

Deprivation of Liberty Safeguards

Annual Monitoring Report for Health and Social Care 2022-23



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Deprivation of Liberty Safeguards

Annual Monitoring Report for Health and Social Care

2022-23

Table of Contents

Introduction.....	3
Key Findings	5
1. Application numbers	6
Number of Applications	6
Number of DoLS applications per 100,000 adult population	8
Applications submitted by third party organisations.....	10
Applications made by managing authorities from outside Wales	11
2. Type of applications	12
Standard applications	12
Standard following urgent applications.....	12
Further applications	12
3. Timeframe for allocation to assessment.....	14
Applications unallocated.....	14
Applications withdrawn	14
Length of time to allocate for assessment	16
Length of time to allocate standard assessments	17
Length of time to allocate standard following urgent assessments	19
Length of time to allocate further assessments	21
4. Completion of Assessments	24
Completion of standard assessments.....	24
Completion of standard following urgent assessments	26
Completion of further assessments.....	28
5. Outcome of assessments	31
Applications authorised	31
Applications refused and reason	35
6. Authorisation duration	37
Authorisation duration	37
7. Individual Characteristics	39
Applications by Age, Gender and Ethnicity.....	39

8. Monitoring and Support.....	41
Reviews	41
Representation	41
Independent Mental Capacity Advocate	41
Court of Protection	42
Report Annex	44
Data Quality.....	44
Feedback on this report.....	44
Glossary: Key terms used in the DoLS Monitoring Report	45

Introduction

This is the annual monitoring report by Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW), on the implementation of Deprivation of Liberty Safeguards (DoLS) in Wales. The report is produced on behalf of Welsh Ministers. The report covers the period April 2022 until the end of March 2023.

The Mental Capacity Act 2005 (MCA) provides the statutory framework for acting and making decisions on behalf of people who lack the capacity to make decisions for themselves. The MCA sets out who can make decisions for a person who lacks capacity, when and how. It ensures decisions are made in the person's best interest and the person is involved in the decision as much as possible.

DoLS were introduced as an amendment to the MCA and came into force in April 2009, providing a legal framework for situations where someone may be deprived of their liberty within the meaning of article 5 of the European Convention on Human Rights (ECHR). A Supreme Court ruling in March 2014¹, known as the Cheshire West judgement, clarified the definition and widened the scope of when someone is being deprived of their liberty. The Safeguards help to ensure the correct process is used to protect people's human rights if they lack the capacity to consent to the arrangements for the care they need; are under continuous supervision and control; and are not free to leave.

The DoLS legislation aims to protect people in care homes and hospitals who may need to be deprived of their liberty. Hospitals and care homes are called managing authorities. The bodies that authorise DoLS applications are called Supervisory Bodies. Hospitals apply to their local/corresponding health board to authorise any DoLS applications made. Care homes apply to their local authority for such authorisation. In Wales, the authorising local authority is the local authority in which the individual is ordinarily resident before moving to the care home.

The three types of DoLS applications are described below:

- Standard applications - If care home or hospital staff complete a standard application, then the assessments required must be completed within 21 days from the date the assessors were instructed by the Supervisory Body.
- Urgent applications - A care home or a hospital can grant itself an urgent authorisation to deprive a person of their liberty if required before a standard authorisation can be obtained. They must simultaneously apply for standard authorisation (if not already done). Where the managing authority has given itself an urgent authorisation and applies for a standard authorisation, the assessors must complete the assessments within five days of the date of

¹ See [Cheshire West and Chester Council v P \(2014\) UKSC 19](#)

instruction. We report separately on the standard authorisation application, following an urgent authorisation. This is categorised as urgent in the report.

- Further applications - When an existing DoLS authorisation is coming to an end, and the managing authority concludes the authorisation needs to continue, a further authorisation should be requested. This can be requested 28 days in advance.

The 2014 Supreme Court ruling resulted in a very large increase in the number of applications for DoLS authorisations. The House of Lords published a scrutiny report² (2014) of the MCA that concluded DoLS were “not fit for purpose” and recommended they be replaced.

The Liberty Protection Safeguards (LPS) were introduced by the Mental Capacity (Amendment) Act 2019, to replace DoLS as the system to lawfully deprive someone over the age of 16 of their liberty. The UK Government had hoped to fully implement the LPS by April 2022, but due mainly to the impact of the covid-19 pandemic, its implementation was delayed. On the 5th of April 2023, the UK Government announced the implementation of the LPS was to be delayed beyond this Parliament.

Welsh Government expressed its disappointment with the decision not to proceed with the implementation as “the right to liberty is one of our most fundamental human rights”. Consequently, Welsh Government is considering how the current DoLS system in Wales can be strengthened to ensure the human rights of people in Wales who lack mental capacity are promoted and protected.

Until these changes are implemented, the DoLS remain, and it is important that local authorities, health boards and providers continue to follow the DoLS process to ensure people’s rights are protected and care and support amounting to a deprivation of liberty is appropriately authorised.

² See [Select Committee on the Mental Capacity Act 2005 - Report](#)

Key Findings

- There was a further increase in the number of applications received by local authorities and health boards in 2022-23.
- The long delays in allocating, assessing and authorising applications continue to result in many people in Wales being deprived of their liberty with no legal protection in place and no opportunity to challenge whilst waiting for a decision to be made.
- There was an 18% increase in the number of applications assessed by the local authorities in 2022-23 with an additional 909 people having their applications assessed; compared to the figures for 2021-22. Most local authorities are using the ongoing funding received from Welsh Government to address the delays in applications being assessed.
- The number of applications assessed by health boards increased by 32% in 2022-23, with an additional 464 people having their applications assessed compared to figures seen in 2021-22.
- The length of time taken to assess applications by the local authorities and health boards Supervisory Bodies must improve as many applications are not assessed within the statutory timeframe.
- Many urgent authorisations expire before the required DoLS assessments can be undertaken. Some local authorities and health boards may benefit from reviewing their current procedures for urgent authorisation with managing authorities.
- Most local authorities and health boards are unable to allocate the volume of requests received for further authorisations. This again increases the risk of people being deprived of their liberty without the continued protection of the safeguards. All Supervisory Bodies must ensure people's rights are protected and assessments for all applications are undertaken within stipulated number of days as set out in DoLS Code of Practice.
- The use of conditions by local authorities and health boards varies, with some regions using them more than others. Supervisory Bodies should ensure conditions are used where necessary and are focussed on improving outcomes for people including reducing or removing the deprivation.
- Most people are supported and represented in matters relating to their deprivation of liberty. Supervisory Bodies must continue to ensure a "relevant person's representative" is appointed for all authorisations.

1. Application numbers

Number of Applications

A total of 12,112 DoLS applications were received by local authorities in 2022-23. This represents an increase of 24% when compared to the previous year 2021-22 (9,742).

Swansea Council continues to report the highest number of DoLS applications (1,231) and 20 of the 22 local authorities reported an increase. Several local authorities have seen a significant increase in the number of requests received from managing authorities with Swansea reporting a 27% increase in applications from 973 applications received in 2021-22 to 1,231 applications in 2022-23. The number of applications received by Pembrokeshire increased by 67%, with Ceredigion and Cardiff increasing by 56% and 47% respectively.

Only two local authorities reported a reduction in the number of applications received when compared to the previous year; Anglesey had a 10% decrease and Merthyr 7%. Neath Port Talbot also reported a reduction of 8% in application numbers when comparing 2020-21 data (840) with 2022-23 (770). See Figure 1.1.

A total of 6,989 DoLS applications were received by health boards in 2022-23. This represents around a 14% increase compared to the numbers seen in 2021-22 (6,126) and 2020-21 (6,111).

There was variation in demand across the health boards. A considerable increase was seen in Aneurin Bevan and Cwm Taf Morgannwg University Health Boards. There was a considerable increase in applications to Cardiff and Vale University Health Board in 2022-23 following a dip in the number of DoLS applications seen in 2021-22. See Figure 1.2.

Figure 1.1. The number of DoLS applications received by each local authority from 2020 to 2023.

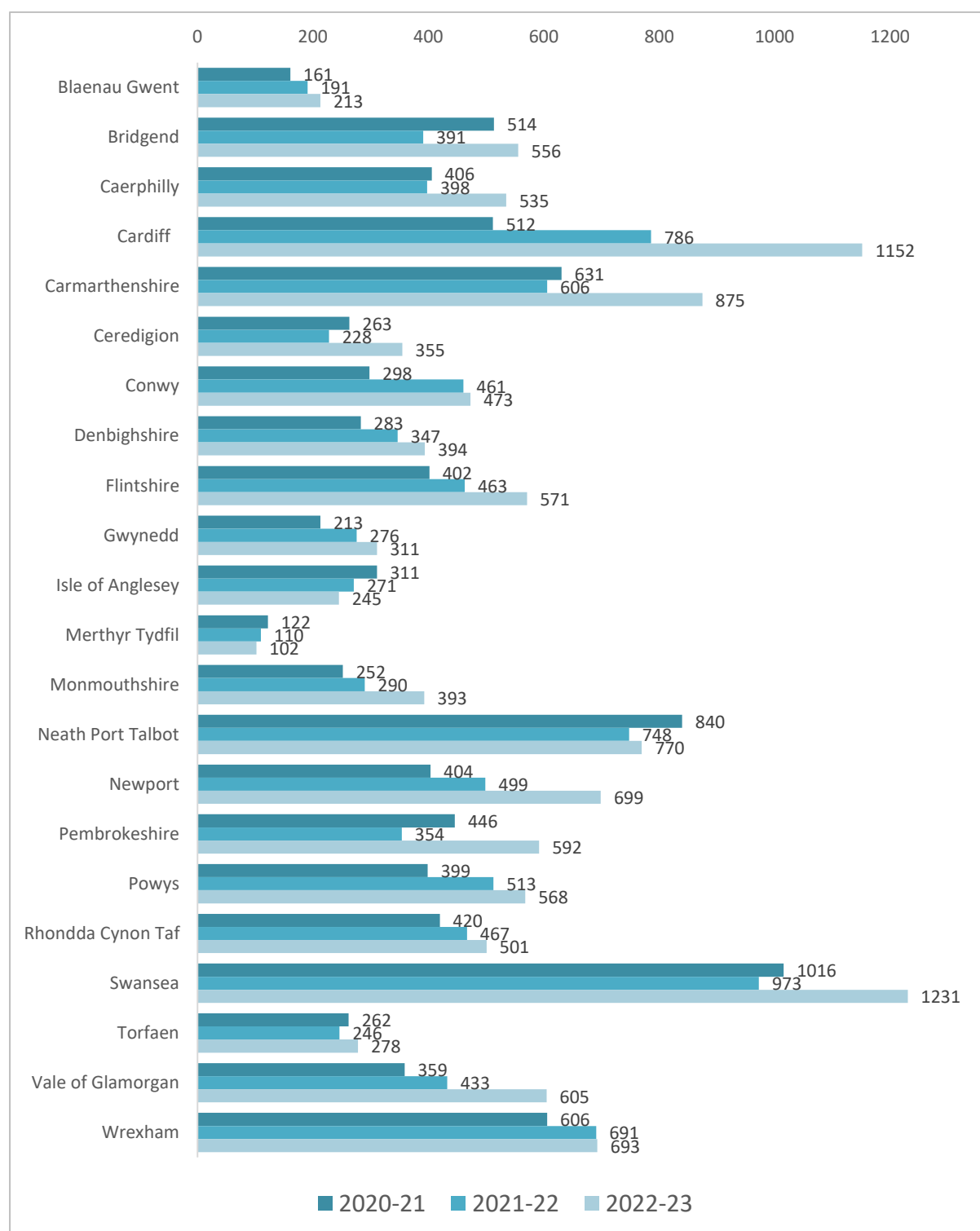
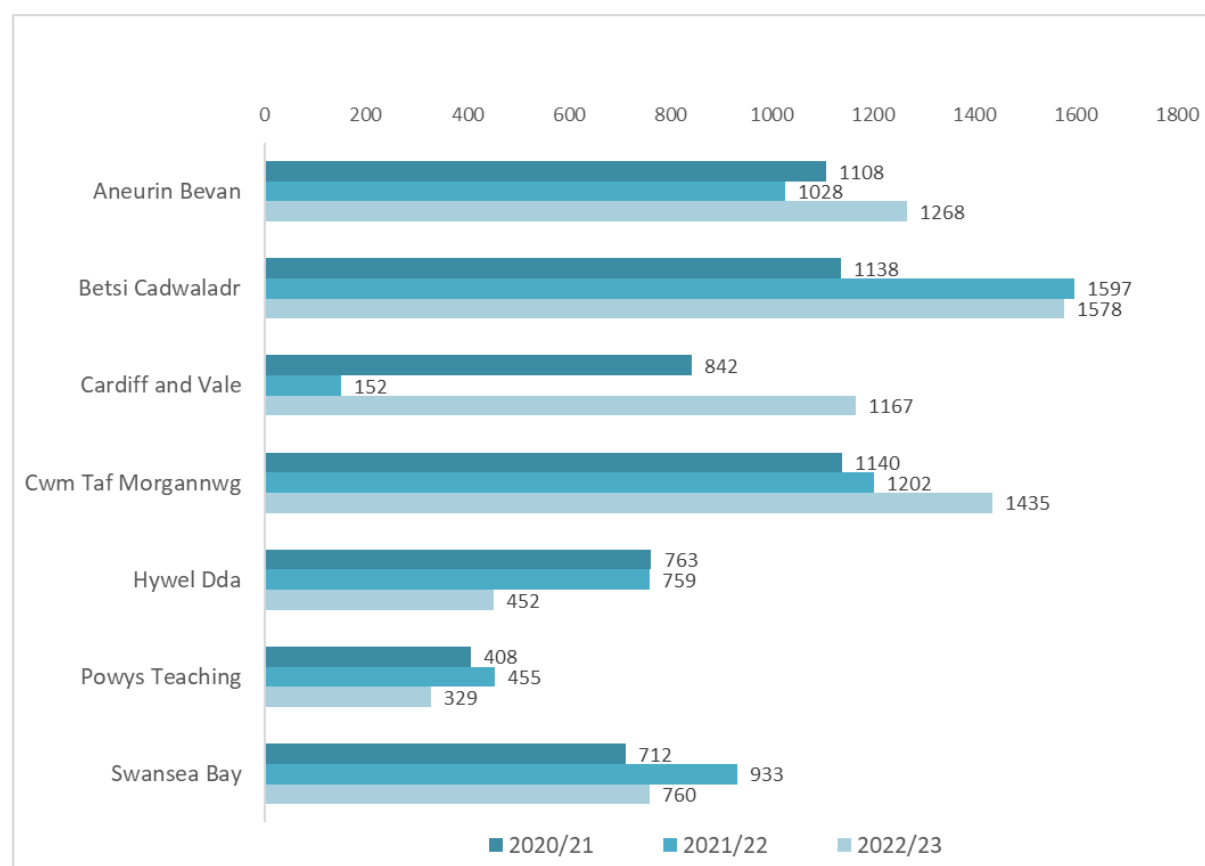


Figure 1.2. The number of DoLS applications received by each health board from 2020 to 2023.



Number of DoLS applications per 100,000 adult population

In 2021 the estimated population of Wales was 3.11 million, within which 2.49 million people were over the age of 18³. This means that on average there were 281 applications to health boards, and 487 applications to local authorities, for every 100,000 adults in Wales.

In a similar way to previous years, there is considerable variation across local authorities, illustrating a complex picture associated with local demography and the knowledge and understanding of DoLS across the sector.

