

Liberty Protection Safeguards (LPS) Preparation report

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Rationale

This report is in addition to the DoLS Annual Report of 2021/2022 and aims to aid the Trust's preparation for the Implementation of Liberty Protection Safeguards (LPS) which is due to replace Deprivation of Liberty Safeguards (DoLS). Although the title of the legislation is changing the term 'Deprivation of Liberty' is still applicable

The date in which LPS will be implemented is yet to be officially confirmed but is believed to be either April and October of 2023 and is thought to have a 1 year transition period whereas no further DoLS will be authorised but any existing authorised applications will be valid until expiry, after which the LPS assessment process must be implemented.

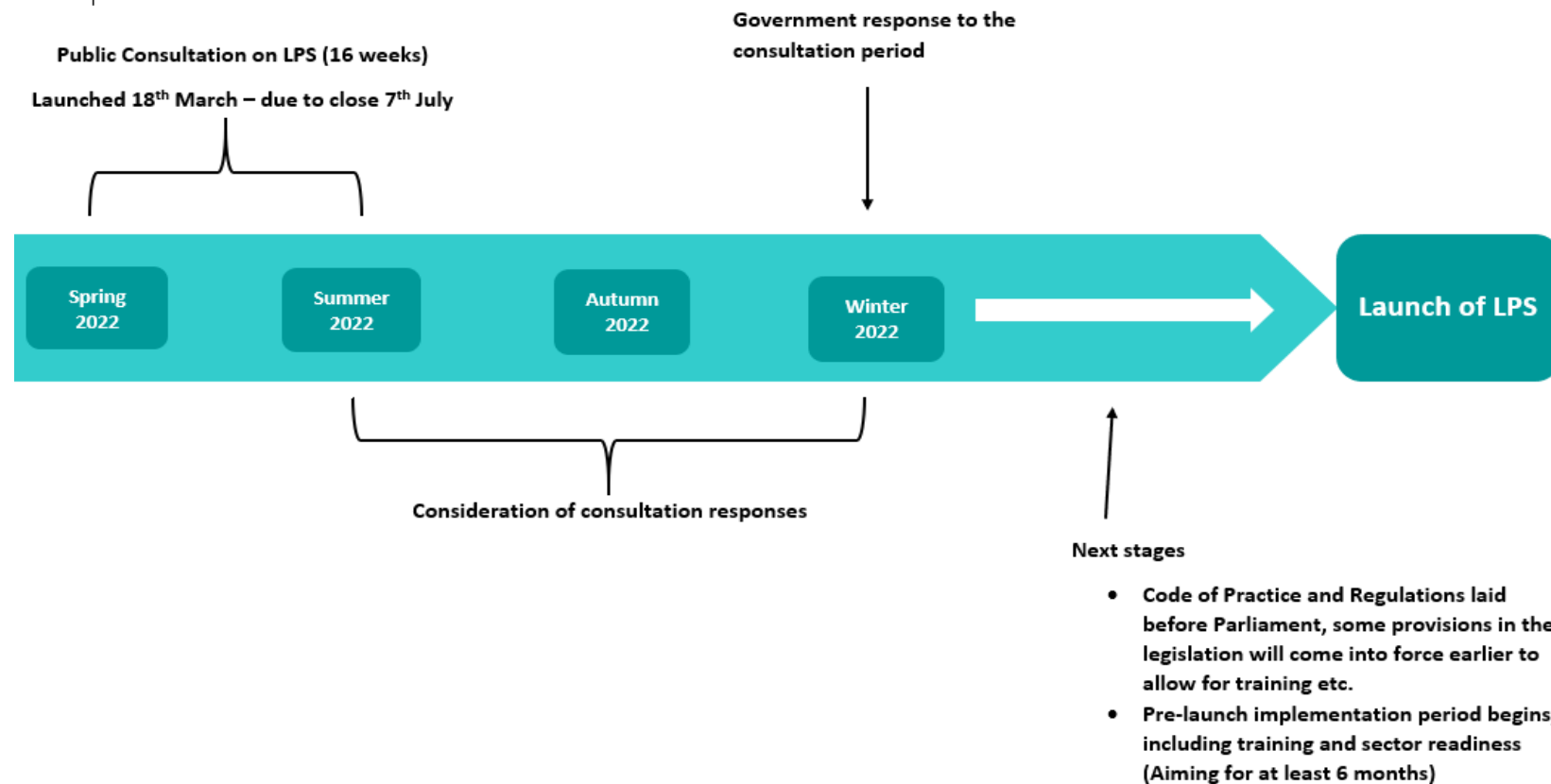
The Government released the draft code of practice in March 2022 for a consultation period until 7th July 2022.

