discharge of their statutory functions** (please complete table below)**.**

	Number
Serious Adverse Incidents	**1**
Domestic Homicide Reviews	**0**
Case Management Reviews	**0**
Mental Health Review Tribunals	**0**
Judicial Reviews	**0**
Audits	**5**
RQIA Inspections	**0**
RQIA Enforcement notices – Failure To Comply Notices	**0**

Please provide details of any particular recommendations or learning that the Trust would wish to highlight.

SAI

The service is currently involved in a level 1 SAI. This SAI arose from a MHO assessment whereby the patient was at home waiting for a psychiatric bed for a protracted period of time. During this protracted wait, the patient absconded from their home and placed themselves and others at significant physical harm. The service will progress any recommendation emerging from this process.

Other Reviews / Interface Incidents / External Interface Incidents

The service received 20 interface incidents during the reporting period, all of which related to Mental Health Order (MHO) referrals. A recurring theme across these incidents was the extended waiting times experienced by patients in Emergency Department (ED) settings while awaiting MHO assessments. In response, the service has established monthly interface meetings with each of the five Trusts. These meetings aim to strengthen mutual understanding of respective roles and responsibilities, facilitate discussion of shared challenges, and support collaborative problem-solving to improve patient experience and service delivery.

These interface notifications also reinforce the impact the lack of acute psychiatric beds has on service delivery, patient safety and staff wellbeing.

Audits

1. **Social work assessment audit**

The service conducted an audit of social work assessments which were randomly selected across all shifts and all Programmes of Care, including Mental Health, Approved Social Work, Children and Families, Learning Disability, and Physical Health and Disability.

The findings showed generally strong practice: most referrals had clear reasons for referral (83%), appropriate systems checks recorded (82%), comprehensive assessments (88%), good analytical practice (90%), and high compliance with policy, client-centred practice, and interagency working (all at or near 100%). The audit found no clear correlation between shift patterns and areas of weaker practice.

Key Findings and Improvement Areas

Overall, the quality of referrals was good, demonstrating competent professional recording, strong assessment and analysis, and effective multi-agency collaboration. However, recurring gaps were identified that impact transparency, reviewability, and person-centred recording**.** These included inconsistent documentation of timelines (only 68% clearly recorded), insufficient rationale in cases where thresholds for intervention were not met, incomplete evidence of systems checks in a minority of cases, and a significant lack of recorded service user feedback (absent in 96% of referrals). An action plan has been developed to address these issues through changes to discharge summary templates, refresher training, strengthened managerial oversight, and the introduction of clearer sections for timelines, threshold decisions, systems checks, and service user feedback, with actions assigned.

2. **DATIX audit**

During this reporting period, there were 158 incidents reported on Datix relating to RESWS. 139 of these incidents involved a request for assessment under The Mental Health (NI) Order 1986 (MHO).

These incidents highlight the ongoing challenges faced by RESWS in responding to statutory requests for MHO assessments. Contributing factors include limited availability of psychiatric beds, the chronicity of protracted waits and impact on staffing resource, ASW resources being deployed and capacity pressures, the absence of handover arrangements that fully align with NIPSA health and safety guidance, and constraints within other Trusts and partner agencies.

As a result of these systemic pressures, a number of assessments were unable to proceed within expected timeframes and some individuals

	experiencing significant mental health difficulties remained for extended periods in settings such as EDs, custody suites, or their own homes, which were not always optimal for their needs. In some cases, this was associated with further incidents requiring management, including absconding, self-harm, aggression, and heightened distress for both service users and staff. These circumstances have raised concerns regarding patient safety, staff wellbeing, and the ability of services to consistently meet statutory and governance expectations, including those relating to mental health legislation and human rights considerations. The majority of these incidents are coded as low to moderate impact, with safety plans in place and no significant harm to patient. The Trust continue to work closely with all stakeholders to reduce risk regarding delays in MHO assessments with actions including; 1. Close and regular discussion with the relevant Trust Directors about ASW workforce issues. 2. Working regionally with the Department of Health and SPPG. 3. Ongoing work regarding identification of suitably trained personnel to wait with patients, awaiting bed-based care to relieve the ASW. 4. RESWS has ongoing recruitment campaigns for ASW staff. The risk to service users due to unavailability of ASW's is captured as a corporate risk on the Trust Corporate Risk Register. **3. Supervision Audit** A supervision audit was undertaken across all Divisions in this reporting period. Audit comprised of 35% of all supervisors across all social work bandings in the Trust. RESWS provided 100% of requested files for audit. The audit indicated that this service area was compliant with policy standards, with some areas for improvement noted. The audit provided strong overall assurance: supervision rates demonstrate strong compliance with the supervision policy and quality standards are consistently evidenced, especially in relation to ASW standards, wellbeing for the team and for the supervisee. Feedback is clear with actions arising and all required documentation is in place. A key improvement area relates to the number of virtual supervision sessions and recording in service area plan The Division will be working with supervisors in the next reporting period in the development of a service area plan to ensure the unique needs of RESW are documented. **4. ASW Audit** **Audit purpose and scope:** The audit aims to verify that all ASWs in the Trust are qualified, have provided evidence of qualification or re-

