Defence
Safety Authority

DSA03 DMSR

Healthcare Defence Code of Practice (DCOP)

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Contents

Chapter 1

DMSR's Defence Code of Practice overview

Citation

1. DSA03.DMSR Defence Code of Practice shall be referred to as DMSR DCOP.

Interpretation

2. The key definitions that apply to the implementation of Defence Healthcare Regulations:

a. **Must.** Describes an action that is mandatory in order to comply with UK legislation.

b. **Shall.** Describes an action that is mandatory in order to comply with Defence regulations.

c. **Should.** Describes an action that is not a compulsory requirement but is considered best practice to comply with regulation. However, alternative approaches will be considered.

d. **As Low As Reasonably Practicable (ALARP).** A risk is ALARP when it has been demonstrated that the cost of any further Risk Reduction, where the cost includes the loss of Defence capability as well as financial or other resource costs, is grossly disproportionate to the benefit obtained from that risk reduction.

e. **Patient.** A person who receives Defence healthcare services.

f. **Relevant Person.** A person using a Defence healthcare service and/or any person lawfully acting on their behalf in the following circumstances:

1) When the patient dies.

2) Where the patient is under 16 and not competent to make a decision in relation to their care or treatment.

3) Where the patient is 16 or over and lacks capacity to make decisions.

Examples of relevant persons include, but are not limited to, the patient, spouse, parents, guardians, carers, Next of Kin, 'Power of Attorney' holders and healthcare providers.

g. **Medical Services.** Any part of the system designed to deliver MOD healthcare capability, where the output and the activity is not more appropriately regulated by a Statutory Regulator or another Defence Regulator. This includes:

1) Medical materiel, medical infrastructure, medicines and medical information systems.

2) People as an element of the healthcare system function.

3) Management and assurance of healthcare.

The determination of whether a medical system primarily impacts on another Regulator should be discussed and agreed with the relevant domain regulator.

h. **Provider.** An accountable organisation that carries out Defence healthcare activities.

i. **Responsible Persons (RP).** All personnel have responsibilities for safety and environmental protection. Some personnel may have additional responsibilities within their Area of Responsibility (AoR). This includes a duty of care for all people, including contractors and members of the public, who come within their AoR. This duty of care extends to environmental protection not just within their AoR, but also for other areas affected by activities in their AoR. All RPs are accountable for ensuring that safety risks from activities are reduced to a level that is ALARP and tolerable, and that risks to the environment are appropriately managed by selection of the Best Practicable Environmental Option.

j. **Accountable Person (AP).**[1] Enforcement Action (EA) should be directed to an individual who is to be held accountable to the Regulator for reducing risk of harm and, where applicable, those responsible for complying with Defence Regulations. This person is referred to as the AP. The AP should hold the authority and resource to carry out any improvements required. The AP may also be the RP.

How to use this publication

3. DMSR DCOP is to be read in conjunction with the Defence regulations contained in DSA02. DMSR healthcare regulations. The DMSR Regulatory Articles (RAs) provide a framework for ensuring that acceptable levels of healthcare safety are being achieved and maintained. The DMSR RA are intended for all those engaged in healthcare activities, including support, facilitation, assurance, management and leadership of healthcare.

4. The RAs apply to all staff responsible for defence healthcare services worldwide, including all members of the Armed Forces, Civilian employees and others, including contractors.

5. DMSR regulations do not replace legislative obligations and full reference is to be made to national and international regulation and legislation; and, where applicable, Host Nation (HN) requirements.

6. Defence Regulations and UK legislation are to be compared with the HN requirements and the more stringent standards are to be applied.

7. Due to the enabling nature of Defence healthcare activity, full consideration must be given to other relevant Defence regulations. An example of this is the requirements of DSA02 Defence Land Safety Regulator Regulations when storing medical gases.

[1] JSP815_Vol2_Element5.pdf (sharepoint.com) Accountable Person pg6. Dated Sep 24.

8. This document sets out DMSR guidance to help healthcare providers comply with Defence healthcare regulations. DMSR DCOP is designed to clarify the regulatory requirements which set a clear minimum standard that Defence healthcare providers should meet. DCOP provides Defence regulatory advice, which if followed, will be considered sufficient to demonstrate compliance. Guidance material is also included which, whilst not compulsory, may also be considered ‘good practice’ to further support the regulations and DCOP. They are not to be confused with the DMS Healthcare Assurance Framework which is an internal DMS assessment and assurance tool.

9. Alternative approaches may be utilised where they produce outcomes as good as those required by the regulation. Justification may be required when alternative approaches are employed, and the requirements and advice contained in DCOP may be used as evidence during enforcement action. Where alternative approaches have been implemented, the onus will be on those holding safety and environmental responsibilities to prove that actions undertaken produced an outcome that meets the requirements of the regulations.

10. The DCOP emulates the layout used by the UK National Health and Safety Executive (HSE). A DCOP is provided for each Defence healthcare regulation in the following format:

Summary. The Defence Regulation is summarised in the relevant DCOP to aid clarity and reinforce the relationship and precedence of the Regulation to the DCOP.

Guidance. The DCOP provides practical advice on how to comply with the Defence regulation. If the DCOP is followed then this will be considered sufficient to demonstrate compliance, however alternative approaches may be utilised where this produces an outcome that can be demonstrated to be as good as required by the regulation.

Related legislation. The DCOP signposts relevant UK legislation, including UK Armed Forces disapplications, exemptions or derogations.

Related guidance. The DCOP signposts the reader to related guidance including material on the Care Quality Commission (CQC) website, which, whilst not compulsory, may be considered 'good practice' to further support the regulations and DCOP.

Related policy and doctrine. The DCOP signposts related Defence policy and doctrine. Policy is prescriptive, whereas doctrine is a framework of guidance to achieve a common objective

Coherence with other Defence Authority policy and guidance

11. Where applicable, DMSR DCOP contains links to relevant JSPs and other Defence regulatory documents, some of which may be published by different Defence Authorities.

Further advice and feedback – contacts

12. For further information on any aspect of this document, areas not addressed within the subsequent sections, or to provide feedback (including proposed amendments on the content), contact DMSR's regulation and compliance team:

Email: DSA-DMSR-R&C-Gp@mod.gov.uk

Status

13. All hard copies of DMSR DCOP are to be regarded as uncontrolled copies. To check the latest amendment status, reference should be made to the online versions via the DSA Government Publications Library.

Chapter 2

DMSR Defence Code of Practice index

DSA03-DMSR-Defence Code of Practice (DCOP)

DCOP 2001 Person-centred care

Summary

The intention of DSA02-DMSR Regulation 2001 is ensure that patients have care or treatment that is personalised for them. This regulation describes the action that providers must take to make sure that each patient receives appropriate person-centred care and treatment that is based on assessment of their needs and preferences.

Providers must work in partnership with the patient, make any reasonable adjustments and provide support to help them understand and make informed decisions about their care and treatment options, including the extent to which they may wish to manage these options themselves.

Providers must make sure that they take into account the patient's capacity and ability to consent, and that either they, or a person lawfully acting on their behalf, must be involved in the planning, management and review of their care and treatment. Providers must make sure that decisions are made by those with the legal authority or responsibility to do so, but they must work within the requirements of the Mental Capacity Act 2005, which includes the duty to consult others such as carers, families and/or advocates where appropriate.

Visitation and accompaniment for non-NHS, Defence delivered secondary healthcare shall be in line with the Defence compassionate policy and where operational circumstances allow.

Guidance

Providers should have regard to the following guidance for each component of Regulation 2001

Regulation	Guidance
2001.1. The care and treatment of patients must: a. Be appropriate; b. Meet their needs; and, c. Reflect their preferences.	1. Providers should do everything reasonably practicable to make sure that patients receive person-centred care and treatment that is appropriate to their needs, the occupational requirements of the Service, and reflects their personal preferences, where possible.
2001.2. However, paragraph 2001.1 does not apply to the extent that the provision of care or treatment would result in a breach of DSA02.DMSR Regulation 2003 (need for consent).	1. Providers should make sure that they provide appropriate care and treatment that meets the patient's needs, but this does not mean that care and treatment should be given if it would act against the consent of the patient. 2. In some cases, patient's preferences for their care or treatment may not meet their needs. Where this is the case, and patients lack mental capacity or are detained under mental health legislation, providers must act in accordance with the Mental Capacity Act 2005 and/or the Mental Health Act 1983 (2007).

2001.3. Without limiting paragraph 2001.1, the activities which a provider must do to comply with that paragraph include:

Regulation	Guidance
2001.3.a. Carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the patient;	1. Each patient, and/or the person who is lawfully acting on their behalf, should be involved in an assessment of their needs and preferences as much or as little as they wish to be. Providers should give them relevant information and support when they need it to make sure they understand the choices available to them. 2. Assessments must take into account current legislation and consider relevant UK nationally recognised evidence-based guidance. 3. Where a patient lacks the mental capacity to make specific decisions about their care and treatment, and no lawful representative has been appointed, (for example under a Health and Welfare Lasting Power of Attorney), their best interests must be established and acted on in accordance with the Mental Capacity Act 2005. Other forms of authority such as advance decisions must also be taken into account. 4. Each patient's care and treatment needs and preferences should be assessed by people with the required levels of skills and knowledge for the particular task. 5. Assessments of patients' care and treatment needs should include all their needs, including health, personal care, emotional, social, cultural, religious and spiritual needs. 6. Assessments should take into account specific issues that are common in certain groups of patients and can result in poor outcomes for them if not addressed. These include diseases or conditions such as diabetes or sickle cell trait in the Defence population. 7. Assessments should be reviewed regularly and whenever needed throughout the patient's care and treatment. This includes when they transfer between healthcare services, use respite care or are re-admitted or discharged. Reviews should make sure that patient's needs and preferences are being met and are still relevant. 8. Where providers share responsibility for providing care and treatment with other healthcare services through partnership working, integrated care and multidisciplinary assessments, they should also take into account information from all relevant teams, staff, and services.

Regulation	Guidance
2001.3.b. Designing care or treatment with a view to achieving patients' preferences and ensuring their needs are met;	1. A patient's care and treatment should be designed to make sure it meets all their needs. There may be times when a patient's needs and preferences cannot be met, in particular in deployed environments. In these instances, providers should explain the impact of this to them and explore alternatives so that the patient can where possible make informed decisions about their care and treatment. 2. Providers should make every reasonable effort to meet patients' preferences. When any preferences about the choice of care and treatment cannot be met, providers should fully explain why so that patients understand the reasons. The explanation should show how the provider has considered the impact of this on the patient. This is so that they can make further shared decisions about their care and treatment. This includes where preferences cannot be met because of restrictions under the Mental Health Act 1983 (2007). 3. When planning how to meet a patient's preferences, providers should take into account, and make provision for, any impact this may have on other patients. 4. A clear care and/or treatment plan, which includes agreed goals, should be developed and made available to all staff and others involved in providing the care. Where relevant, the plan should include ways in which the patient can maintain their independence. 5. Plans should include an agreed review date. 6. Providers should use UK nationally recognised evidence-based guidance when designing, delivering and reviewing care. 7. Staff providing care should be kept up to date with any changes to a patient's needs and preferences.

Regulation	Guidance
2001.3.c. Enabling and supporting relevant persons to understand the care or treatment choices available to the patient and to discuss, with a competent health care professional or other competent person, the balance of risks and benefits involved in any particular course of treatment;	1. Each patient, and/or person lawfully acting on their behalf, should have all the necessary information about their care and treatment. This information should be provided in a way that the person understands. 2. Health care professionals or people with the required level of skills and knowledge should discuss care and treatment choices with the patient and/or person lawfully acting on their behalf. They should provide support to make sure the person understands all the risks and benefits associated with those choices and enable them to make informed decisions about their care and treatment. 3. The patient should be able to discuss care and treatment choices continually and have support to make any changes to those choices if they wish. They should be given information about the risks and benefits of any changes in a way they can understand. 4. Even when the patient does not raise the issues themselves, discussions should include all health, care, social and emotional needs.
2001.3.d. Enabling and supporting relevant persons to make, or participate in making, decisions relating to the patient's care or treatment to the maximum extent possible;	1. Providers should make every reasonable effort to provide opportunities to involve patients in making decisions about their care and treatment, and support them to do this. This includes physical, psychological or emotional support, or support to get information in an accessible format or to understand the content. It may include involving patients in discussions, inviting them to meetings and encouraging them to ask questions and provide suggestions. 2. Patients and/or those lawfully acting on their behalf should be actively encouraged and supported to be involved in making decisions about their care or treatment as much or as little as they wish to be. This includes taking all steps to maximise a patient's mental capacity in different ways to make as many of their own choices as possible. 3. A record should be kept of all assessments, care and treatment plans, and decisions made by patients and/or those acting on their behalf. This should include refusal of treatment, and Lasting Power of Attorney documentation, and could include the level of engagement by the patient with the treatment plan or clinical regimes. See DSA02-DMSR Regulation 3002 (Good governance).

