



Public – To be published on the Trust external website

Deprivation of liberty safeguards (DoLS) procedure

Ref: MHA-0012-001-v2.2

Status: Approved

Document type: Procedure

Overarching policy: [Deprivation of Liberty Policy](#)

Contents

1	Introduction.....	3
2	Purpose	3
3	Who this procedure applies to.....	3
4	Related documents.....	4
5	Procedure.....	5
5.1	DoLS Authorisations	5
5.2	Identifying the correct Supervisory Body	6
5.3	Standard forms	6
5.4	Qualifying requirements	6
5.5	Requesting a standard authorisation.....	7
5.6	Requesting an urgent authorisation	10
5.7	Extending an urgent authorisation.....	11
5.8	Suspending a standard authorisation	12
5.9	Review.....	13
5.10	Ending a deprivation of liberty.....	15
6	Relevant person’s representative.....	15
7	Independent Mental Capacity Advocate (IMCA)	16
8	Appeals and the Court of Protection.....	16
9	Definitions.....	17
10	How this procedure will be implemented.....	18
10.1	Training needs analysis	18
11	How the implementation of this procedure will be monitored.....	19
12	References	19
13	Document control (external)	20
	Appendix 1 – TEWV core business matrix	21
	Appendix 2 – MHL Department contact details	22
	Appendix 3 - Equality Analysis Screening Form.....	23
	Appendix 4 – Approval checklist	27

1 Introduction

This document provides direction and guidance about:

- The Deprivation of Liberty Safeguards (DoLS)

This document **MUST** be read in conjunction with the TEWV Deprivation of Liberty Policy which sets out how to identify a deprivation of liberty and when use of the Deprivation of Liberty Safeguards are appropriate where there may be a choice between them and the Mental Health Act.

Our Journey to Change sets out that we want to provide a great experience for our patients, carers and families. By following this procedure we are ensuring we follow a legal framework that protects our patients.

2 Purpose

Following this procedure will help the Trust to:

- Identify when a deprivation of liberty (DoL) occurs;
- Where appropriate, make urgent authorisations under the DoLS
- Where appropriate, obtain standard authorisations from the correct Supervisory Body (SB)
- Inform the CQC of the outcomes of DoLS requests and authorisations

3 Who this procedure applies to

The Deprivation of Liberty Safeguards (DoLS) came into effect in 1 April 2009. The safeguards provide a statutory framework in circumstances where a person, aged 18 years or over, lacks the capacity to consent to care or treatment and the circumstances in which that care or treatment is to be provided amounts to a deprivation of liberty.



This procedure applies to a deprivation of liberty (DoL) in a Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) hospital.

If you identify a DoL taking place somewhere else, e.g. as a community practitioner working with a service user in a care home you must inform the managers of that care home and they must follow their own DoLS procedures.

This deprivation of liberty must be:

- For the prevention of harm to the incapable person;
- A proportionate response to that harm;
- In the best interests of the person.

The DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty within the meaning of Article 5 of the European Convention on Human Rights (ECHR). The DoLS only apply to people in a hospital or care home.

The DoLS provide a legal process and safeguards in circumstances where DoL is unavoidable and is in a person's best interests.

The DoLS enable a DoL to be made lawful through either standard or urgent authorisation processes. These processes prevent arbitrary decisions and give a right of challenge.

Following this procedure will help the Trust achieve its values of respecting others and being responsible.

4 Related documents

This procedure describes what you need to do to implement the 'authorisation under deprivation of liberty safeguards' section of the deprivation of liberty Policy.



The Deprivation of Liberty Policy defines what you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- Deprivation of Liberty Safeguards Code of Practice

5 Procedure



If you believe that the DoL Safeguards may be applicable to a patient on a ward within TEWV and you are considering making an Urgent Authorisation and / or requesting a Standard Authorisation, you must contact Beth Freeston Practice Development Facilitator in Mental Health Legislation on 01642 837363 Rachel Down, Head of Mental Health Legislation on 0191 500 7576 or Mel Wilkinson, Specialist Mental Health Legislation Advisor on 01642 451 626.



