

Policy Document

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Deprivation of Liberty Safeguards

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Executive Lead:	Chief Nurse

Version Control Schedule

Version	Issue Date	Comments
1	January 2018	New Trust Policy
2	February 2019	Change of terminology. As directed by the Coroner, we are no longer required to inform them if a patient dies who is subjected to DoLS. In accordance with this we will also not be notifying the bereavement Officer; notification will go to the supervisory body. Roles added for the Quality & Safety Forum, Adult Safeguarding Working Group and the Trust Safeguarding Steering Group.
3	August 2019	Changes to the Process SOP and Flowchart.
4	July 2020	Minor amendments – contact details updated.

Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed [here](#)

CONTENTS	Page
1. INTRODUCTION	4
2. STATEMENT	4
3. SCOPE OF THE POLICY	5
4. DEFINITIONS	5
5. ROLES & RESPONSIBILITIES	6
6. EDUCATION/TRAINING AND PLAN FOR IMPLEMENTATION	6
7. MONITORING AND REVIEW ARRANGEMENTS	7
8. REFERENCES AND SUPPORTING DOCUMENTS	7
APPENDIX 1: APPLICATION OF THE DEPRIVATION OF LIBERTY SAFEGUARDS	9
APPENDIX 2: IDENTIFYING A DEPRIVATION OF LIBERTY	11
APPENDIX 3: DOLS CHECKLIST	11
APPENDIX 4: HOW TO APPLY FOR A DEPRIVATION OF LIBERTY AUTHORISATION	13
APPENDIX 5: FORM 1 – REQUEST FOR STANDARD AUTHORISATION AND URGENT AUTHORISATION	17
APPENDIX 6: GUIDE TO COMPLETING FORM 1	24
APPENDIX 7: PROCESS FLOWCHART AND SOP	26
APPENDIX 8: REQUESTING A FORMAL REVIEW	29
APPENDIX 9: THE DIFFERENT ROLES WITHIN THE DEPRIVATION OF LIBERTY	30
APPENDIX 10: NOTIFICATION OF DEATH WHILST DEPRIVED OF LIBERTY	31
APPENDIX 11: DEPRIVATION OF LIBERTY RETURN	32
APPENDIX 12: ADDITIONAL FORMS	33
FORM 10: DEPRIVATION OF LIBERTY SAFEGUARDS REVIEW	33
FORM 12: NOTIFICATION OF DEATH WHILST DEPRIVED OF LIBERTY	36

1. INTRODUCTION

The policy document sets out the processes to be adopted by staff, in respect to the recognition and application of Deprivation of Liberty Safeguards (DoLS).

The Deprivation of Liberty Safeguards (DoLS) provide a framework for approving deprivation of liberty for people who lack the capacity to consent to treatment or care, in either a hospital, care home, or supportive living, where that care is in their best interests and can only be provided in circumstances which amount to a deprivation of liberty. It particularly focuses on staff who have a 'duty of care' to a person who lacks capacity to consent to the care and treatment that is being provided, where that care and treatment may include the need to deprive the person of their liberty.

In determining whether a deprivation of liberty has occurred, or is likely to occur, it is necessary to consider all of the facts pertaining to an individual's case. It is unlikely that a simple definition can be applied to each case and it is probable that no single factor will in itself determine whether the overall set of steps being taken in relation to the relevant person amount to a deprivation of liberty.

Depriving an individual of their liberty is a serious matter and the decision to do so should not be taken lightly. The Deprivation of Liberty Safeguards make it clear that an individual may only be deprived of their liberty if it is in their best interests to protect them from harm, if it is a proportionate response to the likelihood and seriousness of the harm and if there is no less restrictive alternative.

The Mental Capacity Act 2005 (MCA) was introduced in April 2007 and fully implemented in October 2007. It is a statutory framework to protect people who may lack the capacity to make certain decisions – it makes it explicit when we must make decisions on a person's behalf because they are unable to do so, and makes it a duty for us to make those decisions in the person's best interests.

It was recognised at the time that there was a gap in the provisions of MCA, relating to people (who were not eligible for detention under the Mental Health Act) who needed to be deprived of their liberty in a hospital or a care home in order to provide their care and treatment safely and effectively. Specifically, MCA did not grant powers to allow this deprivation to occur, nor did it put safeguards in place to protect people in this situation.

The Mental Health Act 2007 (MHA), which received Royal Assent in July 2007, included an amendment to the MCA to introduce additional Deprivation of Liberty Safeguards to fill this gap from 1 April 2009.

The Deprivation of Liberty Safeguards provide additional protection for the most vulnerable people living in residential homes, nursing homes, hospital environments and supportive living arrangements; they enshrine in law the requirement that care will always be provided in a way that is consistent with the human rights of people lacking capacity, who are not otherwise protected or safeguarded through the use of the Mental Health Act or Court of Protection powers.

On 19th March 2014 the Supreme Court delivered its judgment on *P v Cheshire West and Chester Council* and *P & Q v Surrey County Council* in which it considered Deprivation of Liberty. The ruling means that substantial numbers of people who lack the capacity to make a decision about their admission to hospital or placement in a care home will now be considered to be deprived of their liberty.

The Supreme Court also held that a Deprivation of Liberty can occur in domestic settings where the State is responsible for imposing such arrangements in the community. Hence, where there is, or likely to be, a Deprivation of Liberty in such placements it must be authorised by the Court of Protection.

2. STATEMENT

This policy outlines the legal requirements and the process Trust staff must follow to identify and apply for authorisation of a Deprivation of Liberty.

The Mental Capacity Act (MCA 2005) was introduced in 2007 and is the statutory framework to protect adults who may lack capacity to make certain decisions. It makes it explicit when we must make decisions on a person's behalf because they are unable to do so, and it makes it a duty for us to make those decisions in a person's best interests.

It was recognised that there was a gap in the provision of the MCA relating to people who were not eligible for detention under the Mental Health Act, who needed to be deprived of their liberty in a hospital or care home in order to provide their care and treatment safely and effectively.

The Deprivation of Liberty safeguards provide additional protection for the most vulnerable people living in residential homes, or hospitals: they enshrine in law the requirements that care will always be provided in a way that is consistent with the human rights of people lacking mental capacity, who are not otherwise protected or safeguarded through the use of the Mental Capacity Act (2005) or the Court of Protection powers.

Once individuals are identified as being deprived of their liberty this remains unlawful until it is authorised by the Supervisory Body (relevant Local Authority)

Available Support: Support is available to staff by contacting the Trust's Lead Nurse for Safeguarding and by contacting the relevant Local Authority Deprivation of Liberty Teams.

3. SCOPE OF THE POLICY

This policy applies to all employees and staff working for or on behalf of University Hospitals of North Midlands NHS Trust who are involved in the care and/or treatment of people aged 18 years or over who lack capacity and may require, as part of their treatment plan, to be deprived of their liberty whilst in our hospitals.

