



# Doncaster Council

## Report

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Date: 25<sup>th</sup> October 2018

To the Chair and Members of the  
AUDIT COMMITTEE

Relevant Cabinet Member(s)	Wards Affected	Key Decision
n/a	n/a	No

### DEPRIVATION OF LIBERTY SAFEGUARDS – DoLS Progress Report

#### EXECUTIVE SUMMARY

1. This report is an update report on the progress of this substantial project and follows the process review report made to the April 2018 Audit Committee. As such, it gives a brief overview of the original reported issues and a detailed progress statement on each item.
2. The DoLS Team is a relatively small service within the Directorate of Adults, Health and Wellbeing Directorate. The team deals with the assessment of people who lack mental capacity and who need to be placed and deprived of their liberty in care homes, respite care or hospitals for their treatment or care in order to protect them from harm. Essentially, if someone loses mental capacity and becomes unable to consent to care or treatment, it may be in the individual's best interest for someone to make a decision for them about their care and where they should receive it (the most common example being the placement of someone in a care home).
3. The Council is the supervisory body for the DoLS process who has statutory responsibility for considering a deprivation of liberty request received from a managing authority e.g. a care home, commissioning the statutory assessments and, where all the assessments agree, authorising a deprivation of liberty.
4. Deprivation of Liberty Safeguard procedures are provided under the Mental Capacity Act 2005 and are there to ensure that no one is detained when it is not in

their best interests and to prevent arbitrary detention where other possible alternatives have not been considered.

5. Overall DoLS is in a substantially better position to that previously reported and a significant amount of work has gone into improving systems, processes and training to enable DoLS to fulfil the team's aims and objectives. Whilst there are still some actions remaining and there is ongoing work for the team, it is felt that sufficient improvement has been made to remove this area from the "critical list".
6. 26 of the original 48 raised audit actions have been completed with almost all short and medium term actions currently in progress. On 11 actions, the estimated completion date has been revised. This has been necessary due to technical and system considerations which are delaying the implementation of the actions. For 9 actions the estimated implementation dates are not yet due, 3 of which are longer term systems development actions that will be unlikely to complete until 2020. All other actions are estimated to be completed by December 2019.
7. Further work is still required in the following main areas:
  - The development and implementation of exception reporting to prevent and detect data quality issues;
  - Improvements in the recording of financial information and reconciliations between assessments ordered and assessments paid for;
  - Data protection – the protection of data in transit to Best Interest Assessors (this is because there are currently technical issues that are preventing some assessors using the Encrypt system);
  - The transfer of historic data on the S drive in terms of assessments, to more secure longer term EDM storage (Electronic Document Management System), and the development document retention policies and procedures for these items;
  - The longer term development of the DoLS process within DIPS (Doncaster Integrated People's Solution).
8. With regards to the backlog position (the level of outstanding and in-progress DoLS assessments), there has been a considerable improvement. The back log in notifications (the notification of the final outcome of the assessment to the parties involved) has been cleared with notifications for the latest assessments being the only notifications now outstanding.
9. The number of assessments outstanding with assessors has been brought under control with just 78 assessments currently in progress (previous figures indicated that this was much higher- 299 assessments and was largely due assessments that had not been chased up).

10. The backlog of assessments awaiting allocation to an assessor has increased from 261 to 360 assessments. Interim figures between audit reports do show that the level of back log was reduced at one point to just 81 cases but crept back up over the summer break. This has been attributed to staffing changes, staff holidays and an increase in the average number of referrals being received each month.
11. Referrals received monthly have increased from 130 referrals per month in January 2018 to 186 per month in September 2018 (based on a 9 week average). This increase in demand does pose an additional challenge to the team going forwards. It is not yet known whether this is a temporary variation or a longer term trend that needs to be accommodated. This situation will be monitored to ensure that appropriate action is taken if backlogs rise.

### **EXEMPT REPORT**

12. This report is not exempt.

### **RECOMMENDATIONS**

13. The Audit Committee is asked to note the current DoLS position and the progress made.

### **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

14. Adult safeguarding is a fundamental part of the Council's remit and the Council needs to ensure that it complies with DoLS requirements to ensure that the liberty and rights of those needing care are not infringed. Ensuring that the service is fit for purpose and operating effectively is critical to supporting adult safeguarding and ensuring that in providing this service, the Council complies with the Care Act and safeguards its most vulnerable citizens.

