

Board of Directors (in Public)

Item 2.2

Subject: Deprivation of Liberty Safeguards (DoLS) Annual Report 23/24
Date of meeting: 30th April 2024
Prepared by: Dawn Tully – PA for Safety & Quality, Angela McKenna - Lead Nurse
 Safeguarding Adults & Children
Presented by Joan Mathews - Director of Nursing and Quality

BAF Reference	Impact on BAF
BAF 1	Assurance on the Mental Capacity act 2005 application

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
✓	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

Adult and child safeguarding arrangements in NHS organisations are statutory and regulatory requirements. The Trust is accountable for delivery in relation to its safeguarding requirements and this is monitored closely by Local Safeguarding Children and Adult partnerships, Integrated Care Board and the CQC as part of their relationship meetings and assessments made of the Trust.

This report provides an annual summary of Deprivation of Liberty Safeguards (DoLS) applications made over the previous years and within the year 2023-2024 to ensure any trends are identified. In July 2018, the government published a Mental Capacity (Amendment) Bill which will see DoLS replaced by the Liberty Protection Safeguards (LPS). This passed into law in May 2019. No further advice has been published as to when LPS will proceed.

2. Background

The Deprivation of Liberty Safeguards (DoLS), which is an amendment to the Mental Capacity Act 2005. DoLS ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. A person who is being deprived of their liberty as a result of their care needs is entitled to legal safeguards. This is to make sure that the restrictions in place to keep them safe are appropriate and proportionate. The Mental Capacity Act safeguards apply to people who are:

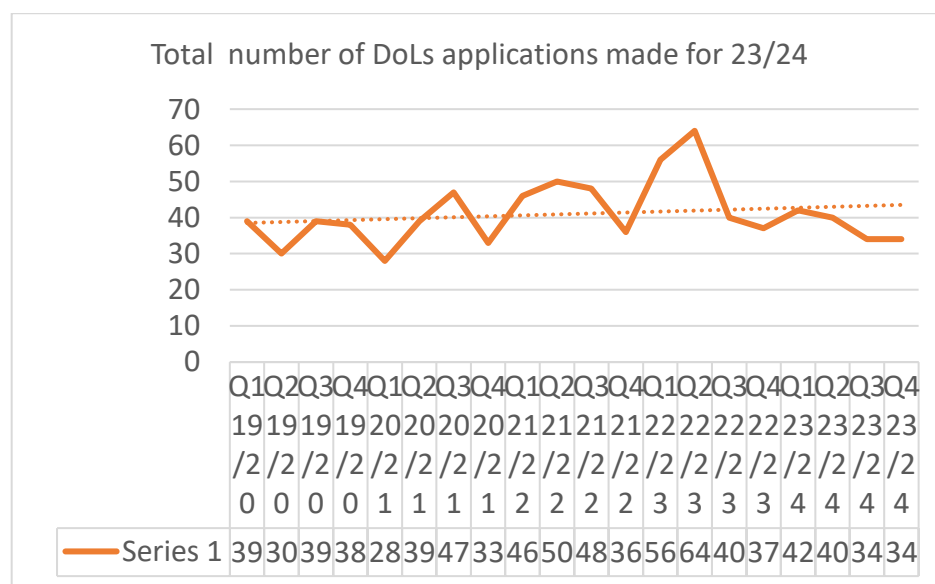
- over 18
- have “an impairment of or a disturbance in the functioning of, the mind or brain”
- whose freedom is being restricted
- who do not have the mental capacity to make decisions about their care or treatment?

The Safeguarding team consist of:

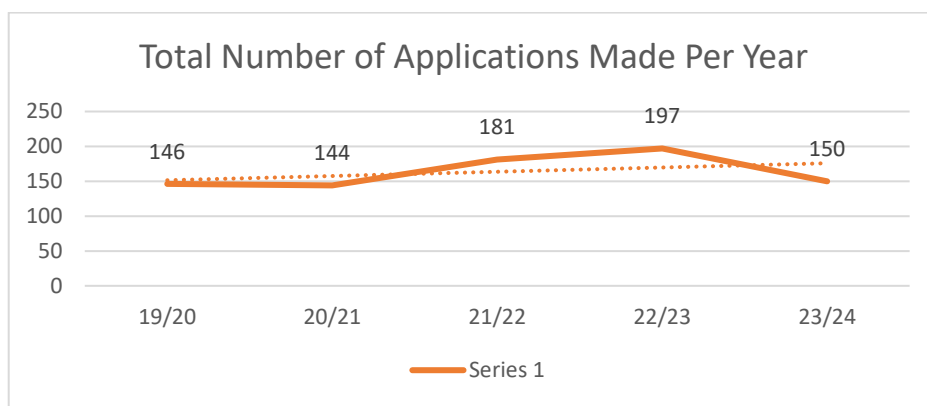
- ACHD Consultant Doctor for Safeguarding Adults and Children
- Executive Nurse for Safeguarding
- Lead Nurse Safeguarding Adults and Children
- Support Nurse Safeguarding
- PA for Safety and Quality