4. DEFINITIONS

For the purpose of this document, the following terms apply:

Term	Explanation
Adult	An individual aged 18 years or above
Deprivation of Liberty	A person who lacks mental capacity to make a decision about their care and support is under continuous supervision and control and is not free to leave
Deprivation of Liberty Safeguards	The process to enable an authorisation to be made by the Supervisory body to ensure a deprivation is lawful
Managing Authority	The hospital or care home
Supervisory Body	The authorising Local Authority
Mental Capacity Act	Provides the statutory framework to protect and empower adults who may lack capacity or make all or some of the decision about their lives. MCA applies to all people making decision for, or in connection with, those who may lack capacity to make particular decisions.
Best Interest	Decisions about/for those individuals who lack mental capacity to make a decision in order to prevent harm
IMCA	Independent Mental Capacity Advocate is appointed to support an individual that lacks mental capacity to make an eligible decision and there are no friends and family to support, or are not appropriate to be consulted. This is usually arranged by the Supervisory Body
Restriction	Applied to a limited degree and intensity and is not a DoL
Restraint	Can be necessary to prevent harm to the person and must be proportionate to be likelihood and seriousness of harm

5. ROLES & RESPONSIBILITIES

Chief Executive

The Chief Executive has overall responsibility for the strategic and operational management of the Trust, including ensuring that the Trust's procedural documents comply with all legal, statutory and good practice requirements. The Chief Executive is responsible for ensuring that there are safe and effective systems in place to deliver high quality care to the persons who use our services.

Executive Directors

The Executive Directors are responsible for identifying and implementing procedural documents that are relevant to their area of responsibility.

Chief Nurse

The Chief Nurse will take lead responsibility for the implementation of this policy with the support of the Associate Chief Nurses of each Division. They will ensure that staff are applying for authorisations in cases of deprivations of liberty for the relevant persons within our care.

Associate Chief Nurses

Associate Chief Nurses have responsibility for working closely with the Matrons to ensure that deprivation of liberty applications are made for the relevant persons within our care for services they are responsible for delivering. They are also responsible for ensuring that staff working within wards or teams are aware, through the line management structure, of the requirements to apply to the relevant local authority for a deprivation of liberty safeguard and know how to escalate and manage concerns where local authorities do not provide the authorisation.

Matrons

Matrons should ensure that:-

all relevant staff are aware of the policy and have access to it. The policy is understood and implemented. All staff understand their role and expectations related to the application for a deprivation of liberty.

Clinical Staff

Sisters / Charge Nurses / Nurses in Charge / Doctors / AHP's are:-

Professionally accountable for identifying when a relevant person in our care that they are responsible for, is unlawfully deprived of their liberty and for making a referral to the appropriate local authority to request authorisation.

Safeguarding Team

The Senior Nurse Safeguarding is responsible for:-

providing advice and support to staff, developing mandatory DoLS training, responding to changes in national guidance and policy change, working in conjunction with the Supervisory Bodies and reporting via the Adult Safeguarding Working Group and by exception to Safeguarding Steering Group.

Trust Safeguarding Steering Group

The Trust Safeguarding Steering Group is responsible for seeking assurance that the policy is accurate, up to date and is understood by all staff.

Adult Safeguarding Working Group

Members of the Trust Adult Safeguarding Working Group, together with General Managers, Associate Chief Nurses and Matrons are responsible for ensuring this policy is accurate, up to date and is understood by all staff.

6. EDUCATION/TRAINING AND PLAN FOR IMPLEMENTATION

All qualified Trust employees and staff working for or on behalf of the Trust who are involved in the care and/or treatment of people aged 18 years who lack capacity in relation to a specific decision at a specific

time are required to undertake training. This training is part of a the three-yearly mandatory program in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Training should be held in the staff personal record, ideally within ESR.

7. MONITORING AND REVIEW ARRANGEMENTS

Monitoring

Applications made under the Deprivation of Liberty Safeguards will be monitored through the Trust's Adult Safeguarding Working Group.

The Adult Safeguarding Working Group reports Quarterly (by exception) to the Safeguarding Steering Group.

The Care Quality Commission will provide external monitoring of the operation of the deprivation of liberty safeguards by:

- visiting hospitals and care homes in accordance with their existing visiting programme
- interviewing people accommodated in these settings to the extent that they consider it necessary to do so
- inspecting relevant records relating to the care or treatment of people accommodated in these settings
- reporting annually to the Secretary of State for Health their findings about the operation of the Deprivation of Liberty Safeguards.

The Commission will have the power to require supervisory bodies and managing authorities to disclose information to them.

Periodically audits will be undertaken to establish adherence with the process and accurate completion of records including DoLS forms.

Training compliance rates are monitored via the Divisions, who will feed back to the Adult Safeguarding Working Group,

Review

The effectiveness of the policy will be reviewed and the policy modified, as necessary, after three years or sooner if legislation changes.

8. REFERENCES AND SUPPORTING DOCUMENTS

Department of Health Website DoLS forms and information.

<https://www.gov.uk/search?q=deprivation+of+liberty>

Deprivation of Liberty supporting information provided by the Law Society

<http://www.lawsociety.org.uk/support-services/advice/articles/deprivation-of-liberty/>

Mental Capacity Act Code of Practice 2005 (Office of the Public Guardian).

www.publicguardian.gov.uk

Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures Available on the Trust intranet site:- <http://ssotp.nhs.uk/apps/Safeg/share/Forms/AllItems.aspx>

Supreme Court judgement case 2014, of 'P' v Cheshire West and Chester Council and other, and 'P & Q' v Surrey Council ruling.

http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

Trust Policy (C33) for the Use and Reduction of Restrictive Interventions including the use of Clinical Holding Skills (CH-3).

FOI 304-2122

APPLICATION OF THE DEPRIVATION OF LIBERTY SAFEGUARDS

The Safeguards apply to people who:

- are aged 18 or older
- are suffering an impairment of, or disturbance in the functioning of, the mind or brain
- lack the capacity to give consent to their care/treatment
- are receiving care or treatment that might amount to a deprivation of liberty under Article 5 of the European Court of Human Rights
- are not safeguarded under the Mental Health Act or the Court of Protection.

If there is no alternative but to deprive such a person of their liberty, the hospital (the **Managing Authority**) must apply to the relevant Local Authority known as the **Supervisory Body**. The identification of the Supervisory body depends on where the individual resides and the funding local authority.

