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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	November 2018	Agenda Item	3b.
Meeting	Mental Health and Mental Capacity Act Legislative Committee		
Report Title	Deprivation of Liberty Safeguards (DoLS) Process Update		
Report Author	Jason Crowl, Nurse Director, Primary and Community Service Delivery Unit		
Report Sponsor	Cathy Dowling, Interim Deputy Director of Nursing and Patient Experience		
Presented by	Gareth Howells, Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	This report is to provide the Committee with an update in relation to the Deprivation of Liberty Safeguard (DoLS) Process.		
Key Issues	<ul style="list-style-type: none"> Internal Audit completed a follow up review and the Health Board Wide DoLS position remains at limited assurance level. A review into the reasons why delays occur in the system has been undertaken resulting in a clearer understanding of the underlying causes. The Supervisory Body (Primary Care & Community Services Delivery Unit) is taking a lead role in managing the implementation of the DoLS improvement plan. Managing Authorities (Singleton, Morriston, Neath Port Talbot, POW, Gorseinon and Maesteg, Mental Health & Learning Disabilities Service Delivery Units) will be working to address some of the issues which lead to delays. <p>The actions to address the issues are detailed within this report.</p>		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
			✓
Recommendations	The Committee is requested to note the continued profile of improvement and risk mitigation outlined within the report.		

DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) PROCESS UPDATE

1. INTRODUCTION

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

2. BACKGROUND

The Health Board continues to experience a large number of Deprivation of Liberty Safeguard (DoLS) applications and the management of these applications remains a significant issue for the Health Board.

There is evidence across the country of financial penalties if a case is taken to the Court of Protection. The DoLS process is a long and lengthy process which has been recognised on a national level. During 2017, the Law Commission recommended that the DoLS process should be repealed and replaced with a new scheme called the Liberty Protection Safeguards (LPS).

In March 2018, the Government accepted the Law Commission recommendations and is now proceeding with legislation to support this. The Mental Capacity (Amendment) Bill is currently proceeding through the House of Lords. There is no anticipated date for Royal Assent.

Until the new legislation is in place, the Health Board has a statutory responsibility to continue with the DoLS process. The Corporate Safeguarding Team is working with the Supervisory Body (Primary Care & Community Services Delivery Unit) and the Managing Authorities (Singleton, Morriston, Neath Port Talbot, POW, Gorseinon and Maesteg, Mental Health & Learning Disabilities Service Delivery Units) to address some of the issues which are contributing to the delays.

3. PROCESS REVIEW

A review of the DoLS process undertaken by Supervisory Body has identified the following underlying causes for the delays in completion of the process.

1. The Supervisory Body does not have sufficient dedicated administration staff to manage the process.

Action: The Supervisory Body will provide additional temporary administration support whilst it recruits a new dedicated band 4 DoLS coordinating administrator to the team.

2. The Supervisory Body was dependant of staff in the delivery units or contractual staff for necessary assessments. It found that staff could not be released from delivery units in a timely way or the level of productivity was lower than required.

Action: The Supervisory Body will develop a clear team structure and employ its own Best Interest Assessors (2 Best Interest Assessor Band 6 posts) and increase the administration capacity. DoLS will be managed as part of the Complex Care Team.

3. The Supervisory Body did not have the appropriate level of management information to discharge its duties.

Action: A dedicated DoLS live dashboard has been developed which enables live case, ward, unit, and organisational level data necessary to discharge the functions.

As the DoLS team develop the correct budget and SIP list arrangement will be configured and aligned in the finance system.

4. The data used to calculate breaches had been based on the English data set and not those agreed for Wales.

Action: Work has been ongoing to align with the other Health Boards. The HDHB DoSs service will be used as a benchmark going forwards and a collaborative approach has been agreed to support mutual development.

The revised calculation period for delays starts at the point that assessments have been requested by the Supervisory Body. This is in line with Western Bay policy arrangements.

5. The reasons for Urgent and Standard referrals and where they originate is not evenly distributed across the organisation.

Action: the new management information highlighted the referral trends of several wards and units which need further investigation. This will be part of the role of the ABMU DoLS improvement group going forwards.

6. There is a need to improve the link with Managing Authorities and strengthen training.

Action: There has been a crossover of responsibilities between the Supervisory Body and the ABMU Safeguarding Team, resulting in a disconnect between the Supervisory Body and the Managing Authorities.

To resolve this the Supervisory Body will now take the lead with the Managing Authorities on the DoLS improvement work stream. This will be supported by Safeguarding. DoLS will continue to report to Safeguarding Committee.

4. GOVERNANCE AND RISK ISSUES

Deprivation of Liberty Safeguards Applications and Breaches

The DoLS Reporting Dashboard illustrates key areas for current focus.

- Majority of breaches are due to administration delays.
- A high number of DoLS are submitted as Urgent from particular sites and may not require authorization within 5 days.