Application for a Standard Authorisation and the outcome of the assessment are events which are notifiable to the CQC under Regulation 18 and as such the MHL Department as above must be informed in order that the notification can be made.



Once an application is made the Mental Health Legislation Team must be contacted to record the legal status on the electronic patient record. The assessment outcome and copies of all documentation must be sent to the Mental Health Legislation Team.

5.1 DoLS Authorisations

There are two types of DoLS Authorisation:

Standard Authorisation

A Managing Authority (MA) must make the request for a standard authorisation to the Supervisory Body when it appears likely that at some point in the next 28 days, someone will be accommodated in its hospital or care home in circumstances that amount to a DoL.

Whenever possible, this should happen **before** the DoL occurs.

Urgent Authorisation

Where it is not possible to obtain a standard authorisation in advance, for example when a patient is admitted without the admission being pre-planned, the Managing Authority must give itself an urgent authorisation and then obtain a standard authorisation within seven calendar days.



With the exception of respite care, most admissions in mental health hospitals are not pre-planned.

5.2 Identifying the correct Supervisory Body

The Supervisory Body is:

- The local authority for the area in which the person is ordinarily resident; or
- If the person is of no fixed abode, the local authority for the area in which the hospital is situated.

5.3 Standard forms

Standard forms for the DoLS have been published by the Association of Directors of Adult Social Services (ADASS).

The most commonly used forms are available on InTouch.

The full set of forms can be found on the [ADASS](#) website.

5.4 Qualifying requirements

Certain conditions must be met before a standard authorisation can be given. These conditions are known as the 'qualifying requirements'.

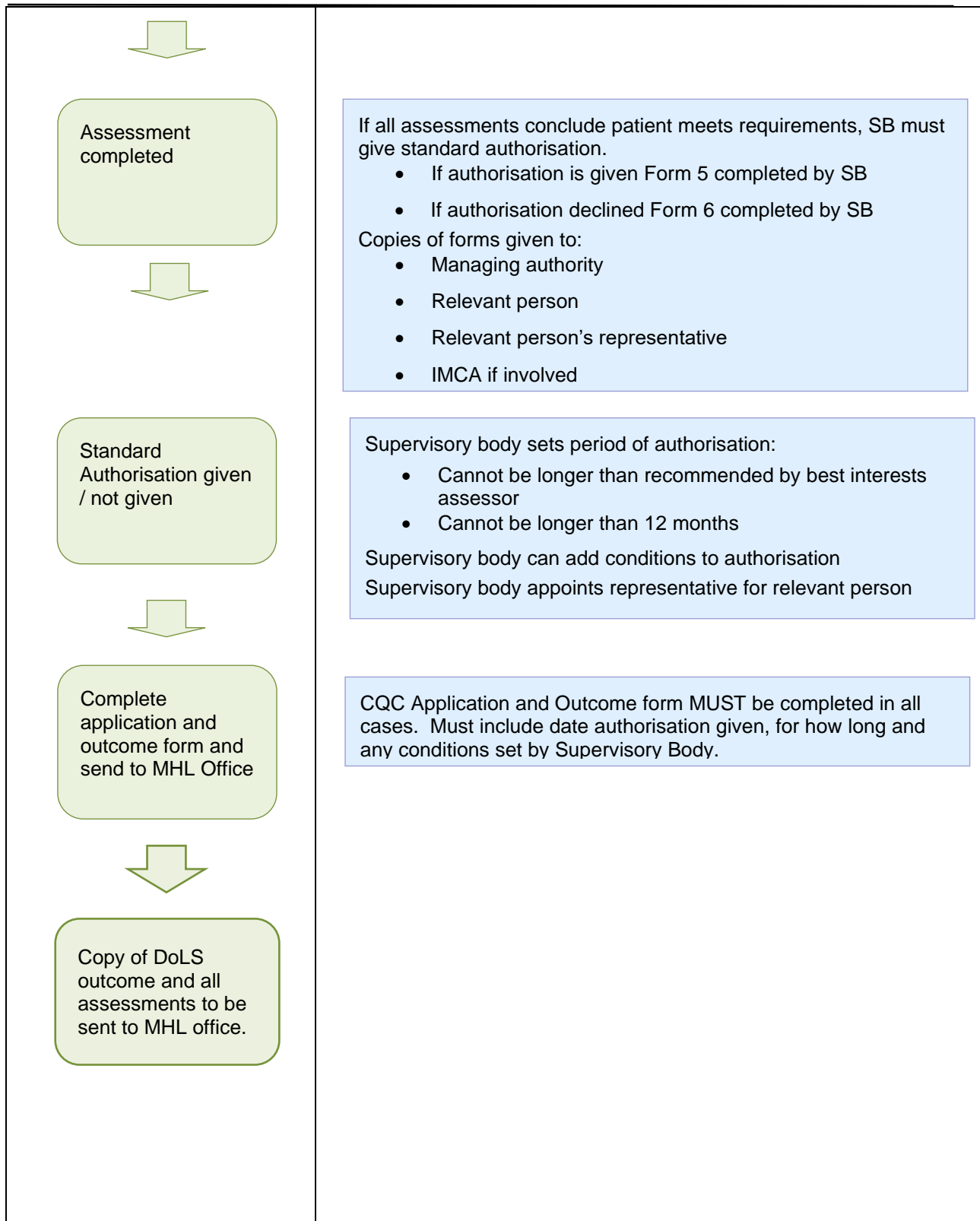
- Age requirement
- No refusals requirement
- Mental capacity requirement
- Mental health requirement
- Eligibility requirement
- Best interests requirement