Relative to population size, the local authorities of Neath Port Talbot (677), Wrexham (646), Swansea (641) and Ceredigion (600) had high numbers of applications per 100,000.

However, for the third year in a row, both Merthyr Tydfil (220) and Rhondda Cynon Taf (266) continue to report the lowest DoLS rates, with these rates being well below the Welsh average. See Table 1.1.

³ See [National level population estimates by year, age and UK country \(gov.wales\)](https://gov.wales/national-level-population-estimates-by-year-age-and-uk-country)

Table 1.1. The total adult population and number of DoLS applications received by each local authority and the number of applications per 100,000 adult population in 2022-23.

	Total 18+ Population	Number of DoLS applications	DoLS applications per 100,000
Blaenau Gwent	53,879	213	395
Bridgend	116,466	556	477
Caerphilly	139,535	535	383
Cardiff	285,776	1152	403
Carmarthenshire	151,571	875	577
Ceredigion	59,215	355	600
Conwy	94,096	473	503
Denbighshire	76,864	394	513
Flintshire	124,110	571	460
Gwynedd	95,253	311	326
Isle of Anglesey	55,772	245	439
Merthyr Tydfil	46,445	102	220
Monmouthshire	76,439	393	514
Neath Port Talbot	113,695	770	677
Newport	123,770	699	565
Pembrokeshire	100,176	592	591
Powys	110,097	568	516
Rhondda Cynon Taf	188,258	501	266
Swansea	192,088	1231	641
Torfaen	73,234	278	380
Vale of Glamorgan	104,969	605	576
Wrexham	107,242	693	646
All Local Authorities	2,488,950	12,112	487

In a similar way to the total numbers, the number of applications relative to the population varied considerably between health boards. This may have been because of differences in local demography and also the number of managing authorities in that area. For example, some health boards have a higher number of inpatient older adult or learning disability settings within their geographical area, which can generate a higher number of DoLS applications.

Cwm Taf Morgannwg had the highest number of applications relative to the population size (409). Hywel Dda reported the lowest number of applications relative to the population (145) and was well below the Welsh average. See Table 1.2.

Table 1.2. The total adult population and number of DoLS applications received by each health board and the number of applications per 100,000 adult population in 2022-23.

	Total 18+ Population	Number of DoLS applications	DoLS applications per 100,000
Aneurin Bevan	466,857	1268	271.6
Betsi Cadwaladr	553,337	1578	285.2
Cardiff and Vale	390,745	1167	298.7
Cwm Taf Morgannwg	351,169	1435	408.6
Hywel Dda	310,962	452	145.4
Powys Teaching	110,097	329	298.8
Swansea Bay	305,783	760	248.5
All Health Boards	2,488,950	6,989	280.8

Applications submitted by third party organisations

If the person, any relative, friend or carer, or any other third party believes that a person is being deprived of their liberty without the managing authority having applied for an authorisation they should draw this to the attention of the managing authority. In a situation where the concerned person has raised the matter with the managing authority and the managing authority does not apply for an authorisation within a reasonable time, the concerned person can ask the Supervisory Body to decide whether there is an unauthorised deprivation of liberty.

All DoLS applications to local authorities in 2022-23 were submitted by managing authorities. Of the 6,989 applications submitted to health boards, 6 applications were submitted by third parties, these include 4 submitted by a paid representative and 2 by another professional.

Applications made by managing authorities from outside Wales

Some people from Wales receive their care and support or treatment in a care home or hospital outside of Wales. When the application is received from a managing authority outside of Wales, and the care and support or treatments have been arranged by a Welsh local authority or health board, then the DoLS assessments remain the responsibility of the Welsh Supervisory Bodies.

During 2022-23, 1.9% (234) of local authority DoLS applications originated outside Wales. These were made by managing authorities to nineteen local authorities. Compared to the previous year, ten more applications were received from outside Wales. Nearly one-third of applications (70) were made to Powys, followed by 11% (25) to Flintshire. Only three local authorities received no applications from England, these were Blaenau Gwent, Caerphilly, and the Vale of Glamorgan.

During 2022-23, 4.5% (313) of DoLS applications were made to two health boards by managing authorities from outside Wales. Powys Teaching Health Board received 184 applications made from outside of Wales, and Betsi Cadwaladr University Health Board received 129 applications made from outside of Wales. Both health boards border England. The remaining health boards did not receive any applications from outside of Wales.

2. Type of applications

Standard applications

The types of applications received by local authorities in 2022-23 are comparable to those reported in 2021-22. Of the 12,112 applications reported in 2022-23, 47% (5,736) are for standard authorisations. This is a small decrease when compared to the 49% (4,808) standard applications recorded for the previous year.

There was a low percentage of standard application requests for Blaenau Gwent at 19%, whilst Wrexham continued to report no standard applications received from managing authorities. See Table 2.1.

In 2022-23, only 8% of applications to health boards were standard applications. This is a slight reduction compared to the percentage of standard applications seen in 2021-22 (10%).

There was a low number of standard application requests for Hywel Dda (0%), Swansea Bay (0%) and Betsi Cadwaladr (1%) University Health Boards. See Table 2.2.

Standard following urgent applications

For local authorities, 18% (2,188) of applications made in 2022-23 were via the urgent route, this is 2% lower than the previous year. The Supervisory Bodies with the lowest percentages are Bridgend 2% (10) and Gwynedd 3% (10). See Table 2.1.

Most of the 6,989 applications made to health boards in 2022-23 were urgent (89% of all applications). This represents a year-on-year increase, from 87% in 2021-22, 81% in 2020-21 and 75% in 2019-20.

Further applications

The remaining 35% (4,188) of applications submitted to local authorities in 2022-23 were further applications; this is an increase when compared to the 31% (2,975) reported in 2021-22. In our 2021-22 report, it was noted three local authorities were not submitting further applications due to a recording issue. Following discussions, Flintshire CC has updated their data sets to include the submission of further applications. Denbighshire CC is in the process of updating its data sets to be able to report on the number of further applications from 2023-24. See Table 2.1.

For health boards, the remaining 3% of applications submitted in 2022-23 were further applications. This is the same percentage of applications seen in 2021-22 (3%). See Table 2.2.

Table 2.1. The percentage of different application types for each local authority in 2022-23.

<i>(Number of applications)</i>	Standard	Urgent	Further
Blaenau Gwent (213)	19%	50%	31%
Bridgend (556)	46%	2%	52%
Caerphilly (535)	39%	44%	17%
Cardiff (1,152)	58%	5%	37%
Carmarthenshire (875)	57%	9%	34%
Ceredigion (355)	46%	5%	49%
Conwy (473)	34%	30%	35%
Denbighshire (394)	96%	4%	0%
Flintshire (571)	50%	12%	39%
Gwynedd (311)	97%	3%	0%
Isle of Anglesey (245)	37%	16%	47%
Merthyr Tydfil (102)	57%	24%	20%
Monmouthshire (393)	23%	52%	25%
Neath Port Talbot (770)	38%	6%	56%
Newport (699)	42%	20%	37%
Pembrokeshire (592)	37%	14%	49%
Powys (568)	48%	26%	26%
Rhondda Cynon Taf (501)	59%	32%	10%
Swansea (1,231)	61%	5%	34%
Torfaen (278)	25%	49%	26%
Vale of Glamorgan (605)	55%	5%	40%
Wrexham (693)	0%	54%	46%
All Local Authorities	47%	18%	35%
<i>(Number of applications)</i>	5,736	2,188	4,188

Table 2.2. The percentage of different application types for each health board in 2022-23.

<i>(Number of applications)</i>	Standard	Urgent	Further
Aneurin Bevan (1268)	5%	95%	0%
Betsi Cadwaladr (1578)	1%	94%	5%
Cardiff and Vale (1167)	15%	81%	3%
Cwm Taf Morgannwg (1435)	18%	76%	6%
Hywel Dda (452)	0%	94%	5%
Powys Teaching (392)	6%	94%	0%
Swansea Bay (760)	0%	100%	0%
All Health Boards	8%	89%	3%
<i>(Number of applications)</i>	528	6227	234

3. Timeframe for allocation to assessment

The data submitted by local authorities shows that a high number of people awaiting a DoLS assessment experience delays in their application being allocated to an assessor. This leads to delays in completing assessments, delays in authorisations being granted, and possible extended periods of unlawful deprivation.

Applications unallocated⁴

Of the 6,616 applications received by local authorities, 38% (4,580) were still unallocated on 1st April 2023, a 1% increase on the previous year's figure.

Comparable to the picture in the previous year, Wrexham continued to have no applications unallocated at the end of the financial year. Rhondda Cynon Taf and Merthyr Tydfil, along with Gwynedd reported the highest proportion of applications unallocated at the end of 2022-23. Again, this indicates many people are waiting too long to have their DoLS application assessed - which risks infringing their human rights. See Table 3.2.

Of the 6,989 applications received by health boards, 23% (1,601) were still unallocated on 1st April 2023, a 13% increase on the previous year's figure. See Table 3.1.

Applications withdrawn

In 2022-23, 48% (3,373) of the applications made to health boards were withdrawn before they could be assessed. The main reasons given are the person was discharged or died. See Table 3.1.

Table 3.1. The proportion of applications withdrawn or unallocated per health board in 2022-23.

<i>(Number of applications)</i>	Withdrawn	Unallocated
Aneurin Bevan (1,268)	67%	30%
Betsi Cadwaladr (1,578)	69%	7%
Cardiff and Vale (1,166)	4%	79%
Cwm Taf Morgannwg (1,435)	57%	11%
Hywel Dda (452)	83%	1%
Powys Teaching (339)	63%	10%
Swansea Bay (760)	0%	0%
All Health Boards	48%	23%
<i>(Number of Applications)</i>	3373	1601

⁴ Unallocated applications are referred to as 'In Progress' in the current DoLS data collection form.

For local authorities, during 2022-23, 13% (1,546) of the applications made were withdrawn before they could be assessed - a 1% increase compared to last year. The main reasons given are the person has moved care home, returned home, or died. When people move to another care home a new application must be made if still required. These people may have been deprived of their liberty without the appropriate safeguards being in place. See Table 3.2.

Table 3.2. The proportion of applications withdrawn or unallocated per local authority in 2022-23.

<i>(Number of applications)</i>	Withdrawn	Unallocated
Blaenau Gwent (70)	16%	17%
Bridgend (266)	16%	32%
Caerphilly (311)	19%	39%
Cardiff (642)	0%	56%
Carmarthenshire (612)	20%	50%
Ceredigion (147)	18%	23%
Conwy (351)	20%	54%
Denbighshire (243)	7%	55%
Flintshire (434)	25%	51%
Gwynedd (256)	11%	71%
Isle of Anglesey (100)	11%	29%
Merthyr Tydfil (88)	22%	65%
Monmouthshire (215)	6%	48%
Neath Port Talbot (290)	11%	27%
Newport (699)	16%	11%
Pembrokeshire (349)	13%	46%
Powys (357)	18%	45%
Rhondda Cynon Taf (437)	19%	68%
Swansea (287)	11%	12%
Torfaen (158)	15%	42%
Vale of Glamorgan (281)	1%	45%
Wrexham (45)	6%	0%
All Local Authorities	13%	38%
<i>(Number of Applications)</i>	1,546	4,580

Length of time to allocate for assessment

Of the 6,616 applications allocated for assessment, only 28% (1,857) were allocated within 7 days of the local authority receiving the application. 45% (2,933) of applications took more than 28 days to be allocated. Gwynedd local authority did not record the dates of allocation in their analysis. See Table 3.3.

When considering the length of time to allocate DoLS local authority applications for assessment by application type, standard applications had the longest waiting time. Of the 2,581 standard applications, 60% (1,541) took more than one month to allocate. Of the 1,081 standard applications following urgent 55% (596) waited more than 14 days to be allocated. For the 2,954 further applications, 32% (954) waited more than one month to be allocated. See Table 3.3.

Table 3.3. The length of time taken to allocate all DoLS applications for assessment by application type and local authority in 2022-23.

	1-7 days	8-14 days	15-28 days	1-3 months	3-6 months	Over 6 months
Standard						
All Local Authorities	16%	11%	13%	30%	22%	8%
<i>Number of Applications</i>	415	283	342	763	579	199
Urgent						
All Local Authorities	34%	11%	15%	20%	14%	6%
<i>Number of Applications</i>	364	121	158	220	156	62
Further						
All Local Authorities	36%	15%	17%	20%	11%	2%
<i>Number of Applications</i>	1,078	430	492	581	312	61
All Applications						
All Local Authorities	28%	13%	15%	24%	16%	5%
<i>Number of Applications</i>	1,857	834	992	1,564	1,047	322

For health boards, of the 1,900 applications allocated for assessment, roughly 512 (27%) of applications were allocated for assessment within 7 days of the request form being received by the health board. However, 601 (32%) of applications took more than 28 days to be allocated. See Table 3.4.

When considering the length of time to allocate DoLS applications made to health boards for assessment by application type, standard following urgent applications had the longest waiting time.

Of the 55 standard applications, 31% (17) took more than one month to allocate. Of the 1,713 standard applications following urgent 58% (991) waited more than 14 days to be allocated. For the 132 further applications, 9% (12) waited more than one month to be allocated. See Table 3.4.

Table 3.4. The length of time taken to allocate all DoLS applications for assessment by application type and health board in 2022-23.

	1-7 days	8-14 days	15-28 days	1-3 months	3-6 months	Over 6 months
Standard						
All Health Boards	13%	22%	35%	29%	2%	0%
<i>Number of Applications</i>	7	12	19	16	1	0
Urgent						
All Health Boards	25%	17%	24%	31%	2%	0%
<i>Number of Applications</i>	421	301	419	539	33	0
Further						
All Health Boards	64%	20%	7%	8%	1%	0%
<i>Number of Applications</i>	84	27	9	11	1	0
All Applications						
All Health Boards	27%	18%	24%	30%	2%	0%
<i>Number of Applications</i>	512	340	447	566	35	0

Length of time to allocate standard assessments

There is considerable variation between local authorities when allocating standard applications. Flintshire reported the highest proportion 96% (90) allocated to an assessor within 28 days, whilst Swansea allocated 84% (596) of applications to an assessor within the 28 days. In comparison, some local authorities took more than 6 months to allocate over a third of its applications to an assessor -Torfaen 55% (11), Monmouthshire 38% (11) and Carmarthenshire 35% (78). See Figure 3.1.

For health boards, of the 55 standard applications allocated for assessment, 31% took more than 28 days to be allocated. Cardiff and Vale reported the highest proportion of standard applications that did not meet the target, with 54% of the

standard applications to the health board being allocated after 28 days, from the start of the application, with one application taking 109 days to be allocated. See Figure 3.2.

Figure 3.1. The length of time to allocate standard DoLS applications for assessment by local authority in 2022-23.

