

## Board of Directors (in Public)

### Item 2.6\*

**Subject:** Deprivation of Liberty Safeguards (DoLS)  
Update for Q3 20/21

**Date of meeting:** Tuesday 26<sup>th</sup> January 2021

**Prepared by:** Terri Marshall – Safeguarding, EECS & PFCC Administrator

**Presented by:** Sue Pemberton - Director of Nursing and Quality

**Purpose of Report:** To Note

BAF Reference	Impact on BAF
WC1, WC2, WC3	Assurance that the Trust has in place safeguards to ensure that patients who lack capacity receive appropriate care and treatment aligned to Human Rights and Mental Health Act legislation

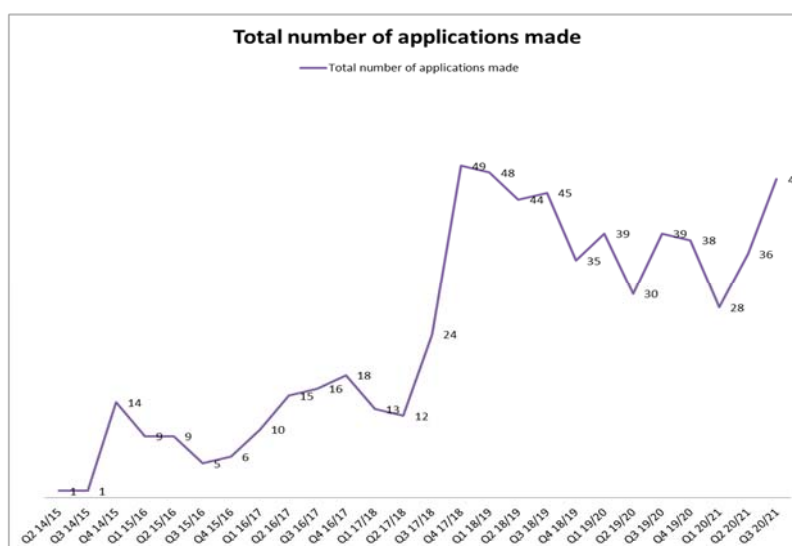
#### 1. Executive Summary

The purpose of this paper is to update the Board of Directors on the number of applications made for Quarter 3 – 2020/21 in relation to the Deprivation of Liberty Safeguards (DoLS).

#### 2. Background

The Deprivation of Liberty Safeguards (DoLS) were introduced in 2009 (as an addendum to the Mental Capacity Act 2005 and a strong link to the Mental Health Act 2007). DoLS aim to prevent the unlawful detention of adults in hospitals and care settings who lack capacity to choose where they live and/or to consent to care and treatment. DoLS are compatible with Article 5 of the European Convention on Human Rights (the right to liberty and security of person).

### 3. Current Position



#### **MCA Assessments and DoLS Applications – Q3 (2020/21)**

For Q3 a total of 47 Deprivation of Liberty Applications have been received by the Safeguarding Team for 9 different local authorities across the catchment area. This is a 23% increase in applications received since the previous quarter.

Of the total 47 applications received by the team, all were standard and urgent applications.

- 7 urgent applications were issued and the standards were not required as the patients were discharged/transferred within the 14 day urgent period or the patient's confusion had settled.
- In 40 cases, the applications were reviewed and the patients were assessed by the safeguarding team but the applications were not sent. This was due to a number of reasons, either the patients confusion had settled, the patient passed away, the patient met the criteria for a critical care patient and were to be managed under the best interests principle and would be reviewed again once they were ready to be transferred to the ward or the patient was transferred or discharged.

MCA and DoLS Mandatory training is currently at 94.6% across the trust.

There are no new risks to be highlighted on this report; all applications are reviewed on an individual basis.

### 4. Recommendations

The Board of Directors are asked to note the numbers of applications made and assessments undertaken.