

**SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**

**REPORTING TEMPLATE FOR DELEGATED STATUTORY  
FUNCTIONS IN RELATION TO THE REGIONAL EMERGENCY  
SOCIAL WORK SERVICE**

For Year end 31 March 2018

DRAFT

## 1. Introduction

The Regional Emergency Social Work Service commenced on 29<sup>th</sup> May 2013. The Service provides an out of hours emergency social work response across all five Health and Social Care Trusts in Northern Ireland and across all of social care, including Family and Child Care, Learning Disability, Mental Health, Physical Health and Disability and Older Peoples Services.

The Regional Emergency Social Work Service model is based on having salaried staff working at all times that the service is operational. These staff are employed as senior practitioners. The Service also has four Assistant Service Managers who provide managerial cover for 5pm-2am and 9am-6pm shifts on a rota basis.

To ensure that the service can respond appropriately to the demand the senior practitioner staff work the following shifts:

Day	Shift	Number of staff
Monday – Sunday	5pm-2am	10
Monday – Sunday	1am-9am	4
Saturday/Sunday and Public Holidays	9am-6pm	11

On all shifts 50% of the staff will act as ASWs should the need arise.

The service is delivered from four offices across the region: Belfast, Ballymena, Armagh and Londonderry.

Whilst staff are located across Northern Ireland they are not restricted solely to the Trust area in which their office is based. Staff are deployed as part of a managed network so that for example a Senior Practitioner may be dispatched from the Ballymena or Armagh area to attend a call in the Western Trust area. This flexibility assists in circumstances where an additional response is required when staff in any one Trust area are already tied up responding to earlier calls.

The service is supported by a bank of locum staff who provide cover for sickness, annual leave and absence due to training. Locum staff provide cover for the whole shift unless in exceptional circumstances a shorter period is agreed with management. Locums are based in one of the four offices and respond to referrals in the same way as permanent staff. However, there are occasions when locums work from other offices other than their base to cover shifts when required and as agreed with them.

An Annual Report is prepared which details activity levels for the service and which is provided to Trusts and the HSCB separately.

## **2. GENERAL**

The Executive Director of Social Work within the BHSC has overall responsibility for the provision of the service.

### **2.1 Statement of Controls Assurance**

All social work staff within RESWS are on the social work part of the register with NISCC. This is monitored through the Trust's established monitoring arrangements and via line management.

All Approved Social Workers within RESWS have been placed on the Trust's ASW register and RQIA notified. The Assistant Service Manager with lead responsibility for mental health in RESWS is responsible for ensuring that all Approved Social Workers within RESWS are placed on each of the other four Trusts ASW registers and for updating details as required. He is also responsible for monitoring compliance with mandatory training associated with ASW registration requirements.

### **2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work**

Within BHSC there is a clear line of accountability from the frontline senior practitioners to the Executive Director of Social Work, through the relevant Assistant Service Manager, the Service Manager and the Co-Director. Whilst BHSC has overall responsibility for the management of the service the five Executive Directors of Social Work across the five HSC Trusts retain responsibility and accountability for the discharge of delegated statutory functions as they pertain to the delivery and assurance of social work services within their respective Trust areas. Each Executive Director discharges this responsibility by being assured that the regional service is providing safe and effective care and response. This assurance is provided to the Executive Directors through a Consortium Board arrangement which meets on a quarterly basis. The Operational Management Group consisting of a range of senior managers from across all five Trusts and across all service areas meets on a bi-monthly basis. A Service Level Agreement is in place between BHSC and the other four HSCTs detailing the service provided and governance arrangements.

### **2.3 Executive Director of Social Work's general Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions**

The RESWS provides an emergency social work response across Family and Child Care, Learning Disability, Mental Health, Physical Health and Disability and Older peoples Services.

The Regional Emergency Social Work Service is not an extension of the full range of services available during the working day; it is specifically for situations which are of an emergency nature, including undertaking the Trusts' statutory responsibilities under mental health, child care and welfare legislation.

The Regional Emergency Social Work Service will respond if someone's safety is deemed to be at risk of significant harm and the individual's welfare is seriously compromised if not responded to immediately and the situation cannot wait until 9am on the next working day for assistance and or support.

### General Principles

- The service is an emergency service not a duty service and responds to situations that cannot safely be left until the next working day
- No work received or commenced by a daytime officer prior to 5.00 pm should be passed to RESWS with the expectation that RESWS will undertake this work. The fact that a case may run into the evening is not sufficient justification for an assumption of automatic handling of the case to RESWS.
- Requests for RESWS to become involved in cases that continue after 5.00pm should be restricted to assistance regarding accessing information, resources, or in relation to the daytime worker's safety.
- When arrangements are made by daytime staff for out of hour's visits, these should not be referred to RESWS. The RESWS **should not** be requested to undertake or sustain any planned work over weekends or evenings.
- RESWS are unable to pass on information to day services, unless of an emergency/urgent nature.

