The Royal Wolverhampton NHS Trust

CP02

Deprivation of Liberty Safeguards (DoLS) Policy

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1.0 Policy Statement (Purpose / Objectives of the policy)

The purpose of this policy is to direct RWT staff to implement the Deprivation of Liberty Safeguards. This will ensure patients' rights are upheld and that staff act in the patients' best interests at all times.

This policy identifies who can make decisions, in which circumstances and what actions must be taken that allow a person to lawfully provide care and treatment to someone who lacks capacity. This policy also sets out the actions to be taken if a patient presents with a valid Lasting Power of Attorney (LPA) or an Advance Decision document. An Advance Decision document may also be known as an advance directive or living will.

2.0 Definitions

The term 'patient' is used throughout to reflect the language of the MCA Code of Practice.

Advocacy: independent help and support that enables someone to understand issues and express their own views, feelings and ideas. An advocate will be appointed under the Care Act (2014) (see below under Independent Mental Capacity Advocate) where a person has substantial difficulty engaging with an assessment process and has no one suitable to represent them other than paid carers.

Assessing capacity: the Mental Capacity Act 2005 sets out a clear test for assessing the person's capacity to make a particular decision at a particular time. It is a decision and time specific test. Section 2 of the Act makes it clear that a lack of capacity cannot be established merely by reference to a person's age, appearance, or any other condition or behaviour which might lead others to make unjustified assumptions about capacity (see Mental Capacity Assessment).

Best interests: is not actually defined in the Mental Capacity Act, but when working out what is in the best interests of the person who lacks capacity to make a decision or act for themselves, decision makers must take into account all relevant factors that would be reasonable to consider, not just those that they think are important. They must not act or make a decision based on what they would want to do themselves if they were the person who lacked capacity (Section 4 Mental Capacity Act 2005). This is further detailed in the Best Interest Prompt Sheet.

Best Interest Assessor (BIA): this refers to an independent assessor responsible for conducting a range of assessments to ascertain whether the deprivation of liberty is appropriate, proportionate and in the person's best interests. Best interest assessors are appointed by the Supervisory Body.

Capacity: the ability to understand, retain, weigh up and communicate an informed decision, having been given all of the relevant information and support to do so.

Carer: a carer is a person who looks after someone (e.g. relative, friend or neighbour), who through illness or disability is unable to look after themselves. That person may be an adult, a child or a young person (based on Carers UK definition).

Consent: agreeing to a course of action. For consent to be valid, the person giving it must have the capacity to make the decision, have been given sufficient support and information to make the decision, and not have been under any duress or coercion.

Court of Protection: the specialist court for all issues relating to people who lack capacity to make specific decisions.

Decision-maker: the person who is responsible for deciding what is in the best interests of a person who lacks capacity. Who this is, depends on the decision that needs to be made and sometimes will be a professional and at other times a family member, carer or close friend.

Deprivation of Liberty Safeguards (DoLS): the process of independent assessment to safeguard people whose care involves restrictions and, or restraint in their best interests, to which they cannot validly consent.

Independent Mental Capacity Advocate (IMCA): someone appointed who provides support and representation for a person who lacks capacity to make specific decisions, where the person has no one else to support them.

Lasting Power of Attorney (LPA): the Mental Capacity Act allows a person (donor) to appoint an attorney (donee) to act on their behalf for health and welfare and, or financial decisions should they lose capacity in the future. Any decision by the attorney must be made in the donor's best interests and the donee must be registered with the Office of the Public Guardian.

Mental Health Assessor: a registered practitioner approved under Section 12 of the Mental Health Act 1983, or a registered medical practitioner with at least 3 years post-registration experience in the diagnosis or treatment of mental disorder. The Mental Health Assessor is appointed by the Supervisory Body.

Managing Authority: the person or body with management responsibility for the hospital or care home in which a person is, or may become, deprived of their liberty.

Office of the Public Guardian: the Office of Public Guardian (OPG) is the registering authority for an LPA and can be contacted directly to check that an LPA is valid. If there are any doubts about the validity of an LPA, care must be given in the patient's best interests until it can be verified.