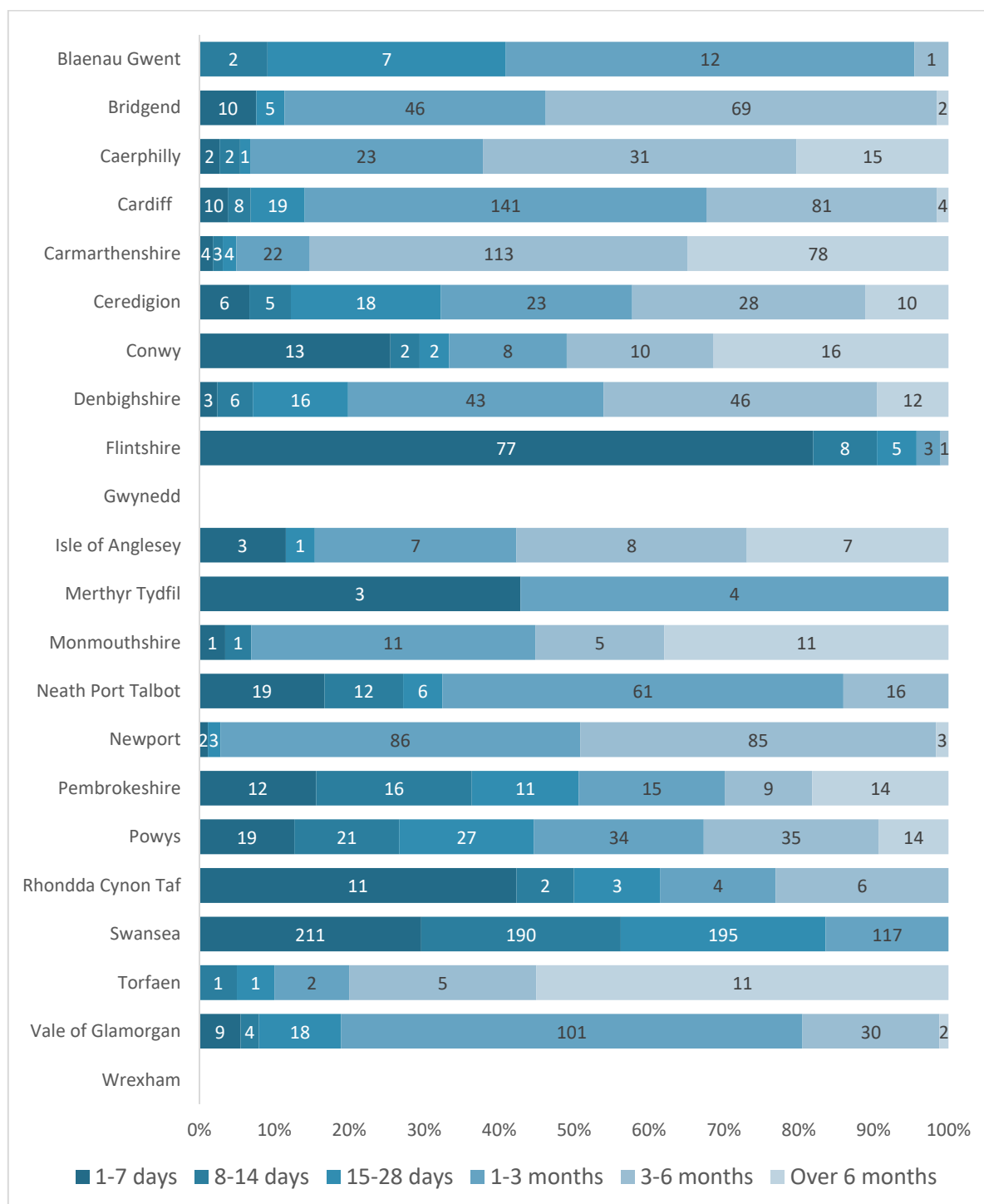
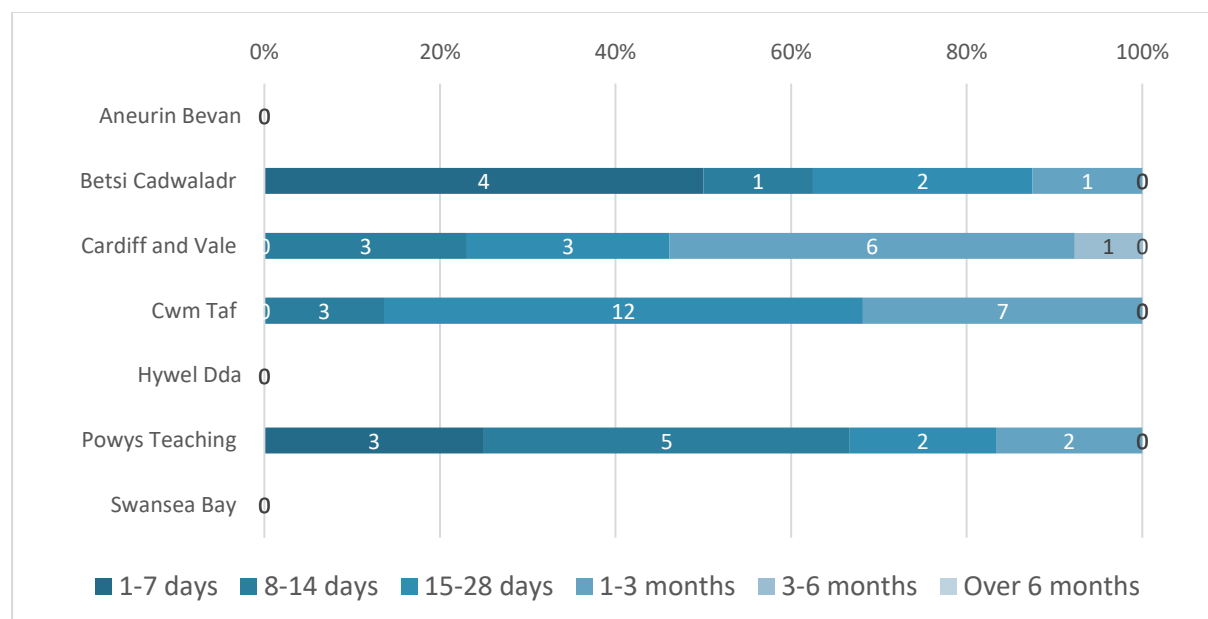


Figure 3.2. The length of time taken to allocate standard DoLS applications for assessment in 2022-23, by health board.



Length of time to allocate standard following urgent assessments

Several local authorities were able to allocate large proportions of standard following urgent applications within 14 days - namely, 100% (37) of applications by Neath Port Talbot, 100% (12) by Denbighshire, 98% (61) by Swansea, 87% (13) by Ceredigion, and 80% (12) by Flintshire. In contrast, 30% (20) of standard following urgent applications to Caerphilly CBC did not receive allocation to an assessor for more than 6 months. See Figure 3.3.

For health boards, of the 1,723 standard following urgent applications allocated for assessment, 57% took more than the maximum permitted time of 14 days to be allocated. Betsi Cadwaladr reported the highest proportion of standard following urgent applications that did not meet the target, with 77% of the standard following urgent applications to the health board being allocated after 14 days from the start of the application. The longest allocations were seen by Hywel Dda, with 5 applications taking over 6 months to be allocated, with the longest taking 238 days. See Figure 3.4.

Figure 3.3. The length of time to allocate standard following urgent DoLS applications for assessment by local authority in 2022-23.

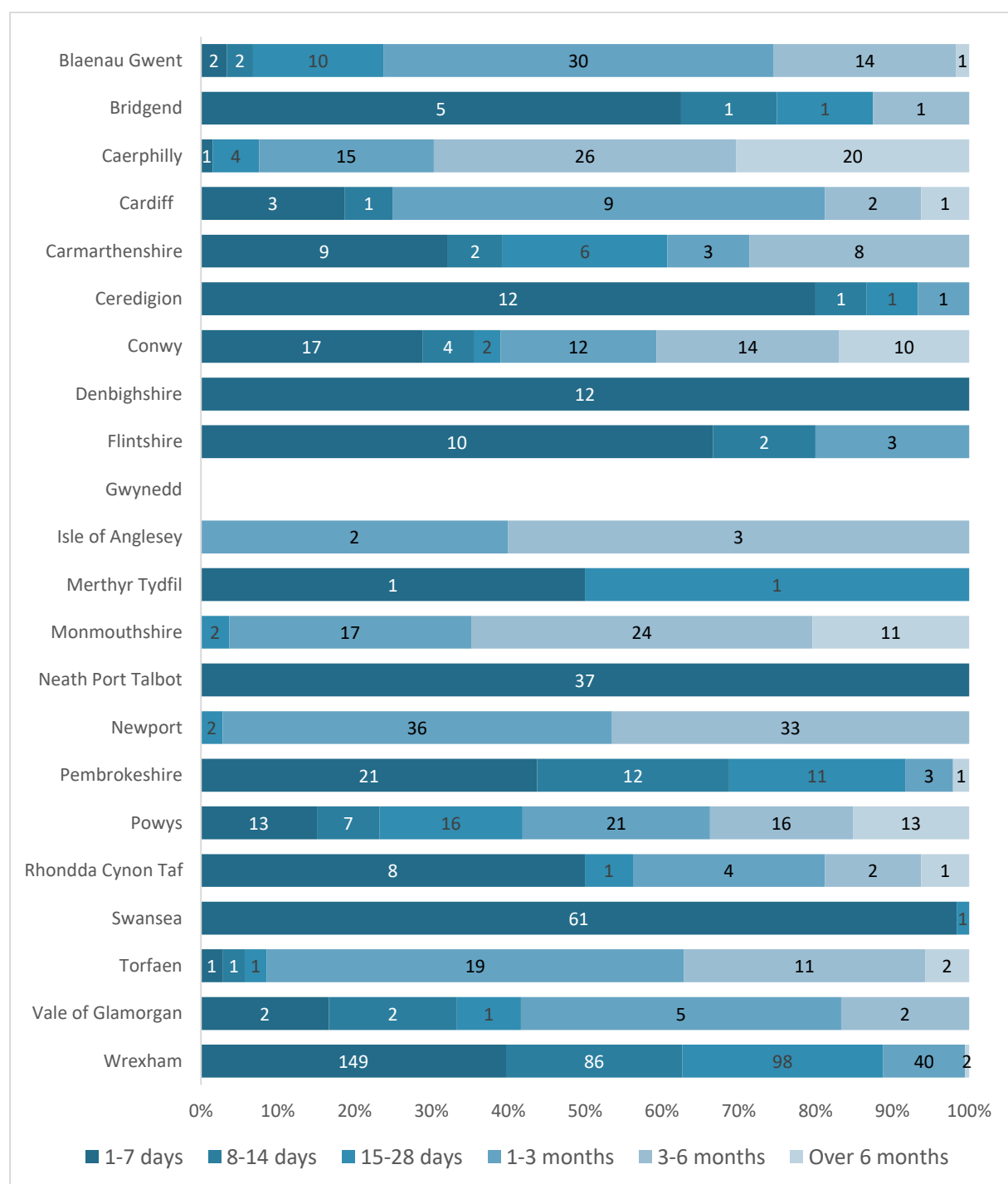
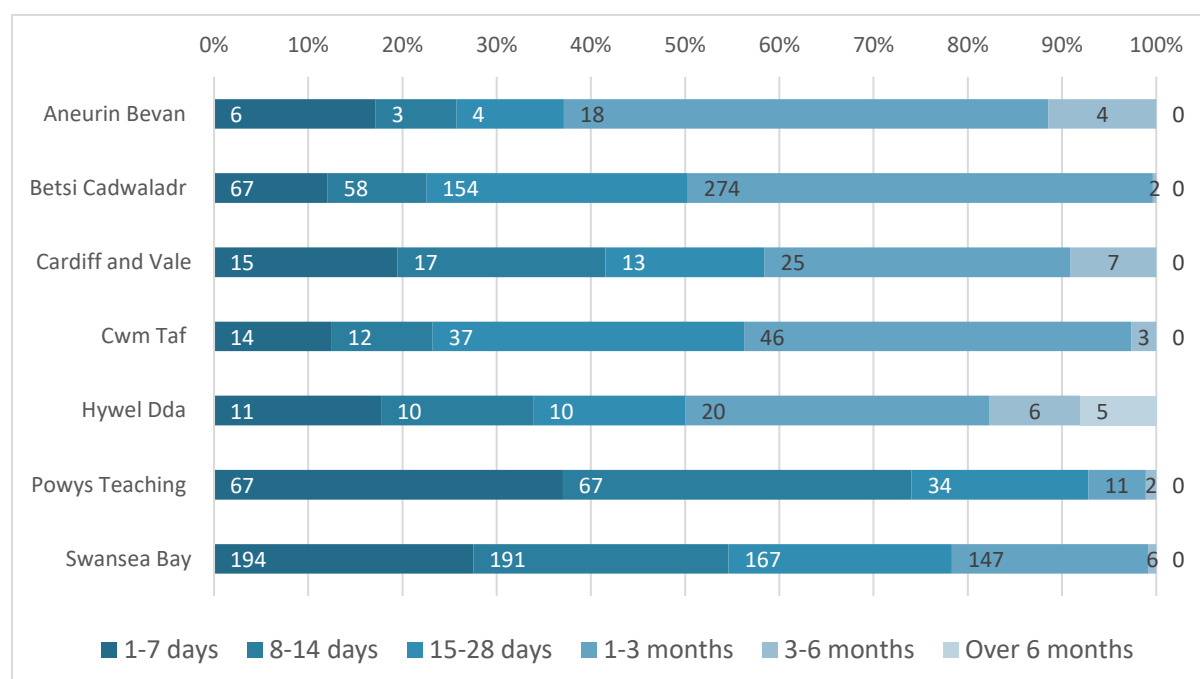


Figure 3.4. The length of time taken to allocate standard following urgent DoLS applications for assessment in 2022-23 by health board.



Length of time to allocate further assessments

A significant number of local authorities performed better at allocating further applications to an assessor within 28 days when compared to standard applications, with the Isle of Anglesey managing to allocate almost 100% (104) of its further applications within this timeframe. The highest proportion of further applications waiting for allocation to an assessor for more than 6 months were reported by Powys 18% (18) and Carmarthenshire 16% (21). Merthyr Tydfil reported 20 further applications for 2022-23 but did not record date information for these to be included in this analysis. See Figure 3.5.

For health boards, of the 132 further applications allocated for assessment, 9% took more than 28 days to be allocated. Cwm Taf was the health board with the highest proportion of applications that did not meet the target, with 7 applications taking over 28 days to be allocated. The longest delay was seen by Hywel Dda, with one further application taking 94 days to be allocated. See Figure 3.6.

Figure 3.5. The length of time to allocate further DoLS applications for assessment by local authority in 2022-23.