Regulation	Guidance
2001.3.e. Providing opportunities for relevant persons to manage the patient's care or treatment;	1. Patients and/or those lawfully acting on their behalf should be given opportunities to manage as much of their care and treatment as they wish and are able to, and should be actively encouraged to do so. 'Manage' in this context may mean being actively involved, overseeing or making decisions about their care or treatment depending on how much they need or want to be involved. This may include managing their medicines, managing or supporting their personal care including eating and drinking, or using appropriate equipment and technology. Where resources exist and within remit, providers should seek to expand their local services while maintaining quality and ensuring patients receive effective and compassionately delivered care. 2. Patients and/or those lawfully acting on their behalf should be given suitable information, advice, instruction and/or emotional support to help manage any care and treatment safely.
2001.3.f. Involving relevant persons in decisions relating to the way in which the regulated activity is carried on in so far as it relates to the patient's care or treatment;	1. Providers should actively seek the views of patients and those lawfully acting on their behalf, about how care and treatment meets their needs. Providers should be able to demonstrate that they acted in response to any feedback.
2001.3.g. Providing relevant persons with the information they would reasonably need for the purposes of sub-paragraphs c to f;	1. Patients and those lawfully acting on their behalf should be given relevant information in the most suitable way for them and in a way that they can understand. This includes information that describes: a. The condition or conditions affecting the patient. b. All possible relevant or appropriate care and treatment options. c. The risks and benefits of each option. d. The implications of not undertaking any, or only undertaking a part, of the care and treatment options. e. Reasonable expectations of the outcome of each care and treatment option.
2001.3.h. Where meeting a patient's nutritional and hydration needs, having regard to the patient's wellbeing.	1. Where food and/or drink are provided for patients, they should have a choice that meets their needs and preferences as far as is reasonably practical. 2. Providers should make sure that they assess each patient's nutritional and hydration needs to support their wellbeing and quality of life. This includes when there is no expected cure for an illness.

Regulation	Guidance
2001.3.i. Align visitation and accompaniment for Defence delivered secondary healthcare with Defence compassionate policy.	1. The eligibility criteria for dangerously ill forwarding of relatives (DILFOR) will be applied in accordance Defence policy where Defence personnel are deployed or assigned overseas.

Related legislation

The Care Act 2014
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
Autism Act 2009
Children Act 1989
Children Act 2004
Children and Young Persons Act 1933
Equality Act 2010
Human Rights Act 1998
Medicines Act 1968
Mental Capacity Act 2005
Mental Capacity Act 2005: Code of Practice
Mental Health Act 1983
Mental Health Act 2007
Mental Health Act 1983: Code of Practice

DEDs

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*
The Human Medicines Regulations 2012**

* Defence has a disapplication from this legislation and DSA02.DMSR regulation was required to mitigate risk to healthcare staff and patients.

** Defence has exemptions from certain elements of this legislation. JSP 950 Chapter 9 mitigates the risk to healthcare staff and patients.

Related guidance

Additional related guidance can be found here.

BMA Ethical decision-making for doctors in the armed forces: a tool kit
NICE The National Institute for Health and Care Excellence

Related policy and doctrine

MC 326 NATO Medical Support Principles and Policies
AJP - 4.3 Allied Joint Doctrine for Host Nation Support
AJMedP- 8 Allied Joint Medical Doctrine for Military Health Care
JSP 100 Ch 3 Defence Holistic Transition Policy – Health and well-being
JSP 375 Management of Health and Safety in Defence (Incl. Child Definition)
JSP 383 Joint Service Manual of the Law of Armed Conflict
JSP 440 Defence Manual of Security and Resilience
JSP 492 Defence Ethics, Propriety and Standards

JSP 751 Joint Casualty and Compassionate Policy and Procedures
JSP 763 The MOD Behaviours and Informal Complaints Resolution Policy
JSP 820 Tri-Service Disability and Additional Needs Policy
JSP 837 Service Code of Practice – Custody and Detention and Committal to Civil Prison
JSP 950 Leaflet 1-2-1: Defence Health Record Release on Discharge from the Armed Forces
JSP 950 Leaflet 1-3-4: Healthcare Transition Arrangements for Military Personnel Leaving DMS Care
JSP 950 Leaflet 1-3-7: MOD Case Assessment Panel (MODCAP) Healthcare Funding Request Process
JSP 950 Leaflet 1-4-1: The Operational Care Pathway
JSP 950 Leaflet 2-7-2: Defence Mental Health Services
JSP 950 Leaflet 6-7-7: Joint Service manual of Medical Fitness
JSP 950 Leaflet 7-3-2: Nutrition in the Military
JSP 950 Leaflet 9-3-4: Transfer of Prescribing from Secondary to Primary Care – Specialist Drugs: Guidelines for all Medical Staff
JSP 950 Leaflet 10-1-1: Healthcare Advice for MOD Entitled Personnel and their Dependents Posted Overseas Where There is no Defence Medical Services Support
JSP 950 Leaflet 10-1-3: Primary Health Care Out of Hours Provision
JSP 950 Volume 11 Clinical Guidelines for Operations (prev JSP 999)

DSA03-DMSR-Defence Code of Practice (DCOP)

DCOP 2002 Dignity and respect

Summary

The intention of this regulation is to make sure that patients are treated with dignity and respect at all times while they are receiving care and treatment. To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures patients' dignity and treats them with respect at all times. This includes making sure that patients have privacy when they need and want it, treating them as equals and providing any support they might need to be autonomous, independent and involved in their local community.

Providers must have due regard to the protected characteristics as defined in the Equality Act 2010.

Guidance

Providers should have regard to the following guidance for each component of Regulation 2002

Regulation	Guidance
2002.1. Patients must be treated with dignity and respect	1. When patients receive care and treatment, all staff should treat them with dignity and respect at all times. This includes staff treating them in a caring and compassionate way. 2. All communication with patients should be respectful. This includes using or facilitating the most suitable means of communication and respecting a patient's right to engage or not to engage in communication. Staff should be aware of translation services available and do their best to provide them especially in the deployed environment. 3. Staff should respect patients' personal preferences, lifestyle and care choices. 4. When providing intimate or personal care, the provider should make every reasonable effort to make sure that they respect patient preferences about who delivers their care and treatment, such as requesting staff of a specified gender. 5. Within the confines of military discipline and chain of command requirements, patients should be addressed in the way they prefer. 6. Patients should not be neglected or left in undignified situations such as those described in the guidance for DSA02.DMSR Regulation 2004.4.c
2002.2. Without limiting paragraph 2002.1, the things providers are required to do to comply with paragraph 2001.1. include:	1. Providers should make sure that they treat patients with dignity and respect. In particular this includes the things listed in DSA03.DMSR-DCOP 2002.2 (a)-(c) but these things are not exhaustive and providers should demonstrate that they take all reasonable steps to make sure that patients are always treated with dignity and respect.

Regulation	Guidance
2002.2.a. Ensuring the privacy of the patient.	1. Each patient's privacy should be maintained at all times including when they are asleep, unconscious or lack capacity. 2. All reasonable efforts should be made to make sure that discussions about care treatment and support only take place where they cannot be overheard. 3. Staff should make sure that patients have privacy when they receive treatment and that they are supported to wash, bath, use the toilet and hold private conversations. The use of privacy curtains and screens should be considered but are limited in preventing conversations from being overheard. 4. Each patient's privacy needs and expectations should be identified, recorded, and met as far as is reasonably possible. 5. Patients' relationships with their visitors, carer, friends, family or relevant other persons should be respected and privacy maintained as far as reasonably practicable during visits. 6. As far as reasonably possible, patients should not have to share sleeping accommodation with others of the opposite sex. 7. If any form of surveillance is used for any purpose, providers should make sure this is in the best interests of patients, while remaining mindful of their responsibilities for the safety of their staff. Any surveillance must be operated in line with current guidance. Detailed guidance on the use of surveillance is available at: www.cqc.org.uk.

Regulation	Guidance
2002.2.b. Supporting the autonomy, independence and involvement in the community of the patient.	1. Patients should be offered support to maintain their autonomy and independence in line with their needs and stated preferences. When offering support, staff should respect patients' expressed wishes to act independently but also identify and mitigate risks in order to support their continued independence as safely as possible (see DSA02-DMSR Regulation 3001 (2)(a) & (b) for more detail). 2. Providers should carry out an access audit iaw the Equality Act 2010 and follow up on recommendations in a timely manner. 3. Patients should be supported to maintain relationships that are important to them while they are receiving care and treatment. 4. Patients should be supported to be involved in their community as much or as little as they wish. Providers should actively work with patients who wish to maintain their involvement in their local community as soon as they begin to use a Defence healthcare service. The provider should make sure that patients are not left unnecessarily isolated.
2002.2.c. Having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the patient.	1. Patients should not be discriminated against in any way and the provider must take account of protected characteristics, set out in the Equality Act 2010. a. The protected characteristics for serving members of the Armed Forces are gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation. For other members of the community, the list of protected characteristics is extended to include age and disability. This means that providers must not discriminate, harass or victimise patients because of these protected characteristics. This includes direct and indirect discrimination, which is described in the Equality Act 2010. 2. Providers should also make sure that they have due regard to patients' protected characteristics in the way in which they meet all other regulatory requirements. For example, in relation to care and treatment reflecting the patient's preferences in DSA02-DMSR RA 2001 (1)(c) or in relation to community involvement in relation to DSA02-DMSR Regulation 2002 (2)(b).

Related legislation

The Care Act 2014
Equality Act 2010
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
The General Data Protection Regulation

Human Rights Act 1998
The Human Tissue Act 2004
The Human Tissue Authority: Codes of Practice
Mental Capacity Act 2005
Mental Capacity Act 2005: Code of Practice
Mental Health Act 1983
Mental Health Act 1983: Code of Practice
Mental Health Act 2007

DEDs

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.
Data Protection Act 2018 Comply with law unless exemption granted.

Related guidance

Additional related guidance can be found here.
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

JDP 1-10 Captured Persons (CPERS)
JSP 381 Aide Memoire on the Law of Armed Conflict
JSP 383 Joint Service Manual of the Law of Armed Conflict
JSP 440 Defence Manual of Security and Resilience
JSP 441 Managing Information in Defence
JSP 441 Defence information, knowledge, digital and data policy commitments
JSP 763 Behaviours and Informal Complaints Resolution
JSP 769 Zero Tolerance to Sexual Exploitation and Abuse
JSP 820 Tri-Service Disability and Additional Needs Policy
JSP 887 The Public Sector Equality Duty in Defence
JSP 889 Policy for Recruitment and Management of Transgender Personnel in the Armed Forces
JSP 893 Safer Recruitment and Employment incl. Procedure for personnel and posts which require a disclosure check
JSP 950 Leaflet 1-2-1: Defence Healthcare Record Release on Discharge from the Armed Forces
JSP 950 Leaflet 1-2-6: Management of Patient-Held Operational Healthcare Records
JSP 950 Leaflet 1-2-9: Responding to Requests to Release Medical Records and Letters of Claim from Solicitors
JSP 950 Leaflet 1-2-11: The Defence Health Record
JSP 950 Leaflet 1-2-15: DMS Caldicott Policy
JSP 950 Leaflet 2-1-3: DMS Clinical Photographic Policy
JSP 950 Leaflet 2-7-2: Defence Mental Health Services
JSP 950 Leaflet 10-3-4: Defence Operational Nursing Competencies
JSP 950 Volume 11 Clinical Guidelines for Operations (prev JSP 999)

DSA03-DMSR-Defence Code of Practice (DCOP)

DCOP 2003 Need for consent

Summary

The intention of this regulation is to make sure that all patients, and those lawfully acting on their behalf, have given consent before any care or treatment is provided. Providers must make sure that they obtain the consent lawfully and that the person who obtains the consent has the necessary knowledge and understanding of the care and/or treatment that they are asking consent for.

Consent is an important aspect of providing care and treatment, but in some cases, acting strictly in accordance with consent will mean that some of the other regulations cannot be met. For example, this might apply with regard to nutrition and person-centred care. However, providers must not provide unsafe or inappropriate care just because someone has consented to care or treatment that would be unsafe.

Guidance

Providers should have regard to the following guidance for each component of Regulation 2003

Regulation	Guidance
2003.1. Care and treatment of patients must only be provided with the consent of the relevant person.	1. When a patient is asked for their consent, information about the proposed care and treatment should be provided in a way that they can understand. This should include information about the risks, complications, and any alternatives. A person with the necessary knowledge and understanding of the care and treatment should provide this information so that they can answer any questions about it to help the patient consent to it. 2. Discussions about consent should be held in a way that meets the patient's communication needs. This may include the use of different formats or languages and may involve others such as a speech language therapist or independent advocate. Consent may be implied and include non-verbal communication such as sign language or by someone rolling up their sleeve to have their blood pressure taken or offering their hand when asked if they would like help to move. 3. Consent should be treated as a process that continues throughout the duration of care and treatment, recognising that it may be withheld and/or withdrawn at any time. 4. When a patient or a person acting lawfully on their behalf refuses to give consent or withdraws it, all people providing care and treatment should respect this. 5. Where a patient lacks mental capacity to make an informed decision, or give consent, and there is no lawful representative (such as an individual holding a Health and Welfare Lasting Power of Attorney (LPA)) to give consent on their behalf, staff must act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. A copy of an LPA should be obtained and stored as a record by the provider. 6. Consent procedures should make sure that patients are not pressured into giving consent and, where possible, plans should be made well in advance to allow time to respond to patients' questions and provide adequate information. 7. Policies and procedures for obtaining consent to care and treatment must reflect current legislation and guidance, and staff should follow them at all times.