approval as required, and are authorised to practice. The audit sample includes all ASWs employed by the Trust, focusing on RESWS staff whose assurance is provided by employing Trusts.

Compliance findings: The Trust maintains a complete database of ASWs (100% compliance). However, evidence of qualifications is available for only 45% of staff, and re-approval authorization evidence is available for 40%. Limited access to documentation, partly due to long-term staff absence, contributed to gaps in assurance, which is assessed as limited.

Quality of evidence: The database is considered strong evidence for the existence of ASW records. Qualification evidence is mixed, with 40% strong and 55% weak or unavailable. Re-approval of authorization evidence is less robust, with 40% available and 60% lacking documentation.

Recommendations for improvement: The report recommends developing a detailed spreadsheet database for ASWs in RESWS to improve accessibility and tracking of qualifications and re-approvals. It also advises securely filing all Executive Director authorizations for new and re-approved ASWs and making these available for future audits. Sharing best practices from the Mental Health Service database is suggested. This will be taken forward in the next reporting period.

5. **Compliance with NISCC Registration – Social Work and Social Care**

January–December 2025
Across the Trust registration compliance stayed high:

- Social workers: 98.7%
- Social care staff: 98.3%, showing year-on-year improvement.

Continuous review and stronger processes support legislative compliance. Audit finds compliance strong but short of the 100% target; further improvement is needed.

Outcomes

Fewer removals while in work, especially in social care
Enhanced systems: updated return-to-work registration checks, training for managers, registrant roadshows
Better collaboration for resolving registration issues

Actions Arising

Embed the Social Care Supervision Policy for professional accountability
Continue roadshows and manager workshops to promote compliance
Improve consistency of Staff in Post returns and ensure all registrants list the Trust as employer for better assurance

Independent Review of RESWS service

The Independent Review Report for RESWS was released on the 19th of January 2026.

Key Themes Identified in the Report were:

1. **Leadership and Culture**

2. **Governance and Accountability**

3. **Operational Management**

4. **Workforce Wellbeing and Safety**

5. **Workforce Planning**
   Reducing reliance on locums, stabilising staffing, recruitment and retention of Band 7 staff, and introducing support roles.

6. **Performance and Value for Money**

7. **System-Wide Service Design and Commissioning Dependencies**

The themes contained recommendations by organisation and are broken down as follows:

Organisation / Stakeholder	Number of Recommendations
Belfast Health & Social Care Trust (BHSCT)	15
SPPG / Other HSC Trusts (system-wide)	11
Total	**26**

The Trust accepted those recommendations relevant to the Belfast Trust. Subsequently, the Belfast Trust created a Steering Board which is chaired by the Director for Children's Services and RESWS and reports to the Trust Culture and Governance Oversight Group (CGOG). This board meets fortnightly to oversee the completion of a RESWS action plan for those recommendations contained in the report specific to the Trust and RESWS.

The action plan will be progressed through workstreams via a phased, governance-led, approach designed to address immediate risks while creating the conditions for sustainable reform. These are currently in development and will be based on the emerging themes for improvement,

	Following the Independent Review of RESWS, SPPG has requested feedback from the five HSC Trusts, including Directors of Mental Health Services, on a range of options for future service provision.