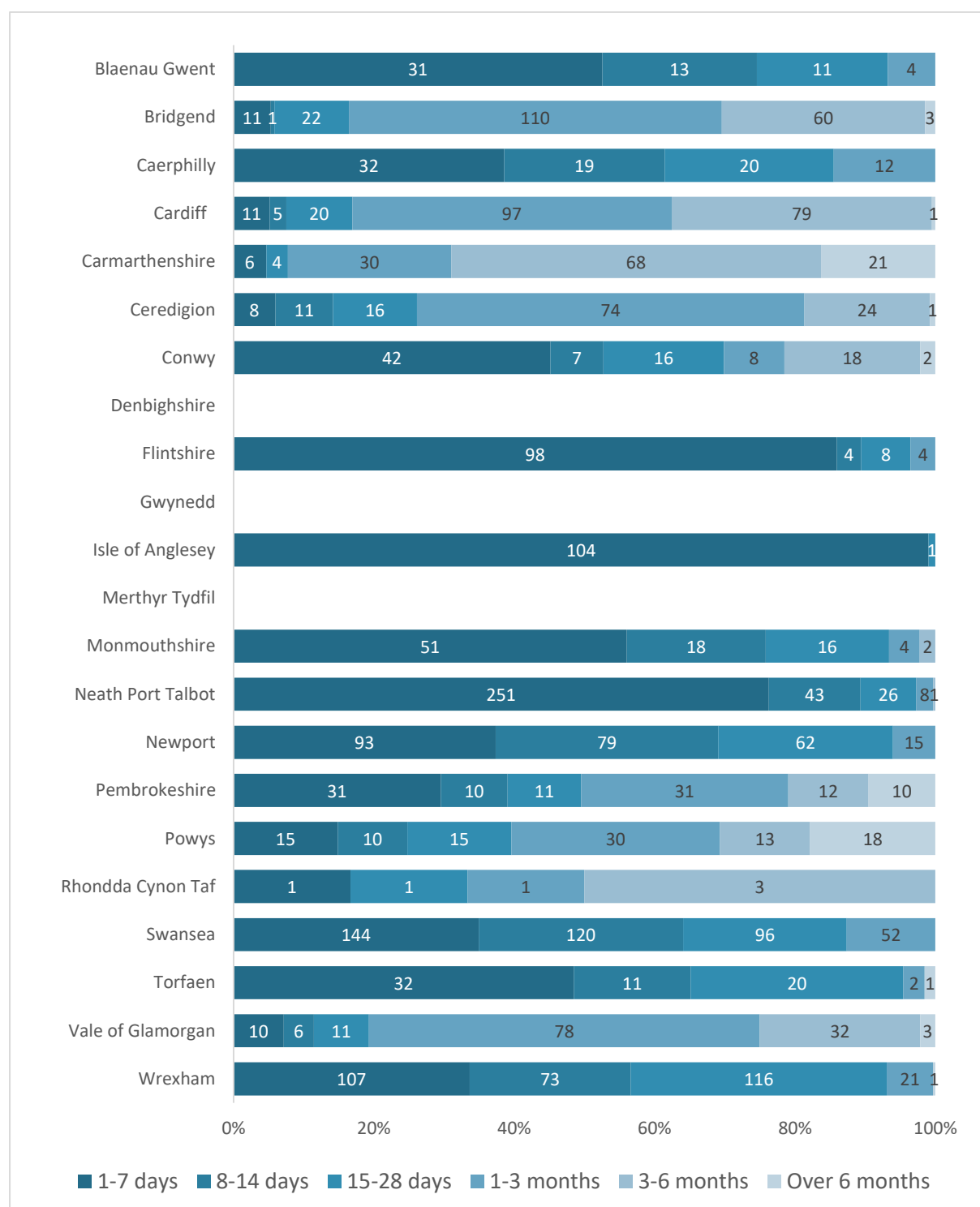
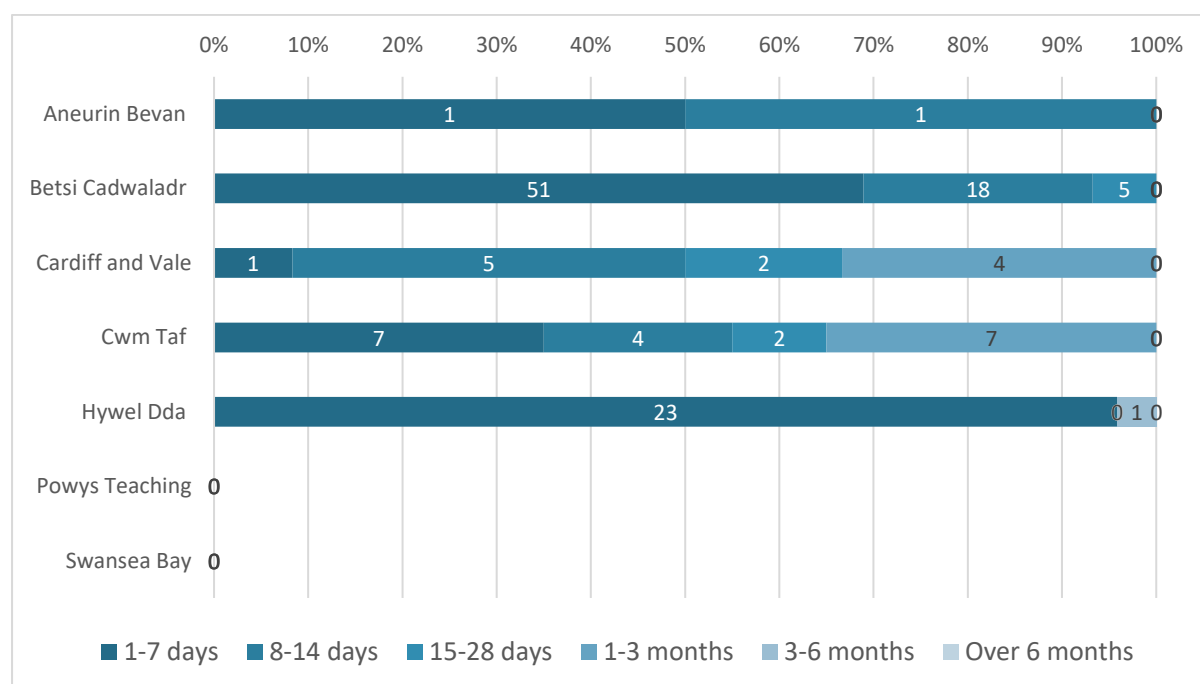


Figure 3.6. The length of time taken to allocate further DoLS applications for assessment in 2022-23, by health board.



4. Completion of Assessments

By comparing the date that the DoLS application form was allocated to an assessor (second or only assessor) with the date of decision (authorisation granted or refused) for the 2022-23 data, we can determine that 49% (5,959) of DoLS applications made to local authorities led to a completed assessment. Gwynedd did not provide any date information that could be included in the analysis.

For health boards, 27% (1,918) of DoLS applications were reported as being allocated to a single or second assessor.

Completion of standard assessments

Of the 2,208 standard applications assessed by local authorities in 2022-23, only 37% (818) were completed within the statutory timeframe of 21 days.

The Vale of Glamorgan completed 81% (132) of standard assessments within the statutory timeframe. Other authorities that completed a high proportion of assessments, include Torfaen 74% (14) Pembrokeshire 70% (54) and Blaenau Gwent 68% (15).

Swansea completed the most standard assessments (630), but only 20% (129) of these were completed within the 21 days. Carmarthenshire and Flintshire were also unable to complete the bulk of assessments within the timeframe, completing only 9% (8) and 10% (5) respectively.

In summary, many local authorities were unable to meet the statutory timeframe of 21 days completion for standard assessments. See Figure 4.1.

For health boards, of the 55 standard applications assessed in 2022-23, only 53% (29) were completed within the statutory timeframe of 21 days.

Powys Teaching Health Board performed best for standard applications, completing 83% (10) of their applications within the statutory timeframe. Cwm Taf Morgannwg only completed 36% (8) of their standard applications within the statutory timeframe of 21 days.

Figure 4.1. The number of standard assessments completed within statutory timeframe (21 days) by local authority in 2022-23.

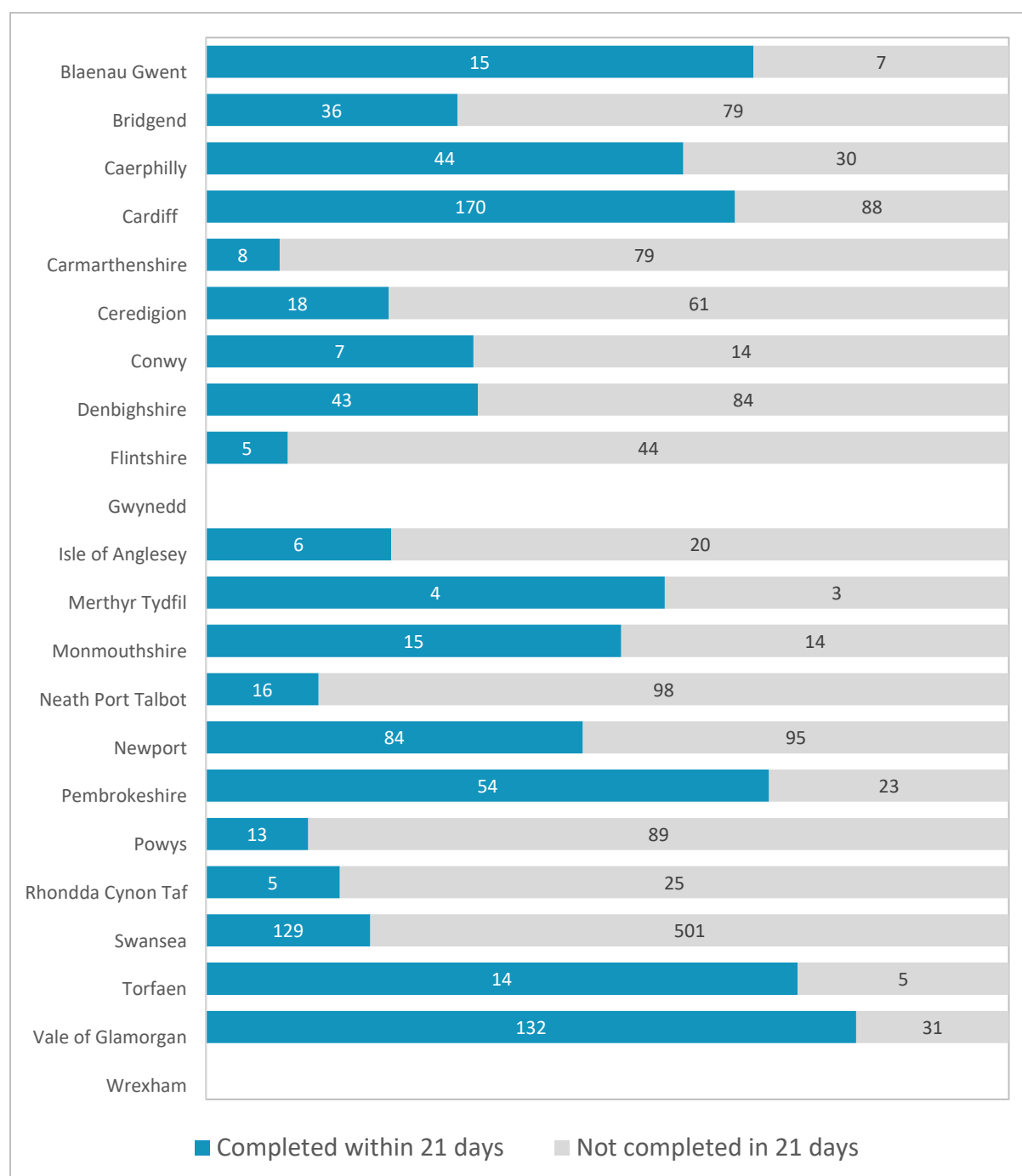
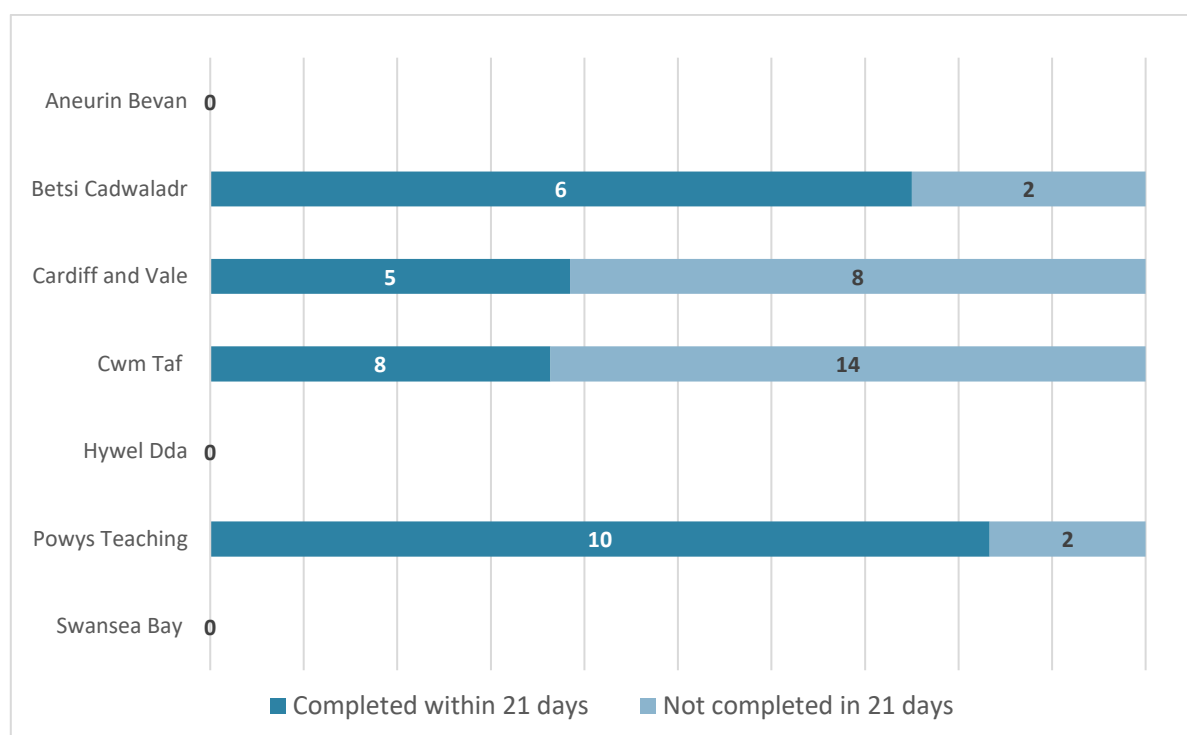


Figure 4.2. The number of standard assessments completed within statutory timeframe (21 days) by health board in 2022-23.



Completion of standard following urgent assessments

A total of 1,009 standard following urgent applications were allocated by local authorities for assessment in 2022-23. Many urgent authorisations expired before the required assessments were undertaken; only 39% (393) of the assessments were completed within the statutory timeframe.

The Vale of Glamorgan and Denbighshire completed the highest proportion of urgent assessments within just 7 days - 58% (7) each. Swansea and Denbighshire completed a high proportion of assessments within the 7-14 day timeframe; 93% (51) and 91% (11) respectively.

Wrexham completed the highest number of urgent assessments across Wales (373) but only managed to complete 32% (119) within the 7-14 day timeframe. Both Merthyr Tydfil and Powys completed relatively low numbers of urgent assessments but had difficulty completing them within the 7-14 day timeframe: 0% and 6% (4) respectively. See Figure 4.3.

For health boards, a total of 1,727 standard following urgent applications were allocated for assessment in 2022-23. Many urgent authorisations expired before the required assessments were undertaken as only 42% (732) of the assessments were completed within the statutory timeframe of 7-14 days.

Powys Teaching Health Board performed best for standard following urgent applications, with 74% (134) of applications completed within the statutory timeframe. Betsi Cadwaladr performed the worst, with only 23% (125) of their standard following urgent applications completed within the statutory timeframe. Cwm Taf Morgannwg saw a similar proportion, with 23% (26) of their standard following urgent applications completed within the statutory timeframe of 7-14 days. See Figure 4.4.

Figure 4.3. The number of standard following urgent assessments completed within statutory timeframe (7 and 14 days) by local authority in 2022-23.

