



Public – To be published on the Trust external website

Deprivation of liberty safeguards (DoLS) procedure

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Status: Approved

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

Contents

1	Introduction	4
2	Purpose	4
3	Who this procedure applies to	4
4	Related documents	5
5	Procedure.....	6
5.1	DoLS Authorisations.....	7
5.2	Identifying the correct Supervisory Body	7
5.3	Standard forms.....	7
5.4	Qualifying requirements.....	8
5.5	Requesting a standard authorisation.....	8
5.6	Requesting an urgent authorisation.....	11
5.7	Extending an urgent authorisation.....	12
5.8	Suspending a standard authorisation	13
5.9	Review.....	13
5.10	Ending a deprivation of liberty	15
5.11	Relevant person's representative	16
6	Independent Mental Capacity Advocate (IMCA)	16
7	Appeals and the Court of Protection	17
8	Definitions.....	18
9	How this procedure will be implemented.....	20
9.1	Training needs analysis.....	20
10	How the implementation of this procedure will be monitored	20

11	References	21
12	Document control (external).....	21
13	Change record	22
	Appendix 1 – TEWV core business matrix.....	24
	Appendix 2 – MHL Department contact details.....	25
	Appendix 3 - Equality Impact Assessment Screening Form	26
	Appendix 4 – Approval checklist.....	30

1 Introduction

This document provides direction and guidance about:

- The Deprivation of Liberty Safeguards (DoLS)

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

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

2 Purpose

Following this procedure will help the Trust to:

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

3 Who this procedure applies to

The Deprivation of Liberty Safeguards (DoLS) came into effect in 1 April 2009. The safeguards provide a statutory framework in circumstances where a person, aged 18 years or over, lacks the capacity to consent to care or treatment and the circumstances in which that care or treatment is to be provided amounts to a deprivation of liberty and the person cannot demonstrate 'valid consent' to the deprivation as set out in the [Deprivation of Liberty Policy](#).

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



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

This deprivation of liberty must be:

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

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

The DoLS provide a legal process and safeguards in circumstances where DoL is unavoidable and is in a person's best interests and the person cannot demonstrate 'valid consent' to the deprivation.

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

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

4 Related documents

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



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

This procedure also refers to:

- [Deprivation of Liberty Safeguards Code of Practice](#)

5 Procedure



If you believe that the DoL Safeguards may be applicable to a patient on a ward within TEWV and you are considering making an Urgent Authorisation and / or requesting a Standard Authorisation, you must contact your local Mental Health Legislation Department, please see [appendix 2](#) for contact details.



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



Once an application is made the Mental Health Legislation Team must be contacted to record the legal status on the electronic patient record.

The assessment outcome and copies of all documentation must be sent to the Mental Health Legislation Team.

5.1 DoLS Authorisations

There are two types of DoLS Authorisation:

Standard Authorisation

A Managing Authority (MA) must make the request for a standard authorisation to the Supervisory Body when it appears likely that at some point in the next 28 days, someone will be accommodated in its hospital or care home in circumstances that amount to a DoL and the person cannot demonstrate 'valid consent' to the deprivation. Whenever possible, this should happen **before** the DoL occurs.

Urgent Authorisation

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



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

5.2 Identifying the correct Supervisory Body

The Supervisory Body is:

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

5.3 Standard forms

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

The most commonly used forms are available on the intranet.

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

5.4 Qualifying requirements

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

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

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

5.5 Requesting a standard authorisation

Action:	Notes:
Unavoidable DoL anticipated in next 28 days	Decision to apply for authorisation should be MDT decision. This should be based on a thorough assessment of capacity and best interests recorded on TEWV MCA1 and MCA2 forms. The Admission Checklist and Guidance document referred to within the DoL Policy must be completed prior to determining that a DoLS authorisation is appropriate. Deprivation must be: • Unavoidable • To protect the person from harm and proportionate