### **BACKGROUND**

15. This report provides the Audit Committee with information on the outcomes from and progress of the DoLS review and associated improvements and allows the Committee to discharge its responsibility for monitoring the Council's exposure to risks.

### **OPTIONS CONSIDERED**

16. None.

### **REASONS FOR RECOMMENDED OPTION**

17. None.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

Outcomes	Implications
<p><b>Doncaster Working:</b> Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>	None
<p><b>Doncaster Living:</b> Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	None
<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work.</li> </ul>	None

<b>Outcomes</b>	<b>Implications</b>
<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	<p>The DoLS function is part of the Adults, Health and Wellbeing directorate who lead on adult safeguarding. The purpose of the DoLS function is to safeguard the rights of vulnerable individuals.</p> <p>Ensuring that the service is fit for purpose and operating effectively is key to ensuring that the Council complies with the Care Act and safeguards its most vulnerable citizens.</p>
<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce;</li> <li>• Modern, accessible customer interactions;</li> <li>• Operating within our resources and delivering value for money;</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents;</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths;</li> <li>• Working with our partners and residents to provide effective leadership and governance .</li> </ul>	

## **RISKS AND ASSUMPTIONS**

18. Failure to address governance and operational and management weaknesses within the DoLS function exposes the Council to the following risks:-

- Potential reputational damage to the Council as a result of a failure to undertake assessments within the required timescales;
- Potential legal litigation as a result of any failure to / delay in the assessment of an individual's circumstances should it be determined that an individual had been wrongly detained in a care environment;

- Potential financial loss as a result of a failure to control payments being made to mental health and best interest assessors;
- Potential breach of the law.

#### **LEGAL IMPLICATIONS [OFFICER INITIALS HMP, 16/10/18]**

19. The local authority has a duty to determine whether or not to authorise the deprivation of liberty of a person who lacks capacity to agree to this who lives in a care home or hospital when the care home or hospital makes an application for this to be done. If a person who lacks capacity is being deprived of their liberty in a care home or a hospital and this has not been authorised then they are being illegally detained.
20. Failure to improve the processes carried out by the DoLS team potentially causes a detrimental impact upon the reputation and business affairs of the Council and could possibly result in litigation as a result of a failure to / delay in the assessment of an individual's circumstances should it be determined that an individual has been illegally detained in a care environment.
21. The Council is at risk under the Data Protection Act 1998 of fines from the Information Commissioner if personal data is unlawfully disclosed and individual officers may face criminal prosecution in the circumstances for deliberately failing to follow the Council's data protection processes.

#### **FINANCIAL IMPLICATIONS [OFFICER INITIALS NC, 04/10/18]**

22. The budget for the DoLS Service which is part of the Adults, Health and Wellbeing budget for 2018/19 is;
  - DoLS assessments £118k
  - DoLS team £219k Including £86k IBCF
  - DoLS Independent mental capacity advocates £25k.

#### **HUMAN RESOURCES IMPLICATIONS [OFFICER INITIALS KW, 16/10/18]**

23. There may be retraining requirements resulting from the review and possible recruitment or secondment requirements which will be carried out in conjunction with normal HR processes.

#### **TECHNOLOGY IMPLICATIONS [OFFICER INITIALS ET, 12/10/18]**

24. It Significant progress has been made on the improvement actions, a number of which involve the use of existing technology, including:

- All DoLS assessments are now recorded and monitored through the CareFirst system
- Emails containing referrals and forms are now indexed and stored into the EDM system, removing the issue of long term storage in email inboxes and ensuring information is easily accessible
- Ongoing development of exception reporting, utilising improved reporting features available through the corporate Business Intelligence solution (Power BI)
- Outcome letters are now generated and indexed directly to an individual's P Number using EDM, removing the previous issues with this process
- Use of the ENCRYPT secure email system for sharing of confidential data with external assessors and managing authorities. ICT have provided further guidance and common reasons why third parties may report being unable to access attachments delivered through this system, but these are usually as a result of the instructions not being followed or having the incorrect version of Adobe.

25. As stated in the body of the report, further work will progress on the longer term development of the DoLS process as part of the implementation of the Doncaster Integrated People Solution (DIPS).