### Child Care

RESWS will accept referrals where:

- There are concerns that a child has suffered, or is likely to suffer significant harm including unaccompanied minors/ trafficked children.
- There are concerns in relation to children, who are on the Child Protection Register (CPR) and those subject to Care Orders/Looked After by the Trust, or their carers including foster carers.
- There is suspected or confirmed abuse of a child.
- In cases where there is a serious and imminent risk of family breakdown both in the community, foster care or kinship placements.
- Act as an appropriate adult for young people who are subject of a care order and only when the offence in question has involved the residential unit and its staff.
- In the case of hospitals where there is a need to make an enquiry to the CPR.
- RESWS will **not** become involved in management issues in relation to residents or staffing issues within the residential units.
- RESWS will **not** accompany young people from the residential units to hospital for medical attention

## **Vulnerable Adults**

RESWS will accept referrals where:

- There are concerns about the safety of a vulnerable adult.
- Where there is suspected or confirmed abuse of a vulnerable adult.

## **Mental Health/ Learning Disability**

RESWS will accept referrals where:

- Compulsory admission to hospital under the Mental Health (NI) Order 1986 is required; the Regional Emergency Duty Team will provide an Approved Social Worker to undertake a joint assessment with the GP.
- Families and carers have serious and immediate concerns in relation to an adult's safety.
- There are difficulties surrounding the care and safety of a person subject to Guardianship.

## **Older People/ Physical Disability**

Any issues with regard to current and existing care plans and homecare arrangements should be directed to the responsible Trusts' out of hours homecare service.

RESWS will accept referrals where:

- Informal care arrangements have broken down and it is essential that immediate action is taken to secure the health and well-being of a service user.
- **Extensive** attempts by the **homecare service** to locate a service user have proved unsuccessful and there is a necessity to liaise with PSNI regarding further action required.
- Admission to Nursing Home Care is required.

## **2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions**

Over the past 12 months RESWS has continued to discharge its statutory functions across the service areas (out of hours) despite a number of challenges:

- There remains a shortage of acute inpatient beds for patients requiring an admission for assessment under the Mental Health (NI) Order 1986.
- Continuing large number of out of Trust admissions placing increased demands on the RESWS and other agencies involved in facilitating the conveyance of patients in need of an acute Psychiatric care.
- A continuing difficulty for some Trust's to identify placements for children either requiring to come into care or requiring a change of placement.

## **2.5 Progress made on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4) actions arising and progress made.**

RESWS has highlighted the issue of delayed conveyance and the availability of inpatient beds for psychiatric patients at Trust level and also interagency forums. In addition RESWS has explored ways in which a detained patient awaiting delayed conveyance can be handed over to an ASW colleague coming on shift, or handed over to a day time ASW to complete conveyance.

The issue of a lack of identified placements for children has been brought to the attention of the relevant Assistant Directors of each Trust when required and Trusts have worked hard to identify placements. The outcome of the regional exercise in relation to recruitment and retention of foster carers is likely to inform future planning and placements available to the RESWS.

RESWS has been able to support a further 3 staff to complete the ASW course thus increasing the number of dually trained staff in the service to 16, and the number of permanent ASW staff to 23.

Access to Epex in the Western Trust has also been progressed for RESWS staff alongside a current pilot of access to Paris in the Southern Trust. Currently all staff have access to the Electronic Care Record.

## **2.6 Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register**

Not applicable.

## **2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance**

The Service has continued to improve the audit framework which provides quantitative and qualitative information regarding staff performance and adherence to service standards. Audits are undertaken bi-annually in Child care, older people; including vulnerable adults and admissions to residential care placements, ASW and annually for locum referrals. The recent Audits in September 2017 and February 2018 were positive and documented clear evidence of adherence to both professional and service standards. A recent audit of inappropriate referrals has been included to the audit framework and is assisting the service in identifying trends and patterns of calls that are not appropriate for an emergency service. Areas for development have been identified to further improve our service delivery and ensure continued safe and consistent service provision

The Service Manager completes a yearly supervision audit. This audit continues to confirm that supervision was taking place regularly and was addressing the key areas as required by the policy. During 2017/18 improvements have been made to include a quarterly group supervision for all ASW staff.