Regulation	Guidance
2003.2. Paragraph (2003.1.) is subject to paragraphs (2003.3.) and (2004.4.). 2003.3. If the patient is 16 or over and is unable to give such consent because they lack capacity to do so, the provider must act in accordance with the 2005 Act*. 2003.4. But if Part 4 or 4A of the 1983 Act** applies to a patient, the provider must act in accordance with the provisions of that Act. * Mental Capacity Act 2005 ** Mental Health Act 1983	1. Providers should make sure that staff who obtain the consent of patients are familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and are able to apply those when appropriate, for any of the patients they are caring for.

Related legislation

The Care Act 2014
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
Children Act 1989
Children Act 2004
Children and Young Persons Act 1933
Mental Capacity Act 2005
Mental Capacity Act 2005: Code of Practice
Mental Health Act 1983
Mental Health Act 1983: Code of Practice
Mental Health Act 2007

DED

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.

Related guidance

Additional related guidance can be found here.
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

AJP-4.10 (C) Allied Joint Doctrine for Medical Support
JSP 383 Joint Service Manual of the Law of Armed Conflict
JSP 440 Defence Manual of Security and Resilience
JSP 950 Leaflet 1-2-11: The Defence Health Record
JSP 950 Leaflet 1-2-14: Blood Sampling at the Request of the Chain of Command for Prescribed Critical Duties and Non-Prescribed Safety Critical Duties
JSP 950 Leaflet 2-1-3: DMS Clinical Photographic Policy
JSP 950 Leaflet 2-1-6: The Management of Service Milling
JSP 950 Leaflet 2-7-7: Mental Health Guidelines for the Reintegration of Armed Forces Captured Personnel After Release
JSP 950 Leaflet 2-13-1: Cervical Screening in the Defence Medical Services
JSP 950 Leaflet 2-22-1: Defence Medical Rehabilitation Programme
JSP 950 Leaflet 2-24-3: Establishment and Management of Emergency Donor Panels
JSP 950 Leaflet 5-1-6: Duty of Candour (Being Open) in the DMS
JSP 950 Leaflet 6-7-7: Joint Service manual of Medical Fitness
JSP 950 Leaflet 6-7-10: Medical Requirements for Specialist Human Intelligence (HUMINT) Duties – Interrogation (Op METIS)
JSP 950 Leaflet 7-2-4: Vaccination of Key Personnel Against Smallpox
JSP 950 Leaflet 7-3-4: National Adult and Young Persons Screening Programmes in the Defence Medical Services
JSP 950 Leaflet 10-4-4: The Provision of Sperm Retrieval and Storage following In-Service Genital Injury

DSA03-DMSR-Defence Code of Practice (DCOP)

DCOP 2004 Safeguarding

Summary

The intention of this regulation is to safeguard patients from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

To meet the requirements of this regulation, providers must have a zero-tolerance approach to abuse, unlawful discrimination and restraint. This includes:

• Neglect.
• Subjecting patients to degrading treatment.
• Unnecessary or disproportionate restraint.
• Deprivation of liberty.

Providers must have robust procedures and processes to prevent patients from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for patients and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, ‘restraint’ includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a patient’s resistance to the treatment in question.

Providers must adhere to the law of armed conflict.

Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

Guidance

Providers should have regard to the following guidance for each component of Regulation 2004

Regulation	Guidance
2004.1. Patients must be protected from abuse and improper treatment in accordance with this regulation.	1. All providers should make sure that they have, and implement, robust procedures and processes that make sure that patients are protected. Safeguarding should have the correct level of scrutiny and oversight, with overall responsibility held at Board level.
2004.2. Systems and processes must be established and operated effectively to prevent abuse of patients.	1. As part of their induction into Defence, staff should receive safeguarding training that is relevant, and at a suitable level for their role. Training should be updated at appropriate intervals and should keep staff up to date and enable them to recognise different types of abuse and the ways they can report concerns. 2. Staff should be aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. This includes referral to other providers. 3. Staff should understand their roles and associated responsibilities in relation to any of the provider's policies, procedures or guidance to prevent abuse. 4. Providers should hold a register of appropriate chaperones available to patients and ensure that patients are aware of this service. Providers should document the use of chaperones and their identity in the records. 5. Information about current procedures and guidance about raising concerns about abuse should be accessible to patients, advocates, those lawfully acting on their behalf, those close to them and staff. 6. Providers should use incidents and complaints to identify potential abuse and should take preventative actions, including escalation, where appropriate. 7. Providers should work in partnership with other relevant bodies to contribute to individual risk assessments, developing plans for safeguarding children and safeguarding adults at risk, and when implementing these plans. This includes regularly reviewing outcomes for patients. 8. Providers and their staff must understand and work within the requirements of the Mental Capacity Act 2005 whenever they work with patients who may lack the mental capacity to make some decisions.

Regulation	Guidance
2004.3. Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.	1. Providers should take action as soon as they are alerted to suspected, alleged or actual abuse, or the risk of abuse. Where appropriate, this action should be in line with Defence procedures. 2. Providers and staff should know and understand the Defence Medical Service safeguarding policy and procedures, and the actions they need to take in response to suspicions and allegations of abuse, no matter who raises the concern or who the alleged abuser may be. These include timescales for action and the Defence arrangements for investigation. 3. Staff should be aware of, and have access to, current procedures and guidance for raising and responding to concerns of abuse. Staff should have access to support from line management when considering how to respond to concerns of abuse. 4. Managers and staff should understand their individual responsibilities to respond to concerns about abuse when providing care and treatment, including investigating concerns. 5. Staff should understand their roles and associated responsibilities in supporting the actions the provider takes in responding to allegations and concerns about abuse. 6. Providers should make sure that staff are kept up to date about changes to Defence safeguarding arrangements. 7. Where appropriate, staff should follow Defence safeguarding arrangements to make sure that allegations are investigated internally or externally. Providers should make sure that they respond without delay to the findings of any investigations. 8. When patients make allegations of abuse, or actually experience abuse, they should receive the support they need. 9. Where allegations of abuse are substantiated, providers should take action to redress the abuse and take the necessary steps to ensure the abuse is not repeated. This may involve seeking specialist advice or support. 10. When required to, providers should participate in serious case reviews. Any changes to practice and/or recommendations relating to the provider should be implemented.

2004.4. Care or treatment for patients must not be provided in a way that:

Regulation	Guidance
2004.4.a Includes discrimination against a patient on grounds of any protected characteristics (as defined in Section 4 of the Equality Act 2010) of the patient;	1. Staff must understand their individual responsibilities in preventing discrimination in relation to the protected characteristics set out in Part 2 Chapters 1 and 2 of the Equality Act 2010. These are for the serving Armed Forces community: gender, gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; and sexual orientation. For the wider non-serving Armed Forces community, this list is extended to include age and disability. 2. Providers should have systems for dealing with allegations and acts of discrimination regardless of who raises the concern or who the allegation is against. This includes policies and procedures that describe the required actions and the timescales in which to take action. 3. Providers should support patients when they make allegations of discrimination or actually experience discrimination. They must not unlawfully victimise patients for making a complaint about discrimination. 4. When allegations of discrimination are substantiated, providers should take corrective action and make changes to prevent it happening again. This may involve seeking specialist advice or support.

Regulation	Guidance
2004.4.b. Includes acts intended to control or restrain a patient that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the patient or another individual if the patient was not subject to control or restraint;	1. See DSA02-DMSR Regulation 2004.7 for the meaning of restraint in relation to this regulation. 2. Providers should ensure staff are aware that any control, restraint or restrictive practices are only used when absolutely necessary, in line with current UK national guidance and good practice, and as a last resort. 3. If using restraint, providers should make sure that restraint: a. Is only used when absolutely necessary and use is documented. b. Is proportionate in relation to the risk of harm and the seriousness of that harm to the patient or another person. c. Takes account of the assessment of the patient's needs and their capacity to consent to such treatment. d. Follows current legislation and guidance. 4. Providers and staff should regularly monitor and review the approach to, and use of, restraint and restrictive practices. 5. Where a patient lacks mental capacity to consent to the arrangements for their care or treatment, including depriving them of their liberty, providers must follow a best interest process in accordance with the Mental Capacity Act 2005, including the use of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards, where appropriate.
2004.4.c. is degrading for the patient; or	1. Providers and staff should take all reasonable steps to make sure that patients are not subjected to any form of degradation or treated in a manner that may reasonably be viewed as degrading, such as: a. Not providing help and aids so that patients can be supported to attend to their continence needs, and: b. Making sure patients are not: (1) Left in soiled sheets for long periods. (2) Left on the toilet for long periods and without the means to call for help. (3) Left naked or partially or inappropriately covered. (4) Made to carry out demeaning tasks or social activities. (5) Ridiculed in any way by staff. This list is not exhaustive.

Regulation	Guidance
2004.4.d. Significantly disregards the needs of the patient for care or treatment.	1. Care and treatment should be planned and delivered in a way that enables all of a patient's needs to be met. This includes making sure that enough time is allocated to allow staff to provide care and treatment in accordance with the patient's assessed needs and preferences. There should be policies and procedures that support staff to deliver care and treatment in accordance with the requirements detailed in the plan(s) of care. 2. When a patient lacks the mental capacity to consent to care and treatment, a best interests process must be followed in accordance with the Mental Capacity Act 2005. Other forms of authority such as advance decisions should also be taken into account. 3. Staff should raise any concerns with the provider about their ability to provide planned care. When concerns are raised, the provider should respond appropriately and without delay.
2004.5. A patient must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.	1. Providers must act at all times in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. 2. Medical treatment facilities must follow the Deprivation of Liberty Safeguards. 3. Other types of Defence healthcare services must ensure that any deprivation of the liberty of a patient who lacks mental capacity is authorised by the Court of Protection.

Related legislation

The Care Act 2014
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
Children Act 1989
Children Act 2004
Children and Young Persons Act 1933
Equality Act 2010
Equality Act 2010: Chapter 1 (protected characteristics) Chapter 2 (prohibited conduct) and Chapter 3 (services and public functions)
Human Rights Act 1998
Mental Capacity Act 2005
Mental Capacity Act 2005: Code of Practice
Mental Health Act 1983
Mental Health Act 2007
Protection of Freedoms Act 2012 – links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
Safeguarding Vulnerable Groups Act 2006

DED

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.

Related guidance

Additional related guidance can be found here.
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

AJP-4.10 (C) Allied Joint Doctrine for Medical Support
JDP 1-10 Captured Persons (CPERS)
JSP 375 Management of Health and Safety in Defence (Incl. Child Definition)
JSP 383 Joint Service Manual of the Law of Armed Conflict
JSP 492 Defence Ethics, Propriety and Standards
JSP 763 The MOD Behaviours and Informal Complaints Resolution Policy
Freedom to Speak Up: Raising Concerns by DPHC Personnel
JSP 831 Redress of Individual Grievances: Service Complaints
JSP 834 Safeguarding
JSP 893 Safer Recruitment and Employment incl. Procedure for personnel and posts which require a disclosure check
JSP 950 Leaflet 1-2-10: Complaints about Healthcare Services Provided by Defence
JSP 950 Leaflet 2-1-3: DMS Clinical Photographic Policy
JSP 950 Leaflet 2-15-1: Treatment of Children on Operations
JSP 950 Leaflet 4-6-6: Safeguarding for MOD Healthcare Staff
JSP 985 Human Security in Defence

DSA03-DMSR-Defence Code of Practice (DCOP)

DCOP 2005 Meeting nutritional and hygiene needs

Summary

The intention of this regulation is to make sure that patients have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment.

To meet this regulation, where it is part of their role, providers must make sure that patients have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.

Patients must have their nutritional needs assessed and food must be provided to meet those needs. This includes where patients are prescribed nutritional supplements and/or parenteral nutrition. Patients' preferences, religious and cultural backgrounds must be taken into account when providing food and drink.

Guidance

Providers should have regard to the following guidance for each component of Regulation 2005

Regulation	Guidance
2005.1. The nutritional and hydration needs of patients must be met.	1. Providers should include patients' nutrition and hydration needs when they make assessments of their care, treatment and support needs. The assessment and review should include risks related to patient's nutritional and hydration needs. 2. Providers should have a food and drink strategy that addresses the nutritional needs of patients.
2005.2. Paragraph 1 applies where: a. Care or treatment involves: The provision of accommodation by the service provider, or an overnight stay for the patient on premises used by the service for the purposes of carrying on a regulated activity, or b. The meeting of the nutritional or hydration needs of patients is part of the arrangements made for the provision of care or treatment by the service provider.	1. Providers should meet patients' nutrition or hydration needs wherever an overnight stay is provided as part of the regulated activity or where nutrition or hydration are provided as part of the arrangements made for the patient.
2005.3. But paragraph 1. does not apply to the extent that the meeting of such nutritional or hydration needs would: a. Result in a breach of DSA02-DMSR Regulation 2003, or b. Not be in the patient's best interests.	1. Providers should follow patient's consent wishes if they refuse nutrition and hydration unless a best interests decision has been made under the Mental Capacity Act 2005. Other forms of authority such as advance decisions should also be taken into account. 2. DMSR recognises that some Defence healthcare services may vary the way they apply this regulation to take account of patients' assessed needs and wishes. This includes some palliative care or end of life situations.

