Deprivation of Liberty Safeguards

Annual Monitoring Report for Health and Social Care 2018-19

Arolygiaeth Gofal Cymru
Care Inspectorate Wales

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Healthcare Inspectorate Wales

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Deprivation of Liberty Safeguards

Annual Monitoring Report for Health and Social Care 2018-2019

Contents

Key Findings

- The total volume of applications received by local authorities increased by 6% in 2018-19. However, for health boards, the number of applications has remained relatively stable for the last two years.
- Roughly three quarters of applications sent to health boards are for urgent authorisations. Similarly, three quarters of applications sent to health boards are approved.
- The majority of DoLS applications are for individuals who are aged 65 or older.
- The vast majority of the applications that were refused were on the grounds of mental capacity. The authoriser required further evidence that the person lacked the mental capacity to make the decision in question before the DoLS application was accepted.
- Most Standard applications were not completed in 28 days. Supervisory bodies are unable to assure themselves that people's human rights are not being breached by being deprived of their liberty unlawfully.
- Very few people were referred to Independent Mental Capacity Advocates (IMCAs) or referred to the Court of Protection.

Introduction

This is the annual monitoring report of Care Inspectorate Wales and Healthcare Inspectorate Wales on the implementation of Deprivation of Liberty Safeguards (DoLS) in Wales, on behalf of Welsh Ministers. Its publication has been delayed due the impact of the COVID-19 pandemic.

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 aim of MCA is to ensure that where people need to be deprived of their liberty, it is done so in their best interests and they are involved in the decision making as much as possible. It sets out who can make decisions for a person who lacks capacity, when and how.

The Deprivation of Liberty Safeguards 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 of Human Rights (ECHR). A Supreme Court ruling in March 2014[1], known as the Cheshire West judgement, clarified the definition and widened the scope of when someone is being deprived of their liberty. Therefore, the definition of DoLS includes when a person is not free to leave and is under continuous supervision and control.

[1] See http://mentalhealthlaw.co.uk/Cheshire_West_and_Chester_Council_v_P_(2014)_UKSC_19,_(2014)_MHLO_16

DoLS are used only in hospitals and care homes. These are called ‘managing authorities’. The bodies that authorise DoLS applications are called ‘supervisory bodies’. Hospitals apply to their local/corresponding health board (HB) to authorise any DoLS applications made. Care homes apply to their local authority (LA) for such authorisation. In Wales, the authorising local authority is the local authority in which the individual is ordinarily resident before placement in the care home.

There are three types of DoLS applications, which are Standard, Urgent or Further.

- Standard applications - If care home or hospital staff complete a Standard application, then there are 21 days for the DoLS assessments to be completed.
- Urgent applications - An Urgent application is made when the requirement for a deprivation is immediate. An Urgent application provides lawful authorisation for the deprivation of liberty for seven days whilst assessments are undertaken.
- Further applications - A Further application is used for a review or a refresh of an existing authorisation.

The Supreme Court ruling resulted in a very large increase in the number of applications for DoLS authorisations. The House of Lords published a scrutiny report[2] (2014) of the MCA that concluded that DoLS were “not fit for purpose” and recommended they be replaced. In July 2018, the government published a Mental Capacity (Amendment) Bill, which became law in May 2019.

The Liberty Protection Safeguards (LPS) will replace DoLS as the system to lawfully deprive someone over the age of 16 of their liberty. The UK Government is currently producing the code of practice and regulations to support the implementation of LPS, which is due in April 2022[3].

Results

Data was collected from local authorities and health boards [4] in May 2019 in regards to the DoLS applications they received in the 2018-19 financial year. The data provides anonymous details of:

- demographic profiles;
- number of applications;
- types of application;
- new authorisation;
- application timescales; and

[2] See https://publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/13902.htm
[3] See https://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2020-07-16/HCWS377/
[4] The boundaries of Abertawe Bro Morgannwg and Cwm Taf University Health Boards changes in April 2019. This means this report refers to the boundaries used in 2018-19, rather than the health boards of Swansea Bay and Cwm Taf Morgannwg.