The Supervisory Body must assess the person concerned to see whether they:

- are deprived of their liberty
- come under the law
- are being deprived of their liberty in their best interests

The Supervisory Body gathers this information through six discrete assessments:

- An **age assessment** (to identify that the person is aged 18 or over)
- A **no refusals assessment** (to identify if there is other existing decision-making authority such as an Advance Decision or a Lasting Power of Attorney)
- A **mental capacity assessment** (to identify that the person does lack capacity to make the decision themselves)
- A **mental health assessment** (to establish whether the person has a disorder or disability of the mind)
- An **eligibility assessment** (to establish that the person is not detained under the Mental Health Act or required to live elsewhere under the Mental Health Act)
- A **best interests assessment** (to establish that there is a deprivation, that it is in the person's best interests and it is necessary and proportionate).

The Safeguards state what qualifications and experience a professional must have in order to carry out these assessments.

If the assessments show that the person meets these criteria, the Supervisory Body must authorise a deprivation of liberty; this will be for a limited time (up to a maximum of 12 months) and the Supervisory Body may put conditions in place to ensure the care arrangements are in the person best interests and are as least restrictive as possible.

The Supervisory Body will also ensure that the person being deprived has a 'Representative' who will keep in touch with the person, support them in all matters regarding the authorisation, and ask for a review of the authorisation where necessary. This Representative could be a family member, a friend or a paid advocate. However, the Supervisory Body must ensure that the Representative will support the relevant person to exercise the rights of review and appeal if circumstances require.

The Safeguards allow people the right of appeal against a decision to the Court of Protection.

It is important to bear in mind that, whilst the deprivation of liberty will be for the purpose of providing a person with care or treatment, neither a standard nor urgent deprivation of liberty authorisation authorises such care or treatment.

The arrangements for providing care or treatment to a person in respect of whom a deprivation of liberty authorisation is given are subject to the wider provisions of the Mental Capacity Act 2005.

This policy should be implemented in conjunction with the Mental Capacity Act 2005 Code of Practice, the Trust's Consent Policy, Mental Capacity Act Policy, Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures.

FOI 304-2122

IDENTIFYING A DEPRIVATION OF LIBERTY

In order to come within the scope of a Deprivation of Liberty Authorisation, a person must be detained in a hospital or care home for the purpose of being given care or treatment in circumstances that amount to a deprivation of liberty. The authorisation must relate to the individual concerned and to the hospital or care home in which they are detained.

The European Court of Human Rights (ECtHR) has drawn a distinction between the deprivation of liberty, which is unlawful unless authorised, and restrictions on the liberty of movement of an individual. The ECtHR has made it clear that the question of whether someone has been deprived of their liberty depends upon the particular circumstances of the case. As previously stated the difference between a deprivation of liberty and restriction upon liberty is one of degree or intensity.

The Supreme Court judgment of 19 March 2014 in the case of Cheshire West clarified an “acid test” for what constitutes a “deprivation of liberty”

- The person lacks the capacity to consent to their care/ treatment arrangements
- Are under continuous supervision and control
- Are not free to leave.

All three elements must be present for the acid test to be met.

This now means that if a person is subject to both continuous supervision and control and not free to leave they are deprived of their liberty. If they also lack the capacity to consent to their admission / placement then an application for DoLS Authorisation should be considered.

To assist staff in determining whether a deprivation of liberty has or will occur, completion of the Deprivation of Liberty Checklist (Appendix 3) is necessary.

The Court also indicated that the following are no longer relevant when deciding if a person is deprived of their liberty:

- the person’s compliance or lack of objection;
- the reason or purpose for the placement / admission or restriction
- comparison with what you would expect for someone in a similar situation

The Law Society Guidance – DOLS A practical guide provides very useful scenarios to illustrate the threshold for deprivation of liberty.

<http://www.lawsociety.org.uk/support-services/advice/articles/deprivation-of-liberty>

Practical Steps to Reduce the Risk of Deprivation of Liberty:-

There are a number of ways in which staff can minimise the restrictions imposed, these include:

- Ensure that all decisions are taken and reviewed in a structured way and reasons for decisions are recorded.
- Follow established good practice for care planning.
- Make a proper assessment of whether the person lacks capacity to decide whether or not to accept the care or treatment proposed, in line with the principles of the Mental Capacity Act 2005.
- Before admitting a person to hospital or care home, in circumstances that may amount to a deprivation of liberty, consider whether the person’s needs could be met in a less restrictive way.

Deprivation of Liberty Checklist (Hospital and Care Homes)

Name		Date of Birth							
Address		Current Location							
1. Mental Capacity	Does the person have the capacity to consent to their admission / placement If the answer is yes there is no need to continue with this form.					Yes	No		
2. Free to leave	Is the person free to leave? (The person may not be saying they want to leave or acting on it but the issue is about how staff would react if the person did try to leave)					Yes	No		
3. Supervision and Control	Is the person under the continuous supervision and control of staff? (e.g. are they observed 1-1 / checked every 15 minutes, their whereabouts always known, do staff have control over care, are they physically restrained, sedated)					Yes	No		
Description –									
4. Less Restrictive Care	Are there any less restrictive options of supporting / providing care for the person?					Yes	No		
Description of options considered –									
Deprivation of Liberty	If Responses to Question 1-4 are in the shaded boxes, the person is deprived of their liberty and you will need to request a DOLS authorisation.					Deprived		Not Deprived	
Impact of Deprivation									
1 to 1 (or above) Supervision	Yes	No	Physical Restraint / sedation used	Yes	No	Attempting / Requesting to leave or distressed by stay	Yes	No	
Assessment completed by						Designation			
Signature						Date			

HOW TO APPLY FOR A DEPRIVATION OF LIBERTY AUTHORISATION

The managing authority (UHNM) has responsibility to apply for authorisation of a deprivation of liberty for any person who may come within the scope of the Deprivation of Liberty Safeguards and is under our care.

In order to deprive an individual of their liberty the following criteria must be met:

- The person must be aged 18 years or over.
- The person is suffering from a mental disorder.
- They are not subject to restrictions as a result of the Mental Health Act (1983). This Mental Health Act always takes precedence.
- There is no existing authority for decision making in operation e.g. a valid advance decision to refuse treatment.
- The individual lacks capacity to make the decision.
- The proposed deprivation of liberty is in the individual's best interest and is a proportionate response to the likelihood of that individual suffering harm and the seriousness of that harm.

There are two types of authorisation which can be applied for: Urgent & Standard, which are now combined onto one form Deprivation of Liberty Safeguards Form 1 (Appendix 4).

Details of the process for determining whether an authorisation (urgent or standard) is applicable can be found in the flow chart in Appendix 2 - The Deprivation of Liberty Safeguards Process.

Links to the referral forms are provided in Section 21.

URGENT DEPRIVATION OF LIBERTY AUTHORISATIONS – PROCESS TO BE FOLLOWED

If the need for the person to be deprived of their liberty is so urgent that it has to start immediately then an urgent application is required. This is valid for 7 days and can be extended by a further 7 days (maximum 14 days), with the approval of the Supervisory Body (the relevant Local Authority) and by submitting an additional urgent authorisation request.