2005.4. For the purposes of paragraph 1., "nutritional and hydration needs" means:

Regulation	Guidance
2005.4.a. Receipt by a patient of suitable and nutritious food and hydration which is adequate to sustain life and good health,	1. Nutrition and hydration assessments should be carried out by people with the required skills and knowledge. The assessments should follow UK nationally recognised guidance and identify, as a minimum: a. Requirements to sustain life, support the agreed care and treatment, and support ongoing good health. b. Dietary intolerances, allergies, medication contraindications. c. How to support patients' good health including the level of support needed, timing of meals, and the provision of appropriate and sufficient quantities of food and drink. 2. Nutrition and hydration needs should be regularly reviewed during the course of care and treatment and any changes in patients' needs should be responded to in good time. 3. A variety of nutritious, appetising food should be available to meet patients' needs and be served at an appropriate temperature. When the patient lacks capacity, they should have prompts, encouragement and help to eat as appropriate. 4. Where a patient is assessed as needing a specific diet, this should be provided in line with that assessment. Nutritional and hydration intake should be monitored and recorded to prevent unnecessary dehydration, weight loss or weight gain. Action should be taken without delay to address any concerns. 5. Staff should follow the most up-to-date nutrition and hydration assessment for each patient and take appropriate action if patients are not eating and drinking in line with their assessed needs. 6. Staff should know how to determine whether specialist nutritional advice is required and how to access and follow it. 7. Water should be available and accessible to patients at all times. Other drinks should be made available periodically throughout the day and night and patients should be encouraged and supported to drink. 8. Arrangements should be made for patients to receive their meals at a different time if they are absent or asleep when their meals are served. 9. Snacks or other food should be available between meals for those who prefer to eat 'little and often'.

Regulation	Guidance
2005.4.b. Receipt by a patient of parenteral nutrition and dietary supplements when prescribed by a health care professional.	1. Providers should have systems to make sure that patients receive their prescribed parenteral nutrition and dietary supplements at the specified times. 2. Parenteral nutrition and dietary supplements should only be administered by suitably qualified personnel.
2005.4.c. The meeting of any reasonable requirements of a patient for food and hydration arising from the patient's preferences or their religious or cultural background.	1. Patients should be able to make choices about their diet. 2. Patients' religious and cultural needs should be identified in their nutrition and hydration assessment, and these needs should be met. If there are any clinical contraindications or risks posed because of any of these requirements, these should be discussed with the patient, to allow them to make informed choices about their requirements. 3. When a patient has specific dietary requirements relating to moral or ethical beliefs, these requirements should be fully considered and met. Every effort should be made to meet patients' preferences, including preference about what time meals are served, where they are served and the quantity.
2005.4.d. If necessary, support for a patient to eat or drink.	1. Patients' food should be placed within their reach and presented in a way that is easy to eat, such as liquidised or finger foods where appropriate. 2. Food should be served and maintained at the right temperature for the whole mealtime. 3. Patients should be encouraged to eat and drink independently. They should receive appropriate support, which may include encouragement as well as physical support, when they need it. 4. Patients should have appropriate equipment or tools to help them eat and drink independently. 5. Each patient who requires support should have enough time to enable them to take adequate nutrition and hydration to sustain life and good health.

Related legislation

The Care Act 2014
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
Food Safety Act 1990
The Food Safety and Hygiene (England) Regulations 2013
Mental Capacity Act 2005
Mental Capacity Act 2005: Code of Practice

DEDs

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.

Related guidance

Additional related guidance can be found here.
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

AJP-4.10(C) Allied Joint Doctrine for Medical Support
JDP 1-10 Captured Persons (CPERS)
JSP 456 The Defence Catering Manual
JSP 950 Leaflet 7-3-2: Nutrition in the Military

DSA03-DMSR-Defence Code of Practice (DCOP)

DCOP 2006 Receiving and acting on complaints

Summary

The intention of this regulation is to make sure that patients can make a complaint about their care and treatment. To meet this regulation providers must have an effective and accessible system for identifying, receiving, handling and responding to complaints from patients, people acting on their behalf or other stakeholders. All complaints must be investigated thoroughly, and any necessary action taken where failures have been identified.

Guidance

Providers should have regard to the following guidance for each component of Regulation 2006

Regulation	Guidance
2006.1. Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.	1. Patients should be able to make a complaint to any member of staff, either verbally or in writing. 2. All staff should know how to respond when they receive a complaint. 3. Unless they are anonymous, all complaints should be acknowledged whether they are written or verbal. 4. Complainants should not be discriminated against or victimised. In particular, patients' care and treatment should not be affected if they make a complaint, or if somebody complains on their behalf. 5. Appropriate action should be taken without delay to respond to any failures identified by a complaint or the investigation of a complaint. 6. Complainants should be given information on how to proceed if they are dissatisfied with how the provider handles and/or responds to their complaint. The information should cover the provider's internal procedures as well as the escalation process. 7. Where complainants escalate their complaint externally because they are dissatisfied with the local outcome, the provider should cooperate with any independent review or process.

Regulation	Guidance
2006.2. The provider must establish and operate effectively an accessible system for identifying, receiving, recording, handling, and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.	1. Information and guidance about how to complain should be available and accessible to everyone who uses a Defence healthcare service. It should be available in appropriate languages and formats to meet the needs of the people using the service. 2. Providers should tell patients how to complain, offer support and provide the level of support needed to help them make a complaint. This may be through advocates, interpreter services and any other support identified or requested. 3. When complainants do not wish to identify themselves, the provider should still follow its complaints process as far as possible. 4. Providers should have effective systems to make sure that all complaints are investigated without delay. This includes: a. Undertaking a review to establish the level of investigation and immediate action required, including referral to appropriate authorities for investigation. This may include professional regulators or local authority safeguarding teams. b. Making sure appropriate investigations are carried out to identify what might have caused the complaint and the actions required to prevent similar complaints. c. When the complainant has identified themselves, investigating and responding to them and where relevant their family and carers without delay. 5. Providers should monitor complaints over time, looking for trends and areas of risk that may be addressed. 6. Staff and others who are involved in the assessment and investigation of complaints should have the right level of knowledge and skill. They should understand the provider's complaints process and be knowledgeable about current related guidance. 7. Consent and confidentiality should not be compromised during the complaints process unless there are professional or statutory obligations that make this necessary, such as safeguarding. 8. Complainants, and those about whom complaints are made, should be kept informed of the status of their complaint and its investigation, and be advised of any changes made as a result. 9. Providers should maintain a record of all complaints, outcomes and actions taken in response to complaints. Where no action is taken, the reasons for this should be recorded. 10. Providers must act in accordance with DSA02-DMSR Regulation 2008: Duty of Candour in respect of complaints about care and treatment that have resulted in a notifiable safety incident.

Related legislation

The Care Act 2014
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015

The General Data Protection Regulation
The Local Authority Social Services and National Health Service complaints (England) regulations 2009
Public Interest Disclosure Act 1998

DEDs

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.

Data Protection Act 2018 Comply with the law unless an exemption has been granted.

Related guidance

Additional related guidance can be found here.
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

AJP-4.10 (C) Allied Joint Doctrine for Medical Support
JSP 441 Managing Information in Defence
JSP 441 Defence information, knowledge, digital and data policy commitments
JSP 492 Defence Ethics, Propriety and Standards
JSP 763 The MOD Behaviours and Informal Complaints Resolution Policy
Civilian Formal Bullying, Harassment, Discrimination and Victimisation Complaints Policy and Process
JSP 830 Manual of Service Law
JSP 831 Redress of Individual Grievances: Service Complaints
JSP 950 Leaflet 1-2-10: Complaints about Healthcare Services Provided by Defence
Freedom to Speak Up: Raising Concerns by DPHC Personnel
JSP 950 Leaflet 1-2-15: DMS Caldicott Policy

DSA03-DMSR-Defence Code of Practice (DCOP) 2007

DCOP 2007 Fit and proper persons employed

Summary

The intention of this regulation is to make sure that providers only employ ‘fit and proper’ staff who are able to provide care and treatment appropriate to their role. To meet this regulation, providers must operate robust procedures, including undertaking any relevant checks. Providers must have procedures for ongoing monitoring of staff to make sure they remain able to meet the requirements, and they must have appropriate arrangements in place to deal with staff who are no longer fit to carry out the duties required of them.

While these regulations cover Defence’s disapplication from the Health and Social Care Act 2008 (Regulated Activities), it should be noted that Hd DMSR has reviewed amendment No.2 2023 (Volunteers) to this act and assessed that it is not applicable to Defence healthcare. The requirement for checks of employment history shall remain in accordance with extant Defence security policy.

Guidance

Providers should have regard to the following guidance for each component of Regulation 2007

2007.1. Persons employed for the purposes of carrying on a healthcare activity must:

Regulation	Guidance
2007.1.a. Be of good character.	1. When assessing whether an applicant is of good character, providers should have robust processes and make every effort to gather all available information to confirm that the person is of good character, and have regard to the matters outlined in Schedule 4, Part 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It is not possible to outline every character trait that a person should have, but we would expect to see that the processes followed take account of honesty, trust, reliability and respect. 2. If a provider discovers information that suggests a person is not of good character after they have been employed, they should take appropriate and timely action to meet this regulation. 3. If a provider considers that an applicant is suitable, the provider's reasons should be recorded for future reference.

Regulation	Guidance
2007.1.b. Have the qualifications, competence, skills and experience which are necessary for the work to be performed by them.	1. Where a qualification is required for a role, either by law or by a provider, providers should have the means to enable them to check that employees hold the appropriate qualification(s). 2. Providers should have appropriate processes for assessing and checking that people have the competence, skills and experience required to undertake the role. These processes should be followed in all cases and relevant records kept. 3. Providers should have appropriate scope of practice, code of conduct, fitness to practice and training policies and processes in place to ensure sS medics have the skills, qualifications, experience and supervision necessary for the work to be performed by them. These processes should be followed in all cases and relevant records kept. 4. Providers should have systems in place to assess the competence of employees before they work unsupervised in a role. They should provide appropriate direct or indirect supervision until the person is assessed as competent to carry out the role. Competence may include the demonstration of a caring and compassionate approach. It is expected that providers that employ healthcare assistants and social care support workers should follow the Care Certificate standards to assess their competence. 5. Providers may consider that a person can be engaged in a role based on their qualifications, skills and experience with the expectation that they will become competent within a specified timeframe once in the role. This means that they may work for the provider and undergo training at the same time in order to become competent.
2007.1.c. Be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.	1. All reasonable steps should be made to make adjustments to enable people to carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010 as applicable. This may include offering alternative roles. 2. This aspect of the regulation relates to the ability of individuals to carry out their role. This does not mean that people who have a long-term condition or a disability cannot be appointed. 3. When appointing an employee, providers should have processes for considering their physical and mental health in line with the requirements of the role.

Regulation	Guidance
2007.2. Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in Paragraph 1.	1. Providers should have effective recruitment and selection procedures that comply with the requirements of this regulation and ensure that they make appropriate checks of healthcare professionals. 2. Selection and interview processes should assess the accuracy of applications and be designed to demonstrate candidates' suitability for the role, while meeting the requirements of the Equality Act 2010 in relation to pre-employment health checks. 3. Recruitment and/or checks on candidates may be carried out by a party other than the provider. In this case, providers should assure themselves that all checks are complete and satisfactory.
2007.3. Persons employed must be registered with the relevant professional body where such registration is required by, or under, any enactment in relation to: a. The work that the person is to perform, or b. The title that the person takes or uses.	1. Providers should have a process to check that staff have appropriate and current registration with a professional regulator.

Regulation	Guidance
2007.4. Where a person employed by Defence no longer meets the criteria in paragraph 1, the Chain of Command must: a. Take such action as is necessary and proportionate to ensure that the requirement in that paragraph is complied with; and, b. If the person is a health care professional, social worker or other professional registered with a health care or social care regulator, inform the regulator in question.	1. Providers should regularly review the fitness to practice of employees. 2. Providers should follow robust systems to respond to concerns about a person's fitness after they are appointed to a role. This applies whether the concerns are raised by the provider or others. 3. Providers should respond without delay to concerns about a person's fitness or ability to carry out their duties. This includes responding immediately if there is an imminent risk to patients and/or staff. 4. The response taken to concerns about a person's fitness should be fair to the person and follow correct procedures. 5. Where a person's fitness to carry out their role is being investigated; appropriate interim measures should be taken to minimise any risk to patients. 6. Providers should inform others as appropriate about concerns or findings relating to a person's fitness and should support any related enquiries and investigations that others have carried out. They may inform bodies such as professional regulators, police, and safeguarding authorities about concerns.

Related legislation

The Care Act 2014
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
Employment Rights Act 1996
Equality Act 2010
Health Professional Council – legal framework
Nursing and Midwifery Council (NMC) Legislation
Protection of Freedoms Act 2012 – links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
Safeguarding Vulnerable Groups Act 2006

DED

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.