The Supervisory Body will ensure that these requirements are met before they issue a standard authorisation under DoLS.

5.5 Requesting a standard authorisation

(see over page)

Action:	Notes:
<pre> graph TD A[Unavoidable DoL anticipated in next 28 days] --> B[MHL Team MUST be contacted for guidance on 0191 500 7576 or 01642 451 626] B --> C[MA apply to SB for Standard Authorisation (Form 1)] C --> D[Copy of referral must be sent to MHL team.] D --> E[SB commission assessors to carry out assessments] </pre> <p>Unavoidable DoL anticipated in next 28 days</p> <p>MHL Team MUST be contacted for guidance on 0191 500 7576 or 01642 451 626</p> <p>MA apply to SB for Standard Authorisation (Form 1)</p> <p>Copy of referral must be sent to MHL team.</p> <p>SB commission assessors to carry out assessments</p>	<p>Decision to apply for authorisation should be MDT decision. This should be based on a thorough assessment of capacity and best interests recorded on TEWV MCA1 and MCA2 forms.</p> <p>Deprivation must be:</p> <ul style="list-style-type: none"> • Unavoidable • To protect the person from harm and proportionate <p>Application must be made in writing and faxed or posted to the appropriate Supervisory Body.</p> <p>Form should be completed by MDT and a qualified professional nominated at the meeting to complete the form</p> <p>MHL Team will provide guidance, and if appropriate advise on completing forms.</p> <p>MHL Team will provide copy of CQC Application and Outcome form.</p> <p>Supervisory body is:</p> <ul style="list-style-type: none"> • The local authority for the area in which the person is ordinarily resident • If the person is of no fixed abode, the local authority for the area in which the hospital is situated <p>Assessments must be completed:</p> <ul style="list-style-type: none"> • Within 21 days for a standard authorisation; or • Before the urgent authorisation expires, if one has been given. <p>Where they consider it relevant, assessors may examine and take copies of:</p> <ul style="list-style-type: none"> • Any health record • Any social services record • Any record held by a care home



5.6 Requesting an urgent authorisation

This should be a rare occurrence.

The majority of patients in TEWV are likely to meet the criteria for detention under the MHA.