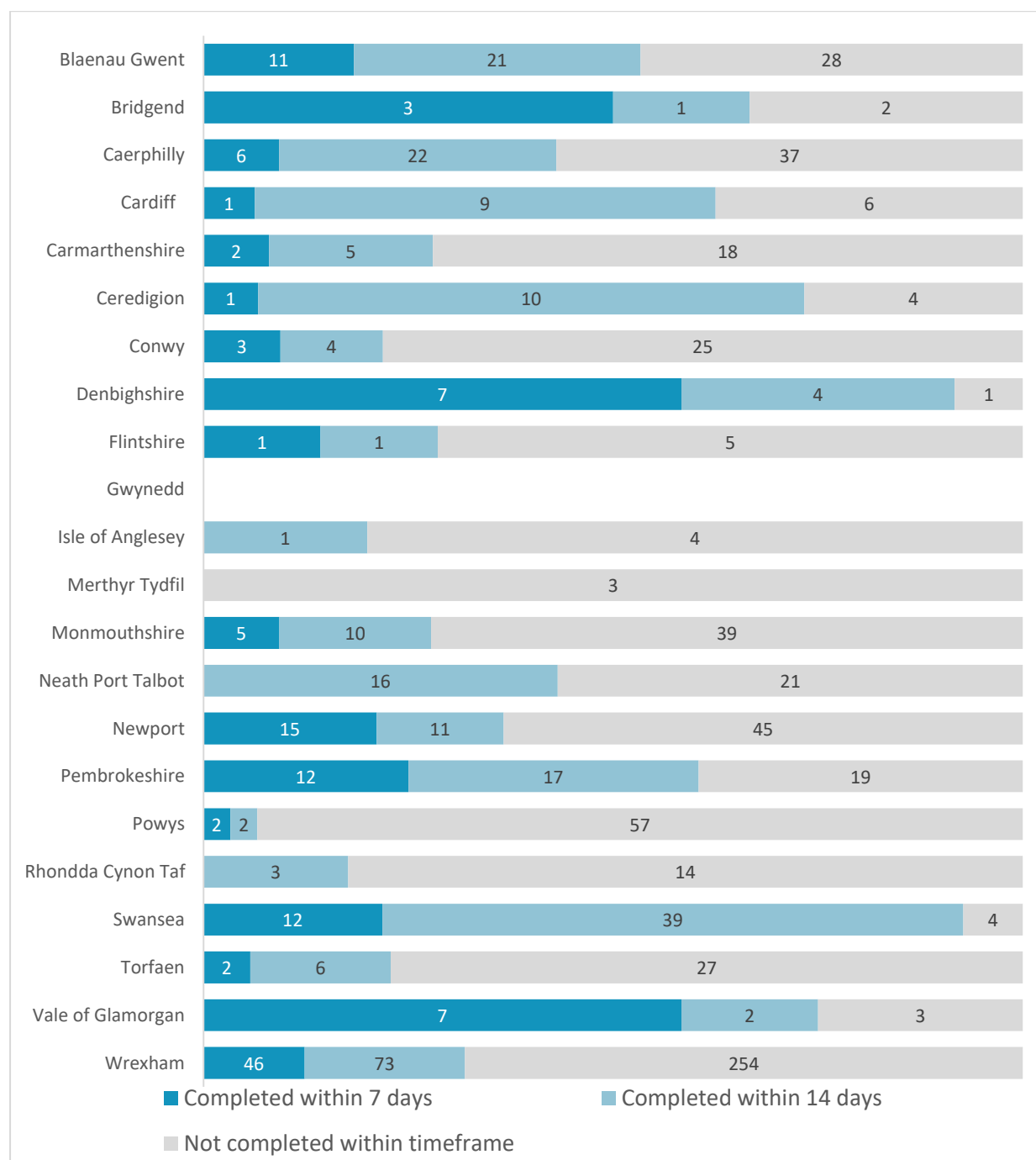
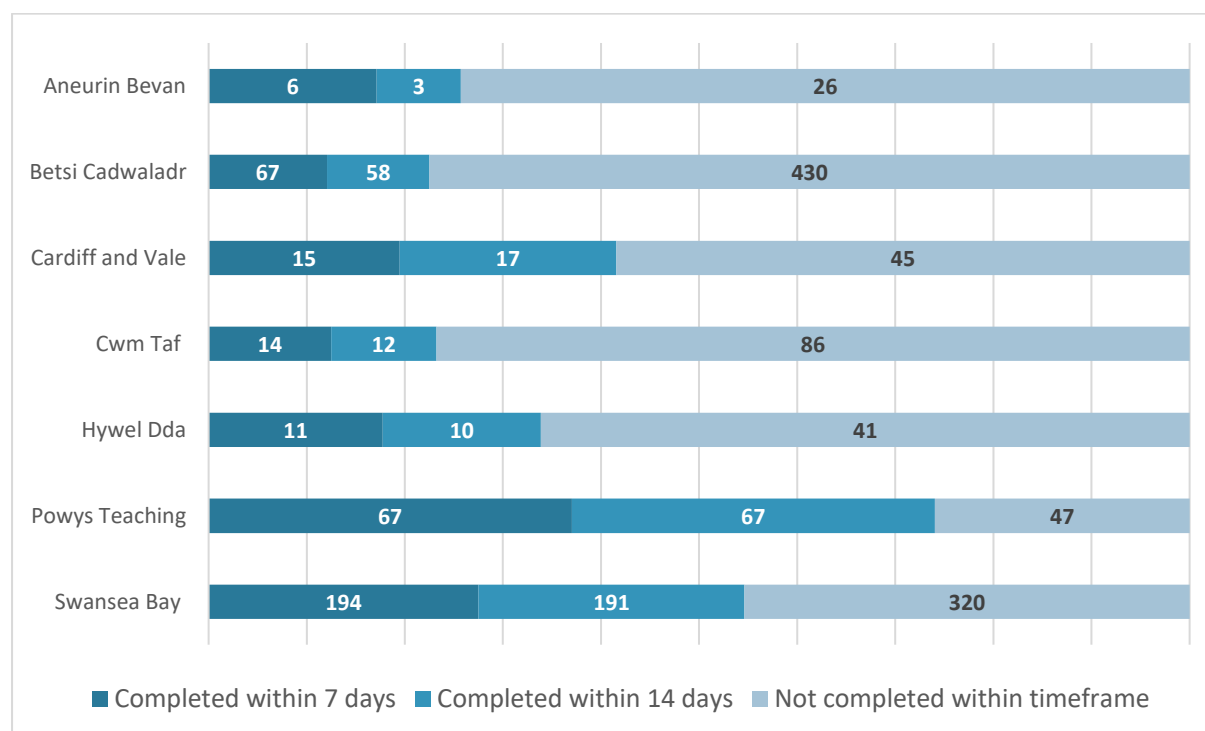


Figure 4.4. The number of standard following urgent assessments completed within statutory timeframe (7 and 14 days) by health board in 2022-23.



Completion of further assessments

For local authorities, a total of 2,742 further applications were assessed in 2022-23, although only 43% (1,179) of these were completed within the statutory timeframe of 21 days.

The Vale of Glamorgan again completed a high proportion of 84% (115) of its further assessments within the statutory timeframe. Other authorities that completed a high proportion of further assessments were Pembrokeshire 79% (83), Wrexham 73% (233) and Blaenau Gwent 71% (42)

Merthyr Tydfil had 1 further application to be assessed but was unable to complete this within the statutory timeframe. Neath Port Talbot had a high number of further applications for assessment (329), completing only 4% (12) within the 21 days. See Figure 4.5.

For health boards, a total of 132 further applications were assessed in 2022-23, with 89% (118) completed within the statutory timeframe of 21 days.

All further applications made to Aneurin Bevan (2) and Betsi Cadwaladr (74) health boards were completed within the statutory timeframe. The proportion of applications completed within the statutory timeframe was also high for Hywel Dda, with 96% (23) completed within 21 days. See Figure 4.6.

Figure 4.5. The number of further assessments completed within statutory timeframe (21 days) by local authority in 2022-23.

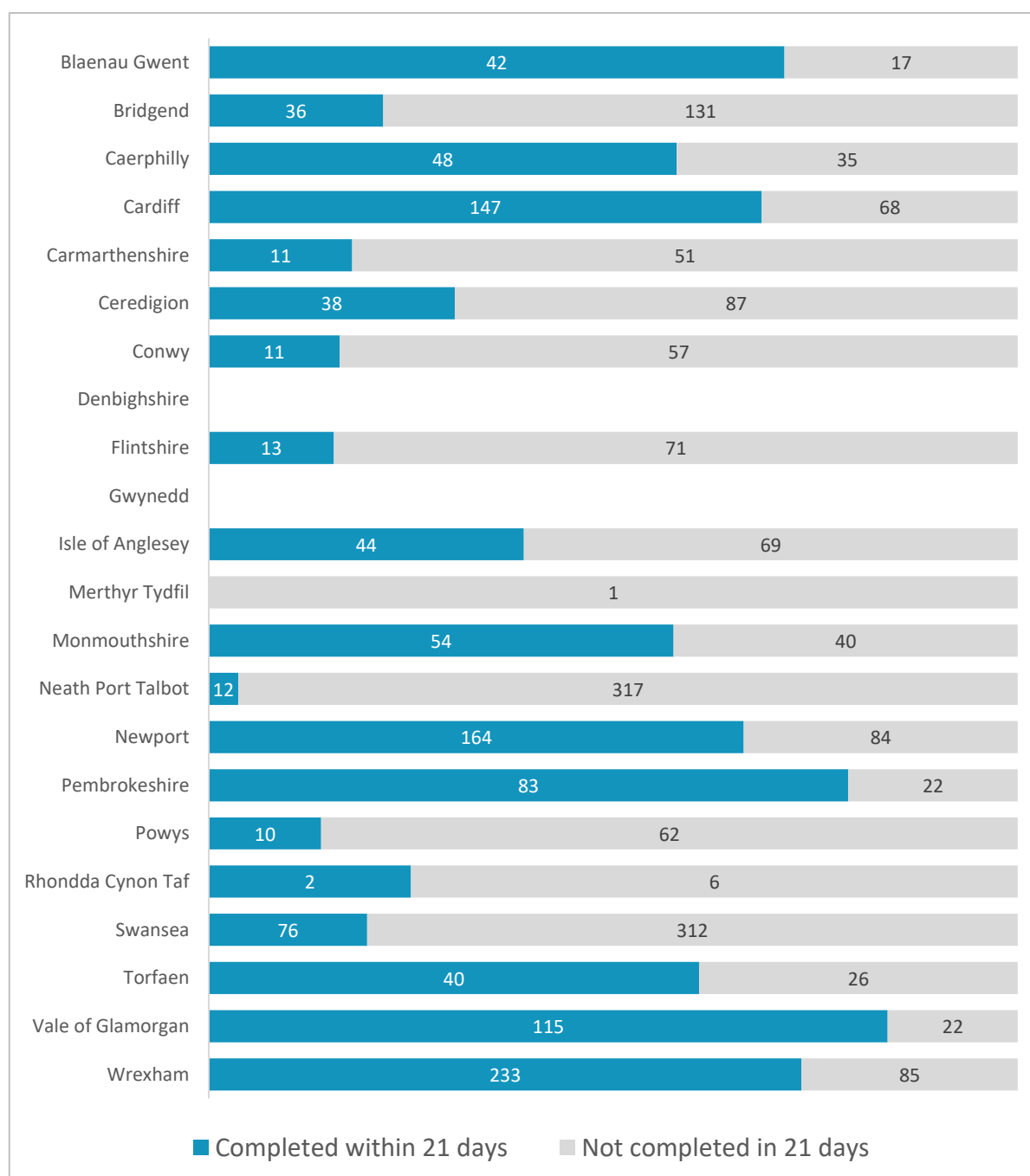
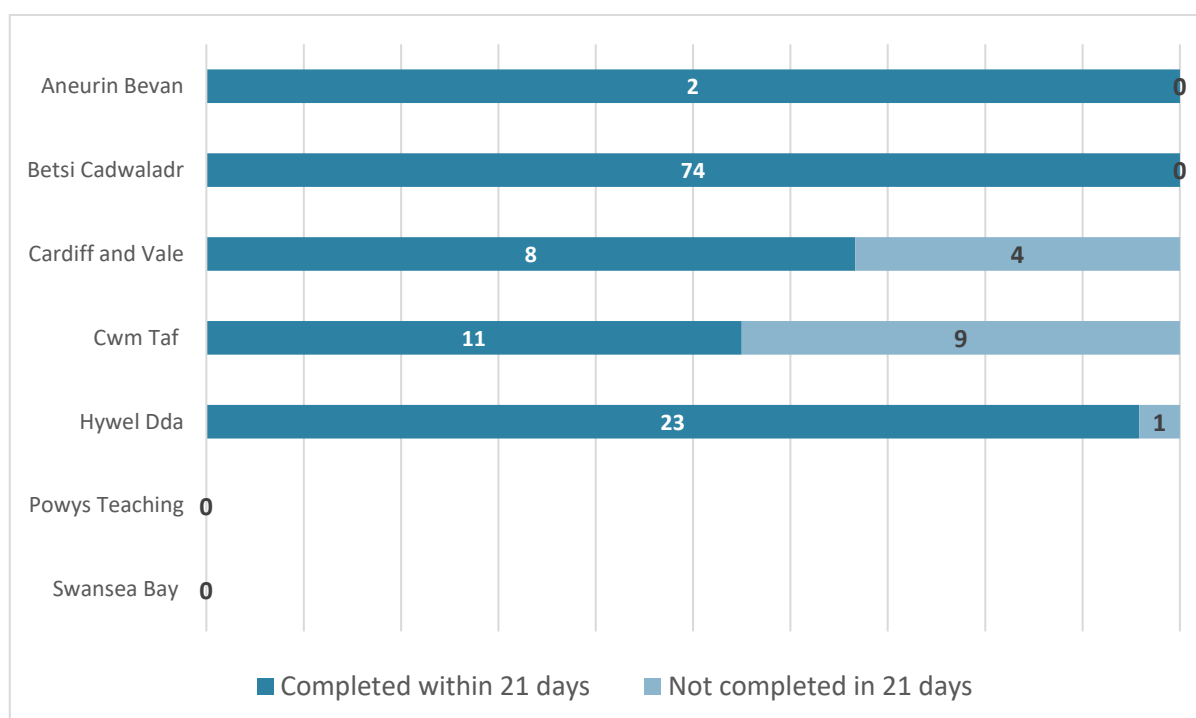


Figure 4.6. The number of further assessments completed within statutory timeframe (21 days) by health board in 2022-23.



5. Outcome of assessments

In 2022-23, 5,959 of DoLS applications made to local authorities were assessed, compared to 5,050 in 2021-22. This represents a percentage increase of 18% (909) in the number of assessments completed by local authorities in Wales.

For health boards, in 2022-23 1,918 DoLS applications were assessed, compared to 1,454 in 2021-22. This represents a percentage increase of 32% (464) in the number of assessments completed by local authorities in Wales.

Applications authorised

Of the 2,024 applications made to health boards that were assessed, roughly 52% (1054) went on to be authorised by Supervisory Bodies. This figure is less than the 74% of applications assessed and authorised in the previous year. See Figure 5.1.

For local authorities, of the 5,959 applications assessed, 94% (5,597) went on to be authorised by Supervisory Bodies. This figure is comparable to the 95% of applications assessed and authorised in the previous year. See Figure 5.2.

Figure 5.1. The proportion of applications authorised by each health board in 2022-23.