#### **HEALTH IMPLICATIONS [OFFICER INITIALS SG, 15/10/2018]**

26. Access to health and social care has the potential to impact on 20% of population health status. The deprivation of liberties safeguards (DoLS) service deals with people with mental capacity issues who are some of the Authority's most vulnerable people. The progress report notes an overall substantially better position to DOLS. The outstanding areas of improvements need to be monitored to ensure full implementation.

#### **EQUALITY IMPLICATIONS [OFFICER INITIALS NFW, 04/10/18]**

27. The DoLS service serves vulnerable adults with mental capacity issues. The failure of the service would impact on some of the Authority's most vulnerable people.

#### **CONSULTATION**

28. None

## **BACKGROUND PAPERS**

The Mental Capacity Act 2005

Appendix 1 - DoLS Background Information

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**Doncaster  
Council**

# **Internal Audit – Progress Report**

**DEPRIVATION OF LIBERTIES SAFEGUARDS  
(DoLS)**

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## 1. Introduction

- 1.1. The DoLS Team is a relatively small service within the Directorate of Adults, Health and Wellbeing Directorate. The team deals with the assessment of people who lack mental capacity and who need to be placed and deprived of their liberty in care homes, respite care or hospitals for their treatment or care in order to protect them from harm. Essentially, if someone loses mental capacity and becomes unable to consent to care or treatment, it may be in the individual's best interest for someone to make a decision for them about their care and where they should receive it (the most common example being the placement of someone in a care home).
- 1.2. The team currently comprises of a DoLS Manager, a DoLS Officer, 3 FTE<sup>1</sup> admin staff (1 currently vacant), 1 FTE Best Interest Assessor and 1 part time Best Interest Assessor. A couple of staff are also shared between the DoLS team and Safeguarding Adults, these being the Safeguarding Adults Hub Team Manager, a modern apprentice and a Quality Assurance and Evaluation Officer. A further agency member of staff who acts as a DoLS signatory is also currently in place with a temporary end date of mid-November 2018.
- 1.3. Deprivation of Liberty Safeguard procedures are provided under the Mental Capacity Act 2005 and are there to ensure that no one is detained when it is not in their best interests and to prevent arbitrary detention where other possible alternatives have not been considered. More detailed information regarding the background of DoLS for those not familiar with DoLS requirements (or as a refresher since the last audit report), can be found in Appendix 1.

## 2. Background

- 2.1. A full review of DoLS and all its processes was launched in 2016/17 to provide the Audit Committee with a full update following an interim report highlighting significant weaknesses in the Council's processes for managing and monitoring the carrying out of Deprivation of Liberties Safeguards (DoLS) assessments by the Council. The results of this review were presented to the Audit Committee on 05<sup>th</sup> April, 2018.
- 2.2. This report is an update report to detail the current position of the improvement works on the DoLS process.

## 3. The Overall Current Position

- 3.1. The DoLS team have made substantial process progress on the implementation of outstanding audit actions. These are summarised in the table below.

Status	Major Actions	Significant Actions	Moderate Actions
Implemented	11	13	2
Outstanding ( <i>of which</i> )	7	12	3
<i>Outstanding with revised implementation date</i>	5	5	1
<i>Outstanding – original implementation date not yet reached</i>	2	7	2

<sup>1</sup> FTE – This is the number of staff expressed in terms of full time equivalent members of staff.

3.2. Whilst there remain actions outstanding, 7 of which are considered to be major, this represents substantial progress. Of the 7 major actions outstanding, 5 have had revised dates applied. These are largely systems / technical issues that are proving more difficult than anticipated to resolve. These include the design and implementation of data quality exception reports and issues regarding the encryption of information being sent to Best Interest Assessors. (Some assessors are having technical difficulties in accessing information within the Encrypt system).

3.3. Actions were originally split into 2 distinct groups. Shorter term actions to improve and control the DoLS process (the majority of the actions) and longer term actions designed to implement new and robust systems in the light of the DIPS project (Doncaster Integrated People's Solution). All longer terms actions (1 of a major level and 2 of a significant level) were NOT due at the time of this report. All other actions outstanding are in progress but are not yet complete.