The service completed its third Annual Report at the end of 2016/2017 which provided statistical information to the Consortium Board & Operational Management Group as well as the Trusts and the HSCB. No clear trends have been identified yet.

### **3. GENERAL NARRATIVE**

#### **3.1 Named officer responsible for professional social work**

The Acting Service Manager, Mr Des Flannagan is a qualified social worker and has been responsible for the provision of social work services within RESWS from 4<sup>th</sup> April 2018 on a temporary basis. From September 2016 until 31 March 2018 this role was undertaken by Ms Michaela Glover, Acting Service Manager.

#### **3.2 Supervision arrangements for social workers**

All permanent social work staff receive 6 weekly supervision from their line manager. The senior practitioners are divided into four groups with an assistant service manager responsible for providing supervision to the staff in each group. The service manager provides supervision to the assistant service managers and the Co-Director provides supervision to the service manager on a four weekly basis.

A Service specific Supervision Policy has been developed. This outlines the Supervision arrangements for all staff within the service. This policy has been implemented and reviewed by staff and Trade Unions after 6 months.

#### **3.3 Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against**

**delegated statutory functions, identifying emerging trends and issues  
(may include cross references to other sections to this report)**

The RESWS has continued to make progress in addressing the recommendations of the RIQA Report presented in January 2017. Significant progress has been made in addressing the following recommendations.

1. The Belfast should review the call management arrangements for the service and should include:
  - The training and support provided to the call handlers in relation to dealing with continuous crisis or emergency calls
  - The training requirements to ensure the call handlers can identify and have the confidence to redirect inappropriate referrals.
2. In the interim period until the implementation of regional IT initiatives, the Consortium Board should examine local measures for providing better access to the various IT systems with the aim of achieving appropriate access for RESWS staff.
3. The BHSCT should review the arrangements in relation to referrals associated with homelessness, in particular
  - Benchmarking the number of referrals received with similar jurisdictions across the UK, in relation to their appropriateness
  - Determining whether the work associated with referrals should be undertaken by a social worker
  - Confidentiality of information exchanged
  - Determining the appropriateness of the RESWS in providing such a service
4. The BHSCT should ensure that all staff are familiar with the arrangements for exchanging information between the RESWS and daytime services, and that a more robust process should be put in place for collating, recording and tracking referrals
5. The BHSCT should, as a matter of urgency, prioritise the development of arrangements for staff supervision and appraisal within the RESWS.
6. The BHSCT should review the current safety arrangements for staff within the RESWS and establish appropriate arrangements to minimise risks
7. The BHSCT should review the legacy arrangements with the SSA to determine the future need for the service provided by the RESWS.

Following receipt of the final report an Action Plan was compiled. This is reviewed at the monthly managers meeting and updated plans are presented to the Consortium Board and Operational Management Group and the Trust.



Call handling staff undertook training in 2017 and a new referral form was introduced for call handling staff to complete for each case. In addition to this the role of the call handler was reviewed and a new job description alongside a new recruitment process has been progressed in 2018. It is anticipated that a new service based in the RESWS Belfast office will commence in September 2018.

In line with the review from RQIA the RESWS has made some progress in addressing the issue of homelessness and the provision of this service has been discussed with the NIHE.

| The Service Audit Framework is now in place (as outlined in Section 2.7).

### **Emerging Trends**

During this reporting period a number of trends have emerged for RESWS as follows:

- A significant number of ASW referrals continuing to be made to the service between 5pm-7pm
- The service is increasingly facing long delays in the allocation of acute inpatient psychiatric beds following an assessment under Mental Health (NI) Order 1986. This is causing additional pressures for the approved social workers and other agencies such as PSNI/NIAS. The RESWS is aware that these pressures are creating a tension between the duty of the ASW to safely convey a patient and the Trust's duty of care to the ASW.
- The Service continues to regularly review the Lone Working Standard Operating Procedure, which has been implemented. This reflects the issues emerging from lone working for all staff and provides a framework for staff and managers in order to safeguard and guide staff.
- Recruitment for ASW staff continues to be challenging in some areas in Northern Ireland although RESWS has been very successful in developing its own staff to be dually trained to assist in addressing this issue. This remains under regular review to ensure that workforce issues are proactively addressed.
- Continued difficulties for some Trusts in identifying emergency care placements for children and young people

### **Approved Social Worker (ASW) Register**

1. Number of newly Approved Social Workers during period - 1
2. Number of Approved Social Workers removed during period - 0
3. Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards) - 23 permanent staff and 26 locum staff
4. Permanent RESWS staff completed re-approval training in 2017/18.