Deprivation of Liberty Safeguards Improvement Plan

The Supervisory Body (Primary Care and Community SDU) has developed a plan with timescales to improve performance in the DoLS process thus reducing the number of breaches.

The Dashboard is operational and will provide a single reference point for the Managing Units. All Units will be able to interrogate their own activity data and report to safeguarding committee utilizing the new dashboard. A workshop has been planned for November to share the dashboard across the Units.

Further work has commenced to implement a SharePoint site for the coordination of a central database for access to all Units.

Internal Audit

An Internal Audit, focusing on DoLS activity within ABMU HB, was undertaken by NHS Wales Shared Services Partnership (NSSP) in 2017. The result of this audit gave a *Limited* level of assurance.

To address this, collaborative working between the Supervisory Body and the Corporate Safeguarding Team is now underway. A follow up Internal Audit is currently ongoing and findings will be reported to the Audit Committee.

Bridgend Boundary Change

The responsibilities of the Supervisory Body and Managing Authority for the population will change. A dedicated joint CTHB and ABMU safeguarding work stream has commenced to manage risk and clarify future arrangements for March 2019.

Actions Being Undertaken by Supervisory Body for Quarter 3

To enable the Primary and Community Services Delivery Unit to discharge its functions as the Supervisory Body the following actions have commenced:

- Working through the Internal Audit Action Plan in partnership with Safeguarding Team and all Managing Authorities;
- Site visits planned with high referral teams to discuss referral threshold

- Review of DoLS training with the ABMU legal Services team;
- To strengthen the performance and governance of the Best Interest Assessors (BIA) role, two Band 6 BIA posts and a dedicated Band 4 DoLS service administrator will shortly be recruited;
- The new posts will be co located with the Swansea Local Authority DoLS team which will provide accommodation, development support and the potential for new models to develop in the future;
- The new posts will be line managed by the Health Board's Team Leader in Swansea with direct oversight of the Lead for Long Term Care;
- It is anticipated that there will be a need to utilise additional BIAs from the Health Board rota to manage the waiting list demands;
- Initiate a review of referrals to ensure that the appropriate level of referral is used to reduce time pressures for non urgent referrals;
- Implement across the organisation the dedicated DoLS Dashboard which will provide real time performance activity relating to the Managing Authorities (All Health Board Service Delivery Units) and the Supervisory Body. This Dashboard is in the development stage and is expected to be available for live use in October 2018;
- Established a bench marking arrangement with HDHB DoLS Team.

5. FINANCIAL IMPLICATIONS

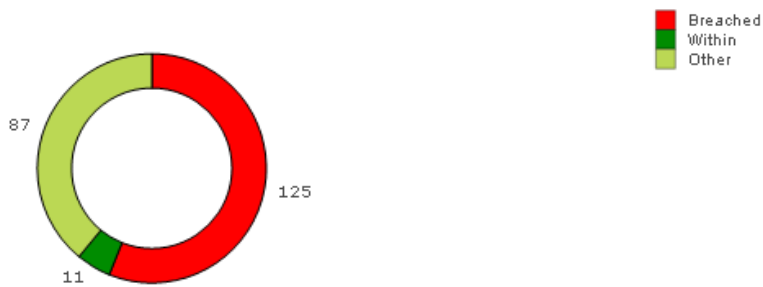
There is no identified budget for DoLS activity and it is based on cost but does not cover the full actual cost of delivering the service. Work is ongoing to identify costs associated with a revised service model for administration and dedication assessors for the activity. This work will clarify costs associated Bridgend Transfer and also establishing a correct budget and costing structure for the DoLS going forwards.

6. RECOMMENDATION

The Committee is requested to note the continued profile of improvement and risk mitigation outlined within the report

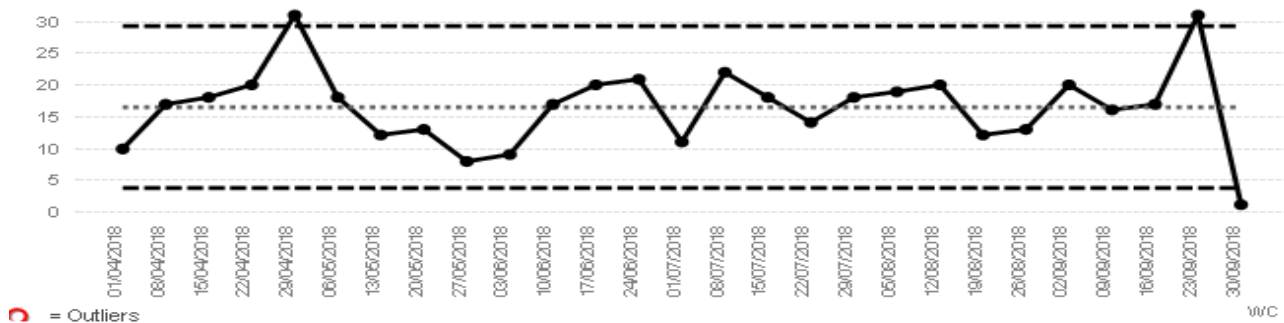
DoLS Supervisory Body Dashboard 1st April 2018 -30th September 2018