Related guidance

Additional related guidance can be found here.
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

AJP-4.10 (C) Allied Joint Doctrine for Medical Support

JSP 492 Defence Ethics, Propriety and Standards
JSP 763 The MOD Behaviours and Informal Complaints Resolution Policy
JSP 893 Safer Recruitment and Employment incl. Procedure for personnel and posts which require a disclosure check

Professional Registration

JSP 950 Leaflet 4-1-4: Returning to Clinical Practice and Maintaining Clinical Currency
JSP 950 Leaflet 5-1-5: Statutory Registration of DMS Personnel.
JSP 950 Leaflet 5-2-2: Armed Services Consultant Appointment Board Charter
JSP 950 Leaflet 10-1-2: Employment Outside of Official Duties for Healthcare Staff
JSP 950 Leaflet 10-1-7: Medical Indemnity for Regulated and Non-Regulated Healthcare Workers Employed by the Ministry of Defence
JSP 950 Leaflet 10-1-9: Medical Indemnity for Regulated and Non-Regulated Healthcare Workers Engaged Temporarily and Supplied by Either an Employment Business or a Staff Bank Provider to the MOD
JSP 950 Leaflet 10-2-1: Appraisal and revalidation of Doctors in the Defence Medical Services and Ministry of Defence
JSP 950 Leaflet 10-2-3: Revalidation of Nurses Working in the Defence Medical Services and Ministry of Defence.
JSP 950 Leaflet 10-2-4: Revalidation of Pharmacy Professionals Working in DMS and MOD

Scope of Practice

JSP 950 Leaflet 2-15-1: Treatment of Children on Operations
JSP 950 Leaflet 2-22-2: Standards of Proficiency for Exercise Rehabilitation Instructors
JSP 950 Leaflet 4-1-3: Foundation Programme for Medical cadets
JSP 950 Leaflet 4-1-8: Pre-Hospital Emergency Care Placements for Defence Primary and Secondary Care Specialists within UK Ambulance Service NHS Trusts and Other Recognised Service Providers
JSP 950 Leaflet 4-2-1: Placement of Newly Qualified, Newly Commissioned from the Ranks/Rates and Direct Entrant Military Registered Nurse (Adult) and Registered Nurse (Mental Health) within the Defence Medical Services
JSP 950 Leaflet 5-2-1: Clinical Supervision for Nurses and Midwives
JSP 950 Leaflet 5-2-5: Credentialing Policy for Coalition Healthcare Professionals Assigned to a UK-Led role 2/3 Multinational Medical Units
JSP 950 Leaflet 9-4-2: Defence Medical Services Patient Group Directions
JSP 950 Leaflet 10-3-4: Defence Operational Nursing Competencies

Managing Poor Performance

Freedom to Speak Up: Raising Concerns by DPHC Personnel
JSP 950 Leaflet 5-2-4: Managing Professional Concerns about healthcare personnel within the DMS and MOD

DSA03-DMSR Defence Code of Practice (DCOP)

DCOP 2008 Duty of Candour

Summary

The intention of this regulation is to ensure that providers are open and transparent with patients and other 'relevant persons' in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing patients about the incident, providing reasonable support, providing truthful information and an apology.

The regulation applies to all personnel responsible for delivering Defence healthcare when they are carrying out a regulated activity.

Guidance

Providers should have regard to the following guidance for each component of Regulation 2008

Regulation	Guidance
2008.1. Personnel delivering Defence healthcare must act in an open and transparent way with relevant persons in relation to care and treatment provided to patients in carrying on a regulated activity.	1. Providers should promote a culture that encourages candour, openness and honesty at all levels. This should be an integral part of a culture of safety that supports organisational and personal learning. There should also be a commitment to being open and transparent throughout the delivery organisation. 2. Providers should have policies and procedures in place to support a culture of openness and transparency, and ensure that all staff follow them. 3. Providers should take action to tackle bullying and harassment in relation to duty of candour, and should investigate any instances where a member of staff may have obstructed another in exercising their duty of candour. 4. Providers should have a system in place to identify and deal with possible breaches of the professional duty of candour by staff who are professionally registered, including the obstruction of another in their professional duty of candour. This is likely to include an investigation and escalation process that may lead to referral to their professional regulator or other relevant body. 5. Providers should make all reasonable efforts to ensure that staff operating at all levels within the organisation operate within a culture of openness and transparency, understand their individual responsibilities in relation to the duty of candour, and are supported to be open and honest with patients and apologise when things go wrong. 6. A notifiable safety incident for providers includes incidents that, in the reasonable opinion of a healthcare professional, could result in, or appear to have resulted in, the death of the patient or severe harm, moderate harm, or prolonged psychological harm. 7. Staff should receive appropriate training, and there should be arrangements in place to support staff who are involved in a notifiable safety incident. 8. In cases where a provider is made aware that something untoward has happened, they should treat the allegation seriously, immediately consider whether this is a notifiable safety incident and take appropriate action.

Regulation	Guidance
2008.2. As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a provider must: 2008.2.a Notify the relevant person that the incident has occurred in accordance with paragraph 2008.3. and: 2008.3. The notification to be given under paragraph 2008.2.a must: 2008.3.a. Be given in person by one or more representatives of the provider. 2008.3.b. Provide an account, which to the best of the provider's knowledge is true, of all the facts the provider knows about the incident as at the date of the notification. 2008.3.c. Advise the relevant person what further enquiries into the incident the provider believes are appropriate. 2008.3.d. Include an apology, and: 2008.3.e. Be recorded in a written record which is kept securely by the provider.	1. When a notifiable safety incident has occurred, the relevant person should be informed as soon as reasonably practicable after the incident has been identified. Providers should be aware that notification should be as soon as is practicable following the incident being reported to local systems. 2. All staff working within a Defence healthcare provider should have responsibility to adhere to that provider's policies and procedures around duty of candour, regardless of seniority or permanency. 3. Where the degree of harm is not yet clear but may fall into the above categories in future, the relevant person should be informed of the notifiable safety incident in line with the requirements of the regulation. 4. Providers are not required by the regulation to inform a patient when a 'near miss' has occurred, and the incident has resulted in no harm to that patient. 5. There should be appropriate arrangements in place to notify the patient who is affected by an incident if they are aged 16 and over and lack the mental capacity to make a decision about their care or treatment, including ensuring that a person acting lawfully on their behalf is notified as the relevant person. 6. A person acting lawfully on behalf of the patient should be notified as the relevant person where the person using the service is under 16 and lacks the mental capacity to make a decision regarding their care or treatment. 7. A person acting lawfully on behalf of the patient should be notified as the relevant person, upon the death of the patient. 8. Other than the situations outlined above, information should only be disclosed to family members or carers where the patient has given their express or implied consent. 9. A step-by-step account of all relevant facts known about the incident at the time should be given, in person, by one or more appropriate representatives of the provider. This should include as much or as little information as the relevant person wants to hear, be jargon free and explain any complicated terms. 10. The account of the facts should be given in a manner that the relevant person can understand. For example, providers should consider whether interpreters, advocates, or other communication aids should be used, while being conscious of any potential breaches of confidentiality in doing so. 11. Providers should also explain to the relevant person what further enquiries they will make. 12. Providers should ensure that one or more appropriate representatives of the provider gives a meaningful apology, in person, to relevant persons. An apology is defined in the regulation as an expression of sorrow or regret. 13. In making a decision about who is most appropriate to provide the notification and/or apology, the provider should consider seniority, relationship to the person using the Defence healthcare service, and experience and expertise in the type of notifiable incident that has occurred.

Regulation	Guidance
2008.2. As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a provider must: 2008.2.b. Provide reasonable support to the relevant person in relation to the incident, including when giving such notification.	1. Providers should give the relevant person all reasonable support necessary to help overcome the physical, psychological and emotional impact of the incident. This could include all or some of the following: a. Treating them with respect, consideration and empathy. b. Offering the option of direct emotional support during the notifications, for example from a family member, a friend, a care professional or a trained advocate. c. Offering help to understand what is being said, for example, through an interpreter, non-verbal communication aids, written information, etc. d. Providing access to any necessary treatment and care to recover from or minimise the harm caused where appropriate. e. Providing the relevant person with details of specialist independent sources of practical advice and support or emotional support/counselling. f. Providing the relevant person with information about available impartial advocacy and support services, such as Defence chaplaincy, the Royal British legion and SSAFA. g. Arranging for care and treatment from another professional, team or provider if this is possible, if the relevant person wishes. h. Providing support to access the complaints procedure.
2008.4. The notification given under paragraph 2008.2.a. must be followed by a written notification given or sent to the relevant person containing: 2008.4.a. The information provided under paragraph 2008.3.b., 2008.4.b. Details of any enquiries to be undertaken in accordance with paragraph 2008.3.c., 2008.4.c. The results of any further enquiries into the incident, and: 2008.4.d. An apology.	1. Providers should ensure that they give written notification to the relevant person following the notification that was given in person, even though enquiries may not yet be complete. 2. The written notification should contain all the information that was provided in person, including an apology, as well as the results of any enquiries that have been made since the notification in person. 3. The outcomes or results of any further enquiries and investigations should also be provided in writing to the relevant person through further written notifications, if they wish to receive them.

Regulation	Guidance
2008.5. But if the relevant person cannot be contacted in person or declines to speak to the representative of the provider: 2008.5.a. Paragraphs 2008.2 to 2008.4. are not to apply, and: 2008.5.b. A written record is to be kept of attempts to contact or to speak to the relevant person.	1. The provider should make every reasonable attempt to contact the relevant person through all available means of communication. All attempts to contact the relevant person should be documented. 2. If the relevant person does not wish to communicate with the provider, their wishes should be respected and a record of this should be kept. 3. If the relevant person has died and there is nobody who can lawfully act on their behalf, a record of this should be kept.
2008.6. The provider must keep a copy of all correspondence with the relevant person under paragraph 2008.4.	1. Providers should keep a record of the written notification, along with any enquiries and investigations and the outcome or results of the enquiries or investigations. 2. Any correspondence from the relevant person relating to the incident should be responded to in an appropriate manner and a record of communications should be kept.

Related legislation

Captured below in DED.

DED

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.

Related guidance

Additional related guidance can be found here.
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

AJP-4.10 (C) Allied Joint Doctrine for Medical Support
JSP 492 Defence Ethics, Propriety and Standards
JSP 763 The MOD Behaviours and Informal Complaints Resolution Policy
Freedom to Speak Up: Raising Concerns by DPHC Personnel
JSP 950 Leaflet 5-1-6: Duty of Candour (Being Open) in the DMS

DSA03-DMSR Defence Code of Practice (DCOP)

DCOP 3001 Safe care and treatment

Summary

The intention of this regulation is to prevent patients from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to patients' health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Providers must make sure that the environment and any equipment used is safe and where applicable, available in sufficient quantities. Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

The DMSR understands that there may be inherent risks in carrying out care and treatment, and we will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

Guidance

Providers should have regard to the following guidance for each component of Regulation 3001

Regulation	Guidance
3001.1. Care and treatment must be provided in a safe way for patients.	1. Providers should provide care and treatment in a safe way. In particular, this includes the areas listed in DSA02-DMSR Regulation 3001.2.a: 2. However, DSA02-DMSR Regulation 3001.2 is not exhaustive, and providers should demonstrate that they have done everything reasonably practicable to provide safe care and treatment. 3. Providers should consult Defence and UK nationally recognised guidance about delivering safe care and treatment and implement this as appropriate.

3001.2. Without limiting paragraph 3001.1, the things which a provider must do to comply with that paragraph include:

Regulation	Guidance
3001.2.a. Assessing the risks to the health and safety of: staff delivering care or treatment; and patients receiving the care or treatment.	1. Risk assessments relating to the health, safety, environmental protection, and welfare of staff and patients should be completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so. Risk assessments should include plans for managing risks. 2. Assessments, planning and delivery of care and treatment should: a. Be based on risk assessments that balance the needs and safety of patients with their rights and preferences. b. Include arrangements to respond appropriately and in good time to patients' changing needs. c. Be carried out in accordance with the Mental Capacity Act 2005. This includes best interest decision making; lawful restraint; and, where required, application for authorisation for deprivation of liberty through the Mental Capacity Act 2005 Deprivation of Liberty Safeguards or the Court of Protection. All this applies when people use a Defence healthcare service. This includes when they are admitted, discharged, transferred or moved between healthcare services.