3.4. The position originally reported on the backlog of assessments has also improved on most levels.

	<b>No. as at 6<sup>th</sup> July 2017</b>	<b>No. as at 22<sup>nd</sup> January, 2018</b>	<b>No. as at 25<sup>th</sup> September, 2018</b>
Cases not yet allocated for assessment (includes new referrals received in the email inbox)	415	261	360
Cases in progress (assessment in progress or awaiting input to CareFirst after completing the assessment)	<i>Not available</i>	299*	78
DoLS granted cases awaiting sign off	326	53	15
DoLS not granted cases awaiting sign off	511	608	10

3.5. The level of assessments going through the process or awaiting end point notification of the outcomes of the assessments has fallen significantly and represents a dramatic turnaround in the situation.

3.6. The position re the number of referrals / cases not yet allocated; however, has worsened compared to the January 2018 update. However, interim figures between January and September indicate that the position IS improving but that this is the temporary result of staffing changes and summer holidays. The figure outstanding is expected to drop again.

3.7. It should however, be noted that the DoLS team are experiencing a steady increase in the number of cases / referrals being received on a monthly basis with this increasing from an average of 130 per month back in January 2018, to an average of 186 per month now (this is based on the last 9 weeks available referral data). This increase, if it continues, may represent a challenge for the service going forwards.

## 4. Original Issues and Current Assessments (Detailed Analysis)

4.1. The purpose of this report is to give an update on progress to date and highlight any further work and issues and the plans for addressing these. For ease, issues have been brought forward from the original report and an up to date assessment of progress and current risks has been given. Items in *italics* are taken from the original audit report.

### System / Process and management information

#### The Originally Reported Issue

4.2. *Previously processes within the DoLS team for monitoring best interest assessments commissioned were poor, with over reliance on spreadsheets that were not fit for purpose and caused additional manual work (because only one person could update the spreadsheet at once). This process was essentially replicated in CareFirst which caused similar issues resulting in a system that was not currently fit for purpose and a process that was not being properly complied with. The systems in place were still heavily reliant on manual intervention and manual monitoring. However unlike the previous system of spreadsheets this could be changed.*

4.3. *Significant amounts of work went into migrating the data from spreadsheets to CareFirst and into clearing some of the backlogs that had built up throughout the DoLS process. Whilst there remained some serious issues with the new system and its associated data and processes, it did represent a serious improvement on those that existed previously which were unreliable and could not realistically support the DoLS process.*

4.4. *The system / process comprised:*

- *Various email inboxes used to receive and store referrals and assessments received from assessors;*
- *The CareFirst system and associated triggers (see paragraph 4.22);*
- *A financial monitoring spreadsheet to monitor payments made to assessors;*
- *Lists of approved internal and external Best Interest Assessors (BIAs) and Mental Health Assessors (MHAs); and*
- *The electronic document management (EDM) system Images@Work (or Anite as it is sometimes known) used to store some completed assessments and other documentation.*

#### Current Position (October, 2018)

4.5. All DoLS assessments are currently recorded and monitored through the CareFirst system. It is now clear who work is allocated to and, therefore, who is responsible for it. A full audit trail on all work is now available.

4.6. Reports have been produced and can now be run on any of the triggers set up in the system to show the number of reports sitting at a particular point in the process. (These triggers are essentially systems based reminders to ensure that DoLS assessments progress from receipt through the entire process).

- 4.7. Personal performance is routinely monitored using data from the CareFirst system which then feeds into the team's performance management process.
- 4.8. Emails containing case referrals and forms are now moved from the email inbox into EDM daily and deleted from the email inbox which has stopped the storage of referrals and forms in email inboxes. Additional resources have been sought from Business Support outside of the DoLS team to assist in transferring historic referrals, reports and assessments into EDM however this is still in progress due to the volume of information to move.
- 4.9. In addition, performance information and information on the number of outstanding assessments at each stage of the process can now be tracked and reported on automatically without any manual intervention.