3. DoLS application data

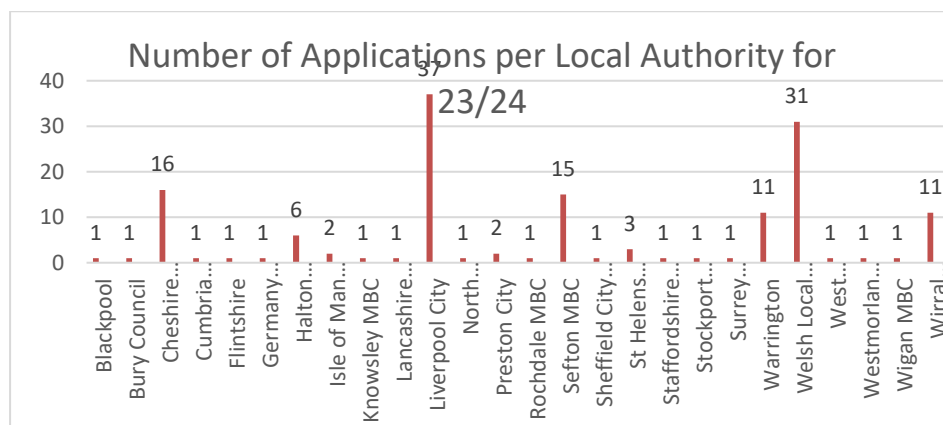
It is recognised that in general people are living longer, with some having more complex health needs, identifying trends in data over years is helpful to determine if resources remain fit for purpose or alternatives to service needs considered. The graph below shows outside of the years 2021-2022 and 2022-2023 the number of referrals under the Mental Capacity Act of DoLS appear consistent. The explanation for the changes in the above years are explained below.



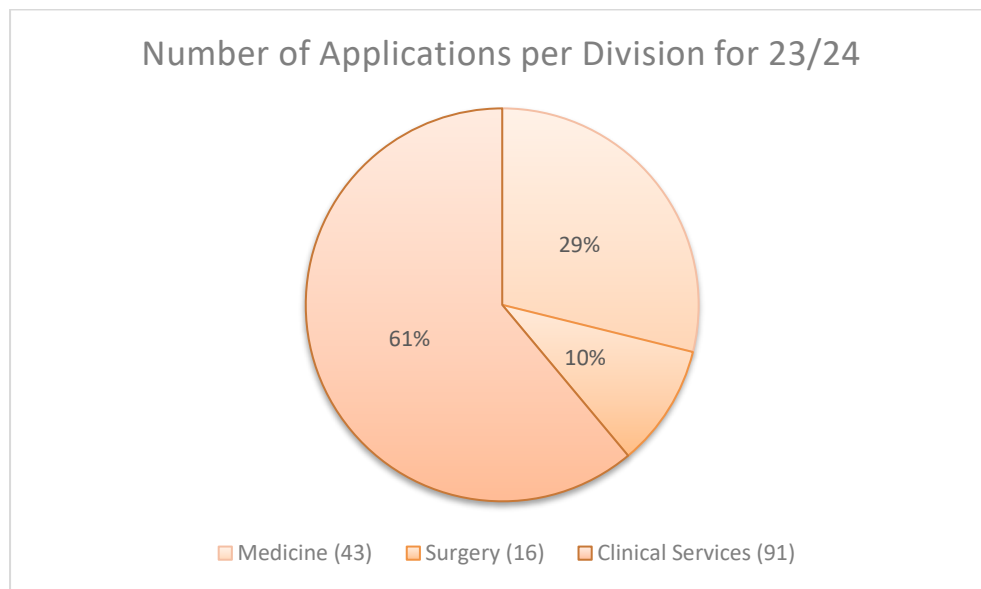
In 2021/2022 the number of delirium patients being identified significantly increased. This trend continued in to 2022/20223. In 2021, The Trust secured mental health liaison provision via a Service Level Agreement with Mersey Care. The Safeguarding team and mental health liaison team worked closely in order to identify the correct referral process for each service. The mental health liaison team were able to identify those patients whose care plan was required under the mental health act with those patients requiring treatment and DoLS referrals under the aspect of the Mental Capacity Act.