Relevant Person's Representative (RPR): this is the person who represents the individual who is being assessed under, or is already under, DoLS. The RPR is appointed by the Supervisory Body based on the recommendations of the BIA. In general, a relevant person's representative is a friend or family member who will ensure that the rights of a person being deprived of their liberty are protected. In cases where no friend or family member is willing or eligible, a paid representative will be appointed.

Restraint: a measure used to keep a person under control.

Restriction: a measure used to limit or control someone.

Standard Authorisation: a legal authorisation to deprive a person of their liberty under the Mental Capacity Act (2005). It is given by the Supervisory Body after completion of the statutory assessment process if it is agreed that the restraints and restrictions being used are in the person's best interests. The maximum authorisation period for a Standard Authorisation is 1 year.

Supervisory Body: the Local Authority responsible for assessing and authorising the DoLS application.

Urgent Authorisation: a lawful authorisation to deprive a person of their liberty that the Managing Authority can give itself. It lasts for a maximum of seven days but may be extended by a further seven days by the Supervisory Body. This enables care to be given lawfully whilst the DoLS assessment process is undertaken.

Safeguarding duty: the responsibility for a person aged 18 or over who has needs for care and support (whether or not the Local Authority is meeting any of those needs) and is experiencing, or is at risk of, abuse or neglect, and, as a result of those care and support needs, is unable to protect themselves from either the risk of or the experience of abuse or neglect.

3.0 Accountabilities

All staff working in the Trust must always act in the 'best interests' of the patient and have a role in preventing harm or abuse occurring. They must ensure that they refer to this policy and take positive action where concerns arise.

Chief Nurse
Coordinating the management of safeguarding and is the nominated Director/Executive Lead.

Ensuring that an annual assurance report on Safeguarding Adults is presented to the Trust Board.

Named Doctor for Adult Safeguarding
Providing expert medical review of cases as required.

Head of Safeguarding
The overall management of the Safeguarding Service and provides expert leadership on all aspects of the safeguarding agenda.

Ensuring that the Trust has robust systems and processes in place for the protection and on-going support of adults.

Providing and monitoring compliance, ensuring risks to safeguarding functions and exceptions are appropriately raised in the relevant forum and to the Board where appropriate.

Deputy Head of Safeguarding
The overall management of the Adult Safeguarding Service and provides expert leadership on all aspects of the safeguarding agenda.

Supporting the Head of Safeguarding to ensure the Trust has a robust system and process in place for the protection and on-going support of adults.

Ensuring Trust policies are up to date and are aligned with National, Regional and Local policies and procedures.

Ensuring monthly reports are submitted on DoLS Activity as required.

Named Nurse for Safeguarding Adults
Has delegated responsibility for completing CQC notifications when the outcome or withdrawal of DoLS applications are known.

Provides expert nursing advice and review of cases as required.

Supports professionals in the delivery of effective safeguarding practice by providing expert knowledge.

Provides support to the Adult Safeguarding Lead to ensure Trust policies are up to date and align with national, regional and local policies and procedures.

Safeguarding Adults Nurses
Work with the Named Nurse for Safeguarding Adults on cases of concern.

Provide training to support adult safeguarding and providing specialist advice to staff, including the DoLS process.

Escalate cases of concern within the Trust to the Named Nurse for Safeguarding Adults and, or Lead for Safeguarding Adults.

Facilitate referrals from the Trust and Local Authorities.

All Managers
Ensure that staff are aware of and comply with the Trust's Deprivation of Liberty Safeguards Policy.
Ensure that relevant staff complete safeguarding adults, MCA and DoLS mandatory training.