DoLS Granted within timescales and those who have breached(01-Apr-18 to 30-Sep-18)



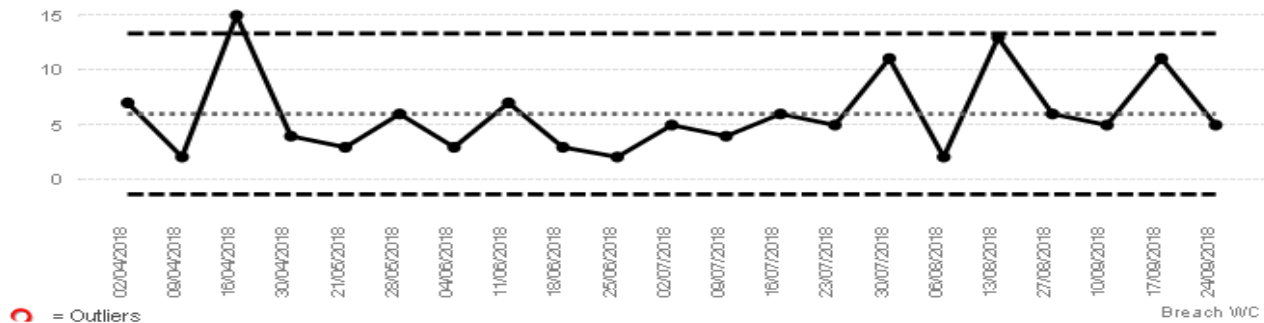
DOLS initial reason for breach	Total
Admin A/L	1
Admin Backlog	71
Bia Availability	1
Bia Paperwork	14
Bia Speaking To Imca	1
Bia Speaking To Social Worker	1
Ma Did Not Submit Ext	1
Paperwork	1
Sb Annual Leave	2
Sb Sign Off	7
Sec 12 & Bia Paperwork	2
Sec 12 And Bia Reports	1
Sec 12 Availability	2
Sec 12 Reports	3
(blank)	17
Grand Total	125

SPC Chart for DOL Referrals overtime (01-Apr-18 to 30-Sep-18) 2 Sigmas



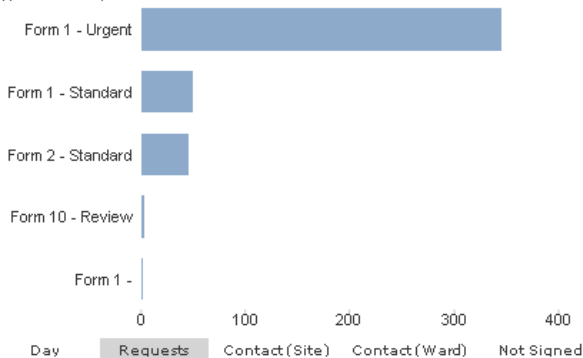
Show Line Chart Show SPC Chart

DoL In Month Breaches overtime (01-Apr-18 to 30-Sep-18)

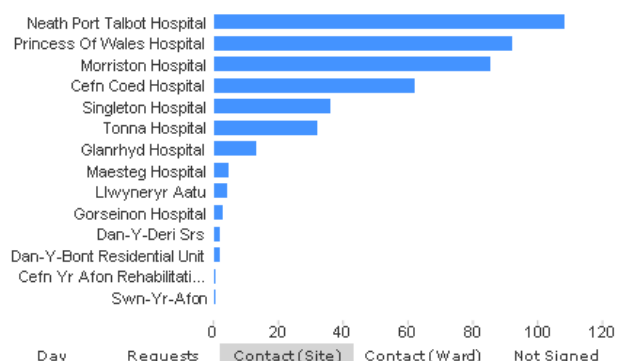


Show Line Chart Show SPC Chart

Type and Priority



Referring Hospital



Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce
			✓				✓
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		✓	✓				
Quality, Safety and Patient Experience							
The dedicated DoLS Dashboard will provide real time performance activity relating to the Managing Authorities (All Health Board Service Delivery Units) and the Supervisory Body.							
Financial Implications							
To reduce the breaches and any consequential risk of financial loss, the Supervisory Body has developed an action plan. However, there still remains a consequential risk of financial loss and this is identified within the Corporate Risk Register.							
Legal Implications (including equality and diversity assessment)							
Until the new Liberty Protection Safeguards (LPS) legislation is in place, the Health Board has a statutory responsibility to continue with the DoLS process.							
Staffing Implications							
Two Band 6 Best Interests Assessors posts and a dedicated Band 4 DoLS service administrator will shortly be recruited. The new posts will be co located with the Swansea Local Authority DoLS team which will provide accommodation, development support and the potential for new models to develop in the future							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
Collaboration – Working together ensure safeguarding of patients in a way that does not inappropriately restrict their freedom.							
Report History	N/A						
Appendices	N/A						