Regulation	Guidance
3001.2.b. Doing all that is reasonably practicable to mitigate any such risks;	1. Providers should do all that is reasonably practicable to mitigate risks. They should follow good practice guidance and should adopt control measures to make sure the risk is as low as is reasonably practicable. They should review methods and measures and amend them to address changing practice. 2. Providers should use risk assessments about the health, safety, environmental protection and welfare of staff and patients to make required adjustments. These adjustments may be to premises, scene safety arrangements, equipment, staff training, processes, and practices and can affect any aspect of care and treatment. 3. Relevant health and safety concerns should be included in patients' care and treatment plans/pathways. This includes allergies, contraindications and other limitations relating to the person's needs and abilities. 4. Staff should follow plans and pathways. 5. Medication reviews should be part of, and align with, patients' care and treatment assessments, plans or pathways and should be completed and reviewed regularly, including when their medication or condition changes. 6. Providers must comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS). 7. Incidents that affect the health, safety and welfare of providers and/or patients must be reported internally and to relevant external authorities/bodies. Fatalities, accidents, serious incidents (including Category 1 or 2 environmental incidents on the Environmental Agency's scale) and near misses are to be reported to the Defence Accident Investigation Branch (DAIB) immediately. DAIB shall also be notified of all suspected or confirmed instances of heat illness and cold injury. RIDDOR is the law that requires employers, and other people in charge of work premises, to report and keep records of: work related accidents which cause deaths; work related accidents which cause certain serious injuries (reportable injuries; diagnosed cases of certain industrial diseases; and certain 'dangerous occurrences' (incidents with the potential to cause harm). ASER is an incident and reporting and learning system that supports open and honest reporting and sharing of events which cause, or have the potential to cause harm to DMS patients and others. They should be reviewed and thoroughly investigated by competent staff, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result. Staff who were involved in incidents should receive information about them and this should be shared with others to promote learning. Incidents include those that have potential for harm.

Regulation	Guidance
3001.2.b. Doing all that is reasonably practicable to mitigate any such risks;	8. Outcomes of investigations into incidents should be shared with the person concerned and, where relevant, their families, carers and advocates. This is in keeping with DSA02-DMSR Regulation 2008, duty of candour. 9. There should be policies and procedures in place for anyone to raise concerns about their own care and treatment or the care and treatment of patients they care for or represent. The policies and procedures must be in line with current legislation and guidance, and staff must follow them. 10. The provider should have arrangements to take appropriate action if there is a clinical or medical emergency. 11. Medicines must be administered accurately, in accordance with any prescriber instructions and at suitable times to make sure that patients are not placed at risk. 12. When it is agreed to be in a patient's best interests, the arrangements for giving medicines covertly must be in accordance with the Mental Capacity Act 2005. 13. There must be arrangements to request a second opinion in relation to medicines for people who are detained under the Mental Health Act 1983 (2007).
3001.2.c. Ensuring that persons providing care or treatment to patients have the qualifications, competence, skills and experience to do so safely;	1. Staff must work within the scope of their qualifications, competence, skills and experience and should be encouraged to seek help when they feel they are being asked to do something that they are not prepared or trained for. 2. Staff should be appropriately supervised when they are learning new skills, but are not yet competent. 3. Only relevant regulated professionals with the appropriate qualifications should plan and prescribe care and treatment, including medicines. Only relevant regulated professionals or suitably skilled and competent staff should deliver care and treatment. 4. Regulated professionals using Patient Group Directions (PGD) must be in date for training, aware of their responsibilities, and have signed the PGD self-declaration. 5. Regulated professionals using Patient Specific Directions (PSD) must ensure their delegation is in date, be aware of their responsibilities, and have signed the PSD self-declaration. 6. Healthcare providers using medication issuing protocols (MIPs) or PSDs must ensure their delegation is in date, be aware of their responsibilities, and have signed the respective single Service self-declarations.

Regulation	Guidance
3001.2.d. Ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way; 3001.2.e. Ensuring that the equipment used by the service provider for providing care or treatment to a patient is safe for such use and used in a safe way;	1. Providers should ensure the safety of their premises and the equipment within it. They must have systems and processes that assure compliance with statutory requirements, UK national guidance and safety alerts, including an alarm system for staff needing urgent assistance. 2. Providers retain legal responsibility under these regulations when they delegate responsibility through contracts or legal agreements to a third party, independent suppliers, professionals, supply chains or contractors. They should therefore make sure that these regulations are adhered to as responsibility for any shortfall rests with the provider. Providers should have access to facility safety certificates. 3. Providers should have and implement up to date induction and training plans for the safe operation of premises and equipment, including incident reporting and emergency and contingency planning. 4. Providers should make sure that equipment is suitable for its purpose, properly maintained and used correctly and safely. This includes making sure that staff using the equipment have the training, competency and skills needed.
3001.2.f. Where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of patients and to meet their needs;	1. Patients' medicines should be available in the necessary quantities to prevent the risks associated with medicines that are not administered as prescribed. This includes when patients manage their own medicines. 2. Sufficient medication should be available in case of emergencies, and staff appropriately trained to use held stocks. A risk assessment should be completed for any deviation from UK national or Defence guidelines. 3. Sufficient equipment and/or medical devices that are necessary to meet patients' needs should be available at all times and devices should be kept in full working order. They should be available when needed and within a reasonable time without posing a risk. 4. The equipment, medicines and/or medical devices that are necessary to meet patients' needs should be available when they are transferred between healthcare services or providers.

Regulation	Guidance
3001.2.g. The proper and safe management of medicines;	1. Staff responsible for the management and administration of medication should be suitably trained and competent and this should be kept under review. 2. Staff should follow policies and procedures about managing medicines, including those related to infection control. 3. These policies and procedures should be in line with current legislation and guidance and address: a. Supply and ordering. b. Storage, security (incl prescription pads), dispensing and preparation. c. Administration. d. Disposal. e. Recording (incl CD/AD checks). f. Repeat prescriptions should be conducted IAW policy.
3001.2.h. Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;	1. The Department of Health has issued a Code of Practice about the prevention and control of healthcare associated infections Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. The DMSR will take the Code into account when making decisions about complying with this regulation. A provider may be able to demonstrate that they meet this regulation in a different way (equivalent or better) from that described in the Code. 2. When assessing risk, providers should consider the link between infection prevention and control, antimicrobial stewardship, how medicines are managed and cleanliness.

Regulation	Guidance
3001.2.i. Where responsibility for the care and treatment of patients is shared with, or transferred to, other persons, working with such other persons, patients and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the patients.	1. The provider should actively work with others, both internally and externally, to make sure that care and treatment remains safe for patients. 2. When care is shared between two or more providers or where there are integrated services, there should be appropriate arrangements to share relevant information promptly and in line with current legislation and guidance, and to plan and deliver care in partnership. Providers should ensure Shared Care Agreements are captured within healthcare records. 3. When more than one provider is responsible for the safety of a patient, the responsibility for providing safe care rests with the principal care provider at the time it is given. 4. Arrangements should be in place to support patients who are in a transition phase between healthcare services and/or other providers. When patients move between healthcare services or providers, appropriate risk assessments should be undertaken to make sure their safety is not compromised. Decisions about a move between healthcare services or providers relating to patients who may lack mental capacity to make that decision for themselves must be made in accordance with the Mental Capacity Act 2005. 5. To make sure that patients are safe and any risks to their care and treatment are minimised, providers should be able to respond to and manage major incidents and emergency situations. This includes having plans with other providers or bodies in case of declared major incident events.

Related legislation

The Care Act 2014
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
The Abortion Act 1967
Autism Act 2009
Civil Contingences Act 2004
The Electricity at Work regulations 1989
The Gas Safety (Installation and Use) regulations 1998
The General Data Protection Regulation
Health and Safety at Work etc. Act 1974
The Health and Safety (First-Aid) Regulations 1981
The Health and Safety (Miscellaneous Amendments) 2002
The Ionising Radiations Regulations 1999
The Ionising Radiation (Medical Exposure) Regulations 2000
Management of Health and Safety at Work Regulations 1999
The Manual Handling Operations Regulations 1992
The Health and Safety (Miscellaneous Amendments) 2002
The Medical Devices Regulations 2002
The Medical Devices (Amendment) Regulations 2012
Medicines Act 1968

The Human Medicines Regulations 2012
Mental Capacity Act 2005
Mental Capacity Act Code of Practice
Mental Health Act 1983
Mental Health Act 2007
Code of Practice (Mental Health Act 1983)
Misuse of Drugs Act 1971
The Misuse of Drugs (Safe Custody) Regulations 1973
The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
Public Interest Disclosure Act 1998
The Workplace (Health, Safety and Welfare) Regulations 1992
The Health and Safety (Miscellaneous Amendments) Regulations 2002
RIDDOR – Reporting of Injuries, diseases and dangerous occurrences Regulations 2013

DEDs

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.

The Controlled Drugs (Supervision of Management and Use) Regulations 2013 Defence has exemptions from certain elements of this legislation. JSP 950 Chapters 9 and 10 mitigate the risk to healthcare staff and patients.

Data Protection Act 2018 Comply with the law unless an exemption has been granted.

The Human Medicines Regulations 2012 Defence has exemptions from certain elements of this legislation. JSP 950 Chapter 9 mitigates the risk to healthcare staff and patients.

Related guidance

Additional related guidance can be found here.
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

MC 326 NATO Medical Support Principles and Policies
AJP-3.24 Allied Joint Doctrine for the Military Contribution to Peace Support Operations para 0442
AJP-3.4.3 (A) Allied Joint Doctrine for the Military Contribution to Humanitarian Assistance – Med Planning considerations 3-4
AJP-4.3 Allied Joint Doctrine for Host Nation Support
AJP-4.10 (C) Allied Joint Doctrine for Medical Support
AJMedP- 8 Allied Joint Medical Doctrine for Military Health Care
DSA01.1 and DSA01.2 Series of Documents - Defence Policy for Health, Safety and Environmental Protection
DSA02 DLSR Land Safety and Environmental Regulations (prev JSP 309)
DSA03 DLSR Fuel and Gas Safety and Environmental Regulations Defence Codes of Practice (prev JSP 309)
DSA02 OME Regulations including Major Accident Control Regulations
DSA 03 OME Part 4 (JSP 498) DCOP Defence Major Accident Control Regulations (MACR)

JSP 100 Ch 3.6 Defence Holistic Transition Policy – Health and well-being – Bespoke Healthcare Pathways.
JSP 317 Joint Service Safety Policy for the storage and handling of Fuels, Lubricants and Associated products
JSP 319 Joint Service Safety Publication for the Storage, Handling of Gases
JSP 375 Management of Health and Safety in Defence (Incl. Child Definition)
JSP 375 Cold Injury: Prevention and Management
JSP 375 Heat Illness Prevention
JSP 392 Management of Radiation Protection in Defence
JSP 418 Management of Environmental Protection in Defence
JSP 425 Examination and Testing of Ionising Radiation Detection and Monitoring Equipment
JSP 426 Defence Fire Safety and Fire Risk Management
JSP 440 Defence Manual of Security and Resilience
JSP 473 Joint Service Regulations for the Management of Engineering Support of Medical, Dental & Veterinary Equipment
JSP 492 Defence Ethics, Propriety and Standards
JSP 515 The MOD Hazardous Stores Information System
JSP 763 The MOD Behaviours and Informal Complaints Resolution Policy
Freedom to Speak Up: Raising Concerns by DPHC Personnel
JSP 800 Pt 3 Leaflet 12 Movement of Temperature Controlled Items
JSP 800 Pt 3 Leaflet 14 Movement of Medical Supplies
JSP 815 Defence Safety Management System
JSP 816 Defence Environmental Management System
JSP 901 Technical Governance and Assurance of Capability
JSP 940 MOD Policy for Quality
The following JSP 950 Leaflets refer:
JSP 950 Leaflet 1-2-1: Defence Health Record Release on Discharge from the Armed Forces
JSP 950 Leaflet 1-3-4: Healthcare Transition Arrangements for Military Personnel Leaving DMS Care
JSP 950 Leaflet 1-4-1: The Operational Care Pathway
JSP 950 Leaflet 2-7-2: Defence Mental Health Services
JSP 950 Leaflet 2-10-3: DMS Medical Devices Decontamination Policy
JSP 950 Leaflet 2-13-1: Defence Medical Services Cervical Screening Programme – UK and Overseas
JSP 950 Leaflet 2-15-1: Treatment of Children on Operations
JSP 950 Leaflet 2-23-1: Primary Dental Care Policy
JSP 950 Leaflet 4-1-4: Returning to Clinical Practice and Maintaining Clinical Currency
JSP 950 Leaflet 4-2-2: Primary care preceptorship for newly qualified nurses, those new to Defence and those transitioning from secondary care
JSP 950 Leaflet 5-1-4: DMS Governance and Assurance
JSP 950 Leaflet 5-1-7: Validation of Medical Treatment Facilities
JSP 950 Leaflet 5-2-1: Clinical Supervision for Nurses and Midwives
JSP 950 Leaflet 5-2-6: Use of Medical Treatments and Therapies NOT Approved by Recognised Bodies
JSP 950 Leaflet 6-8-1: Defence Medical Services Uniformed and Civilian Healthcare Workers: Tuberculosis and Blood-Borne Viruses Screening and Management
JSP 950 Leaflet 7-1-1: Immunological Protection of Entitled Individuals

JSP 950 Leaflet 7-2-1: Guidance on Risk Assessment and Immediate Management of Needle Stick / Sharps / Blood / Body Fluid and Tissue Exposure Incidents
JSP 950 Leaflet 7-2-2: Communicable Disease Control (CDC) in the Armed Forces
JSP 950 Leaflet 7-2-4: Vaccination of Key Personnel Against Smallpox
JSP 950 Leaflet 7-2-10: Healthcare Waste Management for Defence Medical Services' Healthcare Facilities
JSP 950 Leaflet 7-2-11: Environmental Cleaning for Defence Medical Services' Healthcare Facilities
JSP 950 Volume 9 Defence Medical Services Medicines Management Strategy 2021 - 26
JSP 950 Leaflet 9-2-1: Management of Medicines Policy
JSP 950 Leaflet 9-2-2: The Supervision of the Management and Use of Controlled Drugs
JSP 950 Leaflet 9-3-1: Defence Primary Care Formulary
JSP 950 Leaflet 9-3-2: Independent Prescribers in Defence Medical Service
JSP 950 Leaflet 9-3-3: Use of Unlicensed and Off-label Medicines within the MOD
JSP 950 Leaflet 9-3-4: Transfer of Prescribing from Secondary to Primary Care – Specialist Drugs: Guidelines for all Medical Staff

DSA03-DMSR Defence Code of Practice (DCOP)

DCOP 3002 Good governance

Summary

The intention of this regulation is to make sure that providers have systems and processes that ensure that they are able to meet other requirements in DSA02-DMSR Healthcare Regulations. To meet this regulation providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the healthcare services provided, including the quality of the experience for patients. The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of patients, staff and others. Providers must continually evaluate and seek to improve their governance and auditing practice.