The following process is to be followed when applying for an urgent authorisation.

To determine if a deprivation of liberty authorisation is required refer to the Identifying Deprivation of Liberty Checklist (Appendix 3).

Help can also be sought by telephoning the relevant Supervisory Body(Local Authority) DoLS Team:

Staffordshire 01785 895665

Stoke-on Trent 01782 237790 /

For out of area referrals contact the relevant Local Authority internet site

The rationale supporting this decision must be recorded in the individual's record, with particular reference to why less restrictive options are not appropriate.

Form 1 (Appendix 4) is to be completed by the Trust staff and emailed to the relevant authority. For Staffordshire residents, the DoLS application is completed via the online portal. It should be noted that Day 1 is considered the day on which the form was signed.

If satisfied that all of the conditions have been met and that depriving the individual of their liberty is the only available and safe option the nurse in charge/social worker/or care home manager will complete the documentation.

Copies of Form 1 must be provided to the person to whom the urgent authorisation relates and to the Independent Mental Capacity Advocate (IMCA), where appointed, acting for them.

A copy of Form 1 must also be kept in the individual's clinical/personal record.

The relevant Trust staff, with Manager support, will take all practicable steps to ensure that the person to whom the urgent authorisation relates and their representative understands the effect of the authorisation and their right to make application to the Court of Protection, challenging the urgent authorisation. This information will be given verbally and also in writing using the information booklets available on the Department of Health's web site. <https://www.gov.uk/search?q=deprivation+of+liberty>

The Referral Process - Hospital staff should not delay in making an Urgent Authorisation (Form 1) which will allow the staff to deprive the patient / service user for 7 days so that a Standard Authorisation Assessment can be undertaken. Trust staff should also complete a Standard Authorisation Request (Form 1) and email the relevant local authority. For Staffordshire residents, please complete via the online portal. Please ensure that you password protect your document if E-mailing to a non-secure E-mail address.

Standard Authorisations can be applied ahead of time if required for a person as a result of a planned admission or placement. This will only apply to this location.

In addition to forwarding your DoLS request form to the local authority you must also E-mail a copy of form 1 to [REDACTED]

EXTENSION OF AN URGENT AUTHORISATION

The power to deprive a person of their liberty expires at the end of the period specified on Form 1, unless this period is extended by the supervising body or a standard authorisation is in force by then.

It is envisaged that the standard authorisation assessment process will usually be completed before an urgent authorisation expires. However there may be cases where the urgent authorisation might expire before the assessors can complete all of the assessments necessary for a standard authorisation.

The staff member is required to contact the supervisory body a few days in advance of the expiry of an urgent authorisation to establish how the standard authorisation process is progressing. If an extension of the urgent authorisation is needed then the managing authority staff member should request it promptly.

The managing authority should request an extension from the original 7 days to a maximum of 14 days in total by completing Request for an Extension to the Urgent Authorisation by completing Deprivation of Liberty Safeguards Form 1 (Appendix 5).

Where an extension has been requested the person subject to the urgent deprivation of liberty and any section 39A IMCA must be given notice in writing that an extension has been requested. Giving the person(s) a copy of the form satisfies this requirement.

Only one extension of up to a further 7 calendar days can be granted (14 days in total).

The supervisory body may only extend an urgent authorisation under the following circumstances: The managing authority has requested a standard authorisation; and there are exceptional reasons why it has not yet been possible for that request to be disposed of, and it is essential for the existing deprivation of liberty to continue until the request is disposed of.

The staff on behalf of the managing authority must keep a written record of why the request was made (in the record) and the supervisory body must keep a written record that the request has been made to it.

The supervisory body records its decision concerning a request for an extension of an urgent authorisation and forwards this to the managing authority.

Where an extension is given the Managing Authority/Senior Manager should enter details of the extension. A copy of this amended form is to be retained in the clinical record/service user record.

Having done this, a copy of the amended form (Form 1) must be given to the person who is being deprived of their liberty and to any section 39A IMCA acting for them.

STANDARD DEPRIVATION OF LIBERTY AUTHORISATIONS – PROCESS TO BE FOLLOWED

A deprivation of liberty should be applied for the shortest period possible and only apply whilst the person meets the relevant criteria. A standard authorisation to deprive an individual of their liberty may not exceed twelve months in duration.

A standard deprivation of liberty authorisation is requested and completed by Trust staff (managing authority) by completing Form 1 Deprivation of Liberty Safeguards Request for Standard Authorisation and Urgent Authorisation (Appendix 4) and forwarding it to the relevant Supervisory Body (Local Authority).

Urgent and Standard requests for a Deprivation of Liberty can be completed at the same time. Urgent authorisation enables authorisation for a period of 7 days, which can be extended by a further 7 days (14 days maximum) by submitting an additional request to the Supervisory Body.

Referrals must be emailed securely (**PASSWORD PROTECT – see policy IG10**) to the relevant Local Authority. In case of persons coming under the remit of Staffordshire and Stoke-on-Trent, an email referral should be undertaken using the Deprivation of Liberty Safeguards Form 1 in Appendix 4.

If the patient is not a resident of Stoke on Trent or Staffordshire then please use the following link <https://www.gov.uk/pay-council-tax> to determine which Local Authority they sit under. Once you have determined their local authority then you will need to access the internet for the contact details of the relevant DoLS Team.

Stoke residents:

Email: DOLS@stoke.gov.uk

For enquiries telephone contact 01782 237790

Staffordshire residents:

Email: DoLS applications are not emailed to Staffordshire. The application is completed via online portal system - www.staffordshire.gov.uk/dols

For enquiries telephone contact 01785 895665

A standard authorisation may only be given if the person being assessed meets all of the six qualifying requirements.

The required assessments will be commissioned by the Supervisory Body.

In many cases, all of the assessments will need to be completed before a standard authorisation can be given.

Once the Supervisory Body has all of the required assessments it will either give or refuse the requested standard authorisation.

The managing authority will be informed of the decision and the appropriate forms completed by the Supervisory Body.

The Deprivation of Liberty Safeguards Form 1 (Appendix 5) must be completed and included in the clinical/personal record, if not already present as a result of an urgent application, so as to allow staff to keep track of the process.

Requests to appoint an Independent Mental Capacity Advocate (if required) must be made to the relevant Supervisory Body (Local Authority). The person's family, friends and carers must be informed about the urgent authorisation, so that they can support the person.

An entry must be made in the individual's record detailing the information sharing processes and the steps taken to involve their family, friends, carers and anyone else with an interest, together with their views and details of any IMCA who has been instructed.

The Deprivation of Liberty Safeguards Form 1 (Appendix 4) must be completed and included in the record so as to allow staff to keep track of the process. Staff are responsible for checking with the Supervisory Body that the authorisation has been undertaken and timescales met. Although the Supervisory Body has a statutory responsibility to authorise DoLS, Trust staff must check that the relevant authorisation has been granted and contact the Supervisory Body if this remains outstanding. This must be documented in the records.

