

**MANAGEMENT ACTION PLAN**

Audit Source:	Internal Audit	Audit Year:	2018/19
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Report Issued:	10/09/2018	Overall Assurance Opinion:	Limited
Lead Executive:	Gareth Howells	Version:	Final V1.0

**QSC Appendix B2(b)**
**(APPENDIX D)**

Key Finding Ref	Findings	Impact (Internal Audit)	Recommendation	Priority	Management Response	Responsible Officer	Deadline
<b>1 (D)</b>	At the time of fieldwork no Multi Agency or ABMU Policy for DoLS had been approved. Internal Audit were informed a new Policy had been issued for approval in the July Safeguarding Committee but the agenda or Committee minutes does not state the document was presented or approved.	Staff may be unclear on their responsibilities.	The Multi Agency guidance should be approved by the Safeguarding Committee as soon as possible.  Staff should then be made aware of new policies / guidance and they should be published on ABMU intranet.	<b>M</b>	The existing Multi agency guidance has been agreed by the Western Bay Safeguarding Adults Board (WBSAB) DoLS sub-group and approved by the WBSAB Policy, Practice & Procedures Group on 19th April 2018 whereby it was confirmed that the guidance did not need to go to the WBSAB. This guidance will now be presented to Safeguarding Committee on September 21st 2018 and following this will be distributed to Service Delivery Units and placed on the Intranet DoLS section.	Jodie Denniss, Interim Deputy Head of Safeguarding	31/10/2018
<b>2 (D)</b>	All fields were added to the Master database, however it was noted that the database was colour coded to signify if there was any fields incomplete (pink incomplete and white complete). It was noted that the new fields were not always complete. As the master database is the source of information to manage and monitor DoLS and also for reporting to the Safeguarding Committee and Mental Health Legislation Committee there is a risk that management are unable to robustly monitor DoLS and information reported to the committees will be incorrect.	If relevant information is not captured on the P&CS database, it is difficult to identify where the delays and issues are within the application process.	The DoLS administration team should aim to capture all information requested on the DoLS master database to ensure robust management and monitoring and ensure information reported to Safeguarding Committee and Mental Health & Legislative Committee is accurate.	<b>H</b>	Fields are left intentionally blank where the data is no longer required (DOLS position changed/Discharged/Died). The MASTER spreadsheet is accessed through a dedicated SharePoint site and performance data is displayed through the dedicated DOLS dashboard	Jason Crowl, UND PCS	31/10/2018
<b>3 (O)</b>	Since the previous audit the Health Board has increased the number of BIAs to 32 however the internal BIAs are not being used due to capacity. This has resulted in full use of external BIAs. The current external BIA arrangement is inadequate - there is no a contractual arrangement in place to ensure quality of service.	There is a financial impact on the Health Board due to the over reliance on external BIAs	Internal Audit have been informed that a rota is to be implemented on 1st August 2018 for the internal BIAs.  This should be monitored via corporate management to ensure that staff are being released during their rostered time to complete BIA duties when required and ensure the rota system is effective. If the use of external BIAs continue several recommendations are reported below (See Findings 8, 9 and 10).	<b>M</b>	The rota has been up and running since August 1st 2018. Some HB BIAs are now completing assessments. However independent BIAs are still being utilised as some HB BIAs are unable to be released from ABMU HB duties. The utilisation of independent BIAs ensures that the DoLS assessments take place in a timely manner in order to prevent breaches when the HB are unable to utilise their own BIAs due to capacity issues. This rota is currently monitored by the Corporate Safeguarding Team and reported to the Mental Health and MCA Legislative Committee on a quarterly basis.	Jodie Denniss, Interim Deputy Head of Safeguarding	01/09/2018
<b>4 (O)</b>	A new field was added to the DoLS database to help decrease the delay in authorisation being communicated to the Ward 'Date paperwork was issued to the ward'. However on analysis this section in not being completed consistently and a delay in communication still exists. A total of 19 out of 236 cases had the section completed between April and July 2018.	Wards are not always aware when an application has been authorised.	The DoLS administration team should look to complete all relevant sections on the master database to help monitor the timeliness of communication to the ward.	<b>M</b>	The field is not used when the DOLS is no longer required and is intentionally left blank	Jason Crowl, UND PCS	30/08/2018