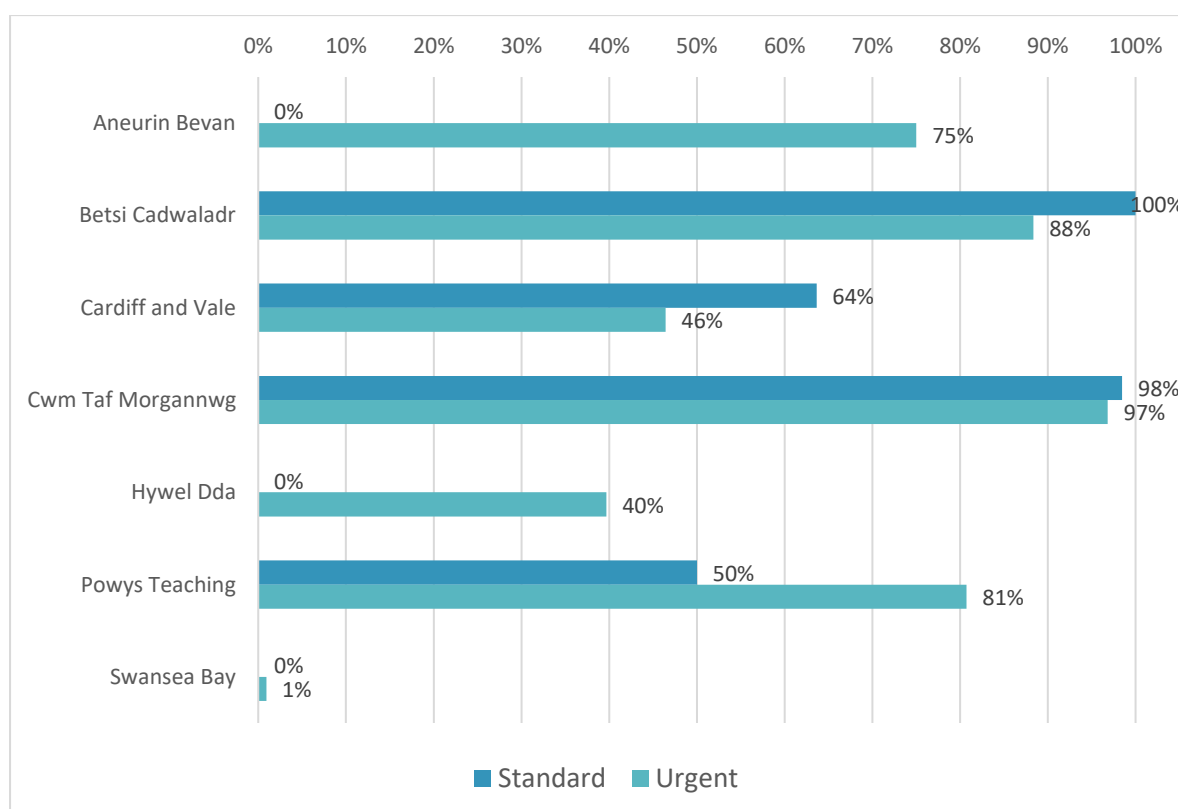
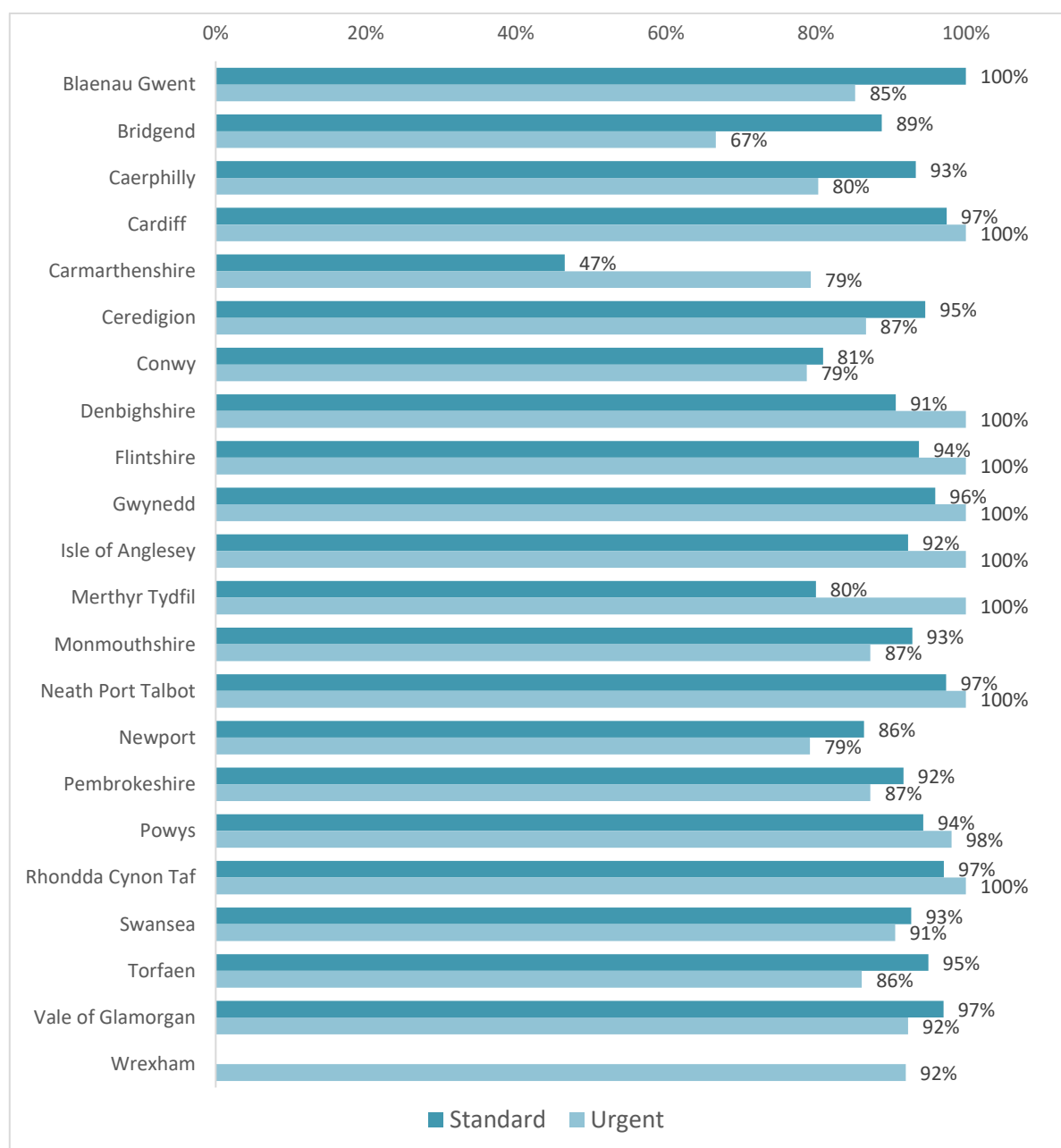


Figure 5.2. The proportion of applications authorised by each local authority in 2022-23.

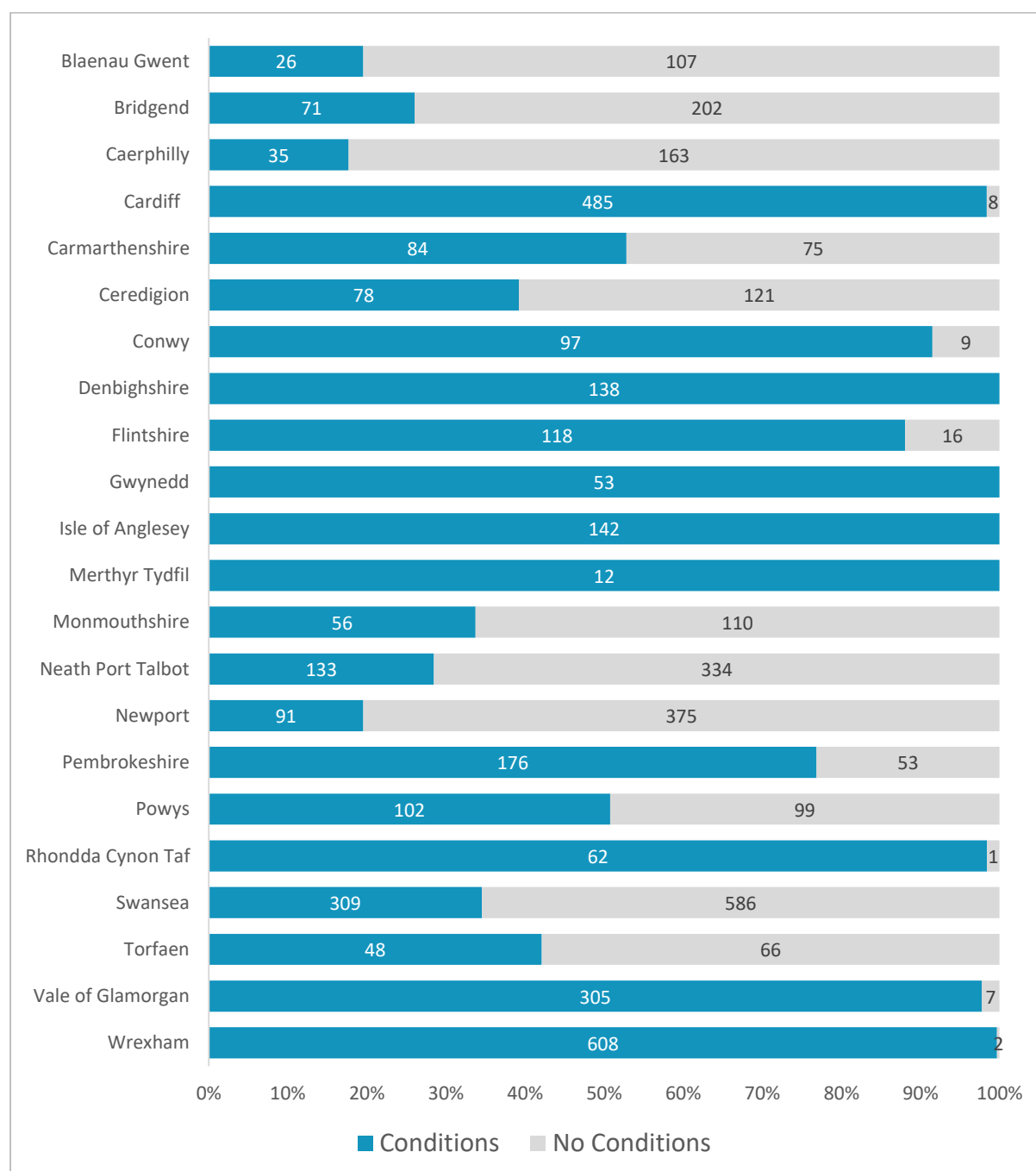


The best interest assessor may recommend conditions are attached to the authorisation. They may make recommendations around contact issues, issues relevant to the person's culture or other major issues relating to the deprivation of liberty, which if not dealt with would mean the deprivation of liberty would cease to be in the person's best interests. They may also recommend conditions to support avoidance of deprivation of liberty in the future.

Of the 5,597 local authority applications authorised, 58% (3,229) had conditions attached. When broken down by type of application, 68% (612) of standard following urgent authorisations included conditions, compared to 55% (1,137) for standard and 56% (1,480) for further.

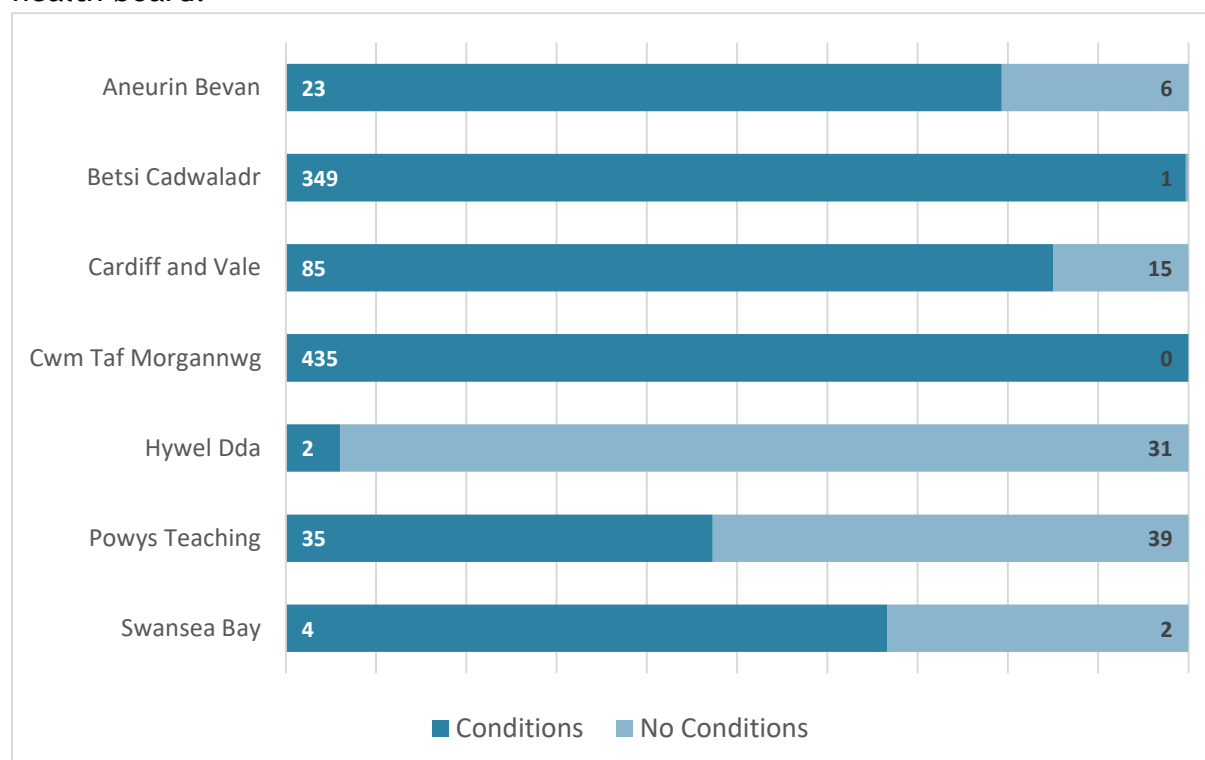
The highest proportion of authorisations with no conditions attached were reported by Caerphilly (82%, 163), Newport (80%, 375) and Blaenau Gwent (80%, 107). Some local authorities should audit their current practice to ensure conditions are used where necessary and are focussed on improving outcomes for people including reducing or removing the deprivation. This is an area CIW will explore further with individual local authorities as part of ongoing monitoring. See Figure 5.3.

Figure 5.3. The number of authorised applications with conditions attached by local authority.



For health boards, of the 1,027 applications that were authorised, 91% (933) had conditions attached. When broken down by type of application, 90% (725) of standard following urgent authorisations had conditions attached, compared to 95% (79) for standard and 95% (127) for further.

Figure 5.4. The percentage of authorised applications with conditions attached by health board.



Applications refused and reason

For applications made to health boards, 14% (970) of applications assessed were refused in 2022-23, with the reasons for refusal varying between health boards. The majority of refusals were on the grounds the mental capacity condition was not met, in other words the person had capacity to agree to any deprivation, with 72% (167) of refusals stating this as the primary reason. See Table 5.1.

Table 5.1. The proportion of applications not authorised by reason for refusal per health board in 2022-23.