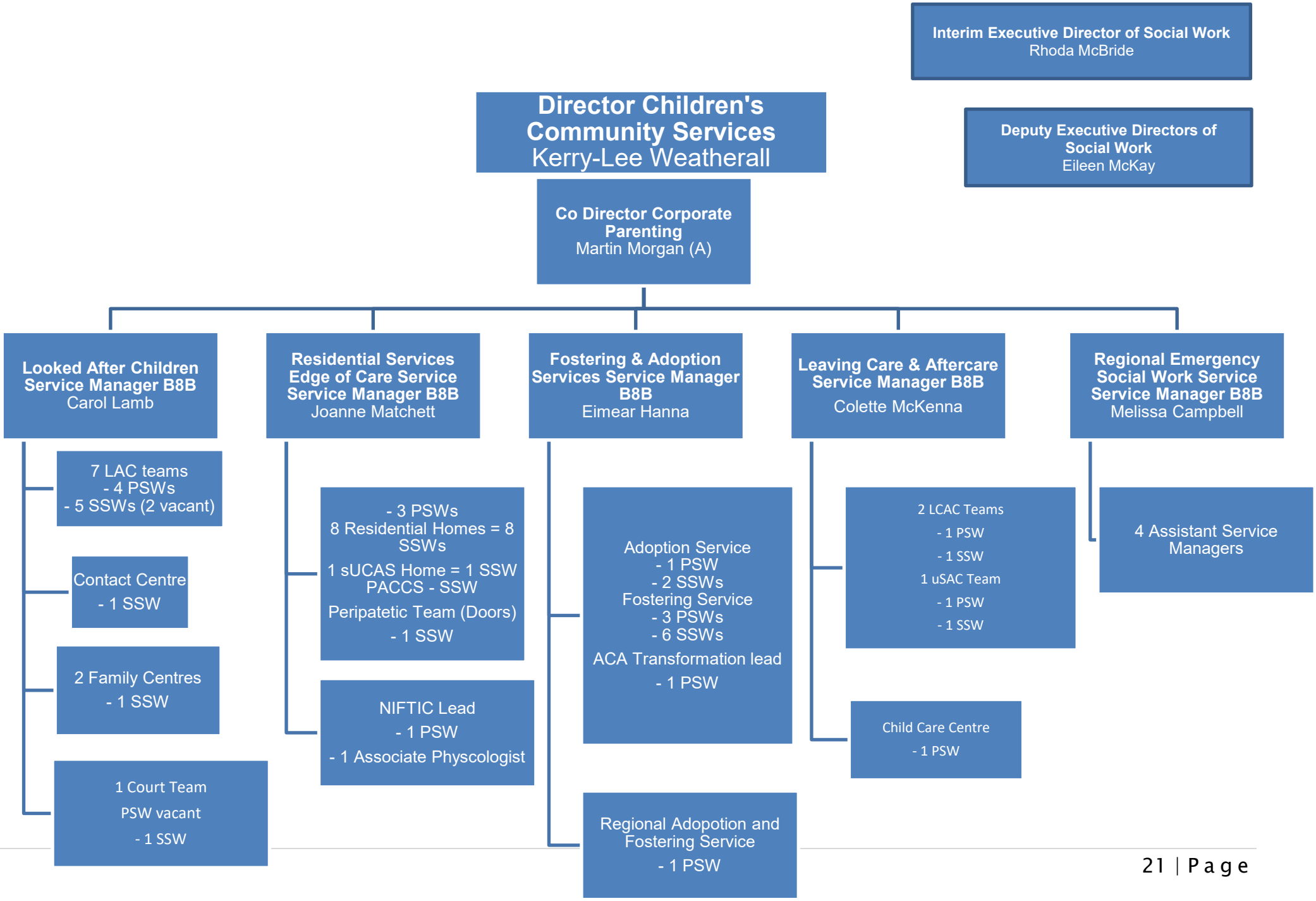
2.6 Discharge of Statutory Functions

Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

2.6	**Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care.**	**Please outline remedial action taken to address this situation and any proposed future action.**
	Family & Childcare Issues	
	The lack of available emergency foster placements during out-of-hours periods across Trust areas continues to present a significant challenge. As a result, placements are frequently sourced from outside the child's home Trust area, leading to very young children undertaking lengthy journeys during night-time hours. This limits the ability of the RESWS to effectively discharge statutory functions on behalf of host Trusts when appropriate emergency placements cannot be accessed in a timely manner.	A continued regional shortage of foster carers, alongside rising numbers of Looked After Children, has significantly reduced the availability of emergency foster placements. There is ongoing work led by Heads of Service for Fostering Services to explore opportunities to address this deficit. This issue has been escalated through the Consortium Board and the regional SPPG-led ADs Corporate Parenting Forum. • Maintain regional oversight via Consortium Board / SPPG ADs Forum. • Progress options to increase emergency placements to develop foster carer capacity via regional Heads of Fostering.
	Mental Health Issues	
	RESWS continue to face challenges in being able to adequately discharge Statutory Functions under the MHO (1986) and has not been able to attend to all requests made for assessment.	This risk remains on the Trust Corporate Risk Register and the Trust continue to monitor impact on statutory response times.