This report is formed using the guidance within the draft code of practice in an aim to predict what changes are taking place and how this will look within the Acute Trust.



LPS – a timeline

It is still unknown the date LPS will be implemented/launched - see approximate timeline below. It is thought the earliest the legislation will be implemented will be April 2023 with some speculation this could even be pushed back further to October 2023.



LPS – Preparation

The Safeguarding Team are members of several LPS Implementation and steering groups working with other Acute Trusts and the CCG on the Consultation of the Draft code of practice and overall LPS readiness strategies.

The team are also completing the LPS readiness audits as and when requested by NHS England.

A business plan has also been submitted in preparation for additional workforce resources in readiness for UHMB becoming a 'Responsible Body' and thus gaining the responsibility of carrying out assessments for authorisations that were previously the responsibility of the Local Authority.

Following the MCA code of practice being released and the subsequent consultation period the team are working through the code of practice and associated documents to determine how the proposed changes will be implemented within the Acute Trust.

Data collection and scoping is currently underway. This is a vital part of the preparation in that it is helping to predict workforce requirements, pathways and resources.



LPS – What we know so far.

With the introduction and implementation of LPS Imminent. NHS England have given the advice of ensuring Mental Capacity is embedded in every day practice. The trust is already in a good position with regards to mental capacity act and best interests with this being recognised as good practice in the latest CQC Inspection report.

The code of practice so far has indicated that Acute Hospital Trusts will become Responsible Body's and as such will be required to carry out the necessary assessments for authorising LPS applications. This may require significant investment for extra resources and training for the trust to remain compliant with LPS and the Mental Capacity Act 2005.

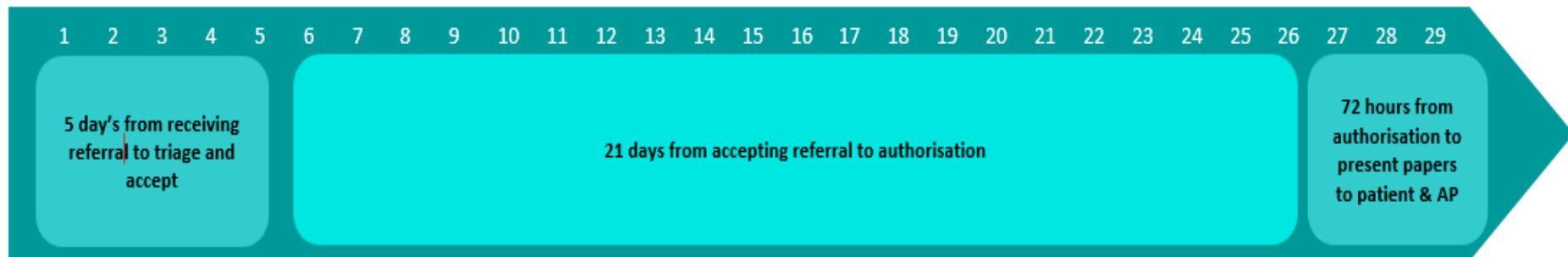
The Safeguarding Team are working with the Healthier Lancashire and South Cumbria initiative along with the CCG, CSU and other hospital trusts with regards to the implementation of LPS and how steps need to be taken for readiness for LPS.



LPS – Becoming the Responsible Body

The pivotal change for the Acute Trust will be in becoming the Responsible Body. This means that the assessment and authorisation processes become the responsibility of the Acute Trust whereas this previously sat with the Local Authority.

Within the draft code of practice there has also been time-limits introduced where as there were no time limits set previously for then length of time to assess or authorise a Deprivation of Liberty – please see below timeline.