During the reporting period 1.5 permanent ASW's left the service for other roles within the Trust but remained on locum contracts as ASW within the RESWS.

19 ASW's were reapproved for 2017-18 (8 Permanent and 11 Locum).

1 Newly qualified ASW's began working in the service in 2017/2018

The service has routinely provided 2 candidates for ASW training each year. There is currently 1 permanent senior practitioner undertaking training for 2017/18 and it is expected they will be able to fully practice by the end of 2018. In 2018/19 the service will focus on the training needs of ASW's with no direct childcare experience in order for them to undertake the dual role required by RESWS Senior Practitioners. The expectation that all permanent staff will be ASW qualified is being realised in a planned and timely fashion; a significant achievement is that all of our candidates have achieved the ASW award from 2013, thanks to strenuous efforts both in terms of Internal Practice Assessor supports and financial supports to provide easement.

The number of locum ASW's is kept under regular review to ensure adequate cover is provided and ensure RESWS is able to discharge its statutory functions.

Recent recruitment drives have resulted in 2 ASWs joining the full time staff group to cover maternity leave in 2018. It is anticipated that a further recruitment drive will take place in 2018/19 to increase the number of locum ASW staff members. Currently the RESWS is satisfied it retains adequate staffing to meet service need.

## DELEGATED STATUTORY FUNCTIONS

### DATA RETURN 9

#### REGIONAL EMERGENCY SOCIAL WORK SERVICES (RESWS)

<b>9 The Mental Health (NI) Order 1986</b>
<b>Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115</b>

<b>Admission for Assessment Process Article 4 and 5</b>		<b>BHSCT</b>	<b>NHSCT</b>	<b>SEHSCT</b>	<b>SHSCT</b>	<b>WHSCT</b>
9.1	Total Number of Assessments made by ASWs under the MHO	163	94	100	177	156
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	149	86	90	110	137
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	2	0	1	3	1

***Comment on any trends or issues in respect of requests for ASW assessment or ASW application:***

The figures above were the third year year's data RESWS were able to report on using Paris Recording and Reporting systems. During 2017/2018, a total of 632 assessments were undertaken by the service on behalf of the five Trusts. There were 572 detentions from 632 assessments, a small decrease of 654 completed last year, but comparable to the 2016/17 figure of 630. Activity has therefore been quite stable annually over the past three years.

RESWS ASWs made assessments for admission for 36 young people in 2017/18, (36 2016/17), i.e. BHSCT 10, NHSCT 6, SEHSCT 5, SHSCT 6, WHSCT 9. Paris unfortunately does not currently support a more granular analysis that allows us to provide the number that resulted in detention for this group.

The figure of 7 second opinions being sought is low, reflecting the relative rarity of this procedure. At 1.11%, it is not statistically significant (+/- 3%), but has moved from 4 in 2015/16, to 8 in 2016/17, which was an initial rise, now stable. While it remains a non-significant impact on RESWS resources, it is kept under close review. The stabilisation of these figures may reflect not just better recording, but consistent awareness of ASWs of the rights of Nearest Relatives to exercise their own powers, and informing them of same.

As with previous years there are emerging trends that RESWS continue to monitor, such as the large number of referrals coming in between 5pm -7pm; this is closely

monitored by both RESWS and Day Services over this key period, but appears prompted by GPs availability, and their hours of work coming within the RESWS start of shift.

It continues to be clear that the time spent on each ASW referral has lengthened in common with our colleagues in Day Services, and the reasons are well rehearsed with relevant stakeholders; the reasons being the increase in out of area admissions (particularly for Belfast patients), and the often lengthy distances travelling across the region this necessitates; other pressures arise from the availability of Out of Hours GPs and PSNI,NIAS.

There is evidence that patients are presenting with a greater acuity, and GPs are seeking to use the MHO to access beds they otherwise cannot, but would have been able to in the past. The service is well aware of this UK wide trend and closely observes it for any impact on workload numbers or practice.

In exercising our duty of care to staff and ensuring a safe environment for staff and patients, RESWS has explored ways in which a detained patient awaiting delayed conveyance can be handed over to a colleague coming on shift, and this seems to work effectively and will be closely monitored.

This has also been the case for staff awaiting conveyance long after their nightshift and we are currently working with day services in the BHSCT to pilot a safe practice arrangement for conveyance to be completed by an ASW coming onto the Trusts daytime service. Equally RESWS has agreed that day service ASWs working excessive hours and facing delayed conveyance can request a RESWS ASW to support them with the conveyance process.

Overall, the figures suggest a strong stable service adequately resourced and fit for purpose within a demanding environment but able to meet the challenges described above.