	Application must be made in writing and emailed or posted to the appropriate Supervisory Body. Form should be completed by MDT and a qualified professional nominated at the meeting to complete the form
MHL department must be contacted	MHL Team will provide guidance, and if appropriate advise on completing forms. MHL Team will provide copy of CQC Application and Outcome form.
Managing Authority (MA) apply to Supervisory Body (SB) for Standard Authorisation (Form 1)	Supervisory body is: • The local authority for the area in which the person is ordinarily resident • If the person is of no fixed abode, the local authority for the area in which the hospital is situated
Copy of referral must be sent to MHL department	Please contact your local MHL office using the local shared inbox.
Supervisory Body commission assessors to carry out assessments	Assessments must be completed: • Within 21 days for a standard authorisation; or • Before the urgent authorisation expires, if one has been given. Where they consider it relevant, assessors may examine and take copies of: • Any health record • Any social services record • Any record held by a care home

Assessment completed	If all assessments conclude patient meets requirements, Supervisory Body must give standard authorisation. • If authorisation is given Form 5 completed by Supervisory Body • If authorisation declined Form 6 completed by Supervisory Body Copies of forms given to: • Managing authority • Relevant person • Relevant person's representative • IMCA if involved
Standard Authorisation given/not given	Supervisory body sets period of authorisation: • Cannot be longer than recommended by best interests assessor • Cannot be longer than 12 months Supervisory body can add conditions to authorisation Supervisory body appoints representative for relevant person
Complete application and outcome form and send to MHL department	CQC Application and Outcome form MUST be completed in all cases. Must include date authorisation given, for how long and any conditions set by Supervisory Body.
Copy of DoLS outcome and all assessments to be sent to MHL department	Please contact your local MHL office using the local shared inbox.

5.6 Requesting an urgent authorisation

This should be a rare occurrence.

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



An example might be where a previously capable patient no longer has capacity but remains fully compliant with care and treatment for mental disorder but is now deprived of their liberty and the person cannot demonstrate 'valid consent' to the deprivation and it is determined to be the correct authorisation for that particular patient. An urgent authorisation will be required until a standard one can be made.

Action:	Notes:
Unavoidable DoL occurring now. No Standard Authorisation already in place	An urgent authorisation can't be made on its own. If a standard authorisation hasn't already been requested, an application for a standard authorisation must be made at the same time as the urgent authorisation.
Managing Authority (MA) grant urgent authorisation completing Form 1	Form 1 completed and emailed or hand delivered to Supervisory Body.
Form sent to Supervisory Body	Maximum period for urgent authorisation is seven days. Assessments for standard authorisation must be completed within seven days. Nominated professional should: • Give copy of form 1 to person deprived of liberty and any IMCA appointed for the person • Do everything practicable to explain to person deprived of liberty

	both orally and in writing of effect of authorisation and right to apply to Court of Protection • Inform person's family, friends and carers about the urgent authorisation so that they can support the person, utilising interpretation and translation services if required. • Record the steps taken to involve family, carers, friends together with their views and details of any IMCA • Retain copy of form 1 on the ward.
See standard authorisation procedure	

5.7 Extending an urgent authorisation

Action:	Notes:
Extension of urgent authorisation required.	Form 2 completed and emailed, or hand delivered to Supervisory Body. Copy kept by ward
Ward contacts Supervisory Body for report on progress of standard authorisation	In exceptional circumstances, the Supervisory Body can extend an urgent authorisation for up to a further seven days. For example, when it has not been possible to complete all the required assessments within the initial seven days
Form 2 completed and sent to Supervisory Body	

Extension granted by Supervisory Body	If extension granted, recorded on original Form 1.

5.8 Suspending a standard authorisation

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

5.9 Review

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

- The relevant person;
- The relevant person's representative; or

- The Managing Authority

They can also carry out a review at any time.

The Managing Authority must request a review if:

- The relevant person no longer meets the no refusals, mental capacity, mental health or best interests requirements;
- The relevant person no longer meets the eligibility requirement because they now object to receiving mental health treatment in hospital and they meet the criteria for an application for admission under section 2 or section 3 of the MHA.
- The person is now demonstrating 'valid consent' to the deprivation.
- There has been a change in the relevant person's situation and, because of the change, it would be appropriate to amend an existing condition to which the authorisation is subject, delete an existing condition or add a new condition.
- The reason the person now meets the qualifying requirements is different from the reason given at the time the standard authorisation was given.