In addition, providers must securely maintain accurate, complete and detailed records in respect of the care and treatment of each patient and records relating to the staff engaged in regulated activity and the overall management of the regulated activity.

As part of their governance, providers must seek and act on feedback from patients, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.

Guidance

Providers should have regard to the following guidance for each component of Regulation 3002

Regulation	Guidance
3002.1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.	1. Providers should operate effective systems and processes to make sure they assess and monitor their Defence healthcare service against DSA02-DMSR Healthcare Regulations. The provider should have a process in place to make sure this happens at all times and in response to the changing needs of patients. 2. The system should include scrutiny and overall responsibility at Management Board level or equivalent.

3002.2. Without limiting paragraph 3001.1, such systems or processes must enable the provider, in particular, to:

Regulation	Guidance
3002.2.a. Assess, monitor, and improve the quality and safety of the services provided (including the quality of the experience of patients);	Providers should have systems and processes such as regular clinical audits, and quality improvement projects of the service provided and should assess, monitor and improve the quality and safety of the service. The audits should be baselined against DSA02-DMSR healthcare regulations and should, where possible, include the experiences of patients. The systems and processes should be continually reviewed to make sure they remain fit for purpose. Fit for purpose means that: a. Systems and processes enable the provider to identify where quality and/or safety are being compromised and to respond appropriately and without delay. b. Providers have access to all necessary information. 2. Information should be up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. When required, results should be escalated and appropriate action taken. 3. Providers should actively seek the views of a wide range of stakeholders, including patients, staff, visiting professionals, and professional bodies, about their experience of, and the quality of care and treatment delivered by the service. Providers should be able to show how they have: a. Analysed and responded to the information gathered, including taking action to address issues where they are raised, and: b. Used the information to make improvements and demonstrate that they have been made. 4. Providers should seek professional/expert advice as needed and without delay to help them to identify and make improvements. 5. Providers should monitor progress against plans to improve the quality and safety of Defence healthcare services, and take appropriate action without delay where progress is not achieved as expected. 6. Subject to statutory consent and applicable confidentiality requirements, providers should share relevant information, such as information about incidents or risks, with other relevant individuals or bodies. These bodies include safeguarding boards, coroners, and regulators. Where they identify that improvements are needed these should be made without delay. 7. Providers should read and implement relevant UK nationally recognised guidance and be aware that quality and safety standards change over time when new practices are introduced, or because of technological development or other factors.

Regulation	Guidance
3002.2.b. Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and others who may be at risk which arise from the carrying on of the regulated activity;	1. Providers should have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of patients, staff, and others. For example, a lone worker policy. 2. Where risks are identified, providers should introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on patients, staff, and others. 3. Providers should have processes to minimise the likelihood of risks and to minimise the impact of risks on patients, staff, and others. 4. Risks to the health, safety and/or welfare of patients, staff, and others should be escalated within the organisation as appropriate. Identified risks to patients, staff, and others should be continually monitored and appropriate action taken where a risk has increased. **Note:** In this regulation, 'others' includes anyone who may be put at risk through the carrying on of a regulated activity, such as staff, visitors, tradespeople or students.

Regulation	Guidance
3002.2.c. Maintain securely an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided to the patient and of decisions taken in relation to the care and treatment provided;	1. Records relating to the care and treatment of each patient should be kept and be fit for purpose. Fit for purpose means they should: a. Be complete, legible, indelible, accurate and up to date, with no undue delays in adding and filing information, as far as is reasonable. This includes results of diagnostic tests, correspondence and changes to care plans following medical advice. b. Include an accurate record of all decisions taken in relation to care and treatment and make reference to discussions with patients, their carers and those lawfully acting on their behalf. This includes consent records and advance decisions to refuse treatment. Consent records include when consent changes, why the person changed consent and alternatives offered. c. Be accessible to authorised people as necessary in order to deliver patient's care and treatment in a way that meets their needs and keeps them safe. This applies both internally and externally to other organisations. d. Include appropriate read codes to provide a standard vocabulary to record patient findings and procedures. e. Be created, amended, stored and destroyed in line with current legislation, UK nationally recognised guidance, and Defence medical policy. f. Be kept secure at all times and only accessed, amended, or securely destroyed by authorised people. 2. Both paper and electronic records can be held securely providing they meet the requirements of the Data Protection Act 1998. 3. Decisions made on behalf of a patient who lacks capacity should be recorded and provide evidence that these have been taken in line with the requirements of the Mental Capacity Act 2005 or, where relevant, the Mental Health Act 1983 (2007), and their associated Codes of Practice. 4. Information in all formats must be managed in line with current legislation and guidance. 5. Systems and processes must support the confidentiality of patients and not contravene the Data Protection Act 2018.

Regulation	Guidance
3002.2.d. Maintain securely such other records as are necessary to be kept in relation to: 3002.d.1 Persons employed in the carrying on of the regulated activity, and: 3002.d.2 The management of the regulated activity;	1. Records relating to people employed and the management of regulated activities should be created, amended, stored and destroyed in accordance with current legislation and guidance. 2. Records relating to people employed in the regulated activity should include information relevant to their employment in the role, such as: vaccination status; mandatory training status; professional registration; and DBS details. This applies to all staff, not just newly appointed staff. Providers must observe data protection legislation about the retention of confidential personal information. 3. Records relating to the management of regulated activities means anything relevant to the planning and delivery of care and treatment. This may include governance arrangements such as policies and procedures, service and maintenance records, audits and reviews, purchasing, action plans in response to risk and incidents. 4. Records should be kept secure at all times and only accessed, amended or destroyed by people who are authorised to do so. 5. Information in all formats must be managed in line with current legislation and guidance. 6. Systems and processes must support the confidentiality of patients and not contravene the Data Protection Act 2018.
3002.2.e. Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;	1. Providers should actively encourage feedback about the quality of care and overall involvement with them. The feedback may be informal or formal, written or verbal. It may be from patients, those lawfully acting on their behalf, their carers and others such as staff or other relevant bodies. Providers are encouraged to evaluate each other's clinical performance through peer review. 2. All feedback should be listened to, recorded and responded to as appropriate. It should be analysed and used to drive improvements to the quality and safety of Defence healthcare services and the experience of engaging with the provider. 3. Improvements should be made without delay once they are identified, and the provider should have systems in place to communicate how feedback has led to improvements. 4. Where relevant, the provider should also seek and act on the views of external bodies such as fire, environmental health, royal colleges and other bodies who provide best practice guidance relevant to the service provided.

Regulation	Guidance
3002.2.f. Evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs 3002.a-e.	1. Providers should ensure that their audit and governance systems remain effective.

Related legislation

The Care Act 2014
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
The Health and Social Care Act 2012
Control of Substances hazardous to Health regulations 2002
The Electricity at Work regulations 1989
Employment Rights Act 1996
Equality Act 2010
Freedom of Information Act 2000
The Gas Safety (Installation and Use) regulations 1998
The General Data Protection Regulation
The Hazardous Waste (England and Wales) Regulations 2005
Health Professional Council – legal framework
Health and Safety at Work etc. Act 1974
The Ionising Radiations Regulations 2017
The Ionising Radiation (Medical Exposure) Regulations 2017
Management of Health and Safety at Work Regulations 1999
The Manual Handling Operations Regulations 1992
The Health and Safety (Miscellaneous Amendments) 2002
The Medical Devices Regulations 2002
The Medical Devices (Amendment) Regulations 2012
Mental Capacity Act 2005
Mental Capacity Act Code of Practice
Mental Health Act 1983
Mental Health Act 2007
Code of Practice (Mental Health Act 1983)
The Regulatory Reform (Fire Safety) Order 2005
RIDDOR
Safeguarding Vulnerable Groups Act 2006
The Workplace (Health, Safety and Welfare) Regulations 1992
The Health and Safety (Miscellaneous Amendments) Regulations 2002

DEDs

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.
Data Protection Act 2018 Comply with law unless exemption granted.

Related guidance

Additional related guidance can be found here.
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

AJP-4.10 (C) Allied Joint Doctrine for Medical Support
AJP-6 (A) Allied Joint Doctrine for Communication and Information Systems
JSP 375 Management of Health and Safety in Defence (Incl. Child Definition)
JSP 440 Defence Manual of Security and Resilience
JSP 441 Managing Information in Defence
JSP 441 Defence information, knowledge, digital and data policy commitments
JSP 453 Digital Policies and Standards for Defence
JSP 492 Defence Ethics, Propriety and Standards
JSP 763 The MOD Behaviours and Informal Complaints Resolution Policy
JSP 940 MOD Policy for Quality
JSP 950 Leaflet 1-1-1: Defence Medical Forms
JSP 950 Leaflet 1-1-2: Defence Medical Services Medical Policy Process
JSP 950 Leaflet 1-2-6: Management of Patient-Held Operational Healthcare Records
JSP 950 Leaflet 1-2-7: Government Security Classification for Healthcare Records and Related Information
JSP 950 Leaflet 1-2-10: Complaints about Healthcare Services Provided by Defence
JSP 950 Leaflet 1-2-11: The Defence Health Record
Freedom to Speak Up: Raising Concerns by DPHC Personnel
JSP 950 Leaflet 1-2-15: DMS Caldicott Policy
JSP 950 Leaflet 1-2-17: Defence Medical Services Data Protection
JSP 950 Leaflet 5-1-1: Analysing and Publishing Health Data - Confidentiality and the Role of Defence Statistics - Health
JSP 950 Leaflet 5-1-4: Healthcare Governance in the Defence Medical Services
JSP 950 Leaflet 5-1-5: Statutory Registration of DMS Personnel.
JSP 950 Leaflet 5-2-9: Defence Medical Services Learning Process (DMSLP) in Support of Defence Organisational Learning Requirements
JSP 950 Leaflet 8-1-2: Clinical Risk Management Guidance for implementing and using Healthcare IT – Temp withdrawn for review (Sep 23)
JSP 950 Leaflet 8-2-1: Recording NHS Numbers on DMICP
JSP 950 Leaflet 8-2-3: Management of Medical Alerts on Military Operations

DSA03-DMSR Defence Code of Practice (DCOP)

DCOP 3003 Staffing

Summary

The intention of DSA02-DMSR 3003 is to make sure that providers adequately staff healthcare capabilities with suitably qualified and experienced personnel to enable them to meet all other regulatory requirements described in the regulations. To meet the regulation, providers must provide sufficient numbers of suitably qualified and experienced personnel to meet the needs of patients at all times and the other regulatory requirements set out in this part of the above regulations. Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities. They should be supported to obtain further qualifications and provide evidence, where required, to the appropriate regulator to show that they meet the professional standards needed to continue to practise.

Guidance

Providers should have regard to the following guidance for each component of Regulation 3003

Regulation	Guidance
3003.1 Providers must adequately staff healthcare capabilities with suitably qualified and experienced personnel to enable them to meet the care and treatment needs of patients and the other regulatory requirements.	1. Providers should deploy sufficient numbers of suitably qualified and experienced personnel to make sure that they can meet patients' care and treatment needs and therefore meet the requirements of DSA02-DMSR. 2. Providers should have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of patients and keep them safe at all times. The approach they use must reflect current legislation and guidance where it is available. In determining the number of staff and range of skills required to meet patients' needs, they should consider the different levels of skills and competence required to meet those needs, the registered professional and support workers needed, supervision needs and leadership requirements. 3. Staffing levels and skill mix should be reviewed continuously and adapted to respond to the changing needs and circumstances of patients. 4. There should be procedures to follow in an emergency that make sure sufficient and suitable people are deployed to cover both the emergency and the routine work of the healthcare service.

