

ABM University Health Board	
Date of Meeting: 10th May 2018 Name of Meeting: Mental Health Legislation Committee Agenda item: 3b	
Subject	Deprivation of Liberty Safeguards (DoLS) Process Update
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1.0 Situation

This report is to provide the Committee with an update in relation to the Deprivation of Liberty Safeguard (DoLS) Process.

2.0 Background

ABMU Health Board, in line with other health boards across Wales, experiences a high proportion of DoLS applications. The DoLS process is complicated with time constraints and there are financial implications if these are breached. For example there are two types of DoLS; a standard authorisation which has to be completed within 28 days and an urgent authorisation which needs completion within 7 days. The management of these DoLS applications remains a significant issue for the Health Board. For the period 1st April 2017 to 31st March 2018, a total of 984 DoLS applications were received; of these application 816 (83%) breached timescales.

There are many factors which contribute to the breaches and these are illustrated within this report. Of these factors, two are particularly important – the scrutiny and signing off a DoLS authorisation **and** the use of HB Best Interest Assessors (BIAs) as opposed to using Independent Best Interest Assessors.

The scrutiny and sign off process is the responsibility of the Primary & Community Care Service Delivery Unit (PC&C SDU) who act as the Supervisory Body. This process has been hampered by the SDU having only three people who could act as signatories. Therefore, a training session in January 2018 was initiated for additional Supervisory Body signatories and these have been increased to 7. In addition, there has been a shortage of administrative support to process the DoLS applications which also leads to delays and the P&CC SDU is currently reviewing this.

The use of Independent Best Interest Assessors has a financial implication for the HB and currently they perform most of the assessments within the health board. Therefore, at the Safeguarding Committee in July 2017 the Unit Nurse Directors agreed they would nominate additional staff to complete the BIA training. The Corporate Safeguarding Team initiated more training and HB BIAs have now increased from 12 to 34. Due to other

service pressures there have been difficulties within the health board with releasing staff to shadow existing BIAS for completion of the training and also for fully trained BIAS to actually carry out assessments. The health board has now introduced a BIA rota to support the individuals and the process.

This is now being performance managed via the Service Delivery Unit's performance monitoring monthly meeting, supported by a clear target and trajectory to address the unacceptable delays. In February and March 2018 a reduction in breaches was noted.

3.0 Assessment

3.1 Distribution of Deprivation of Liberty Safeguard (DoLS) applications

Table 1. Number of DoLS applications in each Locality

April 2017 – March 2018

Locality	Number of DoLS applications
Bridgend	245 (25%)
Neath Port Talbot	316 (32%)
Swansea	423 (43%)
Total	984

Table 2. Locality based BIAS who completed assessments

April 2017 – March 2018

Locality	Number of DoLS applications
Bridgend	423 (43%)
Neath Port Talbot	241(24%)
Swansea	320 (33%)
Total	984
<ul style="list-style-type: none"> 690 (70%) assessments were completed by Independent BIAS (external to the Health Board) 294 (30%) assessments were completed by Health Board BIAS. 	

3.2 Deprivation of Liberty Safeguard (DoLS) applications which breached the legal timescales for authorisation

Table 3. Applications for Deprivation of Liberty Safeguards and breaches of legal timescales April 2017 – March 2018

