

Board of Directors (in Public)

Item 2.6*

Subject: Deprivation of Liberty Safeguards (DoLS) Update for Q1 2020/21
Date of meeting: Tuesday 28th July 2020
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
1.3	None

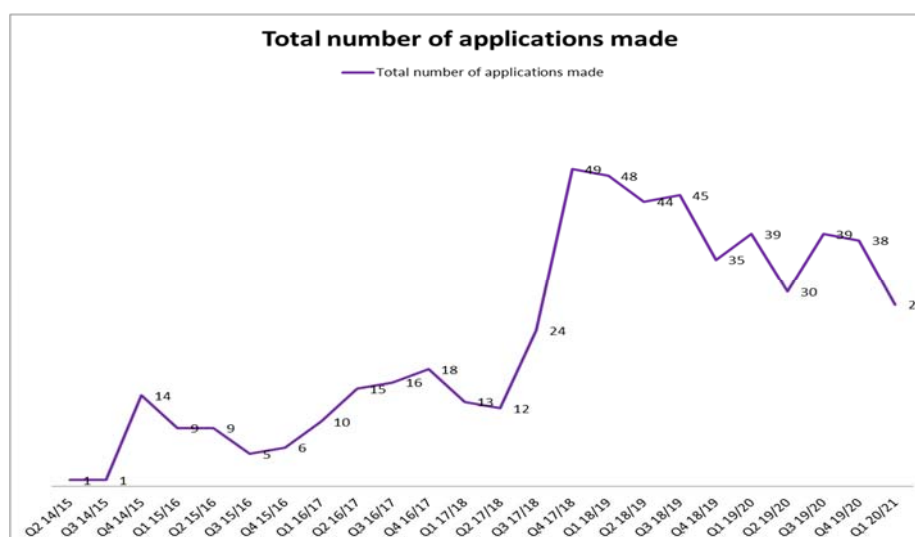
1. Executive Summary

The purpose of this paper is to update the Board of Directors on the number of applications made for quarter 1 – 2020/21 in relation to the Deprivation of Liberty Safeguards (DoLS). For Q1 a total of 28 Deprivation of Liberty Applications have been received by the Safeguarding Team for 11 different local authorities across the catchment area.

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 – Q1 (2020/21)

For Q1 a total of 28 Deprivation of Liberty Applications have been received by the Safeguarding Team for 11 different local authorities across the catchment area. This is a 36% decrease in applications received since the previous quarter; this decrease may be due to reduced activity during covid19.

Of the total 28 applications received by the team, all were standard and urgent applications.

- 9 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 or the patient had passed away.
- In 19 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 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 soon after the application prior to safeguarding review.

MCA and DoLS Mandatory training is currently at 97% 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.