The court of protection has the power to review existing standard and urgent authorisations and consider:

- if the person meets the qualifying requirements
- the time which an urgent or standard authorisation is in place
- the purpose of the urgent / standard authorisation
- the conditions of a standard authorisation

In the event of a death when the person is subject to a DoLS authorisation, the Nurse in charge of the area should complete form 12 and send it to the Supervisory Body who has issued the DoLS Authorisation. This will result in the Authorisation being ceased. Form 12 is in Appendix 13.

A monthly return of DoLS applications must be made by the Ward Sister / Charge Nurse to their relevant Matron and to the Adult Safeguarding Nurse. See Appendix 11

Case ID Number:			
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1			
REQUEST FOR STANDARD AUTHORISATION AND URGENT AUTHORISATION			
Request a Standard Authorisation only (<i>you DO NOT need to complete pages 6 or 7</i>)			
Grant an Urgent Authorisation (<i>please ALSO complete pages 6 and 7</i>)			
Full name of person being deprived of liberty			Sex
Date of Birth (<i>or estimated age if unknown</i>)			Est. Age
Relevant Medical History			
Sensory Loss		Communication Requirements	
Name and address of the care home or hospital requesting this authorisation			
Telephone Number			
Person to contact at the care home or hospital, (including ward details if appropriate)	Name		
	Telephone		
	Email		
	Ward (if appropriate)		
Usual address of the person (if different to above)			
Telephone Number			
Name of the Supervisory Body where this form is being sent			
How the care is funded	Local Authority <i>please specify</i>		
	NHS		Local Authority and NHS (jointly funded)
	Self-funded by person		Funded through insurance or other person

REQUEST FOR STANDARD AUTHORISATION

THE DATE FROM WHICH THE STANDARD AUTHORISATION IS REQUIRED:

If standard only – within 21 days

If an urgent authorisation is also attached – within 7 or 14 days

PURPOSE OF THE STANDARD AUTHORISATION

- *Please describe the care and / or treatment this person is receiving day-to-day and attach a relevant care plan.*
- *Please give as much detail as possible about the type of care the person needs, including personal care, mobility, medication, support with behavioural issues, types of choice the person has and any medical treatment they receive.*

- *Explain why the person is not free to leave and why they are under continuous or complete supervision and control.*
- *Describe the restrictions you have put in place which are necessary to ensure the person receives care and treatment. (It will be helpful if you can describe why less restrictive options are not possible including risks of harm to the person.)*
- *Indicate the frequency of the restrictions you have put in place.*

INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT

Family member or friend	Name	
	Address	
	Telephone	
Anyone named by the person as someone to be consulted about their welfare	Name	
	Address	
	Telephone	
Anyone engaged in caring for the person or interested in their welfare	Name	
	Address	
	Telephone	
Any donee of a Lasting Power of Attorney for Health and Welfare granted by the person	Name	
	Address	
	Telephone	
Any Deputy for Health and Welfare appointed for the person by the Court of Protection	Name	
	Address	
	Telephone	
Any IMCA instructed in accordance with sections 37 to 39D of the Mental Capacity Act 2005	Name	
	Address	
	Telephone	

WHETHER IT IS NECESSARY FOR AN INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA) TO BE INSTRUCTED			
<i>Place a cross in EITHER box below</i>			
Apart from professionals and other people who are paid to provide care or treatment, this person has no-one whom it is appropriate to consult about what is in their best interests			
There is someone whom it is appropriate to consult about what is in the person's best interests who is neither a professional nor is being paid to provide care or treatment			
WHETHER THERE IS A VALID AND APPLICABLE ADVANCE DECISION			
<i>Place a cross in one box below</i>			
The person has made an Advance Decision that may be valid and applicable to some or all of the treatment			
The Managing Authority is not aware that the person has made an Advance Decision that may be valid and applicable to some or all of the treatment			
The proposed deprivation of liberty is not for the purpose of giving treatment			
THE PERSON IS SUBJECT TO SOME ELEMENT OF THE MENTAL HEALTH ACT (1983)			
Yes		No	<i>If Yes please describe further</i>
OTHER RELEVANT INFORMATION			
Names and contact numbers of regular visitors not detailed elsewhere on this form:			
Any other relevant information including safeguarding issues:			
PLEASE NOW SIGN AND DATE THIS FORM			
Signature			Print Name
Position			
Date			Time
I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION <i>(Please sign to confirm)</i>			

RACIAL, ETHNIC OR NATIONAL ORIGIN				<i>Place a cross in one box only</i>			
White		Mixed / Multiple Ethnic groups					
Asian / Asian British		Black / Black British					
Not Stated		Undeclared / Not Known					
Other Ethnic Origin (please state)							
THE PERSON'S SEXUAL ORIENTATION				<i>Place a cross in one box only</i>			
Heterosexual		Homosexual					
Bisexual		Undeclared					
Not Known							
OTHER DISABILITY							
<p><i>While the person must have a mental disorder as defined under the Mental Health Act 1983, there may be another disability that is primarily associated with the person. This is based on the primary client types used in the Adult Social Care returns.</i></p> <p><i>To monitor the use of DoLS, the HSCIC requests information on other disabilities associated with the individual concerned. The presence of "other disability" may be unrelated to an assessment of mental disorder or lack of capacity.</i></p> <p style="text-align: right;"><i>Place a cross in one box only</i></p>							
Physical Disability: Hearing Impairment		Physical Disability: Visual Impairment					
Physical Disability: Dual Sensory Loss		Physical Disability: Other					
Mental Health needs: Dementia		Mental Health needs: Other					
Learning Disability		Other Disability (none of the above)					
No Disability							
RELIGION OR BELIEF				<i>Place a cross in one box only</i>			
None		Not stated					
Buddhist		Hindu					
Jewish		Muslim					
Sikh		Any other religion					
Christian (includes Church of Wales, Catholic, Protestant and all other Christian denominations)							

ONLY COMPLETE THIS SECTION IF YOU NEED TO GRANT AN URGENT AUTHORISATION BECAUSE IT APPEARS TO YOU THAT THE DEPRIVATION OF LIBERTY IS ALREADY OCCURRING AND ALL THE FOLLOWING CONDITIONS ARE MET

URGENT AUTHORISATION

Place a cross in EACH box to confirm that the person appears to meet the particular condition

The person is aged 18 or over	
The person is suffering from a mental disorder	
The person is being accommodated here for the purpose of being given care or treatment. Please describe further on page 2	
The person lacks capacity to make their own decision about whether to be accommodated here for care or treatment	
The person has not, as far as the Managing Authority is aware, made a valid Advance Decision that prevents them from being given any proposed treatment	
Accommodating the person here, and giving them the proposed care or treatment, does not, as far as the Managing Authority is aware, conflict with a valid decision made by a donee of a Lasting Power of Attorney or Deputy for Health and Welfare appointed by the Court of Protection under the Mental Capacity Act 2005	
It is in the person's best interests to be accommodated here to receive care or treatment, even though they will be deprived of liberty	
Depriving the person of liberty is necessary to prevent harm to them, and a proportionate response to the harm they are likely to suffer otherwise	
The person concerned is not, as far as the Managing Authority is aware, subject to an application or order under the Mental Health Act 1983 or, if they are, that order or application does not prevent an Urgent Authorisation being given	
The need for the person to be deprived of liberty here is so urgent that it is appropriate for that deprivation to begin immediately	

AN URGENT AUTHORISATION IS NOW GRANTED

This Urgent Authorisation comes into force immediately.