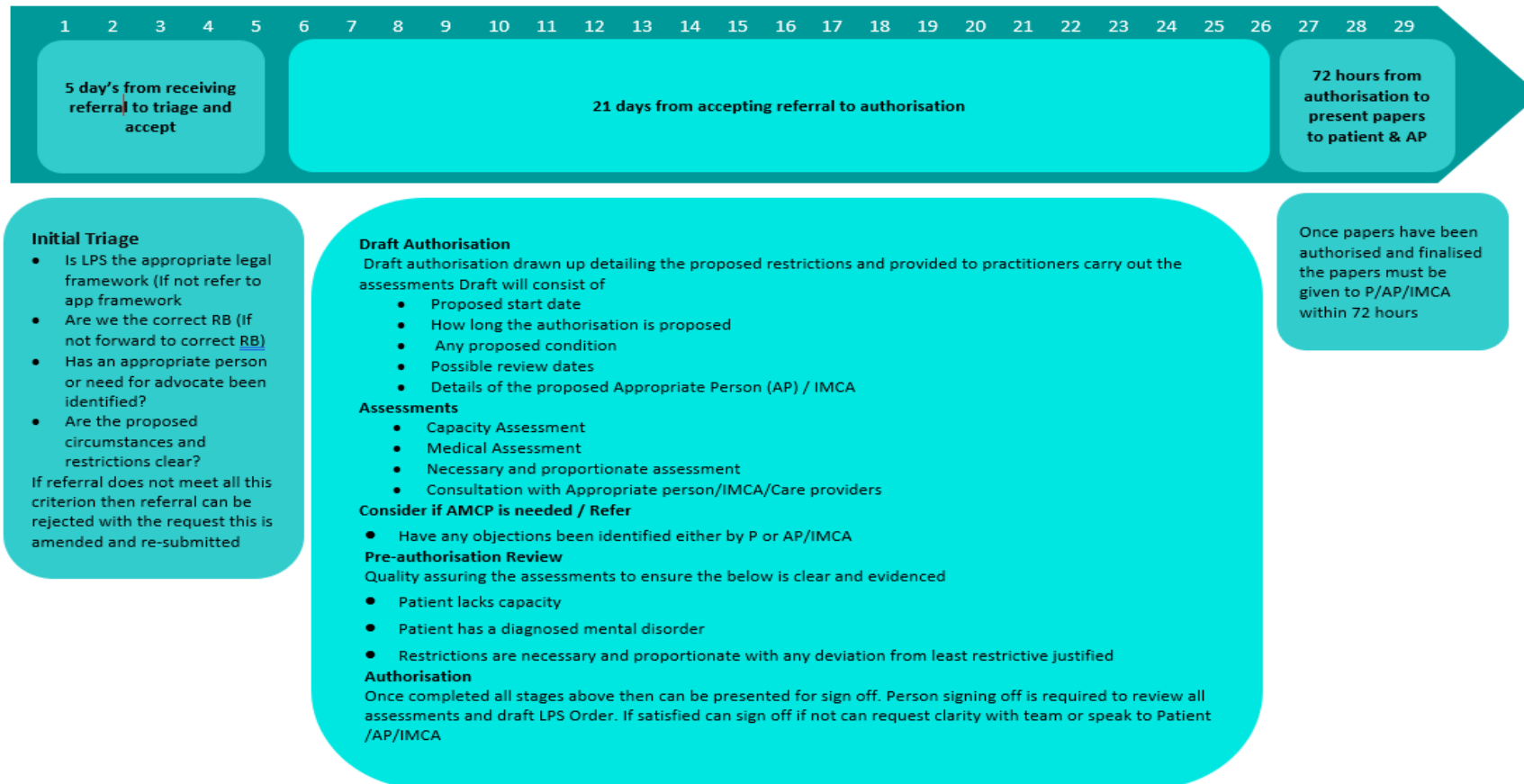


This timeline could change once the consultation period has ended with a focus of this timeline being included in the consultation questions.



LPS – Stages

Each of the sections on the previous timeline have associated actions that are required within these timeframes – see below