## **Email / Document Storage**

### The Originally Reported Issue

- 4.10. *A reliance on an email storage system (folders for the storage of documents within an email box) is inappropriate and leaves the process exposed to data protection risks. Emails can be moved or deleted, or even modified without leaving an audit trail. Documentation that needs to be retained can easily go missing or be missed. In addition, email boxes are not able to store data long term (as it is routinely deleted from the server and is therefore not backed up after 2 years), nor is the email system a suitable retrieval system for data subject access requests as they are difficult to search and are not indexed under normal searchable criteria.*

### Current Position

- 4.11. Emails containing case referrals and forms are now moved from the email inbox into EDM daily and are all indexed directly to individual case Pnumbers (a referencing number used in CareFirst). All emails are then permanently deleted from the email inbox which has stopped the long term storage of referrals and forms containing personal data in email inboxes. Any 'un-actioned' emails or forms will sit in EDM awaiting allocation to admin staff to process rather than remaining in an inbox. In EDM there are effective audit trails available showing any actions taken on an incoming referral and are protected from accidental alteration or deletion. This also means that information for individuals is easily retrievable without manual searching through inbox file systems.
- 4.12. Additional resources have been sought from Business Support (outside of the DoLS team) to assist in transferring historic referrals, reports and assessments into EDM, however, this is still in progress at the time of this report due to the volume of information to move.
- 4.13. Training is due to be provided to all of the DoLS team in early October which will cover the EDM process, how staff will utilise the system and how to use hybrid mail (where letters are generated and automatically saved and posted with minimal admin involvement). This training will ultimately enable the team to fully utilise the advantages of the EDM system and progress onto full case load working.

## Performance Monitoring and Data Quality Reviews

### The Originally Reported Issue

- 4.14. *Performance monitoring was not carried out as no performance indicators or targets had been set and no management tools were used to demonstrate the team's progress against targets. The CareFirst system has been programmed with associated "triggers". These are essentially reminders to complete various elements of the process. These are activated by the completion of a previous stage in the process. It is possible to monitor these "triggers" or actions to ensure that things are completed in a timely manner; however, these actions are not being routinely signed off and are building up within the system. As at January 2018, there were over 3100 triggers within the system that had not marked as actioned. It is not known how many ARE actioned and have not been marked and how many are actually not actioned. Testing however, indicated that many of these (especially those relating to the notifying of DoLS outcomes) are not actually actioned.*
- 4.15. *Data quality within the process was poor, with missing and inaccurate information in the CareFirst system and spreadsheets in use and with data not routinely updated on the financial spreadsheet in a timely manner (or in some cases accurately).*
- 4.16. *Validation exercises carried out to verify that data uploaded to the CareFirst system after migration were undertaken; however, staff checked their own work. This resulted in few changes being made to the existing incorrect/inaccurate data, especially where staff had forgotten or were not fully aware of the process being followed. These issues continued after migration. Validation checks undertaken by the DoLS Officer and confirmed by audit testing, show that parts of the process remained incomplete with action triggers being missed or not completed within CareFirst.*
- 4.17. *To compound the above, any qualitative reviews or validation exercises for performance information on the cases input onto CareFirst, were not routinely recorded or the issues addressed with the staff member concerned. These were usually corrected on the system but no learning is facilitated by providing feedback to the member of staff found to be non-compliant with the process. This lack of learning from the errors identified continues to compound the data quality issues already within the system and continues to divert resources away from addressing the assessments outstanding.*

### Current Position

- 4.18. Significant work has been carried out in establishing a robust performance monitoring and data quality process to improve the quantity and quality of work completed. Performance at each stage of the process is now monitored. A random sample of work completed is taken for each worker and assessed in terms of the quality of the work undertaken (i.e. whether the process has been followed, CareFirst has been updated correctly, data stored appropriately etc.). The results of the sample checked are discussed during 1:1s, recorded on individual's supervision sheets, sent to the individual to rectify and kept with confidential supervision records. The aim of this is that the same errors are not repeated in following months, improve overall data quality and process throughput and to ensure training needs are highlighted and addressed during monthly team meetings.
- 4.19. Work is now allocated to staff on a rota basis to ensure a consistent level of work is carried out in all process areas. This rota includes the time it should take to complete each work item and also how many of each item should have been completed to meet allocated targets. Staff self-report this information but weekly figures are obtained from CareFirst and shared with both staff and management. These tables are reviewed by management with

weekly summary feedback given and these emails are stored with the sheets for future reference.

4.20. Daily feedback sheets are completed by admin workers confirming work done and sent to management to monitor performance but also highlight system, procedure or time issues so DoLS can adapt workloads on a flexible basis. Weekly statistics are also produced to outline team and individual performance as well as new referrals received and allocations sent out.