It is to be in force for a period of: days

The maximum period allowed is seven days.

This Urgent Authorisation will expire at the end of the day on:

Signed		Print name	
Position			
Date		Time	

REQUEST FOR AN EXTENSION TO THE URGENT AUTHORISATION

If Supervisory Body is unable to complete the process to authorise the deprivation of liberty

A Standard Authorisation has been requested for this person and an Urgent Authorisation is in force.

The Managing Authority now requests that the duration of this Urgent Authorisation is extended for a further period of DAYS (*up to a maximum of 7 days*)

It is essential for the existing deprivation of liberty to continue until the request for a Standard Authorisation is completed because the person needs to continue to be deprived and exceptional reasons are as follows (*please record your reasons*):

Please now sign, date and send to the SUPERVISORY BODY for authorisation

Signature	<input type="text"/>	Date	<input type="text"/>
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RECORD THAT THE DURATION OF THIS URGENT AUTHORISATION HAS BEEN EXTENDED

This part of the form must be completed by the **SUPERVISORY BODY** if the duration of the Urgent Authorisation is extended. **The Managing Authority does not complete this part of the form.**

The duration of this Urgent Authorisation has been extended by the Supervisory Body.

It is now in force for a **further** days

Important note: The period specified must not exceed seven days.

This Urgent Authorisation will now expire at the end of the day on:

SIGNED (on behalf of the Supervisory Body)	Signature	<input type="text"/>		
	Print Name	<input type="text"/>		
	Position	<input type="text"/>		
	Date	<input type="text"/>	Time	<input type="text"/>

Guide on completion of Form 1

Page 1: This page will take you through the person's basic details

It is helpful to assessors if you can summarise relevant medical history, give details of any sensory loss and in particular describe the person's communication needs.

Identifying the Supervisory Body

This is the Local Authority that funds the person's placement or, if it is a Health funded placement it is based on where the person previously resided. Examples:

- Stoke on Trent City Council fund the placement therefore Stoke on Trent City Council is the Supervisory Body. If Staffordshire County Council fund the placement the same rule applies
- Stoke CCG / CHC fund the placement, the person is in a care placement in Newcastle under Lyme but previously lived in Longton – Stoke on Trent City Council is the Supervisory Body
- If the person is Self-funding, the location of the care home is now the person's residence e.g. Person lived in Newcastle under Lyme before moving into a care home in Stoke. Stoke on Trent City Council is the Supervisory Body, however if they had remained in Newcastle under Lyme, Staffordshire are the supervisory body
- If a person is admitted to hospital, the Supervisory Body is the Local Authority where the person ordinarily resides. e.g. admitted to Bradwell Hospital and patient ordinarily lives in Longton - Stoke on Trent City Council is the Supervisory Body.

How the care is funded – please endeavour to specify how the care is funded and by who.

Page 2: Purpose of the Authorisation - this provides two essential pieces of information.

A description of the care and treatment - in other words: *Why do you need to keep the person in the care home or hospital?*

Secondly you are asked to explain why the person meets the acid test for a deprivation of liberty. In this section you need to describe all the measures you are taking which have led you to make a request for Authorisation:

- describe the environment the person is in
- who has determined where they live
- is it a permanent arrangement
- how they are monitored by staff leading you to conclude they are under continuous or complete supervision and control

Page 3: What is an Interested Person?

An interested person is any of the following:

- The relevant person's spouse or civil partner
- Where the relevant person and another person of the opposite sex are not married to each other but are living together as husband and wife - the other person
- Where the relevant person and another person of the same sex are not civil partners of each other but are living together as if they were civil partners - the other person
- The relevant persons children and step children
- The relevant persons parents and step parents
- The relevant persons brothers, sisters, half-brothers, half-sisters, step brothers and step sisters
- The relevant person grandparents

The form also asks for other people such as anyone caring for the person or interested in their welfare. This could include social workers or care staff.

Page 4: IMCA (Independent Mental Capacity Advocate) – Advance Decision - Mental Health Act

IMCA: It is necessary for the Managing Authority to inform the DoLS team if the person will need an IMCA to support them if they have no family to consult.

Advance Decisions: There is also a question about any Advance Decisions to refuse treatment the person may have made that you are aware of.

Mental Health Act 1983: If you are aware of any aspect of the Mental Health Act that applies to the person, for example they may be subject to a Guardianship Order, then this is where you need to include that information, with as much detail as you are able to.

Once you sign and date the form you will also be asked to confirm that you have advised any interested persons of the request for a DoLS Authorisation. Communication with close family members is very important from the beginning.

Page 5: Important Data Collection

This information is required for the quarterly DoLS returns to the Department of Health. Please note this information is based on the Adult Social Care collection and the disability here does not refer to mental incapacity but to any other disability which may apply to the person.

Page 6: Urgent Authorisation - complete only if the need for the authorisation cannot wait

The tick boxes are straight-forward as all of the details will have been provided earlier in the form.

Page 7: Request for an Extension to the Urgent Authorisation

The intention of adding the request for an extension of an Urgent Authorisation to the initial form is to identify this at the beginning if required.

The record of granting the extension will be agreed, signed, dated and returned by the Supervisory Body.

Standard Operating Procedure (SOP)

Deprivation of Liberty Safeguards Procedure

C61-SOP-1

August 2019 V2

The purpose of this SOP is to ensure that the correct process is followed when requesting authorisation of a deprivation of liberty for a patient at UHNM.

This SOP links to Trust Policy C61 Deprivation of Liberty Safeguards Policy.