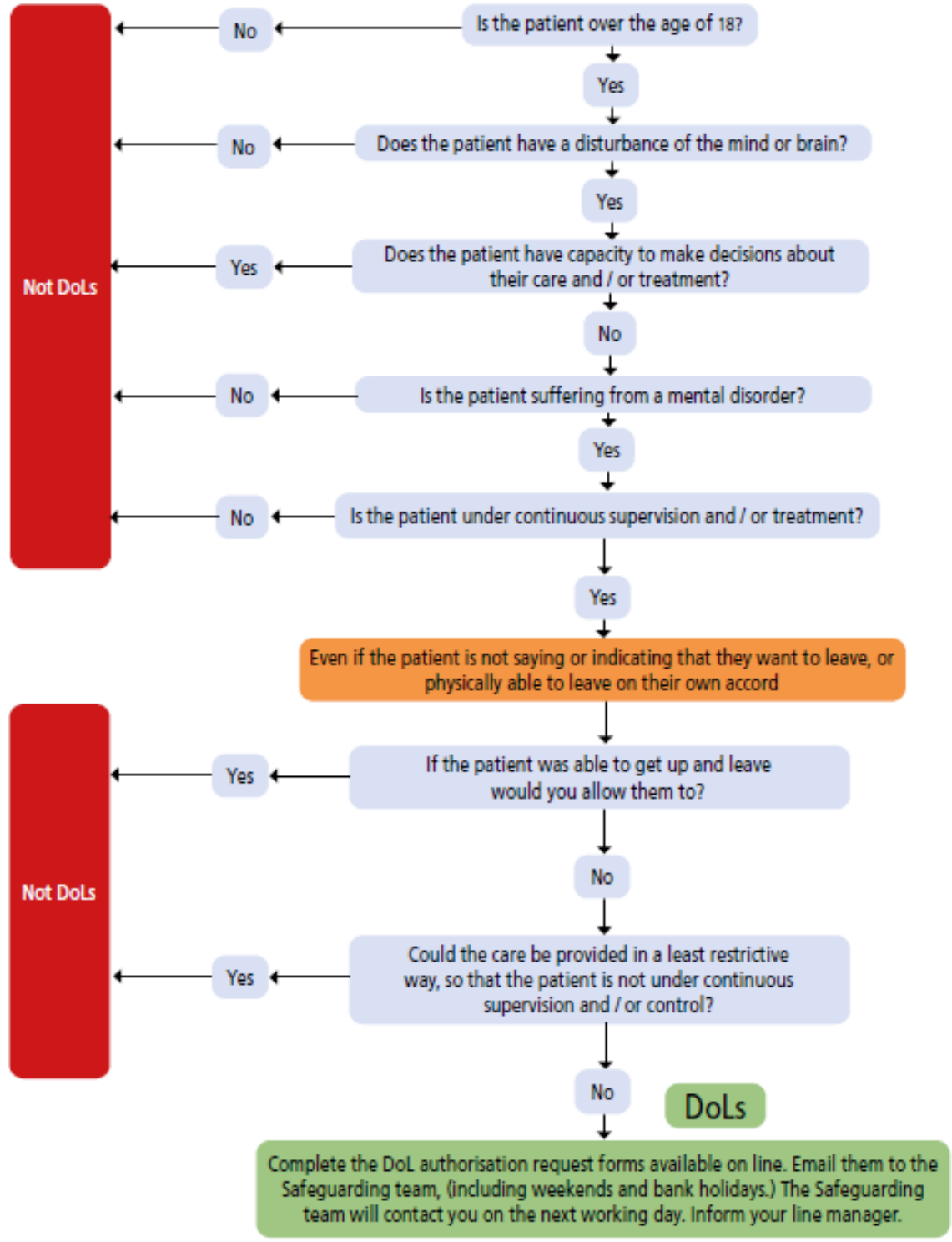
Ensuring that concerns about individual cases are escalated to the safeguarding team

All Trust Staff
Must be aware of and comply with the relevant policies and procedures and undertake mandatory training when required.

4.0 Policy Detail

Deprivation of Liberty Safeguards Procedure

Indication of a potential DoLs



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4.1 Does a Decision Need to be made?

Depriving some one of their liberty is a serious matter. Under the Mental Capacity Act, a person can only be lawfully deprived of their liberty:

- In their own best interests, to protect them from harm;
- When this is a proportionate response to the likelihood and seriousness of the harm that they would otherwise be at, and
- When there is no less restrictive alternative.

4.2 What may constitute a Deprivation of Liberty?

(This list is not exhaustive)

- a patient being restrained in order to admit them to hospital;
- medication being given against a person's will;
- use of mittens to prevent patient removing their own medical lines/tubes/devices (see CP59, Restraint Policy);
- use of bedrails when the individual does not have the capacity to consent to their use (see CP42, Prevention and Management of Adult and Paediatric Inpatient Falls Policy);
- staff having complete control over a patient's care or movements for a long period;
- staff taking all decisions about a patient including choices about assessments, treatment and visitors;
- staff deciding whether a patient can be released into the care of others or to live elsewhere;
- staff refusing to discharge a person into the care of others;
- staff restricting a person's access to their friends or family.