	Refused				
	Best interest	Eligibility	Mental Capacity	Mental Health	Not a deprivation
Aneurin Bevan (8)	0%	13%	75%	13%	0%
Betsi Cadwaladr (40)	0%	10%	73%	15%	3%
Cardiff and Vale (6)	0%	67%	33%	0%	0%
Cwm Taf Morgannwg (31)	0%	3%	74%	23%	0%
Hywel Dda (38)	0%	39%	55%	0%	5%
Powys Teaching (18)	0%	11%	78%	11%	0%
Swansea Bay (91)	0%	1%	79%	19%	1%
All Health Boards	0%	12%	72%	14%	2%
<i>(Number of Applications)</i>	<i>0</i>	<i>28</i>	<i>167</i>	<i>33</i>	<i>4</i>

Overall, for local authorities, only 3% (389⁵) of applications assessed were refused in 2022-23 and the reasons for refusal varied considerably between each local authority. Of this number, 69% (251) were refused on the grounds the mental capacity condition was not met, this is comparable to previous year's figures. In addition, 23% (85) of applications were refused due to eligibility⁶. Whilst more than three quarters of applications (83) refused by Carmarthenshire were due to reasons of eligibility, some local authorities refused very small numbers of applications. The Vale of Glamorgan and Isle of Anglesey did not refuse any of the applications assessed during 2022-23. See Table 5.2

⁵ 27 applications that were refused have not been included in Table 5.2 due to recording errors on the reason for refusal

⁶ See Glossary for more information

Table 5.2. The proportion of applications not authorised by reason for refusal per local authority in 2022-23.

<i>(Number of applications)</i>	Refused				
	Best interest	Eligibility	Mental Capacity	Mental Health	Not a deprivation
Blaenau Gwent (10)	0%	0%	100%	0%	0%
Bridgend (17)	0%	0%	100%	0%	0%
Caerphilly (19)	0%	0%	100%	0%	0%
Cardiff (1)	0%	0%	100%	0%	0%
Carmarthenshire (104)	4%	80%	15%	1%	0%
Ceredigion (6)	0%	0%	100%	0%	0%
Conwy (16)	50%	0%	50%	0%	0%
Denbighshire (5)	0%	0%	100%	0%	0%
Flintshire (3)	0%	0%	100%	0%	0%
Gwynedd (2)	0%	0%	100%	0%	0%
Isle of Anglesey (0)	0%	0%	0%	0%	0%
Merthyr Tydfil (2)	50%	0%	0%	50%	0%
Monmouthshire (9)	0%	0%	100%	0%	0%
Neath Port Talbot (11)	0%	0%	100%	0%	0%
Newport (45)	0%	0%	98%	2%	0%
Pembrokeshire (14)	7%	0%	93%	0%	0%
Powys (8)	0%	0%	75%	13%	13%
Rhondda Cynon Taf (1)	0%	0%	100%	0%	0%
Swansea (49)	0%	0%	100%	0%	0%
Torfaen (6)	0%	0%	100%	0%	0%
Vale of Glamorgan (0)	0%	0%	0%	0%	0%
Wrexham (34)	0%	6%	74%	3%	18%
All Local Authorities	4%	23%	69%	1%	2%
<i>(Number of Applications)</i>	<i>14</i>	<i>85</i>	<i>251</i>	<i>5</i>	<i>7</i>

6. Authorisation duration

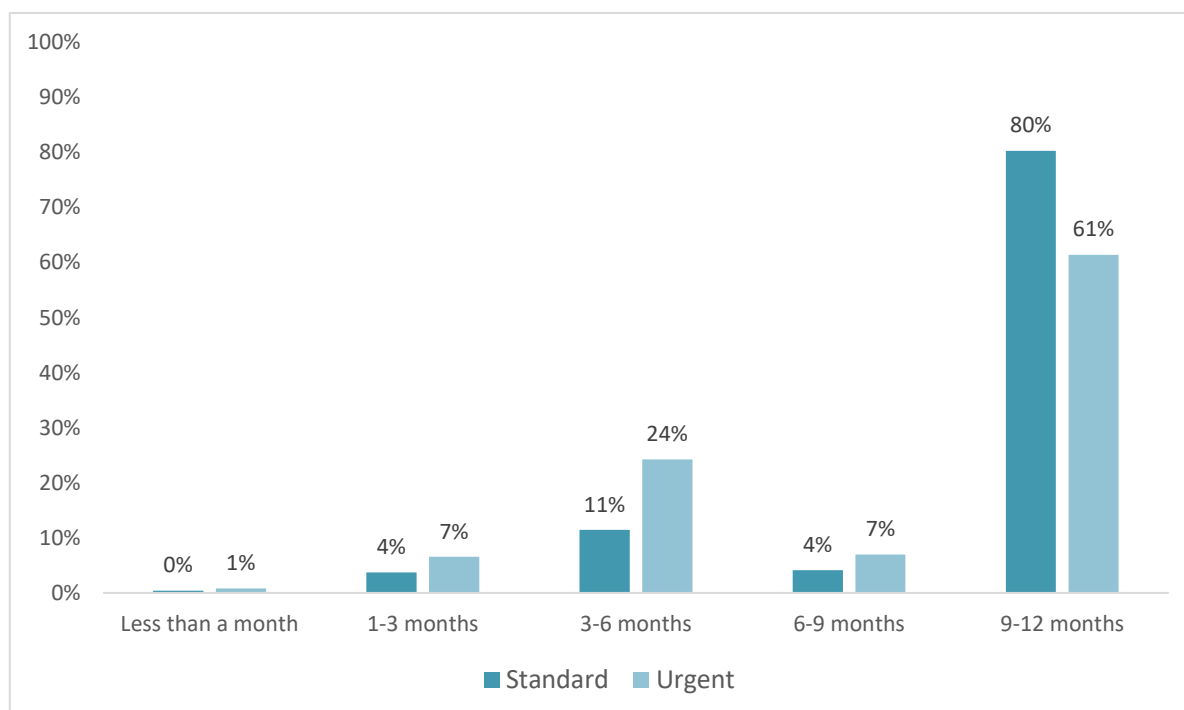
Authorisation duration

The Code of Practice⁷ states any authorisation should be for the shortest possible duration, and for only as long as the relevant person will meet the required criteria.

Of the 2,871 standard and standard following urgent applications authorised by local authorities in 2022-23, high proportions were authorised for more than nine months - 80% (1,594) and 61% (544) respectively.

Additionally, comparing data to the previous year, there has been an increase in both application types being authorised for more than 6 months. In 2022-23 there is a 3% increase reported for standard applications authorised for more than 6 months, now placing 84% (1,676) of standard applications within this timeframe. An increase of 9% is also reported for standard following urgent applications in 2022-23, with 68% (606) being authorised for more than 6 months. See Figure 6.1.

Figure 6.1. The proposed duration of authorisations by each local authority in 2022-23.

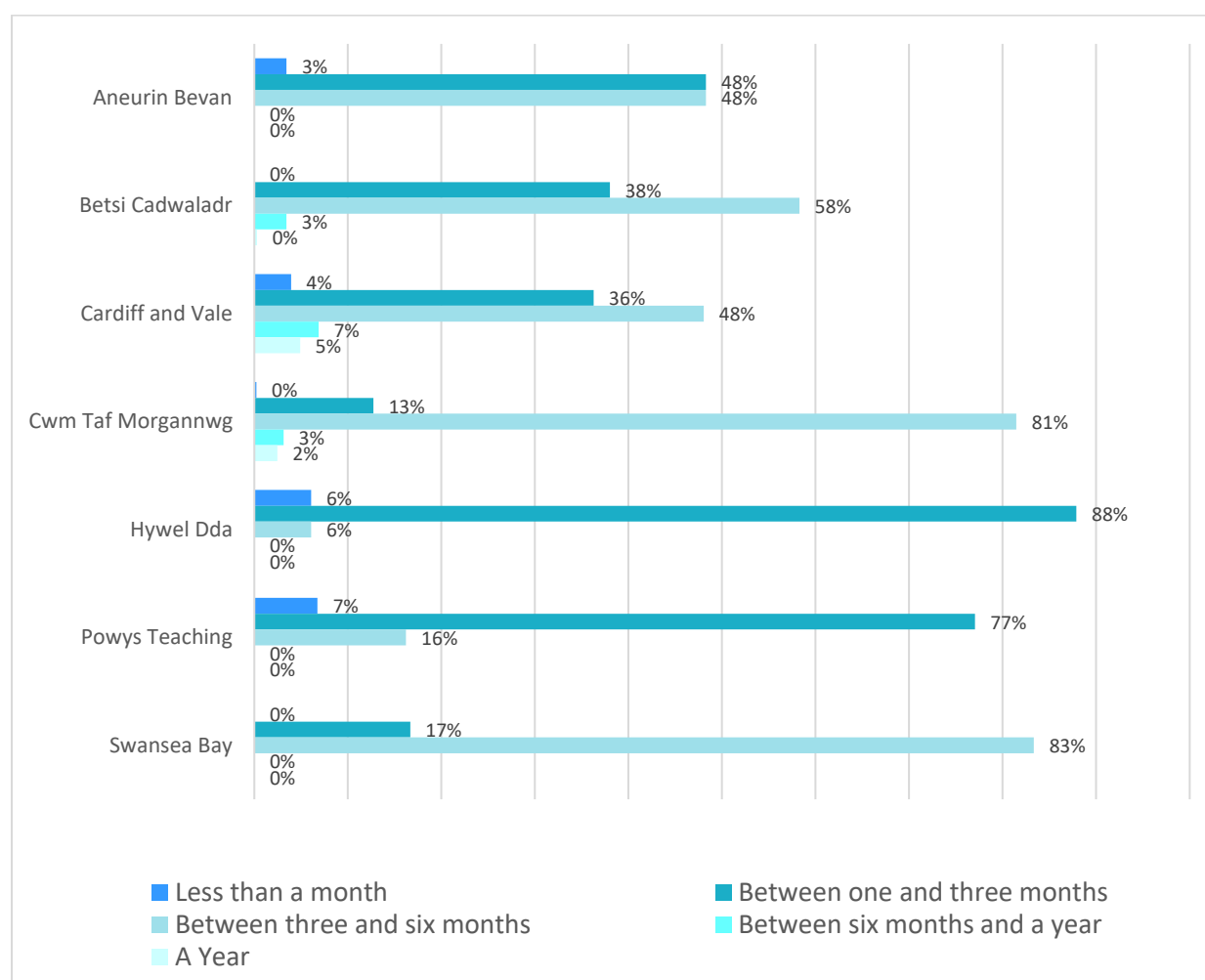


⁷ See [Mental Capacity Act 2005: Deprivation of liberty safeguards - Code of Practice](#)

In 2022-23, 95% of authorisations made to health boards were for six months or less, and 32% for three months or less. Only 2% of authorisations were for a whole year.

Cardiff and Vale and Cwm Taf Morgannwg are two of the health boards to make year-long authorisations. For these health boards it is due to there being a relatively high number of learning disability units, specialist neurology units and private/independent hospitals providing long-term rehabilitation. See Figure 6.2

Figure 6.2. The proposed duration of authorisations by each health board in 2022-23.



7. Individual Characteristics

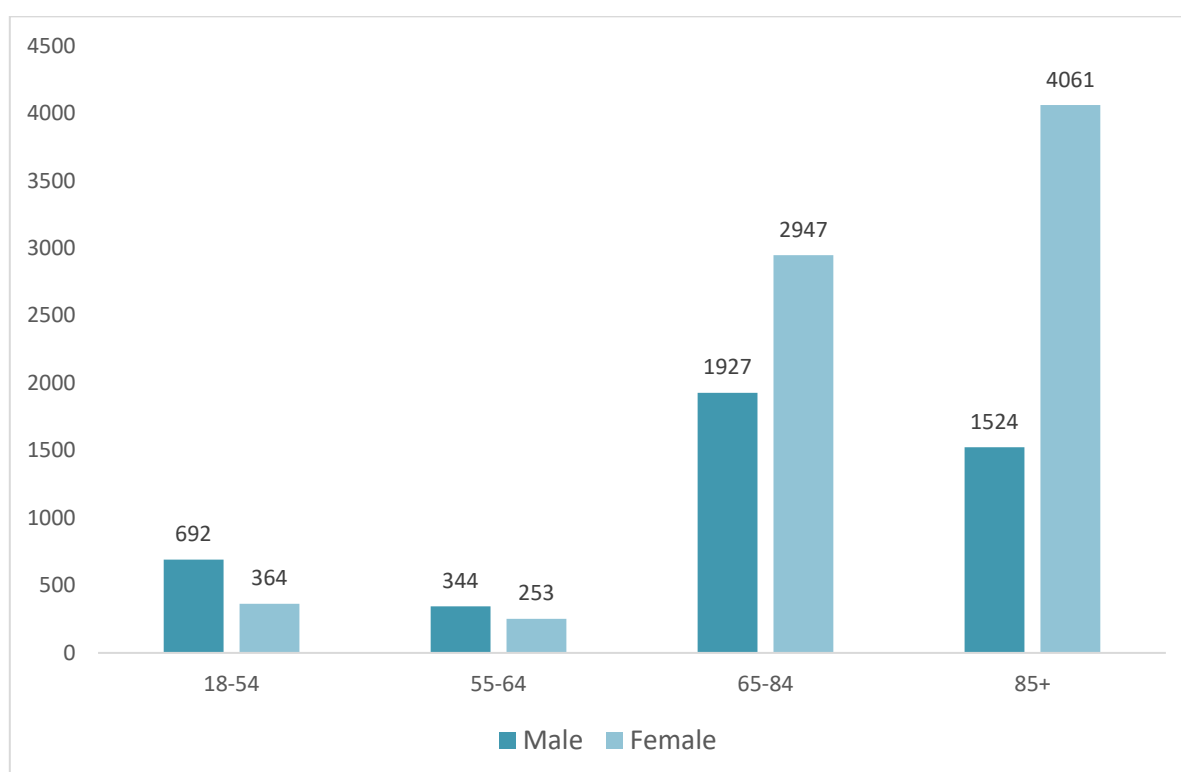
Applications by Age, Gender and Ethnicity

People aged over 65 account for 86% of DoLS applications to local authorities across Wales, whilst 63% (7,625) of all applications are for women, the majority of which were in the older age groups.

As in previous years, the demographic trend shows that males make up slightly larger numbers of applications up to the age of 64, then there is significant shift in the oldest age groups, with a higher proportion being females. See Figure 7.1.

Just over three-quarters of DoLS applications are for people of white ethnicity and less than 1% relate to people from Asian or Black backgrounds. The recording of ethnicity is an area for improvement by Supervisory Bodies.

Figure 7.1. The breakdown of age by gender of local authorities for all applications in 2022-23.