Action:	Notes:
Review required	
Supervisory body informs all parties using form 10	Supervisory body must inform: • Relevant person • Relevant person's representative • Managing authority Either before review begins or as soon as is possible, after it has begun
Supervisory body informs all parties of outcome of review on Form 10	Supervisory body must inform: • Managing authority and hospital or care home itself • Relevant person • Relevant person's representative

	• IMCA if involved Either before review begins or as soon as is possible, after it has begun
If requirements not met DoL must be terminated.	

5.10 Ending a deprivation of liberty

Action:	Notes
Person no longer meets criteria for DoL	Deprivation of Liberty can be terminated before a formal review. If Managing Authority feels DoL no longer necessary they must end it immediately by either: • Adjusting care regime; • Making any other change necessary
Managing authority informs Supervisory Body	
Supervisory body terminates DoL	

5.11 Relevant person's representative

Action:	Notes:
Person is made subject to standard authorisation	As soon as is practical and possible, Managing Authority must inform relevant person's representative of: • Effect of authorisation • Their right to request a review • Formal and informal complaints procedures available to them • Their right to appeal to the Court of Protection to seek variation or termination of the authorisation • Their right, where the person does not have a paid professional representative, to request the support of an IMCA
Managing authority must inform relevant person's representative	

6 Independent Mental Capacity Advocate (IMCA)

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

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

- If an RPR's appointment ends, or there is a gap in the appointment of an RPR and the Managing Authority believes that there is no one to consult about best interests other than paid staff providing care or treatment to the person.

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

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

7 Appeals and the Court of Protection

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

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

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

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

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

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

- A person who lacks, or is alleged to lack, capacity in relation to a specific decision or action;

- The donor of a LPA to whom an application relates or their donee;
- A deputy who has been appointed by the court to act for the person concerned;
- A person named in an existing court order to which the application relates; and
- The person appointed by the Supervisory Body as the relevant person's representative

8 Definitions

Term	Definition
Managing Authority (MA)	A Managing Authority is responsible for applying for authorisation of deprivation of liberty for any person who comes within the scope of the Deprivation of Liberty Safeguards (DoLS). In the case of an NHS Hospital, the Managing Authority is the NHS Body responsible for running the hospital in which the relevant person is or will be deprived of their liberty. Tees, Esk and Wear Valleys NHS Foundation Trust is therefore a Managing Authority. In the case of a care home or private hospital, the Managing Authority will be the person registered in respect of the hospital or care home.
Supervisory Body (SB)	A Supervisory Body is responsible for considering requests for authorisations, commissioning assessments and authorising the deprivation of liberty. The Supervisory Body is: The local authority for the area in which the person is ordinarily resident If the person is of no fixed abode, the local authority for the area in which the hospital is situated.

Supreme Court	The Supreme Court is the final court of appeal in the UK for civil cases, and for criminal cases from England, Wales and Northern Ireland. It hears cases of the greatest public or constitutional importance affecting the whole population.
Court of Protection	The Court of Protection makes decisions and appoints deputies to act on behalf of people who are unable to make decisions about their personal health, finance or welfare. It can authorise a deprivation of liberty.
Deprivation of Liberty Safeguards (DoLS)	The Mental Capacity Act Deprivation of Liberty safeguards were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007. The safeguards cover patients in hospitals, and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements.
Relevant person	The person who is being deprived of their liberty
Relevant person's representative (RPR)	The person appointed by the Supervisory Body to maintain contact with the relevant person and represent and support the relevant person in all matters relating to the DoLS. This may include: • Triggering a review; • Using an organisation's complaints procedure on the person's behalf; • Making an application to the Court of Protection. Where there is nobody suitable to fulfil this role, the Supervisory Body may appoint a paid RPR
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights

9 How this procedure will be implemented

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

9.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All clinical staff with professional registration	Mandatory MHA e-learning level 2	3 hours	5 yearly
All other clinical staff	Mandatory MHA e-learning level 1	3 hours	5 yearly
All clinical staff with professional registration	Mandatory MCA e-learning	3 hours	One off
All other clinical staff	Mandatory MCA e-learning	3 hours	One off