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<b>5 (D)</b>	The information held within the central databases at Morriston, Singleton and Neath Port Talbot were compared for a period against the information held on the master database. It was identified that the information held on the central databases was not reconciling to the master. It was also noted that there were gaps in information for the DoLS cases held on the central databases.	UND's may not have appropriate oversight of DoLS applications within their unit.	The Unit Nurse Directors should review the current process for managing the central databases to ensure that they are maintained and monitored effectively at each Unit.	<b>M</b>	Work with all Units to remove separate local database and allow controlled access to DOLS MASTER database and dedicated Dashboard	Jason Crowl, UND PCS	31/10/2018
<b>6 (O)</b>	A Terms of Reference has been composed for the DoLS Improvement & Support Group and been circulated through the group for comment, no comments were made and the Terms of Reference were sent to the April Safeguarding Committee for approval. Due to lack of attendance the ToRs were not signed off. Internal Audit were informed that the Terms of Reference would be approved in the July Safeguarding Committee however audit did not find any reference in the Agenda or Committee minutes that this happened.	The Group is operating without an approved Terms of Reference, and may not be covering issues with the process.	The Terms of Reference for the group should be approved by members and the Safeguarding Committee to which it is accountable, and consideration should be given to a regular agenda to ensure areas of concern for the group are discussed and addressed.	<b>L</b>	The Terms of Reference for the HB DoLS Improvement Group have been presented to the Corporate Safeguarding Committee on March 14 as seen on agenda but this was not evident from the minutes. The terms of reference will now be re presented for ratification at the Corporate Safeguarding Committee on September 21st 2018	Jodie Denniss, Interim Deputy Head of Safeguarding	31/10/2018
<b>7 (O)</b>	There are discrepancies in the number of breaches reported within unit reports for the Safeguarding Committee, and the figures reported by P&CS on the master database and DATIX	Under reporting of breaches within units.	UNDS should undertake a check of DoLS cases and monitoring records within their Units to establish whether breaches are being reported promptly.  Staff should be reminded that all breaches are to be reported via Datix (with appropriate CCS code.)	<b>H</b>	The DoLS Improvement and Support Group can be utilised to work with the Service Delivery Units to develop a common method for monitoring . There is a S.O.P. flowchart for reporting DoLS breaches as DATIX incidents, this is already incorporated into Level 2 DoLS training. It has been added to the Safeguarding Intranet page to make it accessible to staff . <i>Lead: Deputy Head of Safeguarding</i> <i>Action by: UNDS &amp; Corporate Safeguarding team</i>	Jodie Denniss, Interim Deputy Head of Safeguarding	31/10/2018
<b>8 (O)</b>	The process for adding a new external BIA to the Health Board's BIA list does not include the approval of a senior member of staff with the only requirements to be added to the list being proof of qualification, training and the relevant insurance to conduct the assessments. The BIA is not supplied with any service agreement outlining what is expected from them or how to conduct themselves during the assessment.	No senior approval for new external BIAs to be added to the BIA list. New BIAs are not made aware of what is expected of them that may result in the Quality of service being inadequate.	Management should ensure that a formal procedure is established for adding a new external BIA to the Health Board's BIA list that includes appropriate checks and authorisation. If placed onto the list, the BIA should be required to agree to a Service Agreement that should outline the quality and time requirements.	<b>H</b>	The Health Board's BIA list is currently held by the Corporate Safeguarding Team. Checks are undertaken before external BIAs are added to the list to ensure they have appropriate qualifications that includes DBS checks, insurance, but there is not a formal protocol in place. This will be developed by the Corporate Safeguarding team in conjunction with the Supervisory Body	Jodie Denniss, Interim Deputy Head of Safeguarding	31/10/2018

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<b>9 (O)</b>	Internal Audit were informed that external BIAs only accept DoLS assessments if the assessments were issued in batches and single assessments were generally not accepted by the BIAs. At the time of fieldwork a single assessor was completing 11 assessments with a further 13 cases pending assignment to the same assessor. In comparison the new Health Board rota to be implemented in August limits the internal assessors to a maximum of two assessments. On analysis it was identified that over 91% of assessments conducted by external BIAs breached the timescale between April 2017 and March 2018. The DoLS team stated that when assessments are issued to external BIAs there is no timescale or deadline attached with each case so the external BIA is unaware of the actual breach date or what assessment to prioritise.	The Health Board could face financial penalties due to DoLS assessments breaching timescales	There should be a limit on the number of DoLS assessments issued to external BIAs at a given time. All DoLS assessments issued to BIAs should include an expected complete by date or the date in which the DoLS case will breach its given timescale. The Health Board should look at introducing sanctions or financial penalties for consistent breaches from an external BIA.	<b>M</b>	The PCS which provides Supervisory Body function is recruiting 2 dedicated full time BIA roles and dedicated DOLS administration role. The BIA function will be coordinated as a support role to manage demand. The Supervisory Body will review the allocation rules to ensure maximum use of the BIA available.	Jason Crowl, UND PCS	31/10/2018
<b>10 (O)</b>	For the external BIAs to receive payment they are required to complete a standardised form supplied by the Health Board, that states who the assessment relates to. The form should be signed by the ward sister or senior nurse but audit was informed that this authorisation is not always obtained and the forms are processed for payment regardless of this. It was also noted that several of the external BIAs were also employees of the Health Board and being paid for DoLS assessments completed in their own time (as external BIAs) via accounts payable, instead of payment via payroll.	Payments are being issued without the required authorisation.	All payment forms should be authorised for payment before being processed for payment. All Health Board employees need to be paid via payroll not Accounts Payable.	<b>H</b>	Supervisory Body will review the sign off arrangements and stop payments where appropriate signatures are not available. Units are to ensure forms are signed by ward manager. Supervisory Body will review payment process to ensure correct procedures are followed.	Jason Crowl, UND PCS	31/9/2018
<b>11 (O)</b>	It was noted by audit that the maintenance of the central database as well as the appointment of BIAs (internal or external) is placed entirely on a single individual without segregation of duties or checking processes. There is no contingency plan in place to cover the individual when absent, resulting in the DoLS not being maintained during their absence.  The DoLS Improvement & Support Group of 6.4.2018 Minute reference 6 DoLS Admin support: <i>DoLS database and admin currently maintained by Susan Hunt/Diane Morgan. DN has previously helped with DOLS admin on an ad-hoc emergency basis to cover sickness/leave however DN/SH/DM were recently all off work at same time.</i>  <i>CD has been trying to get temporary additional support for SH whilst DM and DN are unavailable, until a sustainable solution can be found. CD has informed group that the situation in recent circumstances was not sustainable or safe.</i>	Failure to manage DoLS processes during periods of staff absence.	The Director of Nursing for Primary Care & Community Services should review the current staff structure to ensure sufficient resource is available to manage the DoLS process.	<b>H</b>	Supervisory Body will recruit dedicated DOLS administration role and 2 band 6 BIA to create a team. The team will be managed by CHC Lead Manager. Leave support is provided by bank Admin or where necessary agency admin role.	Jason Crowl, UND PCS	31/10/2018