

Report on actions you plan to take

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	RK5
Our reference	SPL1-2692236132
Trust name	Sherwood Forest Hospitals NHS Foundation Trust

Regulated activity(ies)	Regulation
Treatment of disease, disorder or injury	Regulation 11 (1) Need for consent Care and treatment of service users must only be provided with the consent of the relevant person.
	How the regulation was not being met:
	Staff did not always understand the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards in relation to their roles and responsibilities.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

The Trust has the following policies in place:

- Mental capacity Act Policy – issues April 2016 - to support staff in the safe management of patients who potentially lack the capacity to make informed decisions in relation to their care and treatment
- Mental Health Act Policy – issues April 2016 – to support staff in safely and legally managing those patients with mental Health needs.

The Trust continues to ensure that the requirements as set out in both policies are embedded into practice. The evidence to support this will be monitored through the Trust Continuous Quality Improvement Plan (CQIP).

The Trust has put in place a Training Plan to address the training requirements of front-line staff with regards to the mental Capacity Act, the application of a Deprivation of Liberty order and the requirements around ‘Safeguarding’.

This is now a module of the Trust Mandatory Training Portfolio and is accompanied by an in-depth workbook and ‘test’ for staff to complete.

Compliance against this training module will be monitored at specialty and Divisional level through the Trust Performance Management Framework.

The Trust provides a series of Study Day sessions across the year to raise awareness of Mental Capacity and a continuation programme has been agreed.

The Trust has identified Mental Capacity Champions across the organisations. A key element is the development of a 'Learning Hub' where examples of best practice and lessons learned can be shared.

Who is responsible for the action?

The Chief Nurse/The Head of Safeguarding/The Head of Education and Development

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

A Quality Dashboard in relation to Safeguarding, Mental Capacity and Mental Health is under development and this is due for implementation in January 2017. This will be reported to the Trust Patient Safety Quality Board in conjunction with the quarterly Safeguarding Report.

The Safeguarding Team will extract learning opportunities from the Dashboard and consequent actions will be included within Divisional Improvement Programmes and monitored through Divisional Governance Forums. This will include the identification and review of patients for whom a Deprivation of Liberty Order (DOL) has been completed with the initial pilot of a DOLs Checklist to identify and oversee the management of these patients.

The Safeguarding team will commission an Audit process based on the output of the Dashboard to determine compliance and adherence to the relevant Policy and/or guidance. Audit outcomes will be presented and monitored through the Trust Clinical Audit and Effectiveness Committee on a quarterly basis – this committee reports directly to the Patient Safety Quality Board.

A review is underway to scope the development of an electronic mechanism of recording a DOL with a plan to move away from the current paper-based system. This will give services and the Trust a real time view of all patients who are currently subject to a DOL Order. This is expected to 'go live' in April 2017.

The Internal Safeguarding Board has been strengthened with the addition of the CCG Safeguarding lead as a core member.

Who is responsible?

The Chief Nurse/The Head of Safeguarding

What resources (if any) are needed to implement the change(s) and are these resources available?

The Safeguarding Team have been recruited to full establishment with all staff expected to be in post by the end of December 2016. The establishment has been increased to reflect the workload with the Children and Adult team coming together under the leadership of a newly appointed Head of Safeguarding.

Date actions will be completed:

As identified in each section

How will people who use the service(s) be affected by you not meeting this regulation until this date?

The Trust has robust systems and processes in place for the appropriate training and development of staff in the management of patients with capacity and mental health needs. There are no perceived risk to patients at the present time.

Completed by: (please print name(s) in full)	Elaine Jeffers
Position(s):	Quality Improvement Programme Director
Date:	23 rd November 2016.