10 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Monitoring the use of the MHA and DoLS.	Frequency = Quarterly Method = Responsible = MHL Dept	Reported to the Mental Health Legislation Committee

11 References

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

12 Document control (external)

Required information type	Information
Date of approval	26 August 2026
Next review date	12 May 2028
This document replaces	MHA-0012-001-v2.3 Deprivation of liberty safeguards (DoLS) procedure
This document was approved by	Executive Medical Director cover (Care Group Medical Director DTVF) approval for immediate publication 26 August 2026
This document was approved by	Mental Health Legislation Committee (retrospective formal approval) 08 October 2026
An equality analysis was completed on this policy on	August 2026
Document type	Public
FOI Clause (Private documents only)	N/A

13 Change record

Version	Date	Amendment details	Status
2.1	17 February 2022	Three yearly review with minor changes. Updated to new template and included text on Our Journey to Change. Updated contact details.	Withdrawn
2.2	31 Aug 2023	Minor change In section 5 "Paris" has been changed to "Electronic Patient Record" and contact details updated	Withdrawn
2.2	Jul 2024	Review date extended from 17/02/2025 to 31/05/2025.	Withdrawn
2.3	12 May 2025	Three yearly review. Flow charts changed to tables for accessibility Staff names and contact details from section 5 and sign posted to appendix 2 for department details. Contact details checked and updated in appendix 2 Amendment made in appendix 1, removing the community patients on consultants personal case load as this is no longer within the job plan. Training needs analysis updated to reflect new training frequency.	Withdrawn
2.4	26 Aug 2026	All changes made to reflect AGNI judgment Changes in:	Approved

		section 3, para 1 and 4 section 5 Standard Authorisation section 5.5 notes reference to checklist in DoL policy section 5.6 in example section 5.9 additional reason added for review request Note: Executive Medical Director cover (Care Group Medical Director DTVF) approval for immediate publication received 26 August 2026 Mental Health Legislation Committee (retrospective formal approval) received 08 October 2026	
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Appendix 1 – TEWV core business matrix

IN PATIENT IN TEWV BED

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

COMMUNITY PATIENT NOT ON CONSULTANTS PERSONAL CASELOAD

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

Appendix 2 – MHL Department contact details

Middlesbrough

MHL Department

Roseberry Park

Marton Road

Middlesbrough

01642 837389

tewv.mhlmiddlesbrough@nhs.net

Scarborough

MHL Department

Cross Lane Hospital

Cross Lane

Scarborough

01723 384651

tewv.mhlscarborough@nhs.net

Durham

MHL Department

Lanchester Road Hospital

Lanchester Road

Durham

0191 500 7575

tewv.mhldurham@nhs.net

Darlington

MHL Department

West Park Hospital

Edward Pease Way

Darlington

01325 552295

tewv.mhldarlington@nhs.net

York, Harrogate, Northallerton

MHL Department

Foss Park

York

YO31 8TA

01904 461127

tewv.mhlyork@nhs.net

Appendix 3 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Mental Health Legislation
Title	Deprivation of Liberty Safeguards Procedure
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	To help Trust staff identify a deprivation of liberty and follow the associated legislative requirements.
Start date of Equality Analysis Screening	August 2026
End date of Equality Analysis Screening	August 2026

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Patients who lack the capacity to consent or who refuse to consent to arrangements necessary for their care or treatment who may be deprived of their liberty. TEWV staff
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO

	• Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications Yes (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	
Describe any positive impacts / Human Rights Implications	By following the procedure, it ensures this is lawful and in the best interests of the patient. An authorisation process means that the deprivation of liberty is subject to external scrutiny and safeguards the rights of the person.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Mental Capacity Act and the Deprivation of Liberty Safeguards Code of Practice
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	The Mental Capacity Act and the Deprivation of Liberty Safeguards were subject to extensive Equality Impact Assessment conducted on behalf of the Ministry of Justice.

If you answered No above, describe future plans that you may have to engage and involve people from different groups	
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Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	All clinical staff are required to completed mandatory MHL e-learning
Describe any training needs for patients	No
Describe any training needs for contractors or other outside agencies	No

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 4 – Approval checklist

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

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

Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	Y	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Y	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	