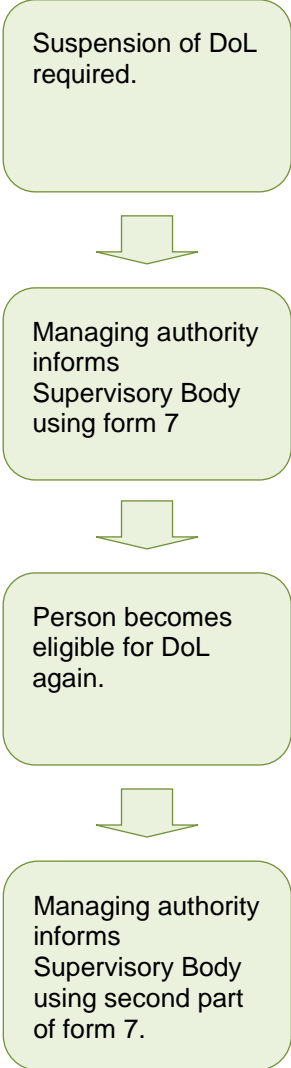
An example might be where a previously capable patient no longer has capacity but remains fully compliant with care and treatment for mental disorder but is now deprived of their liberty by virtue of no longer having capacity and DoLS is determined to be the correct authorisation for that particular patient. An urgent authorisation will be required until a standard one can be made.

Action:	Notes:
<div style="text-align: center;"> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;">Unavoidable DoL occurring now. No Standard Authorisation already in place.</div> <div style="text-align: center; margin: 5px 0;">↓</div> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;">MA grant urgent authorisation completing Form 1</div> <div style="text-align: center; margin: 5px 0;">↓</div> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;">Form sent to Supervisory Body</div> <div style="text-align: center; margin: 5px 0;">↓</div> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;">See standard authorisation procedure</div> </div>	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>An urgent authorisation can't be made on its own. If a standard authorisation hasn't already been requested, an application for a standard authorisation must be made at the same time as the urgent authorisation.</p> </div> <div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>Form 1 completed and faxed or hand delivered to Supervisory Body.</p> </div> <div style="border: 1px solid black; padding: 10px;"> <p>Maximum period for urgent authorisation is seven days. Assessments for standard authorisation must be completed within seven days.</p> <p>Nominated professional should:</p> <ul style="list-style-type: none"> Give copy of form 1 to person deprived of liberty and any IMCA appointed for the person Do everything practicable to explain to person deprived of liberty both orally and in writing of effect of authorisation and right to apply to Court of Protection Inform person's family, friends and carers about the urgent authorisation so that they can support the person Record the steps taken to involve family, carers, friends together with their views and details of any IMCA Retain copy of form 1 on the ward. </div>

5.7 Extending an urgent authorisation

Action:	Notes:
<pre> graph TD A[Extension of urgent authorisation required.] --> B[Ward contacts Supervisory Body for report on progress of standard authorisation] B --> C[Form 2 completed and sent to Supervisory Body] C --> D[Extension granted by Supervisory Body] </pre>	<p data-bbox="571 465 1409 629"> F E C In exceptional circumstances, the Supervisory Body can extend an urgent authorisation for up to a further seven days. For example, when it has not been possible to complete all the required assessments within the initial seven days </p> <p data-bbox="584 1317 1409 1384"> If extension granted, recorded on original Form 1. </p>

5.8 Suspending a standard authorisation

Action:	Notes:
 <p>Suspension of DoL required.</p> <p>Managing authority informs Supervisory Body using form 7</p> <p>Person becomes eligible for DoL again.</p> <p>Managing authority informs Supervisory Body using second part of form 7.</p>	<p>Where a person is subject to both standard authorisation, and subject to the MHA, the MHA generally takes priority. A DoL authorisation can be temporarily suspended. For example, a person subject to a DoL in a care home is admitted to hospital under section 2 of the MHA.</p> <p>Supervisory body may suspend authorisation for up to 28 days.</p> <p>In example above, patient is discharged from hospital back to the same care home.</p> <p>Standard authorisation will be terminated if form not received within 28 days of suspension</p>

5.9 Review

The Supervisory Body must carry out a review if requested by:

- | |
|--|
| <ul style="list-style-type: none">• The relevant person; |
| <ul style="list-style-type: none">• The relevant person's representative; or |
| <ul style="list-style-type: none">• The Managing Authority |

They can also carry out a review at any time.