4.3 People should be cared for in hospital in the least restrictive way possible, and those planning care must always consider other options. Before applying for an authorisation, always think about providing care or treatment in ways which avoid depriving someone of their liberty.

Following the *Cheshire West* case law ruling in 2014, a DoLS is understood as when someone who lacks capacity to consent to care and treatment is accommodated in a hospital or care home and is:

- Not free to leave and
- Under constant supervision and control

"Not free to leave" does not focus on whether a person is physically able to leave but considers what actions hospital staff would take if, for example, family members properly interested in their care sought to remove them from hospital. "Constant supervision and control" is held to mean that staff know where an individual is and what they are doing, even if they are not directly observing all of this. Furthermore, it is understood that individuals may still be under supervision and control where they are able to make some decisions for

themselves, but only at the discretion of those in control of their care (see Law Society 2015 "Identifying a deprivation of liberty: practical guide").

4.4 In practice, if an inpatient in our care lacks the capacity to consent to stay in hospital, RWT staff must consider applying for a DoLS, regardless of whether the patient is objecting to, resisting or accepting the care provided.
Where restrictions do not constitute a DoL, they must be recorded clearly as part of the patient's care or treatment plan.

Whilst a DoL can authorise a person's detention in a hospital for the purpose of treatment, a DoLS authorisation cannot permit the actual interventions **received** and the best interests' process must be followed for each proposed intervention.

4.5 The safeguards documented in this policy cannot apply to people while they are detained in hospital under the Mental Health Act 1983. They also only apply to people aged 18 and over. DoLS can be used for patients aged 16 and 17, however, if the issue of depriving a person of their liberty under the age of 18 arises, other safeguards must also be considered such as the existing powers of the court, particularly those under section 25 of the Children Act 1989, or use of the Mental Health Act 1983. Advice must be sought in these circumstances from the Children's Safeguarding Team and the RWT Legal Team.

Where someone aged 18 years or over is receiving care that may amount to a deprivation of their liberty, but they are not accommodated within a hospital or care home, advice must be sought from the Safeguarding Adults Team as this may need to be authorised in their best interests by the Court of Protection.

4.6 Procedure for applying for a DoLS Authorisation
If a person is receiving care which deprives them of their liberty and they cannot validly consent to this, then appropriate authorisation must be sought. Where this involves a person aged 18 years or over who is accommodated in a hospital, then a DoLS must be applied for.

Under such circumstances, the DoLS will allow individuals to be safely cared for and supported in an appropriate environment with the right level of support to meet their needs and, where possible, should ensure that they are encouraged to be as active and independent as possible**.**

4.7 It is the responsibility of RWT staff to complete a DoLS referral form (Form 1) where a DoL is suspected (Appendix 1). The date that the patient was admitted to hospital will be included in the information given under "Purpose of the Standard Authorisation'' and documentation will give sufficient detail to justify what hazards the person would be at risk of if the proposed restraints and restrictions were not in place. The person completing the forms must satisfy themselves that an appropriate capacity assessment has been documented, that the care plan has been agreed according to the principles of the Mental Capacity Act, and that it represents the least restrictive option. They must understand the risks that the individual would be at if the restraints and restrictions were not in use and be satisfied that the planned interventions are proportionate.

In all cases where an Urgent Authorisation is applied for, a Standard Authorisation must be applied for at the same time; however there may be some occasions where it is known that someone will be admitted for a planned period of care and it is possible for a Standard Authorisation request to be submitted up to 28 days prior to their arrival.

4.8 The DoLS authorisation request must be submitted to the Supervisory Body of the area in which the patient resides. This area is the same as their Local Authority. This can be confirmed by use of the post code checker: https://www.gov.uk/find-local-council.

The process to complete a DoLS authorisation varies dependant on Local Authority; this is either an emailed application form or completed via an online portal. See intranet page for further guidance:
http://trustnet.xrwh.nhs.uk/departments-services/s/safeguarding-service/safeguarding-adults/deprivation-of-liberty-safeguards-dols/

Once a DoLS authorisation request has been filled out, a copy must be filed within the patient record and an electronic copy emailed to the Safeguarding Adults Team inbox, this applies to both email and portal applications. All non-portal applications will be reviewed by the Safeguarding Team and once they have been agreed, will be sent to the relevant Supervisory Body.