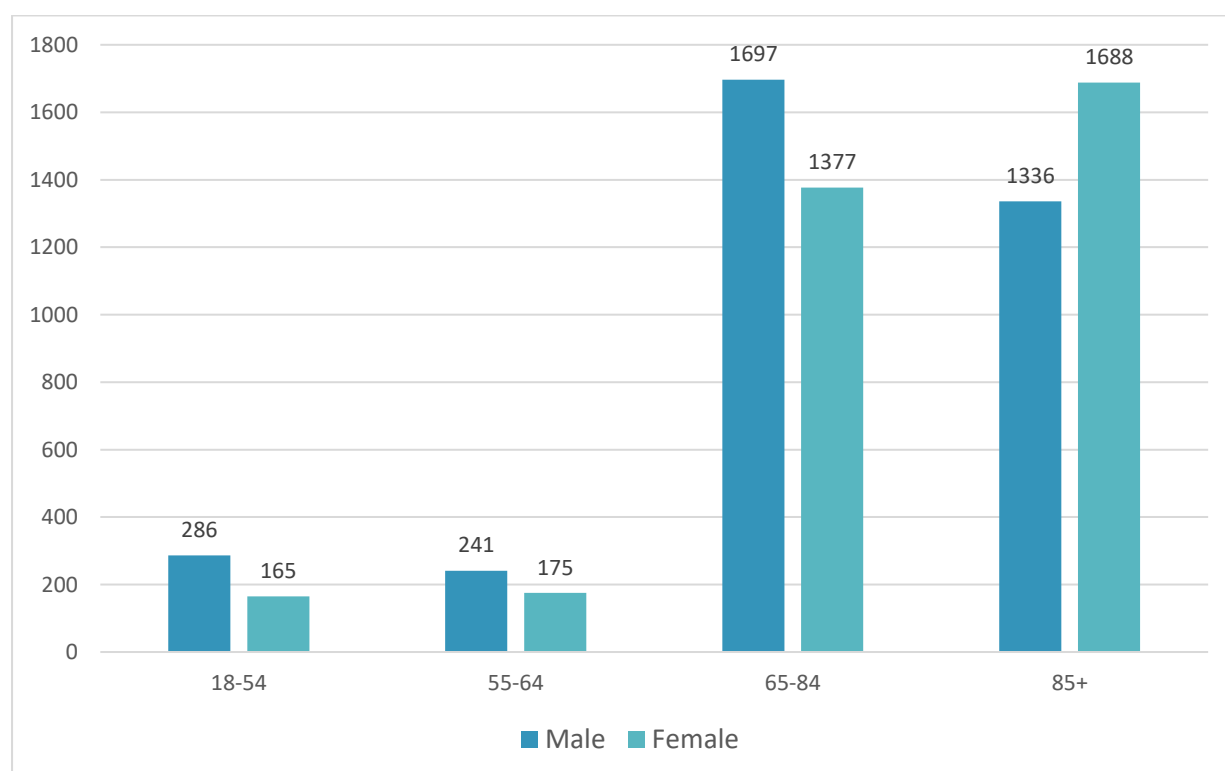


For Health Boards, the main group of people with a DoLS application were older adults, with 87% of applications to health boards being for someone over the age of 65 in 2022-23.

Across all age groups there was a fairly even gender split, with 49% female and 51% male. The differences in demographics between areas largely reflects the populations, and the services provided by the settings in those areas. See Figure 7.2.

Similarly for Health Boards, the largest proportion of the DoLS applications for 2022-23 were for individuals of white ethnicity, at around 80% of all applications. Less than 1% of applications were for people from Asian, Black or Mixed backgrounds. The recording of ethnicity is an area that needs to be improved on in the data collection process, with around 19% of the Health Board applications not recording the ethnicity of the applicant. Along with this Cardiff and Vale University Health Board did not provide any ethnicity data for their applications.

Figure 7.2. The breakdown of age by gender of health boards for all applications in 2022-23.



8. Monitoring and Support

Reviews

When a person is deprived of their liberty, the managing authority must request a review if it appears one or more of the qualifying requirements is no longer met or may no longer be met.

During 2022-23, 130 people in local authorities had a review of their authorisation. This represents 2% of local authority authorised applications⁸.

The results for this section were not completed correctly for two health boards, meaning the results are incomplete for health boards.

Representation

The Supervisory Bodies must ensure people are supported and represented in matters relating to their deprivation of liberty, and all applications require that the person has a nominated representative. In 2022-23, 58% (609) of applications authorised by a health board, and 58% (3,262) of applications authorised by a local authority, were represented by a family member, friend, or carer.

When there is no one independent of services to represent the person, an IMCA or a paid representative must be instructed. Health boards reported that 41% (430) of authorisations had paid representation with local authorities reporting a similar percentage of 41% (2,305 authorisations). Around 1% (13) of health board authorisations and 1% (30) of local authorities were not reported as having any form of representation.

Independent Mental Capacity Advocate

The IMCA role is an important safeguard to ensure both the person and their representative understand their rights when assessments are being undertaken and after authorisation has been granted.

Of all 5,597 applications authorised by local authorities, 5% (283) made use of an IMCA appointed under Section 39A, less than 1% (46) were appointed under Section 39D and less than 1% (2) made use of an IMCA appointed under Section 39C.

These figures varied considerably by local authority, with the highest number of IMCA 39A appointments being reported by Neath Port Talbot [165 or 58%]. Swansea reported one-third (14) of all IMCA 39D appointments and is the only local authority to appoint a total of 2 IMCA 39C advocates this year.

⁸ 8 of these were subject of multiple reviews.

Of all 1,054 applications authorised by health boards, 21 (2%) made use of an IMCA appointed under Section 39D, 29 (3%) made use of an IMCA appointed under Section 39A and none made use of an IMCA appointed under Section 39C. This varied between health boards, with the majority of the IMCA appointments being made by Betsi Cadwaladr University Health Board.

Court of Protection

The person, or anyone acting on their behalf, may make an application to the Court of Protection before a decision has been reached on an application or after an authorisation has been given.

A total of 22 authorisations made to health boards were referred to the Court of Protection in 2022-23. This figure has remained consistent over the last few years (32 in 2021-22, 26 in 2020-21 and 34 in 2019-20). This year's referrals were primarily from Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg health boards. See Table 8.1.

Table 8.1. The proportion of referrals made by health boards to the Court of Protection during 2019-23.

	2019-20	2020-21	2021-22	2022-23
Aneurin Bevan	0.0%	1.6%	1.0%	9.6%
Betsi Cadwaladr	5.6%	3.0%	5.1%	2.3%
Cardiff and Vale	0.0%	0.0%	0.0%	0.0%
Cwm Taf Morgannwg	3.7%	3.2%	4.8%	2.4%
Hywel Dda	1.0%	1.9%	0.0%	0.0%
Powys Teaching	0.0%	0.0%	0.0%	0.0%
Swansea Bay	0.8%	1.7%	0.0%	0.0%
Total number of referrals	34	26	32	22
Proportion of referrals	2.2%	2.1%	2.6%	2.1%

A total of 104 local authority authorisations were referred to the Court of Protection in 2022-23, a number similar to that reported in 2021-22 (105). The proportion of referrals has remained consistent at 2% of all DoLS authorisations during 2020-2023. Wrexham and Flintshire reported the largest numbers of referrals for the current period. When considering data reported for the last 3 years, there were no referrals to Court of Protection by Conwy, Neath Port Talbot, and the Vale of Glamorgan. See Table 8.2.

Table 8.2. The proportion of referrals made by local authorities to the Court of Protection during 2020-23.

	2020-21	2021-22	2022-23
Blaenau Gwent	2.3%	0.0%	0.0%
Bridgend	1.2%	1.0%	2.9%
Caerphilly	3.5%	0.0%	0.0%
Cardiff	1.2%	0.0%	0.0%
Carmarthenshire	5.8%	10.5%	7.7%
Ceredigion	1.2%	3.8%	12.5%
Conwy	0.0%	0.0%	0.0%
Denbighshire	10.5%	5.7%	3.8%
Flintshire	20.9%	19.0%	15.4%
Gwynedd	0.0%	1.9%	0.0%
Isle of Anglesey	0.0%	0.0%	6.7%
Merthyr Tydfil	1.2%	0.0%	1.9%
Monmouthshire	3.5%	1.9%	0.0%
Neath Port Talbot	0.0%	0.0%	0.0%
Newport	2.3%	5.7%	2.9%
Pembrokeshire	1.2%	0.0%	1.0%
Powys	3.5%	14.3%	7.7%
Rhondda Cynon Taf	22.1%	16.2%	12.5%
Swansea	8.1%	11.4%	5.8%
Torfaen	9.3%	1.0%	1.9%
Vale of Glamorgan	0.0%	0.0%	0.0%
Wrexham	2.3%	7.6%	17.3%
Total number of referrals	86	105	104
Proportion of referrals	1.9%	2.2%	1.9%

Report Annex

Data Quality

The data in this report is used to monitor the use of the DoLS throughout Wales. It is submitted by local authorities and health boards to CIW, but it is not verified by either CIW or HIW.

There may be a small number of cases where applications are inappropriately labelled as either Standard or Urgent, and there may be a margin of error in the results.

In some instances, where values have been presented in a figure along with their sum total, the values may be slightly different due to the rounded values.

Feedback on this report

We are keen to hear from people who use our statistics. If you have any comments or queries regarding this publication or its related products, they would very be welcome. Please email CIWInformation@gov.wales or HIW.PIM@gov.wales.

Glossary: Key terms used in the DoLS Monitoring Report

Term	Description
Assessment for the purpose of the Deprivation of Liberty Safeguards	All six assessments must be positive for an authorisation to be granted.
• Age	An assessment of whether the relevant person has reached age 18.
• Best interests assessment	An assessment of whether deprivation of liberty is in the relevant person's best interests is necessary to prevent harm to the person and is a proportionate response to the likelihood and seriousness of that harm. This must be decided by a Best Interests Assessor (BIA).
• Eligibility assessment	An assessment of whether or not a person is rendered ineligible for a Standard deprivation of liberty authorisation because the authorisation would conflict with requirements that are, or could be, placed on the person under the Mental Health Act 1983.
• Mental capacity assessment	An assessment of whether or not a person has capacity to decide if they should be accommodated in a particular hospital or care home for the purpose of being given care or treatment.
• Mental health assessment	An assessment of whether or not a person has a mental disorder. This must be decided by a medical practitioner.
• No refusals assessment	An assessment of whether there is any other existing authority for decision-making for the relevant person that would prevent the giving of a Standard deprivation of liberty authorisation. This might include any valid advance decision, or valid decision by a deputy or done appointed under a Lasting Power of Attorney.
Best Interest Assessor	A person who carries out a deprivation of liberty safeguards assessment.

Term	Description
Capacity	Short for mental capacity. The ability to make a decision about a particular matter at the time the decision needs to be made. A legal definition is contained in section 2 of the Mental Capacity Act 2005.
Care home	A care facility registered under the Regulation and Inspection of Social Care (Wales) Act 2016 or Care Standards Act 2000.
CIW	Care Inspectorate Wales is the body responsible for making professional assessments and judgements about social care, early years and social services and to encourage improvement by the service providers.
Carer	People who provide unpaid care and support to relatives, friends or neighbours who are frail, sick or otherwise in vulnerable situations.
Conditions	Requirements that a Supervisory Body may impose when giving a Standard deprivation of liberty authorisation, after taking account of any recommendations made by the Best Interests Assessor.
Consent	Agreeing to a course of action, specifically in this report to a care plan or treatment regime. For consent to be legally valid, the person giving it must have the capacity to take the decision, have been given sufficient information to make the decision, and not have been under any duress or inappropriate pressure.
Court of Protection	The specialist court for all issues relating to people who lack mental capacity to make specific decisions. It is the ultimate decision maker with the same rights, privileges, powers and authority as the High Court. It can establish case law which gives examples of how the law should be put into practice.

Term	Description
Deprivation of Liberty	Deprivation of liberty is a term used in the European Convention on Human Rights about circumstances when a person's freedom is taken away. Its meaning in practice is being defined through case law.
Deprivation of Liberty Safeguards	The framework of safeguards under the Mental Capacity Act 2005 for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment.
Further authorisation	When an existing DoLS authorisation is coming to an end and the Managing Authority concludes that the authorisation needs to continue then a further authorisation should be requested. This can be requested 28 days in advance.
HIW	Healthcare Inspectorate Wales (HIW) regulates and inspects NHS services and independent healthcare providers in Wales against a range of standards, policies, guidance and regulations in order to highlight areas requiring improvement.
Liberty Protection Safeguards https://www.gov.uk/government/publications/liberty-protection-safeguards-factsheets	The Liberty Protection Safeguards were introduced in the Mental Capacity (Amendment) Act 2019 and will replace the Deprivation of Liberty Safeguards (DoLS) system. The Liberty Protection Safeguards will deliver improved outcomes for people who are or who need to be deprived of their liberty. The Liberty Protection Safeguards have been designed to put the rights and wishes of those people at the centre of all decision-making on deprivation of liberty.
Health board	Health boards fulfil the Supervisory Body function for health care services and work alongside partner local authorities, usually in the same geographical area, in planning long-term strategies for dealing with issues of health and well-being. They separately manage NHS hospitals and in-patient beds, when they are managing authorities.

Term	Description
Independent Hospital	As defined by the Care Standards Act 2000 - a hospital, the main purpose of which is to provide medical or psychiatric treatment for illness or mental disorder or palliative care or any other establishment, not being defined as a health service hospital, in which treatment or nursing (or both) are provided for persons liable to be detained under the Mental Health Act 1983.
Independent Mental Capacity Advocate (IMCA)	A trained advocate who provides support and representation for a person who lacks capacity to make specific decisions, where the person has no one else to support them. The IMCA service was established by the Mental Capacity Act 2005 whose functions are defined within it.
Local authority	The local authority (council) responsible for commissioning social care services in any particular area of the country. Senior managers in social services fulfil the Supervisory Body function for social care services. Care homes run by the local authority will have designated managing authorities.
Managing authority	The person or body with management responsibility for the particular hospital or care home in which a person is, or may become, deprived of their liberty. They are accountable for the direct care given in that setting.
Maximum authorisation period	The maximum period for which a Supervisory Body may give a Standard deprivation of liberty authorisation, which cannot be for more than 12 months. It must not exceed the period recommended by the Best Interests Assessor, and it may end sooner with the agreement of the Supervisory Body.

Term	Description
Mental Capacity Act 2005	The Mental Capacity Act 2005 provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. The five key principles in the Act are: 1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise. 2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions. 3. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision. 4. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests. 5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.
Mental Capacity Act - Code of Practice	The Code of Practice supports the MCA and provides guidance to all those who care for and/or make decisions on behalf of adults who lack capacity. The Code includes case studies and clearly explains in more detail the key features of the MCA.
Mental Health Act 1983	Legislation mainly about the compulsory care and treatment of patients with mental health problems. It includes detention in hospital for mental health treatment, supervised community treatment and guardianship.

Term	Description
Relevant hospital or care home	The particular hospital or care home in which the person is or may become deprived of their liberty.
Relevant person's representative	A person, independent of the particular hospital or care home, appointed to maintain contact with the relevant person and to represent and give support in all matters relating to the operation of the deprivation of liberty safeguards.
Restriction of liberty	An act imposed on a person that is not of such a degree or intensity as to amount to a deprivation of liberty.
Review	A formal, fresh look at a relevant person's situation when there has been, or may have been, a change of circumstances that may necessitate an amendment to, or termination of, a standard deprivation of liberty authorisation.
Standard authorisation	An authorisation given by a Supervisory Body, after completion of the statutory assessment process, giving lawful authority to deprive a relevant person of their liberty in a particular hospital or care home.
Supervisory Body	A local authority social services department or a local health board that is responsible for considering a deprivation of liberty application received from a managing authority, commissioning the statutory assessments and, where all the assessments agree, authorising deprivation of liberty.
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.

Term	Description
Unauthorised deprivation of liberty	A situation in which a person is deprived of their liberty in a hospital or care home without the deprivation being authorised by either a standard or urgent deprivation of liberty authorisation.
Urgent authorisation	An authorisation given by a managing authority for a maximum of seven days, which subsequently may be extended by a maximum of a further seven days by a Supervisory Body. This gives the managing authority lawful authority to deprive a person of their liberty in a hospital or care home while the standard deprivation of liberty authorisation process is undertaken.