The Managing Authority must request a review if:

- | |
|---|
| <ul style="list-style-type: none">• The relevant person no longer meets the no refusals, mental capacity, mental health or best interests requirements; |
| <ul style="list-style-type: none">• The relevant person no longer meets the eligibility requirement because they now object to receiving mental health treatment in hospital and they meet the criteria for an application for admission under section 2 or section 3 of the MHA. |
| <ul style="list-style-type: none">• There has been a change in the relevant person's situation and, because of the change, it would be appropriate to amend an existing condition to which the authorisation is subject, delete an existing condition or add a new condition. |
| <ul style="list-style-type: none">• The reason the person now meets the qualifying requirements is different from the reason given at the time the standard authorisation was given. |

Action:	Notes:
<div style="border: 1px solid black; border-radius: 15px; background-color: #d9ead3; padding: 10px; margin-bottom: 10px; text-align: center;">Review required</div> <div style="text-align: center; margin: 5px 0;">↓</div> <div style="border: 1px solid black; border-radius: 15px; background-color: #d9ead3; padding: 10px; margin-bottom: 10px; text-align: center;">Supervisory body informs all parties using form 10</div> <div style="text-align: center; margin: 5px 0;">↓</div>	<div style="border: 1px solid black; background-color: #d9ead3; padding: 10px;"> <p>Supervisory body must inform:</p> <ul style="list-style-type: none"> Relevant person Relevant person’s representative Managing authority <p>Either before review begins or as soon as is possible, after it has begun</p> </div>
<div style="text-align: center; margin-bottom: 10px;">↓</div> <div style="border: 1px solid black; border-radius: 15px; background-color: #d9ead3; padding: 10px; margin-bottom: 10px; text-align: center;">Supervisory body informs all parties of outcome of review on Form 10</div> <div style="text-align: center; margin: 5px 0;">↓</div> <div style="border: 1px solid black; border-radius: 15px; background-color: #d9ead3; padding: 10px; text-align: center;">If requirements not met DoL must be terminated.</div>	<div style="border: 1px solid black; background-color: #d9ead3; padding: 10px;"> <p>Supervisory body must inform:</p> <ul style="list-style-type: none"> Managing authority and hospital or care home itself Relevant person Relevant person’s representative IMCA if involved <p>Either before review begins or as soon as is possible, after it has begun</p> </div>

5.10 Ending a deprivation of liberty

Action:	Notes:
<pre> graph TD A[Person no longer meets criteria for DoL] --> B[Managing authority informs Supervisory Body] B --> C[Supervisory body terminates DoL] </pre>	<p>Deprivation of Liberty can be terminated before a formal review. If Managing Authority feels DoL no longer necessary they must end it immediately by either:</p> <ul style="list-style-type: none"> • Adjusting care regime; • Making any other change necessary

6 Relevant person's representative

Action:	Notes:
<pre> graph TD A[Person is made subject to standard authorisation] --> B[Managing authority must inform relevant person's representative] </pre>	<p>As soon as is practical and possible, Managing Authority must inform relevant person's representative of:</p> <ul style="list-style-type: none"> • Effect of authorisation • Their right to request a review • Formal and informal complaints procedures available to them • Their right to appeal to the Court of Protection to seek variation or termination of the authorisation • Their right, where the person does not have a paid professional representative, to request the support of an IMCA

7 Independent Mental Capacity Advocate (IMCA)

Under sections 39A, 39C and 39D TEWV (as the Managing Authority) must inform the Supervisory Body, who will instruct an IMCA in these circumstances:

- Where an urgent authorisation has been given, or a standard authorisation requested the Managing Authority must find out if there is anyone appropriate to consult about the best interests of the person. If there is no one other than paid staff already providing care or treatment to the person they **must** inform the Supervisory Body.
- If an RPR's appointment ends, or there is a gap in the appointment of an RPR and the Managing Authority believes that there is no one to consult about best interests other than paid staff providing care or treatment to the person.

The Supervisory Body will also instruct an IMCA where the person does not have a paid RPR and:

- The person themselves, or their unpaid RPR requests an IMCA; or
- The Supervisory Body believes that instructing an IMCA will help to ensure that the person's rights are protected.