4.9 Following the submission of the DoLS form, a Best Interests Assessor and, or Mental Health Assessor will be appointed by the Supervisory Body. They will visit the ward to meet the relevant person and staff involved in their care, examine care plans and records, and consider whether the proposed interventions are in the individual's best interests. They will also speak to the person's family or any interested party who could represent their wishes.

If any of the assessments completed by the Best Interests Assessor or the Mental Health Assessor conclude that a DoLS is not appropriate then the assessment process will stop immediately and authorisation will not be given. If a request for an authorisation is turned down, staff must find out why and inform the safeguarding team so that any appropriate action can be considered.

If the authorisation is granted, staff must make a record of the date that the authorisation expires, so that an application for a further authorisation can be submitted 28 days before the expiry date if applicable.

Staff must also record any conditions or recommendations that are attached to the authorisation and must take steps to comply with them. All actions taken must be clearly documented in the patient's record.

A notification must be sent to CQC by the Safeguarding team when the outcome or withdrawal of the application is known (Application to deprive a person of their liberty (DoLS) – notification form).

4.10 Relevant Person's Representative

Once a standard authorisation has been given, Supervisory Bodies must appoint a Relevant Person's Representative, who will act on the behalf of the relevant person to challenge the DoLS if they feel that this is what the relevant person would want.

To be eligible to be the Relevant Person's Representative, a person must be:

- 18 years of age or over,
- Able to keep in contact with the relevant person, and
- Willing to be appointed.

The Supervisory Body will also make sure that there are no financial or other conflicts of interest.

4.11 Independent Mental Capacity Advocate (IMCA)

Where a person has no family or friends to represent them, an IMCA will be instructed to represent them throughout the assessment process by the Local Authority. In addition, an IMCA can be appointed to take on the role of the Relevant Person's Representative if there is no one else suitable to do this. If the Standard Authorisation is granted, an IMCA can also be appointed to support both the person deprived of their liberty and their representative if needed.

4.12 Review of Authorisation

RWT staff have a duty to keep the treatment plan of anyone under a DoLS under regular review to ensure that any restraints or restrictions cease at the earliest opportunity if the individual no longer needs to be deprived of their liberty. More regular reviews will be necessary where a person's condition changes frequently.

If staff assess that a DoL is no longer necessary, they must end it immediately, by adjusting the care regime or implementing whatever other change is appropriate. This could be because the person's condition has improved such that restraints and restrictions are no longer needed, or because they are being discharged or transferred from hospital care. Staff must then apply to the supervisory body to review and, if appropriate, formally terminate the authorisation using form 10 (Appendix 1).

Copies of forms must be emailed to the Safeguarding Adults Team Inbox within 1 working day of the proposed application.

4.13 Discharge

When a patient is discharged, staff must apply to the supervisory body to formally terminate the authorisation using form 10 (Appendix 1).

If a patient has been held under a DoLS authorisation, this must be documented on the discharge notification. If the patient is being transferred to another care setting, this documentation must be handed over to the new setting as that new environment may also need to assess for a DoLS**.**

Other professionals, family members and any member of the public who have concerns about the suitability of the DoLS can request that the Supervisory Body reviews the authorisation. If staff are made aware of any concerns, they must communicate this to the senior member of staff on duty on the ward so that they can review the treatment plans in place and consider applying to the Supervisory Body for the DoLS to be reviewed.

4.14 DoLS and reporting a death to HM Coroner

If someone dies who is subject to a DoLS, there is no reason to inform HM Coroner unless the death is unexpected or unnatural, or the patient's family or representatives are not satisfied with the care arrangements, then the Medical Examiner or the medical practitioner responsible for issuing the Death Certificate must be informed and the Coroner must be notified as is the case with any death.

If a patient who is subject to a DoL dies, staff must apply to the supervisory body to formally terminate the authorisation using Form 10 (Appendix 1).

4.15 What happens when an Authorisation ends?

Contact the RWT safeguarding team for further guidance.