LPS – Time frames

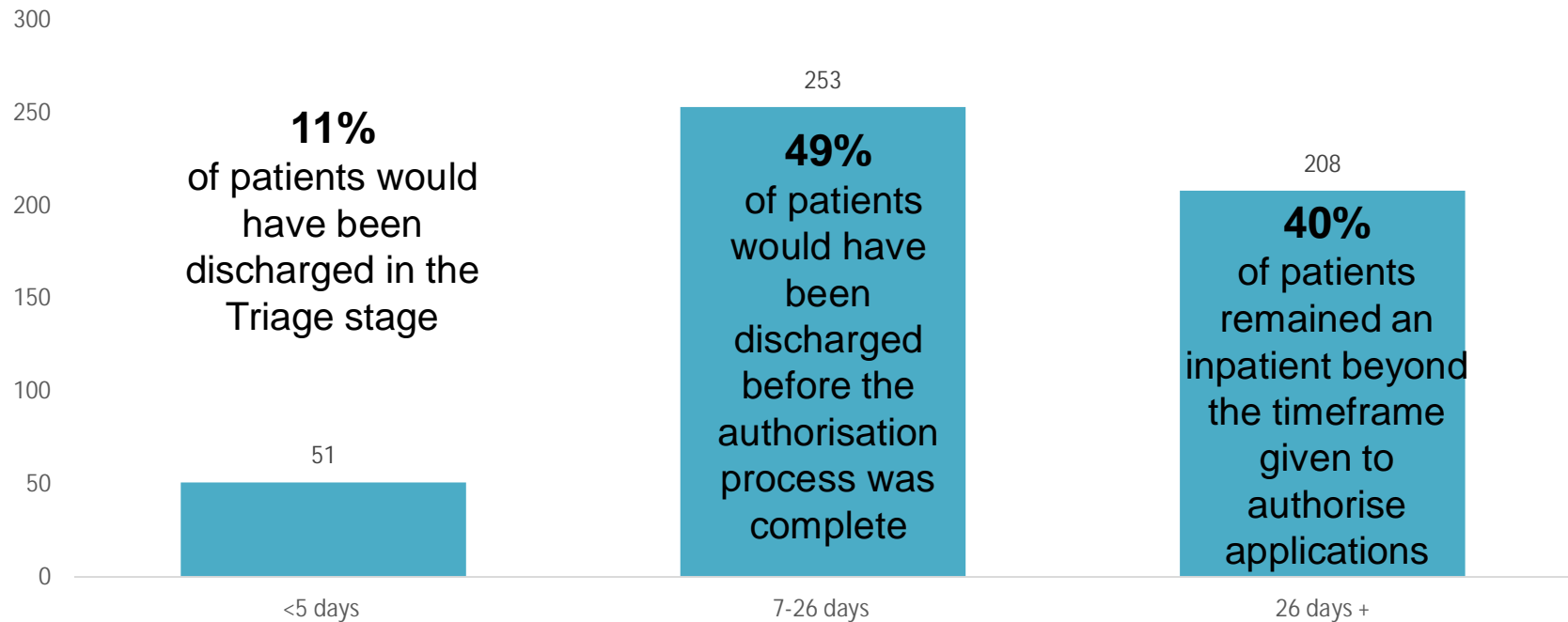
Bearing in mind these predicted timeframes and the impact this could have on our processes we needed to take into account the patients who may be discharged/pass away or regain capacity before these stages can be completed. It is not thought that a pending authorisation would become an obstacle for patients to be discharged, there is an expectation for discharge teams to work closely with Social Care colleagues/ Continuing Health Care Teams if the proposed discharge arrangements would also constitute a deprivation of liberty.

We looked at all patients who had been an inpatient at the hospital, subject to a DoLS application and had been discharged between January - April 2022 (*a 4 month period*) to determine the average length of stay and how many patients in cohort would fit in the timeframe to have the whole LPS process implemented.

In total we looked at **512** patients and the average length of stay was 29 days. We then looked into what this would look like in the way of the process timeline and how many patients would be inpatients for long enough to complete the cycle from a deprivation of liberty being identified to having all the required assessments and an application authorisation.



LPS – Time frames – What this means



It is not clearly stated within chapter 13 (*LPS Authorisation processes*) of the draft code of practice what actions are required for patients who fall into the 60% of patients who are predicted to be discharged before the authorisation process is complete, the team are currently liaising with their links within LPS networks for views on this in the hope some clarity/direction can be gained.

Deprivation OF Liberty Changing definition

Chapter 12 of the draft code of practice gives details of a change in definition of what constitutes a deprivation of liberty giving a higher threshold to meet the criteria. The team are working towards scoping what this could mean for the Trust and if this would see a reduction in the number of patients requiring legislation to be put in place.

This is a big undertaking for the team which requires the details of the restrictions within DoLS applications looking into individually as this is not coded information that can be extracted from Lorenzo. This scoping is currently underway although the time available to complete this is limited due to the MCA/MHA/DoLS Legislation Coordinator being on secondment, a replacement has recently been appointed and is completing the necessary HR checks which will allow this work to pick up pace significantly.

Further updates on the progress of this and the Trust's overall readiness for LPS can be given on request.