Part A: Description of Procedural Steps

No.	Instruction	Rationale / Guidance
1.	Where it is believed that we are depriving a patient of their liberty completion of DoLS application form comprising of urgent and standard DoLS authorisation is required.	<p>DoLS application form can be found on the Trust intranet - please ensure that pages 1-7 are completed</p> <p>Urgent - This part of the form should be used if a Managing Authority (UHNM) needs to give itself an urgent authorisation to deprive a person of their liberty – 7 days maximum. Complete the extension request on the top of page 7 so that your urgent authorisation does not expire before the Supervisory Body has been able to assess the patient.</p> <p>Standard – This part of the form should be used to request a standard authorisation, including where an existing standard authorisation is coming to an end and the person's care or treatment still needs to be provided in circumstances that will amount to a deprivation of their liberty</p> <p>NOTE: A Mental Capacity Assessment must be recorded in the patients notes. Please ensure that a copy of the application form is stored in the patient's notes.</p>
2.	Forward completed form to the Supervisory body – the Supervisory body is determined by the patient's usual address.	<p>Stoke Residents – Stoke BIA Team Tel: 01782 237790 email: DOLS@stoke.gov.uk</p> <p>Staffordshire Residents – Tel: 01785 895665 Complete application via the following online link: http://www.staffordshire.gov.uk/dols</p> <p>Residence unclear – use the following website https://www.gov.uk/pay-council-tax to identify which local authority the patient's address sits under.</p> <p><u>Please note if you are required to email your referral please ensure that it is password protected</u></p>
3.	E-mail completed form to dols@uhnm.nhs.uk and to your Clinical Matron	This is to ensure that UHNM can enter details onto a database and inform the Care Quality Commission.
4.	The Supervisory Body will contact the referring Ward and if they feel that the	The assessment by the BIA is vital to protecting the rights of patients.

No.	Instruction	Rationale / Guidance
	patient is being deprived of their liberty arrange an assessment of the patient by a BIA (Best Interest Assessor).	<p>Please note that if a BIA has not been to review your patient before your 7 day Urgent Authorisation has expired and you have not completed the extension request on form 1 you will need to contact the Supervisory body for an extension</p> <p>Complete a Datix and escalate to your Matron if DoLS has expired.</p>
5.	The Supervisory Body will inform the UHNM of their decision.	<p>The authorisation is an important legal document and must be filed in the Patients notes. The authorisation might include conditions to which the managing authority (UHNM) and staff must adhere to make the deprivation of Liberty legal</p> <p>Should the BIA and Supervisory body not issue an authorisation then it is the managing authorities' responsibility to ensure that restrictions and / or restraints put on the patient do not deprive the patient of their liberty. Any recommendations given by the BIA and / or Supervisory Body should be followed.</p>
6.	The Managing Authority has a duty to continually review whether or not a Deprivation of Liberty Authorisation is still required.	<p>There are three circumstances under which this should be done:</p> <ol style="list-style-type: none"> 1. There are changes to the patient's condition or arrangements. 2. The period of authorised deprivation is coming to an end. 3. The patient is being discharged.
7.	As soon as a Managing Authority thinks that they can look after the patient safely without the need to deprive them of their liberty, they should do so immediately	If the Managing Authority is not certain about the need for continued deprivation of liberty they should seek a review by the Supervisory Body by completing form 10.
8.	Ward to keep record of all DoLS requested and outcome following Supervisory Body assessment (see appendix 11). This form should be E-mailed to dols@uhnm.nhs.uk each month with the area Matron copied in.	This will ensure that the Trust has an accurate picture of the patients under a DoLS Authorisation in order that the CQC can be informed accordingly.
9.	If a patient dies whilst subject to a DoLS then Bereavement Services should be notified as they will need to inform the Coroner. The Supervisory Body will also need to be informed by completing form 12 in appendix 13 of the DoLS Policy.	This will ensure that the Authorisation is ceased.

Trust Contact: Senior Nurse Safeguarding
Date of Review: February 2022



**PROUD
TO
CARE**

APPENDIX A: FLOWCHART

Managing Authority is UHNM

Complete a DoLS application form; ensuring that you request both a Standard and Urgent authorisation (pages 1-7). Request an extension at the same time. Ensure that patient's mental capacity assessment is recorded in the medical records.

URGENT Authorisation
Allows a hospital to deprive a person of liberty for 7 days
STANDARD Authorisation requests an assessment from the supervisory body.

Completed form to be sent to the Supervisory body to provide BIA (Best Interest Assessment) to determine if a DoLS is appropriate. The supervisory body is determined by where the patient resides.

Refer to Supervisory Body
Stoke Residents –Tel: 01782 237790
Email: DOLS@stoke.gov.uk

Staffordshire Residents – Tel: 01785 895665
Complete online referral:
<http://www.staffordshire.gov.uk/dols>

Residence unclear – If the patient is from outside the area please contact one of the above for further advice.

Note if you are emailing your referral please ensure that it is password protected.
Copy of application to be stored in patients notes.

Please also E-mail completed form to [REDACTED]

BIA will visit and assess the patient and a decision will be made as to the appropriateness of DOL's application and patient /staff informed of decision. **Please note** if the BIA has not been to review your patient before your Urgent Authorisation has expired then you will need to contact the Supervisory Body, escalate to your Matron and complete a Datix

Note: if patient is to be discharged to another hospital/care home they will require notification as they will need to apply themselves for DOLS authorisation

REQUESTING A FORMAL REVIEW

The Managing Authority has a duty to review whether or not a Deprivation of Liberty Authorisation is still required.

There are three circumstances when this should be done: When there are any changes in a relevant person's condition or arrangements which may indicate a change in their need for deprivation of liberty or when a period of authorised deprivation is coming to an end or if the managing authority is not certain about the need for continued deprivation of liberty.

As soon as the Managing Authority staff thinks that they can look after the person safely without the need to deprive them of their liberty, they should do so immediately.

The need to deprive an individual of their liberty must be reviewed at regular intervals and if there is a change in circumstances the discussion and decision must be recorded within the individuals' record.

A request for a review must be made to the relevant Supervisory Body.

Having done this, a copy of the form must be given to the person who is being deprived of their liberty and to any section 39A IMCA acting for them.

Details of the request for review will be included on the Deprivation of Liberty Safeguards Form 10 within the individual's record so as to allow staff to keep track of the process and dates.

The Supervisory Body will arrange for the review to be undertaken.

THE DIFFERENT ROLES WITHIN THE DEPRIVATION OF LIBERTY PROCESS

Managing Authorities (hospitals and care homes) have a duty under the Safeguards to:

- (a) provide care and treatment in ways that do not deprive a person of their liberty, or if this is impossible...
- (b) apply to the Supervisory Body for authorisation of the deprivation of liberty.