4.21. At the time of the audit review there were considerable issues with staff performance within the team. It would appear that with the introduction of a structured performance monitoring and data quality monitoring process with targets and subsequent follow-up staff are much clearer on what their responsibilities are. Motivation and staff morale appears to have improved and general staffing issues have decreased. This does not mean to say that there are no data quality issues within the DoLS / CareFirst process / system; however this is a significantly improved position to that identified at the time of the audit.

## **Overall performance (backlog) and the notification of Outcomes**

### The Originally Reported Issue

4.22. *Progress had been made in reducing some of the backlogs of various forms throughout the process, although it is widely acknowledged that more needs to be done. Some cases were outsourced to an external provider (250 cases) and targeted resources were applied to reduce the backlogs in signing off granted and not granted DoLS.*

4.23. *The level of outstanding work at any point in time remained difficult to calculate and required significant amounts of manual intervention.*

4.24. *Relevant parties were not being notified of the outcome of DoLS assessments. As such, Managing Authorities were not aware that a DoLS had been granted and may not have been complying with any special conditions set for that person. Similarly, with any non-granted cases, those applying for a DoLS may not have been aware of the fact that the DoLS was not granted and may have been depriving a person of their liberty unlawfully. As at 22<sup>nd</sup> January 2018, 558 cases needed notification letters to be sent out. In addition to the above, copies of the notifications sent out were not being retained.*

### Current Position

4.25. Work is ongoing in providing a series of exception reports to inform on the levels of outstanding work. The DoLS team have been working with the Strategy and Performance Unit to establish the best way to provide this information. It has been decided that these reports will be better provided using different software, Microsoft PowerBI rather than a CareFirst report. This software can also produce management information tools such as dashboards, graphs and charts to help the team report more easily (essentially it is a visual interface tool). The reports are in the final stages of development, the data has yet to be validated to make sure it is pulling from the correct point and some terminology needs updating in PowerBI before this will be fully available.

4.26. The introduction of performance and data quality monitoring processes (as detailed in paragraph 4.18 above) have improved the quality of the data that is entered into CareFirst and identifies where individual staff are experiencing issues.

4.27. Additional resource was obtained to clear the end process backlog i.e. notification of outcomes prior to July 2018 and all outstanding end process actions have now been cleared. This means that for all cases prior to July 2018 all parties have been sent the appropriate notification letters and all letters are now saved in the EDM system.

4.28. Every case since July 2018 is now monitored and staff deal with the end processes for their own cases, making sure notifications have been sent out. Staff performance is continually monitored to make sure their weekly cases are being progressed and notifications have been sent out.

4.29. Outcome letters are now generated in the EDM system which eliminates the issues around re-generating letters in CareFirst and also indexes them directly to an individual's Pnumber which has reduced the time required in scanning letters into EDM.

4.30. The current level of outstanding work is as follows;

	<b>No. as at 6<sup>th</sup> July 2017</b>	<b>No. as at 22<sup>nd</sup> January, 2018</b>	<b>No. as at 25<sup>th</sup> September, 2018</b>
Cases not yet allocated for assessment (includes new referrals received in the email inbox)	415	261	360
Cases in progress (assessment in progress or awaiting input to CareFirst after completing the assessment)	<i>Not available</i>	299*	78
DoLS granted cases awaiting sign off	326	53	15
DoLS not granted cases awaiting sign off	511	608	10
<b><i>Other information</i></b>			
Cases where a notification needs to be sent out	<i>Not available</i>	558	115
Forms returned to the Council that have not yet been input to CareFirst (NB these are individual assessments and not cases – some cases will have both an MHA and BIA form to input)	<i>Not available</i>	163	8
Notifications of moving / death not yet actioned	<i>Not available</i>	13	56

4.31. As can be seen, there has been a significant reduction in the number of outstanding granted and not granted cases awaiting sign off due to dedicated signatories for granted cases and specific time allocated in work schedules for not granted cases.

4.32. There had been a significant reduction in the number of cases awaiting allocation for assessment up to early July when the figures started steadily increasing. This is due to several reasons; staffing changes, an increase in the number of referrals being received on

a weekly basis and seasonal trends (in the increase in staff leave over the summer holidays). Cases are currently being received at a rate of approximately 186 per month which is an increase of 56 cases per month from the last date of reporting.

- 4.33. DoLS standards require that an assessment is completed within 21 calendar days. This statistic is not actively monitored. All cases received into the inbox should be allocated to an assessor within a fortnight per the process; however, a trigger point of 6 weeks (42 days) has been introduced. The waiting lists are reviewed by the DoLS officer who ensures that all cases that hit the 42 day trigger point have their priority reviewed and escalated as necessary. Testing has shown that this is happening effectively.

