

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 2017

1. Introduction

The Regional Emergency Social Work Service commenced on 29th 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 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:

- 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 growing 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.

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 Co-Director with responsibility for RESWS assumed responsibility for residential care and fostering within the Belfast Trust during 2016/2017 and is also a member of the AD Corporate Parenting Forum. This will assist with discussions and finding resolutions moving forward such as the SHSCT emergency foster care scheme.

RESWS has been able to support a further two staff to complete the ASW course thus increasing the number of dually trained staff in the service to 13, and the number of permanent ASW staff to 20. As a result of our latest recruitment period, a further 2 ASW staff will be commencing in the next few months.

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 Co-Director for RESWS continued to be involved in the Regional Interagency Forum that has been established by the HSCB to address the recommendations of the GAIN audit. RQIA undertook a review of the Service during 2016-2017 and provided a final report in January 2017. Seven recommendations were made and an action plan has been developed by the Service to address these. (See section 3.3 for further details)

The Service has developed an audit framework which provides quantitative and qualitative information regarding staff performance and adherence to service standards. This is undertaken bi-annually and an audit report is presented to the Consortium Board, Operational Management Group and Service Staff.

The Service Manager completes a yearly supervision audit. The findings of the first audit confirmed that supervision was taking place regularly and was addressing the key areas as required by the policy.

The service completed its third Annual Report at the end of 2015-2016 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, Ms Michaela Glover is a qualified social worker and has been responsible for the provision of social work services within RESWS from 1st September 2016 on a temporary basis. From 1st April 2016 until 30th September 2017 this role was undertaken by Ms Carol Diffin, Co-Director.

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 will go out for consultation early in the next financial year to staff and trade union representatives following which it will be implemented across the staff group.

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 RIQA undertook an inspection of the service during this reporting period. The RIQA Report and Recommendations were presented in January 2017. The recommendations are as follows:

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 these recommendations 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.

The RESWS completed a draft Operational Policy prior to the service commencing which provides guidance for staff in relation to their role. This is under review and will be completed by May 2017 taking account of the RQIA recommendations.

The Service Audit Framework is now in place (as outlined in Section 2.7). 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 Audit in January 2017 was positive and documented clear evidence of adherence to both professional and service standards. Areas for development have been identified to further improve our service delivery and ensure continued safe and consistent service provision.

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 has developed a lone Working Standard Operating Procedure, which is currently being 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 has been challenging in some areas in Northern Ireland although RESWS has been very successful in developing it's 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 - 2
2. Number of Approved Social Workers removed during period - 1 (locum)
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 2016/17-

During the reporting period 2 permanent WTE ASW's retired from the service but remained as a locum ASW within the RESWS.

Thirteen ASW's were reapproved for 2016-17(4 Permanent and 9 Locum).

Two Newly qualified ASW's began working in the service in 2016/2017

The service has routinely provided 2 candidates for ASW training each year. There is currently 1 permanent senior practitioner undertaking training for 2016/17and it is expected they will be able to fully practice by the end of 2017. The service will

identify 2 staff to commence ASW training for 2017/18. The service expects its entire permanent staff group to complete ASW training in due course.

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.

Recruitment drives for ASW staff have proved to be disappointing, and it is anticipated that a further recruitment drive will take place across 2017/18.

Currently we are satisfied that we have adequate staffing to meet service need.

DELEGATED STATUTORY FUNCTIONS

DATA RETURN 9

REGIONAL EMERGENCY SOCIAL WORK SERVICES (RESWS)

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

Admission for Assessment Process Article 4 and 5		BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
9.1	Total Number of Assessments made by ASWs under the MHO	166	125	142	114	107
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	133	97	113	96	84
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	3	2	1	2	0

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

The figures above were the second year's data RESWS were able to report on using the new PARIS Recording and Reporting systems. During 2016/2017 a total of 654 assessments were completed by the service on behalf of the five Trusts. There were 523 detentions from 654 assessments, reflecting the work that has been done in gaining more accurate data and this is an increase from the 630 assessment completed last year.

RESWS ASW's made applications for admission for 25 young people 2016/2017, (33 last year) i.e. BHSCT 8, NHSCT 5, SEHSCT 5, SHSCT 2 WHSCT 5. RESWS is unable to provide the number that resulted in detention for this group.

The figure of 8 Second opinions being sought is low, reflecting the relative rarity of this procedure; this is a sizeable increase in terms of percentages from 4 last year to 8 this year, but remains a non-significant impact on RESWS resources.

As with last year there are emerging trends that RESWS continue to monitor such as the large number of referrals coming in from 5pm -7pm: RESWS and Day Services both closely monitor this key interface period.

It is clear that the time ASW's must spend on each referral has lengthened in common with our colleagues in Day Services, the reasons for this are out of area admissions (particularly for Belfast patients, and the sometimes lengthy distances involved in travelling across the region); the service continues to engage with staff in seeking to ensure a safe working environment.