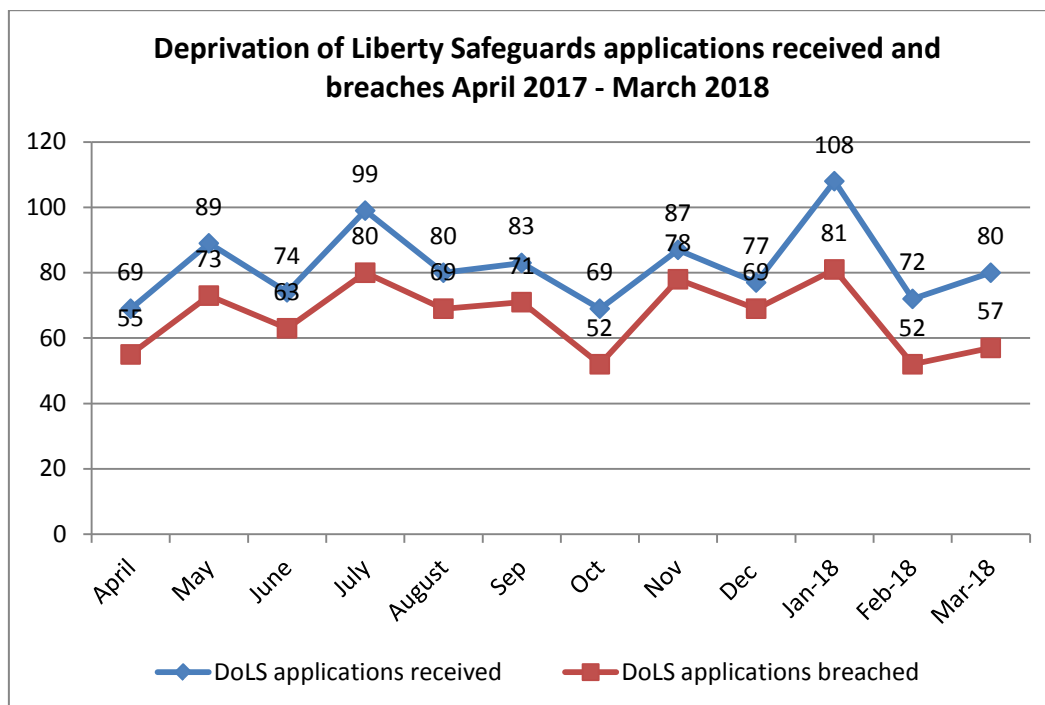


Table 3 illustrates the high but varying number of DoLS applications received on a monthly basis over the last year and the matching trend of breaches. As well as the reported monthly breaches, it is important to note the cumulative effect where breaches carried over will adversely affect each monthly performance, i.e. a total of 119 breaches (12%) continue into April 2018.

The legal timescales for completing the DoLS process is dependent on whether the DoLS application is standard or urgent:

- Standard authorisation: submission of paperwork to Supervisory Body by 21 days of receipt of DoLS application for completion by 28 days.
The Health Board received 230 (23%) standard applications
- Urgent authorisation: submission of paperwork to Supervisory Body by 5 days of receipt of DoLS application for completion by 7 days.
The Health Board received 630 (64%) urgent applications.

The Health Board also received:

- 118 (12%) DoLS applications for a further standard authorisation
- 6 (1%) DoLS applications for a review of current standard authorisation.

The majority of DoLS applications received by the Health Board were urgent requests. The fact that the turnaround for these applications is 7 days suggests this is a key factor contributing to the high breach rate.

Despite 20 BIAs being in a position to complete assessments, the majority of assessments were completed by Independent BIAs. The difficulties in releasing staff from their substantive post are a common theme for non-availability of health board BIAs to undertake assessments. However, there is a cost pressure for commissioning Independent BIAs at a cost of £120 per assessment. The annual cost, to the Health Board, for securing external BIAs during April 2017 to March 2018 was £82,800.

Table 4. Causes of breaches April 2017 – March 2018

Reasons for Breach	Number
Lack of administrative resources	114 (14%)
Non availability of BIAs	106 (13%)
Delayed BIA paperwork	66 (8%)
Section 12 process	69 (8%)
Delay in Supervisory Body authorisation	111 (14%)
Sectioned (Mental Health Act)	5 (0.61%)
Lack of Care and Treatment Plan	2 (0.24%)
Patient respite	12 (1.47%)
Miscellaneous	331 (41%)
Total	816

The recorded causes of breaches are listed in Table 4. This shows there is equal parity between lack of administrative support, non-availability of BIAs/delayed BIA paperwork and delay in the Supervisory Body authorisation. There were too many categories under miscellaneous to analyse at this point. Further analysis of this category will take place for future reporting.

