

	Appendix 4
Date :	12 th October 2020
Directorate	Swansea Bay University Health Board: Primary Care and Community Services
Author	Karen Gronert Head of Nursing
<p><u>TITLE OF REPORT</u></p> <p>Supervisory Body service model to deliver the Deprivation of Liberty Safeguards (DoLs) processes</p>	
<p><u>SITUATION /PURPOSE OF REPORT</u></p> <p>To update the committee on the progress of the proposal for the future model to support the Health Board discharge its legal responsibilities in relation to the Deprivation of Liberty Safeguards</p>	
<p><u>BACKGROUND INFORMATION</u></p> <p>Swansea Bay University Health Board has a small Deprivation of Liberty Safeguards Team that have been established to aid the Health Board comply with its statutory duties under the Mental Capacity Act 2005, as amended through the Mental Health Act 2007 Schedule A1 and 1A .</p> <p>The team consists of two full time Best Interest Assessors and one full time administrative support.</p> <p>There have been numerous reports and risk assessments presented at many fora that set out the inadequacies of the resource allocated with in the Health Board to undertake the required DoLs functions. The consequence of this deficit is the continued failure of the Health Board to comply with the legal timeframes due to the associated breaches that the deficit in resources causes.</p>	
<p><u>ASSESSMENT</u></p> <p>The ongoing operational issues presented by COVID 19 is having an impact on the service provided currently along with the development of the business case for the future service model The Primary and community Services Delivery Unit will update the risk register in line with the above, this will inform the corporate risk register.</p> <p>Short term this will manifest in the following way:</p> <ul style="list-style-type: none"> • There will be limitations placed on visiting professionals due to the risks associated with increased footfall in acute sites 	

- The DoLs team will likely receive a reduced number of applications from the acute sites (as evidenced in the first Covid wave) and the focus on robust care planning and rapid discharge will negate the need for many of the DoLs applications
- The numbers of DoLs requests will be more manageable for the substantive team
- The numbers of breaches will reduce
- HB trained BIAs will be unavailable as most of these staff are clinical and will be required to provide hands on care for patients
- Face to Face DoLs assessments will only be undertaken in urgent cases
- The Quality Impact Assessment will be reviewed and updated, with oversight via PCS Delivery Unit.

Longer Term :-

- The LPS have been delayed until April 2022 at the earliest so the gap analysis to fully understand the impact of these for the Health Board are still uncertain

RECOMMENDATION

In view of the above the following recommendations are suggested: -

- The approach to managing DoLs requests to proceed as in the first wave of Covid
- Members note the update and mitigation actions to the Health Board risk register
- Discussions with Local Authority partners regarding developing a regional approach to managing DoLs given the LPS changes to be explored in March 2021
- The business case to fully establish the required Health Board service model / and or the Health Board contribution to a regional model will be delayed until March 2021