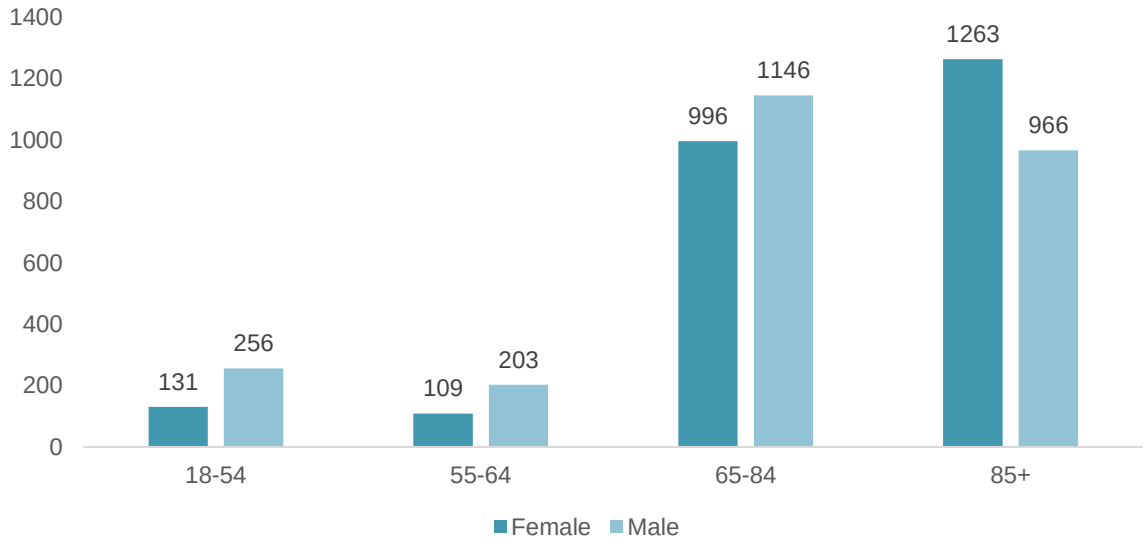
- Reviews, Representatives, Independent Mental capacity Advocates (IMCA) and Court of Protection.

In 2018-19, Care Inspectorate Wales (CIW) continued to monitor the use of the deprivation of liberty safeguards across Wales. Many local authorities in Wales continue to be unable to assure themselves that people's human rights are not being breached by being deprived of their liberty unlawfully. This is an area CIW will continue to monitor with partner agencies.

Demographic Profiles

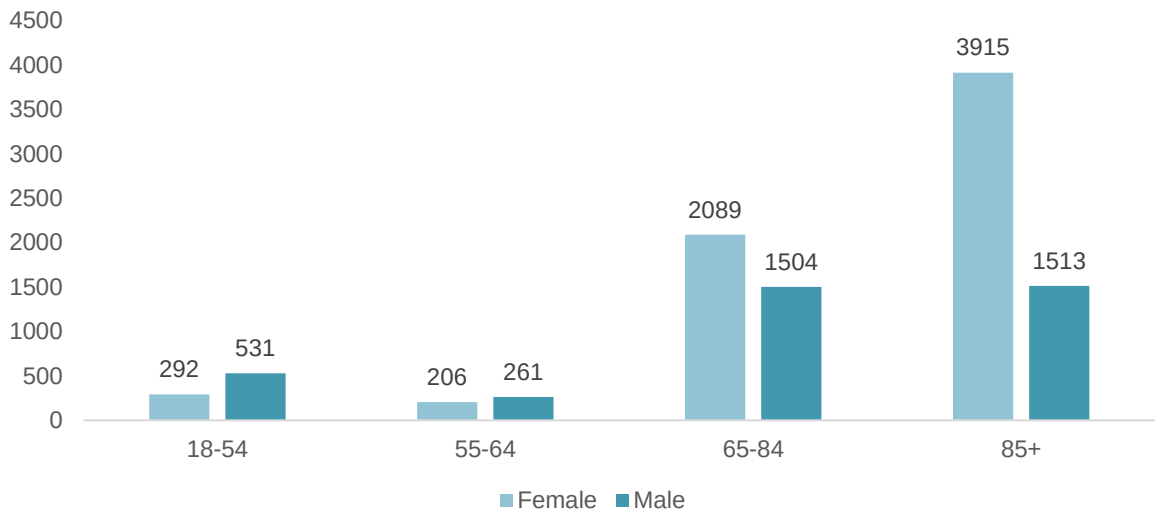
The main group of individuals with a DoLS application are older people, with nearly 44% of applications being for someone over the age of 85 in 2018-19 (see Figure 1a). There is a relatively even gender split however, with 49% of applications being for females. The differences in demographics between areas is largely reflective of the populations and the services provided by the settings in those areas.

Figure 1a. The breakdown of age by gender of Health Boards for all applications in 2018-19



Across Wales local authorities continue to receive the majority of applications. As in previous years, the majority of applications for DoLS authorisations are for older adults, with almost 88% over the age of 65.