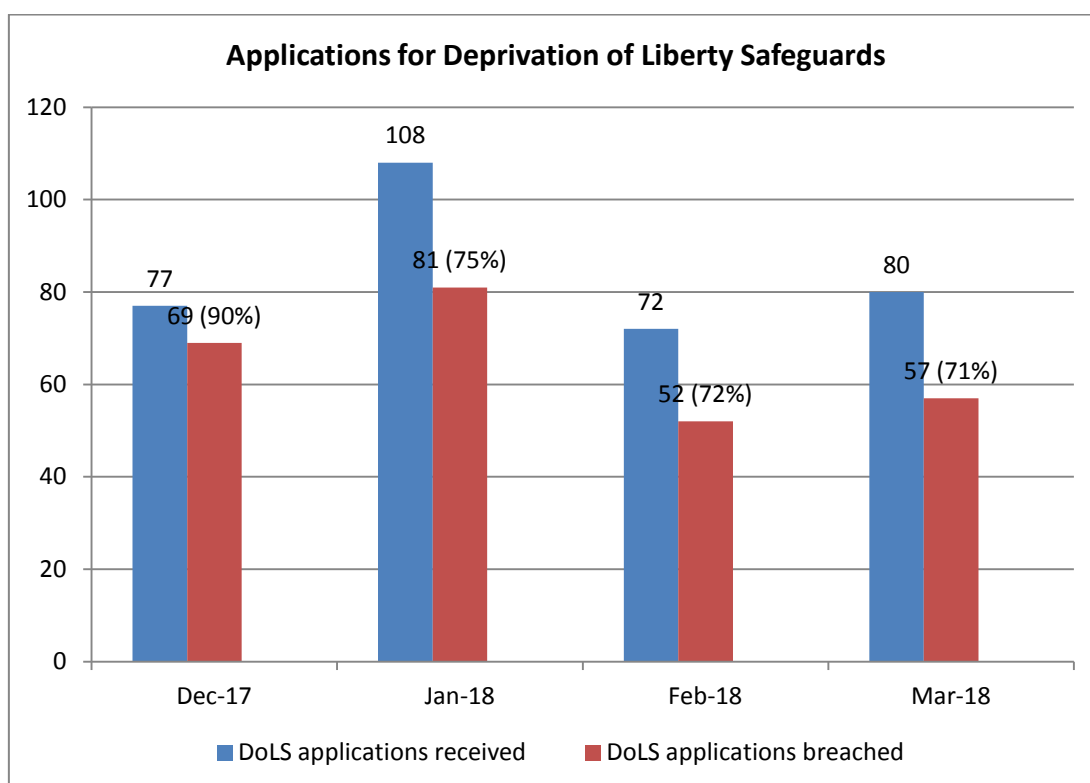
3.3 Best Interest Assessors

Currently, there are 32 health board BIAs available which has reduced from 34 due to retirement and change of role. Only 20 of these health board BIAs have been in a position to complete the assessments as the remaining 12 have not undertaken the obligatory shadowing prior to their first assessment.

There has been regular communication from the Corporate Safeguarding Team to support the Service Delivery Units with the coordination of the shadowing process. Due to work pressures within the respective departments, staff have been unable to be released to shadow. Three health board BIAs have recently completed their shadowing, with nine Health Board BIAs yet to shadow.

In addition, nine health board BIAs needed to complete their annual BIA refresher training. The Safeguarding Corporate Team organised a half day refresher training session. Eight of the nine Health Board BIAs attended this session in April 2018.

Table 5. Applications for Deprivation of Liberty Safeguards and breaches of legal timescales December 2017 – March 2018



February and March 2018 report the lowest rate of breaches over the last 12 months.