3003.2 Staff involved in the provision of a regulated activity must:

Regulation	Guidance
3003.2.a. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform;	1. Providers should ensure that they have an induction programme that prepares staff for their role. It is expected that providers that employ healthcare assistants should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles. 2. Training, learning and development needs of individual staff members should be carried out at the start of employment and reviewed at appropriate intervals during the course of employment. Staff should be supported to undertake training, learning and development to enable them to fulfil the requirements of their role. 3. Where appropriate, staff should be supervised until they can demonstrate required/acceptable levels of competence to carry out their role unsupervised. 4. Staff should receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained. 5. Providers shall ensure that all staff receive training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role. 6. Staff should be supported to make sure they can participate in: a. Statutory training. b. Other mandatory training, as defined by the provider for their role. c. Any additional training identified as necessary to carry out regulated activities as part of their job duties and, in particular, to maintain necessary skills to meet the needs of the patients they care for and support. d. Other learning and development opportunities required to enable them to fulfil their role. 7. All learning and development and required training completed should be monitored and appropriate action taken quickly when training requirements are not being met. 8. Staff should receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported. 9. Staff shall receive appropriate supervision in their role to ensure they demonstrate and maintain competence in understanding the needs of people with a learning disability and autistic people, including knowing how to support them in the best way. 10. Health, social and other care professionals should have access to clinical or professional supervision as required, in line with the requirements of the relevant professional regulator and sS policies.

Regulation	Guidance
3003.2.b. be enabled where appropriate to obtain further qualifications appropriate to the work they perform; and	1. Providers should support staff to obtain appropriate further qualifications that would enable them to continue to perform their role. 2. Providers should not act in a way that prevents or limits staff from obtaining further qualifications that are appropriate to their role.
3003.2.c. where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.	1. Where registration with a professional body is a requirement of the role, providers should make sure that staff are able to meet the requirements of the relevant professional regulator throughout their employment, such as requirements for continuing professional development. 2. Providers should not act in a way that prevents, limits or would result in staff not meeting requirements required by professional regulators.

Related legislation

The Care Act 2014
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
Dentists Act 1984
Employment Rights Act 1996
Health and Safety at Work etc. Act 1974
The Health and Safety (First-Aid) Regulations 1981
The Health and Safety (Miscellaneous Amendments) 2002
Health and Social Work Professions Order 2001
Human Rights Act 1998
Management of Health and Safety at Work Regulations 1999
Medical Act 1983
Nursing and Midwifery Order 2001
The Pharmacy Order 2010
Protection of Freedoms Act 2012 – links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
Safeguarding Vulnerable Groups Act 2006
Health and Care Act 2022

DEDs

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.
Equality Act 2010 Defence has an exemption to elements of this act concerning age.
Working Time Regulations 1998 See 2021DIN01-045 Guidance on the Working Time Regulations – Service Personnel.

Related guidance

Additional related guidance can be found here.
NHS - The Oliver McGowan Mandatory Training on Learning Disability and Autism
Training staff to support autistic people and people with a learning disability - Care Quality Commission
Oliver McGowan draft code of practice on statutory learning disability and autism training - GOV.UK
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

JSP 822 Defence Direction and Guidance for Training and Education
JSP 950 Leaflet 5-1-5: Statutory Registration of DMS Personnel.
JSP 950 Leaflet 4-1-4: Returning to Clinical Practice and Maintaining Clinical Currency
JSP 950 Leaflet 4-2-2: Primary care preceptorship for newly qualified nurses, those new to Defence and those transitioning from secondary care
JSP 950 Leaflet 5-2-2: Armed Services Consultant Appointment Board Charter
JSP 950 Leaflet 5-2-4: Managing Professional Concerns about healthcare personnel within the DMS and MOD
JSP 950 Leaflet 5-2-5: Credentialing Policy for Coalition Healthcare Professionals Assigned to a UK-Led role 2/3 Multinational Medical Units
JSP 950 Leaflet 5-2-8: Competent Medical Authority
JSP 950 Leaflet 10-1-3: Primary Health Care Out of Hours Provision
JSP 950 Leaflet 10-2-1: Appraisal and revalidation of Doctors in the Defence Medical Services and Ministry of Defence
JSP 950 Leaflet 10-2-3: Revalidation of Nurses Working in the Defence Medical Services and Ministry of Defence.
JSP 950 Leaflet 10-2-4: Revalidation of Pharmacy Professionals Working in DMS and MOD
JSP 950 Leaflet 10-3-2: Defence Clinical and Academic Leadership and Advisory Appointments
2024DIN01-065 Guidance on the Working Time Regulations – Service Personnel

DSA03-DMSR-Defence Code of Practice (DCOP)

DCOP 4001 Premises and equipment

Summary

The intention of DSA02.DMSR 4001 is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located, and that the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly. Providers retain legal responsibility even when they delegate responsibility through contracts or legal agreements to a third party, independent suppliers, professionals, supply chains or contractors. They must therefore make sure that they meet the regulation, as responsibility for any shortfall rests with the provider.

Guidance

Providers should have regard to the following guidance for each component of Regulation 4001

4001.1 All premises and equipment used by the service provider must be:

Regulation	Guidance
4001.1.a. Clean;	1. Premises and equipment should be kept clean and cleaning must be done in line with current legislation and guidance. 2. Premises and equipment should be visibly clean and free from odours that are offensive or unpleasant. 3. Providers should: a. Use appropriate cleaning methods and agents. b. Operate a cleaning schedule appropriate to the care and treatment being delivered from the premises or by the equipment. c. Monitor the level of cleanliness. d. Take action without delay when any shortfalls are identified. e. Make sure that staff with responsibility for cleaning have appropriate training. 4. Domestic, clinical and hazardous waste and materials must be managed in line with current legislation and guidance.

Regulation	Guidance
4001.1.b. Secure;	1. Security arrangements should make sure that people are safe while receiving or delivering care, including: a. Protecting personal safety, which includes restrictive protection required in relation to the Mental Capacity Act 2005 and Mental Health Act 1983 (2007). This includes the use of window restrictors or locks on doors, which are used in a way that protects patients when lawful and necessary, but which does not restrict the liberty of other people using the service. b. Protecting personal property and/or money. c. Providing appropriate access to and exit from protected or controlled areas. d. Not inadvertently restricting patients' movements. e. Providing appropriate information about access and entry when patients are unable to come and go freely and when patients move from the premises as part of their care and treatment. f. Using the appropriate level of security needed in relation to the healthcare services being delivered. 2. If any form of surveillance is used for any purpose, for example the monitoring of patients in waiting areas, the provider must make sure that this is done in the best interests of patients, while remaining mindful of their responsibilities for the safety of their staff. Any surveillance should be operated in line with current guidance. Detailed guidance on the use of surveillance is available on the CQC's website.

Regulation	Guidance
4001.1.c. Suitable for the purpose for which they are being used;	1. Premises must be fit for purpose in line with statutory requirements and should take account of UK national best practice. 2. Premises should be suitable for the healthcare service provided, including the layout, and be big enough to accommodate the potential number of patients using the service at any one time. There should be sufficient equipment to provide the healthcare service. 3. Adequate support facilities and amenities should be provided where relevant to the healthcare service being provided. This includes sufficient toilets and bathrooms for the number of patients using the healthcare service, adequate storage space, adequate seating and waiting space. 4. Patients' needs should be taken into account when premises are designed, built, maintained, renovated, or adapted. Their views should also be taken into account when possible. 5. People should be able to easily enter and exit premises and find their way around easily and independently. If they cannot, providers must make reasonable adjustments in accordance with the Equality Act 2010 and other current legislation and guidance. 6. Any alterations to the premises or the equipment that is used to deliver care and treatment must be made in line with current legislation and guidance. Where the guidance cannot be met, the provider should have appropriate contingency plans and arrangements to mitigate the risks to patients. The premises and equipment used to deliver care and treatment should meet patients' needs and, where possible, their preferences. This includes making sure that privacy, dignity and confidentiality are not compromised. 7. Reasonable adjustments must be made when providing equipment to meet the needs of people with disabilities, in line with requirements of the Equality Act 2010.

Regulation	Guidance
4001.1.d. Properly used; 4001.1.e. Properly maintained; and	1. Providers should make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. 2. The provider's Statement of Purpose, capability CONUSE and/or operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used. 3. Any change of use of premises and/or equipment should be informed by a risk assessment and providers should make appropriate alterations to premises and equipment where reasonably practical. Where this is not possible, providers should have appropriate contingency plans and arrangements to mitigate the risks to patients. Alterations must be in line with current legislation and guidance. 4. There should be regular health and safety risk assessments of the premises (including grounds) and equipment. The findings of the assessments should be acted on without delay if improvements are required. 5. There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures. 6. Providers should have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration. 7. All equipment should be used, stored and maintained in line with manufacturers' instructions. It should only be used for its intended purpose and by the person for whom it is provided. 8. Providers should make sure that staff and others who operate the equipment are trained to use it appropriately.

Regulation	Guidance
4001.2. The provider must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.	1. Providers must comply with guidance from the Department of Health about the prevention and control of infections: Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. 2. Where applicable, premises should be cleaned or decontaminated in line with current legislation and guidance, and equipment should be cleaned, decontaminated and/or sterilised in line with current legislation and guidance and manufacturers' instructions. Equipment should be cleaned or decontaminated after each use and between use by different patients. 3. Ancillary services belonging to the provider, such as kitchens and laundry rooms, which are used for or by patients, must be used and maintained in line with current legislation and guidance. Patients and staff using the equipment should be trained to use it or supervised/risk assessed as necessary. 4. Multiple use equipment and devices should be cleaned or decontaminated between use. Single use and single person devices should not be re-used or shared. All staff should understand the risk to people who use healthcare services if they do not adhere to this.

Related legislation

The Care Act 2014
The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
Control of Substances hazardous to Health regulations 2002
The Electricity at Work regulations 1989
Equality Act 2010
The Gas Safety (Installation and Use) regulations 1998
The Hazardous Waste (England and Wales) Regulations 2005
Health and Safety at Work etc. Act 1974
The Health and Safety (First-Aid) Regulations 1981
The Health and Safety (Miscellaneous Amendments) 2002
Human Rights Act 1998
The Ionising Radiations Regulations 2017
The Ionising Radiation (Medical Exposure) Regulations 2017
Management of Health and Safety at Work Regulations 1999
The Manual Handling Operations Regulations 1992
The Health and Safety (Miscellaneous Amendments) 2002
The Medical Devices Regulations 2002
The Medical Devices (Amendment) Regulations 2012
Mental Capacity Act 2005
Mental Capacity Act 2005: Code of Practice
Mental Health Act 1983
Mental Health Act 2007

Code of Practice (Mental Health Act 1983)
The Regulatory Reform (Fire Safety) Order 2005
The Workplace (Health, Safety and Welfare) Regulations 1992
The Health and Safety (Miscellaneous Amendments) Regulations 2002

DED

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Defence has a disapplication from this legislation and DSA02 DMSR regulation was required to mitigate risk to healthcare staff and patients.

Related guidance

Additional related guidance can be found here.
BMA Ethical decision-making for doctors in the armed forces: a tool kit

Related policy and doctrine

AJP-4.10 (C) Allied Joint Doctrine for Medical Support
AJP-6 (A) Allied Joint Doctrine for Communication and Information Systems
DSA01.1 and DSA01.2 Series of Documents - Defence Policy for Health, Safety and Environmental Protection
DSA02 DLSR Land Safety and Environmental Regulations (prev JSP 309)
DSA03 DLSR Fuel and Gas Safety and Environmental Regulations Defence Codes of Practice (prev JSP 309)
DSA02 OME Regulations including Major Accident Control Regulations
DSA 03 OME Part 4 (JSP 498) DCOP Defence Major Accident Control Regulations (MACR)
JSP 317 Joint Service Safety Policy for the storage and handling of Fuels, Lubricants and Associated products
JSP 319 Joint Service Safety Publication for the Storage, Handling of Gases
JSP 375 Management of Health and Safety in Defence
JSP 392 Management of Radiation Protection in Defence
JSP 418 Management of Environmental Protection in Defence
JSP 425 Examination and Testing of Ionising Radiation Detection and Monitoring Equipment
JSP 426 Defence Fire Safety and Fire Risk Management
JSP 440 Defence Manual of Security and Resilience
JSP 453 Digital Policies and Standards for Defence
JSP 473 Joint Service Regulations for the Management of Engineering Support of Medical, Dental & Veterinary Equipment
JSP 515 The MOD Hazardous Stores Information System
JSP 604 Defence Manual for ICT – Replaced by JSP 453
JSP 800 Pt 3 Leaflet 12 Movement of Temperature Controlled Items
JSP 800 Pt 3 Leaflet 14 Movement of Medical Supplies
JSP 815 Defence Safety Management System
JSP 820 Tri-Service Disability and Additional Needs Policy
JSP 850 Infrastructure and Estate Policy, Standards and Guidance
JSP 901 Technical Governance and Assurance of Capability
JSP 950 Leaflet 2-10-2: DMS Infection Prevention and Control Policy
JSP 950 Leaflet 2-10-3: DMS Medical Devices Decontamination Policy

JSP 950 Leaflet 3-3-2: Policy for the Control of Feral Animals on Operations
JSP 950 Leaflet 3-3-3: Pest Management Policy in the Armed Forces
JSP 950 Leaflet 5-1-7: Validation of Medical Treatment Facilities
JSP 950 Leaflet 7-2-2: Communicable Disease Control in the Armed Forces
JSP 950 Leaflet 7-2-10: Healthcare Waste Management for Defence Medical Services' Healthcare Facilities
JSP 950 Leaflet 7-2-11: Environmental Cleaning for DMS Healthcare Facilities
JSP 950 Volume 11 Clinical Guidelines for Operations (prev JSP 999)