	There has been a slight decrease in the number of assessments completed under the MHO (1986) from 726 in previous reporting period to 718 in this reporting period. Of these assessments completed, 564 resulted in an application for assessment being made, (602 last reporting period) a decrease of 38 applications for admission. NIPSA issued a direction in October 2023, to protect the health and safety of ASWs, citing staff rights under the Health and Safety at Work Act (1974). As a result, RESWS managers have to complete a workplan for an ASW in which the manager must identify a finish time for the worker. Where a finish time cannot be identified then the workplan is incomplete and an ASW will insist on this under the directive to undertake a MHO assessment. This directive has reduced the flexibility of the service to respond to MHO referrals where a local Trust cannot identify supports to enable a RESWS manager to confirm a finishing time for the ASW. This has been primarily felt around ASW handover times particularly at 9 am week days as RESWS ASWs are required by the Trade Union direction to be at base / home one hour before their finishing time. This is often	• Continue recruitment campaigns to fill ASW permanent vacancies and expand the locum ASW workforce to manage demand and short-term absence. • Sustain the daily regional meeting with daytime ASW leads (five HSC Trusts) and SPPG to plan handovers and confirm out-of-hours capacity. • BHSCT to continue to implement early-Morning Handover Arrangements and regionally progress standard for early-morning handover cover I. Requests have been made to Implement consistent early-morning rotas in WHSCT/NHSCT/SET to support both protracted waits and new MHO assessments, albeit not achieved and escalated to Consortium Board II. Continuation of participation at SPPG daily 4pm huddle to confirm handovers and plan out-of-hours capacity. III. Monitor impact on RESWS capacity, service flow and fatigue risk; escalate exceptions via regional governance. • NIPSA has maintained a temporary suspension of the Health & Safety Direction for patients in the Belfast Trust. This decision was based on the engagement between RESWS and the Belfast Mental Health service and the development of the PATH service and a commitment by day time mental health managers to provide early morning handovers to RESWS staff. The SHSCT has implemented an early morning handover three mornings per week and this has provided a degree of flexibility concerning the Health and Safety Directive in that area. The NHSCT, WHSCT and SEHSCT do not have formal early morning handover arrangements in place and on a case-by-case basis the service engages with these Trusts to secure resources to enable work plan completion.

	not achievable foe host Trusts where there is a 9 am finish and where day services commence at 9 am. The total number of Mental Health Order Assessments delayed as a consequence of the NIPSA Direction was 45. There were 54 Mental Health Order Assessments delayed due to unavailability of a GP. There were 197 Mental Health Order assessments delayed due to service capacity, including occasions where RESWS ASWs were fully deployed to assessments, engaged in protracted post-assessment waits with patients, or where overall demand across all Programmes of Care exceeded available capacity. This underscores the need for additional commissioned resource; in March 2025 SPPG did not agree further investment in the service.	• Where a workplan cannot provide an identified finish time, RESWS managers and ASWs will triage and risk assess each MHO referral and prioritise referrals and will engage with local Trust on-call Mental Health managers to find solutions to enable the deployment of staff.
	Learning Disability Issues	
	Admissions for assessment under the MHO for people with a learning disability continues to be a challenge due to regional bed access, including both adults who require a learning disability facility and for children with learning disability.	This is reviewed via the Consortium Board


Interim Executive Director of Social Work
Rhoda McBride
Director Children's Community Services
Kerry-Lee Weatherall
Deputy Executive Directors of Social Work
Eileen McKay
Co Director Corporate Parenting
Martin Morgan (A)
Looked After Children Service Manager B8B
Carol Lamb
Residential Services Edge of Care Service Service Manager B8B
Joanne Matchett
Fostering & Adoption Services Service Manager B8B
Eimear Hanna
Leaving Care & Aftercare Service Manager B8B
Colette McKenna
Regional Emergency Social Work Service Service Manager B8B
Melissa Campbell
7 LAC teams
- 4 PSWs
- 5 SSWs (2 vacant)
Contact Centre
- 1 SSW
2 Family Centres
- 1 SSW
1 Court Team
PSW vacant
- 1 SSW
- 3 PSWs
8 Residential Homes = 8 SSWs
1 sUCAS Home = 1 SSW
PACCS - SSW
Peripatetic Team (Doors)
- 1 SSW
NIFTIC Lead
- 1 PSW
- 1 Associate Physcologist
Adoption Service
- 1 PSW
- 2 SSWs
Fostering Service
- 3 PSWs
- 6 SSWs
ACA Transformation lead
- 1 PSW
Regional Adopotion and Fostering Service
- 1 PSW
2 LCAC Teams
- 1 PSW
- 1 SSW
1 uSAC Team
- 1 PSW
- 1 SSW
Child Care Centre
- 1 PSW
4 Assistant Service Managers