8 Appeals and the Court of Protection

Anyone deprived of their liberty under the DoLS is entitled to apply to the Court of Protection. Application can be made by the relevant person, or someone acting on their behalf.

If an urgent authorisation has been given, the relevant person, or others acting on their behalf, including donees of an LPA and court appointed deputies, can apply to the Court of Protection about:

- Whether the urgent authorisation should have been given
- The period for which the urgent authorisation is to be in force
- The purpose for which the urgent authorisation has been given

Once a standard authorisation has been given, the relevant person or the representative can apply to the Court of Protection about:

- Whether the relevant person meets one or more of the qualifying requirements for the deprivation of liberty;
- The period for which the standard authorisation is to be in force;
- The purpose for which the standard authorisation is given; or
- The conditions subject to which the standard authorisation has been given

These people have an automatic right of access to the Court of Protection:

<ul style="list-style-type: none"> • A person who lacks, or is alleged to lack, capacity in relation to a specific decision or action;
<ul style="list-style-type: none"> • The donor of a LPA to whom an application relates or their donee;
<ul style="list-style-type: none"> • A deputy who has been appointed by the court to act for the person concerned;
<ul style="list-style-type: none"> • A person named in an existing court order to which the application relates; and
<ul style="list-style-type: none"> • The person appointed by the Supervisory Body as the relevant person’s representative

9 Definitions

Term	Definition
Managing Authority	<p>A Managing Authority is responsible for applying for authorisation of deprivation of liberty for any person who comes within the scope of the Deprivation of Liberty Safeguards (DoLS).</p> <p>In the case of an NHS Hospital, the Managing Authority is the NHS Body responsible for running the hospital in which the relevant person is or will be deprived of their liberty. Tees, Esk and Wear Valleys NHS Foundation Trust is therefore a Managing Authority.</p> <p>In the case of a care home or private hospital, the Managing Authority will be the person registered in respect of the hospital or care home.</p>
Supervisory Body	<p>A Supervisory Body is responsible for considering requests for authorisations, commissioning assessments and authorising the deprivation of liberty.</p> <p>The Supervisory Body is:</p> <p>The local authority for the area in which the person is ordinarily resident</p> <p>If the person is of no fixed abode, the local authority for the area in which the hospital is situated.</p>
Supreme Court	<p>The Supreme Court is the final court of appeal in the UK for civil cases, and for criminal cases from England, Wales and Northern Ireland.</p> <p>It hears cases of the greatest public or constitutional importance affecting the whole population.</p>
Court of Protection	<p>The Court of Protection makes decisions and appoints deputies to act on behalf of people who are unable to make decisions about their personal health, finance or welfare.</p> <p>It can authorise a deprivation of liberty.</p>

Deprivation of Liberty Safeguards (DoLS)	<p>The Mental Capacity Act Deprivation of Liberty safeguards were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007.</p> <p>The safeguards cover patients in hospitals, and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements.</p>
Relevant person	The person who is being deprived of their liberty
Relevant person's representative (RPR)	<p>The person appointed by the Supervisory Body to maintain contact with the relevant person and represent and support the relevant person in all matters relating to the DoLS. This may include:</p> <ul style="list-style-type: none"> • Triggering a review; • Using an organisation's complaints procedure on the person's behalf; • Making an application to the Court of Protection. <p>Where there is nobody suitable to fulfil this role, the Supervisory Body may appoint a paid RPR</p>
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights

10 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

10.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All clinical staff with professional registration	Mandatory MHL e-learning level 2	3 hours	2 yearly
All other clinical staff	Mandatory MHL e-learning level 1	3 hours	2 yearly

11 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Use of DoLS will be reported to the MHL department	MHL department will monitor usage and compliance	Reported to Mental Health Legislation committee as required.