4.16 What action must be taken if you think someone is being deprived of their liberty without authorisation?

If a member of staff feels that a patient is being deprived of their liberty without authorisation, or a relative, friend, carer or any other person draws this to the attention of a member of staff, this must be communicated to the senior member of staff on duty on the ward who must review the care plans in place.

It may be possible to resolve the matter; for example, by making adjustments to the care arrangements so that concerns that a DoL may be occurring are removed. However, if concerns remain, a DoLS application should be completed within 24 hours.

4.17 Court of Protection

The Court of Protection, established by the Mental Capacity Act 2005, is the court that reviews the lawfulness of any deprivation of liberty where the person, their RPR or IMCA wishes to challenge it. Applications can be made to this court at any time during the DoLS process.

Wherever possible, concerns about a DoL should be resolved informally or through the Supervisory Body's or Managing Authority's complaints procedure, rather than through the Court of Protection. The aim should be to limit applications to the Court of Protection. However, people should not be discouraged from making an application to the court if it proves impossible to resolve concerns in a timely manner through other routes.

4.18 Lasting Power of Attorney (LPA)

There are two types of LPA ("finance" and "health and welfare"). Health and welfare is the only LPA applicable in health settings.

A lasting power of attorney (LPA) is a legal document that lets the 'donor' appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. On being told that a person's representative holds an LPA, it is the responsibility of the practitioner to see a valid, signed LPA document, issued by the Office of the Public Guardian (OPG). If required, check the details with the OPG, by completing a Form OPG100 at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/286541/OPG100_Apply_to_search_PG_registers.pdf

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No

4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

Completed

7.0 Maintenance

The Head of Safeguarding and Deputy Head of Safeguarding will be responsible for reviewing this policy to ensure it complies with legislation, professional guidance and local arrangements for adult safeguarding. It will be reviewed in line with Trust Policy OP01 every 3 years or following any legislative changes made to the DoLs process.

8.0 Communication and Training

DoLS training is mandatory for all staff who have contact with patients. The employee role will determine at what level this is required in order to ensure that they are confident and competent to carry out their responsibilities in respect of the legislation. The Trust, supported by the Corporate Safeguarding Team, will ensure that a sufficient number of internal training events and e-learning is provided, as per Mandatory Training Policy (OP41).

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Monitoring of applications for authorisation of Deprivation of Liberty	Safeguarding Adult Team	Spreadsheet of applications	Weekly	Trust Safeguarding Group
Compliance Mandatory Training	SESG	SESG	Monthly	Trust Safeguarding Group
Compliance of CQC notifications	Safeguarding Adult Team	Report	Monthly	Trust Safeguarding Group

10.0 References :

CP 53 Safeguarding Adults at Risk

CP 06 Consent Policy

OP 85 Information Sharing

OP 108 Domestic Abuse

OP 110 Prevent

CP 41 Safeguarding Children

CP 59 Restraint of Adults and Children Receiving Care Within the Trust

CP 11 Resuscitation Policy

OP 41 Induction and Mandatory Training Policy

Law Society Practical Guide to Identifying a DoL

The Mental Capacity Act 2005

The Mental Capacity Act Code of Practice (2005)

Deprivation of Liberty Safeguards (DoLS): Code of Practice

The Mental Health Act 1983 (amended 2007)

The Mental Health Act 1983 (amended 2007) Code of Practice 2015

Care Act 2014/ Care and Support Statutory Guidance (DH, 2014)