## **Financial Spreadsheets**

### The Originally Reported Issue

- 4.34. *The older spreadsheets in use when first reviewed in 2016/17 have now largely been replaced and migrated into the CareFirst system. However, spreadsheets remain to act as a check between CareFirst and the payments system P2P (procure to pay or creditors as it was formerly known). Reliance on this spreadsheet however, remains detrimental to the process. Spreadsheets are easy to delete and damage with no version controls on them. This affects data quality and means that it is not possible to identify a person who is not completing the spreadsheet properly or is missing information out of the spreadsheet altogether. The use of a spreadsheet also has an impact on productivity by introducing a further manual process to complete that could, if properly configured, be removed from the process and be dealt with instead by a monthly reconciliation between CareFirst and P2P with late assessments instead being chased through CareFirst instead of a spreadsheet.*
- 4.35. *A review of the finance spreadsheet showed that it was incomplete and that rows within the spreadsheet had been combined (showing multiple assessment orders on 1 line, which hampers the ability of anyone using the spreadsheet to identify any individual payment for an assessment). Data within the spreadsheet was difficult to reconcile to P2P payments as the spreadsheet does not contain the supplier number and the name of the assessor on P2P is often listed as a company rather than an individual (meaning that reconciling it based on names was also problematic and time consuming).*

### Current Position

The DoLS financial spreadsheet still needs to be brought up to date with all missing information. All data quality errors identified during the audit were corrected; however, these issues have continued and result in a financial spreadsheet that continues not to have all of the relevant financial information in it. Although the team were reminded of the importance of updating the spreadsheet (and this was discussed in 1:1s), the spreadsheet is again out of date. Sampling is also undertaken and where the financial spreadsheet is being forgotten, this is corrected. However, because of the fact that the corrections are only happening on sampled cases, the spreadsheet remains ineffective.

- 4.36. Alternative methods of reconciling assessments paid for to assessments completed are currently being investigated and a meeting between Internal Audit and the DoLS team is being arranged to assist in progressing this action as the team is still unable to carry out a reconciliation between payments and assessments received. It is not currently known how many assessments are missing from the spreadsheet or how much time is required to update it satisfactorily, nor is it known whether there are any duplicated payments or

payment errors (payments made for full assessments when only a partial assessment was completed). Further investigations are necessary to try and identify an automated way to conduct these reconciliations of payments made.

## **Approved Assessor Lists and Financial Administration**

### The Originally Reported Issue

- 4.37. *Payments made to assessors now comply with financial procedure rules with all assessments being paid in arrears; however, there were still delays in paying assessors for work completed due to the inefficient working practices and delays in processing assessments received in the DoLS email inbox. The team did not reconcile payments made to assessments completed so were unaware if there were cases that should have been receipted on P2P (as the service having been delivered) and paid until an assessor chases for payment.*
- 4.38. *Approved lists in use for the Mental Health Assessors and Best Interest Assessors were incomplete and not up to date. No verification checks were made on information received from assessors. (The qualifications were accepted as read with no checking and references were not obtained).*
- 4.39. *Whilst reviewing the assessors list, it was also noted that no IR35<sup>2</sup> assessments had been carried out since October 2016, despite this being raised as a serious concern during the initial review.*

### Current Position

- 4.40. Mismatch reports are received from Accounts Payable which detail invoices received that cannot be matched to the order due to it not having been goods receipted on the system or due to a discrepancy between the order and invoice. These reports are now promptly checked by the DoLS Officer and actions taken to enable the invoice to be paid to ensure that payments to assessors are not withheld.
- 4.41. Significant time has been spent in ensuring that purchase orders relating to assessments that are no longer required to be completed due to people moving care homes or passing away have been now marked as no longer required on the P2P system. Similarly considerable work has been carried out on clearing down orders that have a residual mileage balance that had not been marked as complete. Whilst work in this area is still ongoing the budget will not show these additional commitments that would never be needed.
- 4.42. Approved assessor lists for both Best Interest Assessors (BIAs) and Mental Health Assessors (MHAs) have been fully updated. All information (insurance and qualifications etc.) are now checked and if evidence has not been received to support the information provided then the assessor in question does not receive any work. Similarly once a document has expired, e.g. insurance certificates, the assessor does not receive any work until the new document has been received. The assessor lists will be reviewed regularly to ensure that the information is kept up to date.
- 4.43. All IR35 assessments have now been completed in line with the Council's IR35 process with advice sought from the Senior Finance Officer responsible for checking these types of assessments are completed correctly and records have been brought up to date.