Best Interest Assessor Rota

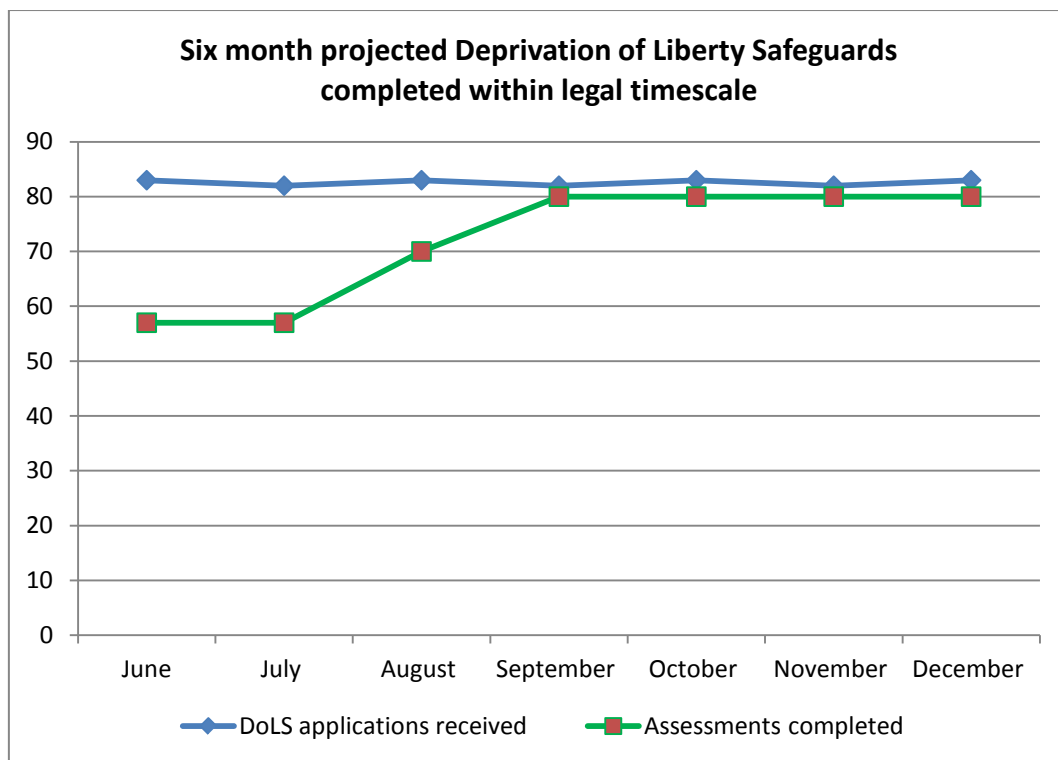
It was agreed at the health board DoLS Improvement Sub-Group that a health board BIA rota needed to be developed. Based on the total number of DoLS applications received from April 2017 – March 2018 (984), it is estimated there will be an average of 82 to 83 DoLS applications received on a monthly basis. Table 3 (page 3) does show however that this number can vary on a monthly basis. With 32 BIAs available, this equates to an average of 2.5 assessments on a monthly basis.

Within the health board, it is agreed that a BIA requires the equivalent of one day to complete the assessment process. The rota will therefore require the health board BIA to be rostered to complete two assessments each month commencing June 2018. This will need the support of the Service Delivery Units to backfill the BIA's substantive work which has previously been agreed by the Service Delivery Units at the Safeguarding Committee.

Table 6 (page 5) shows a six month trajectory for DoLS applications completed within the legal timescales based on the:

- Current 23 BIAs who are ready to undertake assessments
- 28 BIAs available in August 2018 to undertake assessments
- 32 BIAs available in September 2018 to undertake assessments.

Table 6. Six month trajectory for DoLS applications completed within the legal timescale (June 2018 – December 2018)



Within the Service Delivery Units, senior managers have raised some concern that they will be unable to support the rota at all times due to capacity within their respective departments. Releasing staff to complete the shadowing process has already been problematic and not overcome for all staff. Recognising these challenges, the health board's Corporate Safeguarding Team has benchmarked the DoLS service with other Health Board across Wales. It is identified that each health board slightly differs in their approach. Some Health Boards work within Local Authority initiatives, whilst other health boards have a dedicated DoLS Team with dedicated health board BIAs. This matter will be considered going forward.

3.3 Administrative support

At the recent Health Board DoLS Improvement Sub-Group, the Primary and Community Service Delivery Unit (Supervisory Body) acknowledged additional administrative hours are required to meet the significant administrative demands of the DoLS process. Senior managers are reviewing current work roles within the department to address this shortfall.

3.4 Health Board Risk Register

The current score on the health board's risk register is 16. The February 2018 update paper presented to the Mental Health and Capacity Act Legislative Committee anticipated that improved performance should reduce the risk score to 12 by July 2018. Due to the delayed availability of health board BIAs, it is expected that this reduction will be achieved in September 2018. Based on the cause of the breaches, this risk reduction is dependent on increased administrative hours, appropriate availability of health board BIAs and timely Supervisory Body authorisation, which the Interim Director of Nursing & Patient Experience is addressing with the Director of Finance, as the health board is subject to significant annual costs associated with breaches, and a delay for patients at a crucial part in the pathway of care.

4.0 Recommendation

The Committee is requested to note the information within the report.