The Human Rights Act 1998

The Care Standards Act 2003

The Children Act 1989

The Children Act 2004

The Data Protection Act 2018

Part A - Document Control

Policy number and Policy version: CP02 Version 2.0	**Policy Title** Deprivation of Liberty Safeguards (DoLS) Policy	**Status:** Final		**Author: Deputy Head of Safeguarding** **Chief Officer Sponsor:** Chief Nurse
Version / Amendment History	Version	Date	Author	Reason
	V1	May 2019	Safeguarding Adult Lead	New Policy to provide clear expectation of Deprivation of Liberty Safeguards process
	V1.1	March 2021	Safeguarding Adult Lead	Update to DoLS flowchart section 4.0
	V1.2	April 2021	Safeguarding Adult Lead	Hyperlinks added to policy - in relation to the new streamlined mental capacity assessment and the best interest prompt sheet
	V2.0	Feb 2022	Named Nurse for Safeguarding Adult	Standard policy review
Intended Recipients: This policy applies to all staff members who are responsible for patient care and are directly employed by The Royal Wolverhampton Trust.				
Consultation Group / Role Titles and Date: Head of Safeguarding, Senior Managers, Service Leads, CCG, 0-19 Senior Nurses, Midwifery Service, Trust Safeguarding Group (TSG).				
Name and date of Trust level group where reviewed	Trust Safeguarding Group -February 2022 Trust Policy Group – April 2022			
Date of Policy issue	May 2022			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	April 2025, 3 yearly or following any legislative changes made to the DoLS process (Expected 2022)			
Training and Dissemination: To be placed on the Intranet				

Mandatory Mental Capacity Act and DoLS training

Trust Safeguarding Group (TSG)

RWT Trust wide bulletin

Publishing Requirements: Can this document be published on the Trust's public page:

Yes

To be read in conjunction with:

CP 53 Safeguarding Adults at Risk

CP 06 Consent Policy

OP 85 Information Sharing

OP 108 Domestic Abuse

OP 110 Prevent

CP 41 Safeguarding Children

CP 59 Restraint of Adults and Children Receiving Care Within the Trust

CP 11 Resuscitation Policy

OP 41 Induction and Mandatory Training Policy

CP42 Prevention and Management of Adult and Paediatric Inpatient Falls Policy

CP12 Care of People with Learning Disabilities

Initial Equality Impact Assessment (all policies): Completed Yes
Impact assessment (as required): Completed Yes

Monitoring arrangements and Committee	DoLS data is collated and reported on monthly via Inphase DoLS report presented monthly to the Trust Safeguarding Group.

Document summary/key issues covered:

- The Mental Capacity Act 2005 aims to empower people to make decisions themselves wherever possible and sets out the steps which must be taken to promote this. Where a person lacks the capacity to make a particular decision it provides a statutory framework for acting and making decisions on their behalf and in their best interests.
- The Deprivation of Liberty Safeguards (DoLS) is an addendum to the Mental Capacity Act that came into force in 2009. It ensures that any Best Interests decision that deprives someone of their Article 5 right to liberty (European Convention of Human Rights) is made according to defined processes and in consultation with specific authorities. It applies where a person needs to be accommodated in a hospital or a care home in order to receive care or treatment for which they cannot consent. The DoLS were introduced to protect an individual's rights under such circumstances and ensure that any care or treatment that they receive, including where this involves the use of restraint or restrictions, is proportionate to the risk of harm they would otherwise be at and in their best interests.
- This document is intended to outline key responsibilities for staff working within The

Royal Wolverhampton NHS Trust where it is suspected that DoLS applies to patients within our care. • This is an interim policy pending significant legislatory changes to be enacted in 2022, following a detailed review of the DoLS by the Law Commission. The Mental Capacity Act will be revised and DoLS will be replaced by a new and wider reaching legal framework, which will be known as the Liberty Protection Safeguards. A revised policy will be drafted to take effect when the new legislation is enacted. Until then, RWT will continue to act in accordance with the current legislation via this interim policy.	
Key words for intranet searching purposes	Deprivation of Liberty Safeguards (DoLS)
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	**No**

Part B **Ratification Assurance Statement**

Name of document: Deprivation of Liberty Safeguards (DoLS) Policy

Name of author: Job Title: Named Nurse Safeguarding Adults

I, the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date:28/2/2022

Name of Person Ratifying this document (Chief Officer or Nominee):
Job Title:
Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	Deprivation of Liberty Safeguards (DoLS) Policy V2.0	
Reviewing Group	Trust Safeguarding Group	**Date reviewed:** Feb 2022
Implementation lead: Print name and contact details: Safeguarding Department		
Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	Completed	Completed
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Completed	Completed
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	Completed	Completed
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Completed	Completed
Financial cost implementation Consider Business case development	N/A	N/A
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation	Failure to follow this procedure will prevent individuals from being treated lawfully, in their best interests and in compliance with the Mental Capacity Act, Trust policy	Trust Risk 5388

	and individual professional codes of conduct.	