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<sup>2</sup> These rules dictate whether pay as you earn tax should be deducted from the payments made to an individual depending on an assessment of whether they are truly self-employed or should be employees under tax legislation.

The approved assessor list shows that an IR35 assessment has been completed and on what basis this was carried out e.g. limited company, sole trader. This means that any tax issues with HMRC over paying these assessors have been eliminated or at least evidence for the IR35 check can be readily provided.

## Data Protection

### The Originally Reported Issue

- 4.44. *Significant concerns remained regarding data protection in terms of the data exchange between the DoLS team and individual external assessors. There were insecure transfers of sensitive personal data between the DoLS team, external assessors and Managing Authorities. Emails are received in for referrals and this cannot be avoided (in addition, this is a data protection issue for the referring body and not the Council). When allocated, emails were created and sent to assessors with an attachment containing the personal details of the person to be assessed. Attachments to emails were password protected; however, this password had been in use for a considerable amount of time without being changed. These passwords were also easily removed.*
- 4.45. *When replying / sending back their assessments, assessors use unprotected Gmail and Hotmail accounts. The assessments sent back were highly sensitive and should be protected but are usually only protected by passwords (if at all). This was not considered to be an appropriate arrangement. In addition to this, external assessors had not been made aware of their responsibilities regarding data protection. As they process information on behalf of the Council, they were in effect data processors but the responsibility (and therefore costs) for any breach, remain with the Council.*
- 4.46. *To address the above, it was strongly recommended that the CareFirst or any replacement system identified under DIPS (the Digitally Integrated Peoples Solution), allows these external assessors input through the firewall to the system to directly input assessments themselves. This would remove the data protection risks (if access was properly controlled) and would mean that manual tasks currently being undertaken by the Admin Team (copying and pasting the contents of an assessment manually into CareFirst) were avoided. It is acknowledged that this is a longer term recommendation. In the interim period, it was strongly recommended that use of the Council's ENCRYPT emails system is used to protect the data. Using this system, the assessors would create a user name and password to access information sent to them directly. By using the same system (logging in and clicking reply), returned assessments can be submitted WITHOUT using unsecure email addresses, protecting the information in transit at all points and thereby minimising the risk of a data protection breach and the associated investigation and costs.*

### Current Position

- 4.47. A process was developed to ensure that any emails sent from the DoLS team to external assessors or managing authorities would be sent using the Council's ENCRYPT method of encrypting emails and attachments containing personal and/or confidential data. Training has been provided to staff to show them how to use the secure email process. External assessors and care home managers were made aware of the change and that they would now access emails in a secure way and also needed to reply in the same way. They have been informed that non-compliance would be monitored through random sampling on a monthly basis.

Although the process was implemented in June 2018, it is currently only being partially used as there are problems with certain external assessors and managing authorities not being able to access attachments via the new system. IT were contacted via iServe for further assistance and guidance regarding third party access and this action is still being investigated. In the meantime, the team are password protecting documents that are sent out as they used to do. Some parties (such as Voicability), can use the encryption and this equates to around a third of the emails sent out. Care homes however, (of which there are over 100) and external assessors remain an issue as at the data of this report.

## **5. Future Audits**

- 5.1. Internal Audit continues to work closely with the DoLS team where necessary to ensure that the remaining actions are completed and to provide further advice on new on emerging issues.
- 5.2. DoLS have made significant progress on their improvement actions over a relatively short period of time. Whilst further work is still needed in some areas and the challenge of maintaining the improvements made in the face of steadily increasing monthly referrals is a challenge for the service going forwards. It is not, however, anticipated that a further review of the DoLS process will be needed unless it becomes apparent that the remaining actions are not implemented, backlogs increase or other risk governance control issues occur. As the service transitions between the current CareFirst system and the new DIPS (Doncaster Integrated People's Solution) over the next 2 years (estimated), Internal Audit will resume advice and reviews to ensure that the process moving forward remains robust.