Supervisory Body (the Local Authority) has a duty under the Safeguards to:

- (a) assess any person for whom the Managing Authorities request a deprivation
- (b) authorise a deprivation if it is necessary in the best interests of a person to whom the Safeguards apply
- (c) set any necessary conditions to ensure the person's care/treatment regime meets their needs in their best interests
- (d) set a timescale for how long a deprivation can last
- (e) appoint a representative to oversee the person's welfare and represent them in all matters relating to the deprivation
- (f) keep records of who is being deprived of their liberty
- (g) ensure that Doctors and Best Interests Assessors are suitably qualified, have indemnity insurance, have had a Disclosure and Barring Service check (was CRB) and endorse them to carry out assessments on the Supervisory Body's behalf

Best Interests Assessors (BIAs) are Social Workers / Nurses / Occupational Therapists or Psychologists who have undertaken specialist DoLS Training. They can undertake the age, best interests, mental capacity and no refusal assessments. They will determine if a Deprivation of Liberty is occurring, if it is they will decide if it is in the person's best interests and if it is necessary and proportionate to the risk of harm. The BIA will also be responsible for recommending how long an authorisation will last, state any necessary conditions of the authorisation and be responsible for recommending someone to be appointed as the relevant person's representative.

Section 12 Doctor - The mental health assessment will be carried out by a Doctor who is approved under section 12 of the Mental Health Act, and has undertaken recognised DoLS assessor training. The Doctor must also be registered with the West Midlands Section 12 (2) Approval Panel as a Section 12 and DOLS approved Mental Health Assessors. These Doctors are also able to undertake Eligibility assessment and the Mental Capacity Assessment.

Approved Mental Health Professional (AMHP) – AMHP' are qualified Best Interest Assessors can also undertake Eligibility assessments if required.

The Relevant Person's Representative (appointed by the supervisory body on the recommendation of the Best Interests Assessor) has a duty to:

- (a) maintain contact with the person who is deprived of their liberty
- (b) represent and support the person in all matters relating to the deprivation of liberty safeguards, including triggering reviews or making applications to the Court of Protection on the person's behalf.

The Relevant Person – The relevant person is the individual that is being assessed or already subject to the Deprivation of Liberty Safeguards. Protection of their human rights is central to the DOLS process and assessments undertaken with the Relevant Person should adhere to the 5 key principles of the Mental Capacity (2005).

DEPRIVATION OF LIBERTY SAFEGUARDS FORM 12

Notification of Death Whilst Deprived of Liberty

There is a requirement for Managing Authorities to notify the Supervisory Body who has issued the DoLS Authorisation. (See Appendix 12)

FOI 304-2122

DEPRIVATION OF LIBERTY RETURN – WARD
Month

Upon completion this form must be E-mailed to
dols@uhnm.nhs.uk

Patient Details: unit number/d.o.b.	Date DoLS application submitted.	Name of Supervisory body (local Authority) application submitted to.	Date referral emailed to Safeguarding Department at [redacted]	Date Urgent authorisation will expire. If no Best Interest Assessor (BIA) has visited the patient please apply for an extension by telephoning the Local Authority for an extension. Provide the date.	Has the Best Interest Assessor (BIA) from the Supervisory Body visited the ward? Was the application authorised? Please provide a date	If patient has died please record date that Bereavement Services and Supervisory Body were notified.

Additional Forms

FORM 10: DEPRIVATION OF LIBERTY SAFEGUARDS REVIEW

Case ID Number:			
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10 REVIEW			
Full name of person being deprived of liberty			
Date of Birth (or estimated age if unknown)		Est. Age	
Name and address of care home or hospital where the person is deprived of liberty			
Name and address of organisation or person requesting the review			
Contact details of organisation or person requesting the review	Name		
	Telephone		
	Email		
Name of the Supervisory Body where this form is being sent			
A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS			
<i>(place a cross in all boxes that apply)</i>			
The person may no longer meet one of the requirements			
The conditions attached to the Standard Authorisation need to be varied because there has been a change in the person's circumstances			
<i>Please give details:</i>			

REVIEW TO CEASE A DOLS AUTHORISATION

The Managing Authority requests a review, as a result of which the Standard Authorisation will no longer be required. This is on the grounds that the person no longer meets the best interest's requirement.

The person has left / is due to leave the care home on

The person is due to be / has been discharged from hospital on

The person's new address is

This follows a best interest decision (attached) made on

It is no longer in their best interest to be accommodated in this care home or hospital because:

Signed (on behalf of the Managing Authority)	Signature	
	Print Name	
	Position	
	Date	

The remainder of this form will be completed by the Supervisory Body

SUPERVISORY BODY'S DECISION with regard to whether ANY QUALIFYING REQUIREMENTS ARE REVIEWABLE

The Supervisory Body has decided to refuse the request for a review for the following reasons:

This review is therefore complete and the existing Standard Authorisation will continue to be in force until:

The Supervisory Body has decided that at least one of the qualifying requirements is reviewable, as a result of which the following review assessments were carried out:

REQUIREMENT	MET	NOT MET	CHANGE OF REASON
Age requirement			
No Refusals requirement			
Eligibility requirement			
Mental Health			
Mental Capacity			
Best Interests requirement			

OUTCOME OF REVIEW (select one option below)

At least one of the requirements were not met and the Standard Authorisation will therefore cease with effect from:

Based on the assessments that were carried out, the reasons given in the Standard Authorisation as to why the person meets the requirements have been varied as described above.

All the review assessments carried out concluded that the person continues to meet the requirements to which they relate. The Standard Authorisation continues to be in force until:

subject to any variation in conditions shown below:

1	
2	
3	
4	
5	
6	

REVIEW OF CONDITIONS

There has not been any significant change in the person's circumstances and any changes there have been do not result in the need to vary the conditions. Therefore the existing conditions remain in force.		
The Supervisory Body has decided to vary the conditions either because of a significant change or because some change has occurred which makes this appropriate. The new conditions are described below.		
1		
2		
3		
4		
5		
6		
Signed <i>(on behalf of the Supervisory Body)</i>		Signature
		Print Name
		Position
		Date

FORM 12: NOTIFICATION OF DEATH WHILST DEPRIVED OF LIBERTY

Case ID Number			
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 12 NOTIFICATION OF DEATH WHILST DEPRIVED OF LIBERTY			
Full name of person who was deprived of their liberty			
Date of Birth (or estimated age if unknown)		Est. Age	
Date of Death			
Location of person at time of death			
Name and address of the care home or hospital where the person was being deprived of their liberty			
Name and contact details of family member / RPR			
Name of the Supervisory Body			
Person to contact at Supervisory Body	Name		
	Telephone		
	Email		
Contact details of the GP	Name		
	Address		
	Telephone		
SUBMITTING THIS NOTIFICATION			
In accordance with Section 1(2) of the Coroners & Justice Act 2009, before the doctor has signed the Death Certificate, the Managing Authority must send a copy of this notice to the local Coroner's office.			
As soon as practicable the Managing Authority must also give a copy of this notice to the following:			
1. The Supervisory Body for the hospital or care home			
2. Any IMCA instructed for the person			
Signed (on behalf of the Managing Authority)	Name		
	Print Name		
	Position		
	Date		