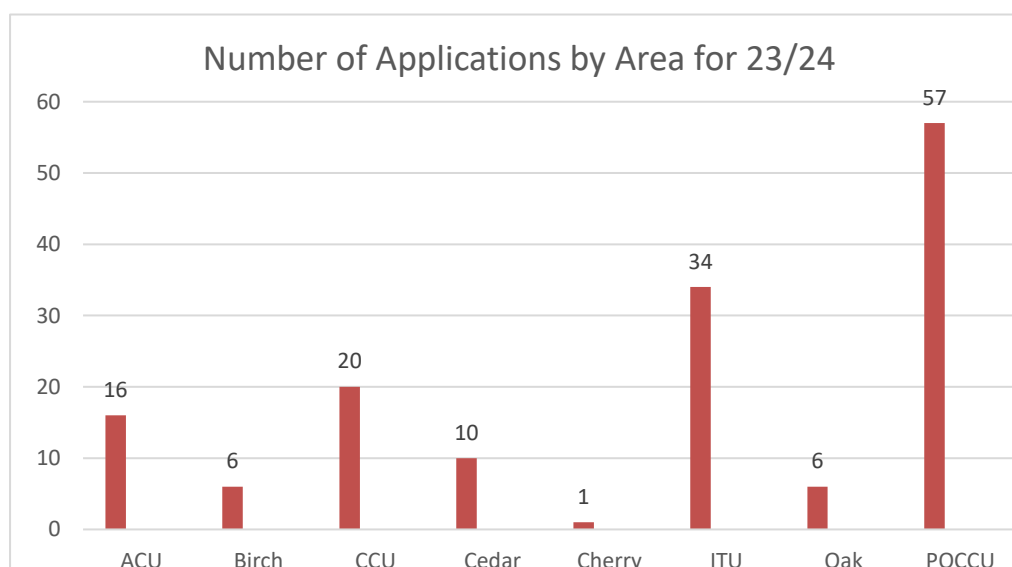
The applications for DoLS is made to the patients Local Authority from where they live. The graph below details most applications made to Liverpool, Wales, Cheshire West and Sefton Local Authorities. Smaller numbers of applications are to other local authorities.



It is understandable that the highest number of patients who present with mental capacity concerns are from the Clinical Services Division. The patients who had undergone mainly cardiac surgery have developed delirium being the main reason why DoLS assessments and referral to the patients Local Authority are made.



Outside of the Critical Care areas patients who present through the Primary Percutaneous Coronary Intervention (PPCI) pathway have developed delirium or have experience a neurological insult, as part of their condition meaning the patients through their risk assessments have required a DoLS referral be made.



4.Summary

A total of 150 DoLS applications have been made by either the Safeguarding Team or clinical teams in the ward/department areas across the Trust. There are 26 different local authorities across the catchment area where the applications have been made to.

Of the total 150 applications, all were classified as standard and urgent applications.

- 27 applications were sent to the patient's local authority and urgent applications were issued. In the 27 cases no response or decision was received from the Local Authorities. When a DoLS urgent application expires, and the patient still lacks mental capacity for their treatment and care, if the restrictions required still meet the required threshold for a DoLS application the patients were treated within best interest principles, In this instance a follow up email is sent to the local authority to inform them of the patient's condition.
- 0 applications were rejected by the Local Authorities.
- In 150 applications completed, the applications were reviewed, and the patients were assessed by the safeguarding team, 123 applications were not sent. This was due to several reasons,
 - The patient's confusion had settled prior to review,
 - The patient met the criteria for a critical care patient and was to be managed under the best interest principles and would be reviewed again once they were ready to be transferred to the ward,
 - The patient was discharged/transferred to another care setting.
 - The patient care was met under End of Life care needs/the patient had died

MCA and DoLS Mandatory training is currently at 96.4% across the Trust and this meets the Trust safeguarding training requirements as set by the Trust ICB KPI requirements.

The Nurse Lead for Safeguarding is in the process of developing the Trust Strategy for Safeguarding in order to further support staff in the decision-making processes and provide guidance on legislation.

There are no new risks to be highlighted on this report; all applications are completed in the patients EPR document and are reviewed on an individual basis.

4. Recommendations

- To receive assurance on the process used within the Trust to determine patient's mental capacity in line with legislation under the Mental Capacity Act 2005.