12 References

[Mental Capacity Act Code of Practice](#)
[Deprivation of Liberty Safeguards Code of Practice](#)

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	31 August 2023
Next review date:	31 May 2025
This document replaces:	MHA-0012-001-v2.1 Deprivation of liberty safeguards (DoLS) procedure
This document was approved by:	Mental Health Legislation Committee
This document was approved:	31 August 2023
An equality analysis was completed on this document on:	05 November 2021
Document type	Public
FOI Clause (Private documents only)	NA

Change record

Version	Date	Amendment details	Status
2.1	17 February 2022	Three yearly review with minor changes. Updated to new template and included text on Our Journey to Change. Updated contact details.	Withdrawn
2.2	31 Aug 2023	Minor change In section 5 "Paris" has been changed to "Electronic Patient Record" and contact details updated	Published
2.2	Jul 2024	Review date extended from 17/02/2025 to 31/05/2025.	Published

Appendix 1 – TEWV core business matrix

IN PATIENT IN TEWV BED

	WHOSE BUSINESS e.g. TO PROVIDE ASSESSOR	HOW CONSULTANT PAID	BY WHOM?
STANDARD	Trust	Job Plan	NA
URGENT	Trust	Job Plan	NA
ABSENT/ UNTRAINED CONSULTANT	Trust	FEE TO 2 ND CONSULTANT	Trust

COMMUNITY PATIENT ON CONSULTANTS PERSONAL CASELOAD

For LD and MHSOP this refers to individuals on the consultant's clinic list.

For adult mental health this refers to individuals whose consultant has "significant knowledge of and who they have reviewed within the past six months".

	WHOSE BUSINESS e.g. TO PROVIDE ASSESSOR	HOW CONSULTANT PAID	BY WHOM?
STANDARD	Trust	Job Plan	NA
ABSENT/UNTRAINED	Trust	FEE TO 2 ND CONSULTANT	Trust
URGENT	Trust	Job Plan	NA
ABSENT/UNTRAINED	Trust	FEE TO 2 ND CONSULTANT	Trust

COMMUNITY PATIENT NOT ON CONSULTANTS PERSONAL CASELOAD

	WHOSE BUSINESS e.g. TO PROVIDE ASSESSOR	HOW CONSULTANT PAID	BY WHOM?
	Supervisory Body	FEE	Supervisory Body
<u>STANDARD</u>	Supervisory Body	FEE	Supervisory Body
<u>URGENT</u>	Supervisory Body	FEE	Supervisory Body

Appendix 2 – MHL Department contact details

Middlesbrough

MHL Department
Roseberry Park
Marton Road
Middlesbrough

01642 837389

Durham

MHL Department
Lanchester Road Hospital
Lanchester Road
Durham

0191 500 7575

Scarborough

MHL Department
Cross Lane Hospital
Cross Lane
Scarborough

01723 384651

Darlington

MHL Department
West Park Hospital
Edward Pease Way
Darlington

01325 552123

York, Harrogate, Northallerton

MHL Department
Foss Park
York
YO31 8TA

01904 461127

Appendix 3 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Mental Health Legislation			
Policy (document/service) name	Deprivation of Liberty Safeguards Procedure			
Is the area being assessed a...	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>
	Procedure/Guidance	<input checked="" type="checkbox"/>	Code of practice	<input type="checkbox"/>
	Other – Please state			
Geographical area covered	Trust Wide			
Aims and objectives	To help Trust staff identify a deprivation of liberty and follow the associated legislative requirements.			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	Initial EA was completed in February 2018. There have been no changes since then.			
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	Dec 2021			

You must contact the EDHR team if you identify a negative impact - email tevv.eandd@nhs.net

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Procedure benefits staff and patients.					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No
<p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe any positive impacts/s</p>					

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	Yes	X	No	
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 	<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) 			
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p>Yes – Please describe the engagement and involvement that has taken place</p>				
<p>The Mental Capacity Act and the Deprivation of Liberty Safeguards were subject to extensive Equality Impact Assessment conducted on behalf of the Ministry of Justice. Procedure discussed with E&D team within the Trust.</p>				
<p>No – Please describe future plans that you may have to engage and involve people from different groups</p>				

5. As part of this equality analysis have any training needs/service needs been identified?					
Yes	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	Yes	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					

Appendix 4 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Rationale		
	Are reasons for development of the document stated?	Y	
3.	Development Process		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	Training		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Y	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9.	Approval		
	Does the document identify which committee/group will approve it?	Y	
10.	Publication		
	Has the document been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	NA	