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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Cadeirydd/Chairman: **Andrew Davies**
Prif Weithredwr/Chief Executive: **Tracy Myhill**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.

Appendix 2

DoLS Audit Document, July 2019

INTRODUCTION:

The DoLS Team was formed in April 2019, with 1x administrator and two x full time lead Best Interest Assessors under the management lead of Diane Fletcher, Primary Care Team.

The BIA's have undertaken an audit across the service units between the dates: 17th July 2019 – 23rd July 2019. The overall aim of the audit was to:

- Identify practice areas needing improvement
- Identify whether there was consistency in compliance with Managing Authority ,MA, duties and responsibilities
- Identify how each ward were managing and monitoring compliance with MCA / DoLS safeguards
- Identifying how and when a DOL was being identified /whether appropriate time frame and appropriate identification of Urgent / Standard Referrals

Audit process involved:

- A Random sample of current authorisations from each of the service units in SBUHB
- 20 cases across all main service units in SBU.
- Audit consisted of random samples from Morriston , Singleton , Neath Port Talbot , Tonna , Cefn Coed. In this sample the two smaller units were not included (Llwynerwyr & Swyn yr Afon)
- BIA's will repeat the audit process on a 6 monthly basis

Findings from Audit:

General Themes:

- Training needs : Nearly all the wards visited, had identified the current Training provided has a lack of 'practical examples' and identifying what they needed to be doing as MA's duties and responsibilities and some basic training on what information is required in the Forms
- On most wards, we found varying degrees of knowledge levels around the DoLS, with some staff having good knowledge, but this was not the standardised for all staff, with some key members of staff needing to take more responsibility in their learning and development around DoLS.
- On the whole, most wards were very positive and receptive to improving understanding and improve compliance with the DoLS process, with exception of a couple of wards.
- Our audit did identify: a few examples where wards were 'assuming' authorised DoLS, as they had completed a referral on one ward and it had not been recognised that DoLS had

ended when a patient transferred to a general hospital and had not reapplied for assessment therefore detaining without lawful authority.

- Restricted access to information : DoLS documentations were not easily accessible to key workers, as some wards DoLS paperwork was not on the patient file, but held in a separate file, or held in an IT folder and not shared or printed off, kept in patients file. Some wards DoLS paperwork was not located. Some wards had detailed tracking of a patient on DoLS on white boards, whilst others did not.
- Majority of wards were not identifying who the RPR was and monitoring RPR visits (signing in sheet)
- Wards were not identifying if there was a valid LPA for Health and Welfare and checking extent of LPA – one ward advised that his was only asked for at the point of discharge planning and seemed to have a lack of knowledge and understanding that the patient's LPA, should be fully consulted, as legal requirement about decisions on health and treatment for the duration of the patients stay in hospital
- Most wards we had very positive discussions on improving practice. There was a desire to improve and learn. We had visited 17 wards and of which 4 had low levels of knowledge and compliance, 2 of the 4 had a positive attitude to improving their knowledge and compliance; 1 we were unable to meet with the ward sister as she had gone home (unwell) so unable to get a clear understanding of practice and attitudes. On one ward we had an impression that DoLS was not being prioritised and there was a lack of willingness to make changes and take on board advice.

We held some very positive discussions mainly around the following topics:

- Understanding when to apply for an urgent authorisation or standard authorisation
- Need to be a proactive approach to ensuring that once a referral is sent to the DoLS team, assessments happen in a timely manner, authorisation from Supervisory Body, SB is received back (many wards were indicating that once a referral had been sent they had complied with their obligations)
- if an urgent request has been sent, need to follow up with a 1a if needed
- Providing salient information on form 1 completing i.e. regarding communication needs, restrictive measures in place, RPR, monitoring, LPA for health and welfare, conditions and recommendations, paperwork accessible to their staff so they are fully aware of legal status and extent of their protections under the authorisation.
- DoLS team needs to be informed of any change in circs, review/ end of DoLS / increased or decreased restrictions

Recommendations and suggestions from MA's

- Easy read DoLS guidance for families and patients would be helpful
- Better communication from assessors when visiting the wards - as noted very few entries in medical notes from assessors (some more consistently than others),
- MA's to have access to DoLS data sheet so they could track and monitor DoLS more effectively.
- BIA's are not always making themselves known to relevant key staff, not always documenting their visit in the clinical notes, not always feeding back the outcome of their assessment, discussing conditions or recommended time scale for authorisation –



Improvement with communication would enable MA's to address restrictive practice/conditions without delay and set realistic time frames, reducing the need for unnecessarily putting person through review process and would reduce pressures on SB to carry out unnecessary reviews .

Risks:

- Highlighted are varying noncompliance with legal obligations of the MCA DoLS safeguards- MA's not understanding their legal responsibilities / compliance
- High levels of inappropriate urgent unnecessary 'reactive' referrals – high risk of breach
- Inconsistent monitoring systems across the service units leading to unnecessary breaches
- Lack of awareness / training needs around DoLS process and pragmatic training in form filling and understanding duties and responsibilities of MA

ACTIONS:

- Lead BIA's Liaise with SALT team to develop an 'easy read' – in progress arranging a meeting
- Training - Lead BIA's to attend the level 3 & 2 corporate training, liaise with corporate training on ways to support staff with increased focus on practical application of DoLS
- DoLS team to update BIA's and s12 on importance of recording when visiting in clinical notes, & communicating with key staff on following: updating on outcome of assessment, verbal discussion on any recommended conditions and recommendation of time frames for authorisation
- Identifying when appropriate to submit urgent – An amended flow chart with guidance, priority tool and new care plan is in the process of being circulated – should have an impact by next audit review.
- DoLS team to provide support and advise to MA's via Duty system: this is in place but likely to have a more positive impact, as staff become more aware of service, reducing need for inappropriate referrals. Duty is also monitoring quality of referrals and either requesting amended forms or further information at point of receipt to DoLS team.
- There were 3 wards which BIA's identified as high risk in terms of lacking detailed knowledge, safe systems BIA's will maintain close link and will provide targeted support

Positive Messages from the Audit:

- Generally MA's viewed the audit and the DoLS Team positively and there was a general desire to increase knowledge and improve compliance across service Units.
- MA's welcomed the fact there is a structured DoLS team in place with two lead BIA's
- Communication has improved from the DoLS team - information is now generally getting back to relevant ward staff in a timely manner and advice and support from DoLS admin has been 'excellent'

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