Figure 1b. The breakdown of age by gender of Local Authorities for all applications in 2018-19

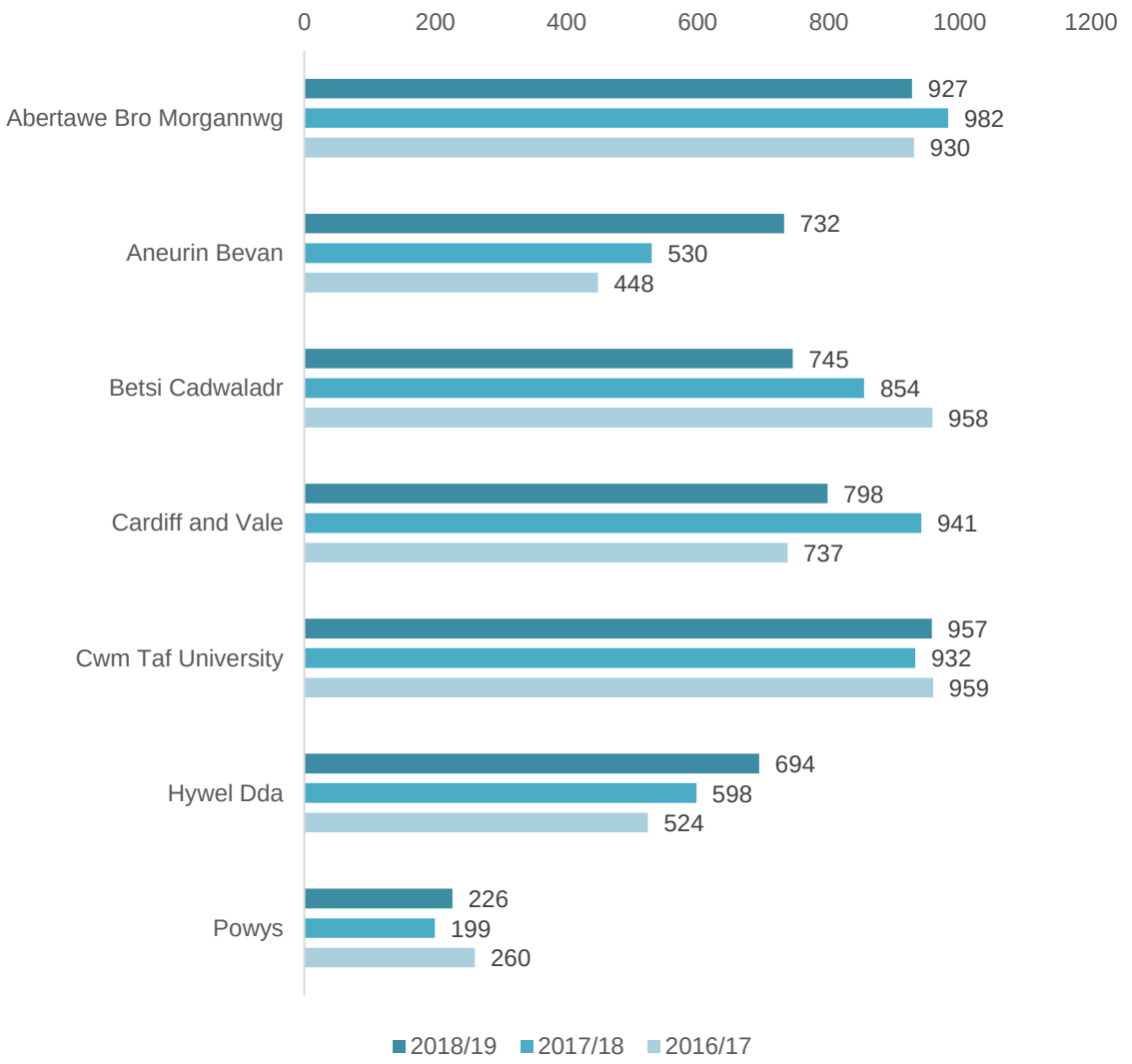


Number of applications

A total of 5,070 new and Further DoLS applications were received by health boards in 2018-19. This means the number of applications to health boards has increased by less than 1%, from 5,036 in the previous year (see Figure 2a).

There is considerable variation in terms of the health boards overall levels, and the change over time. This can be caused by a large number of factors, such as changes in local processes or the opening and closing of Managing Authorities. Figure 2a shows the details of these changes.

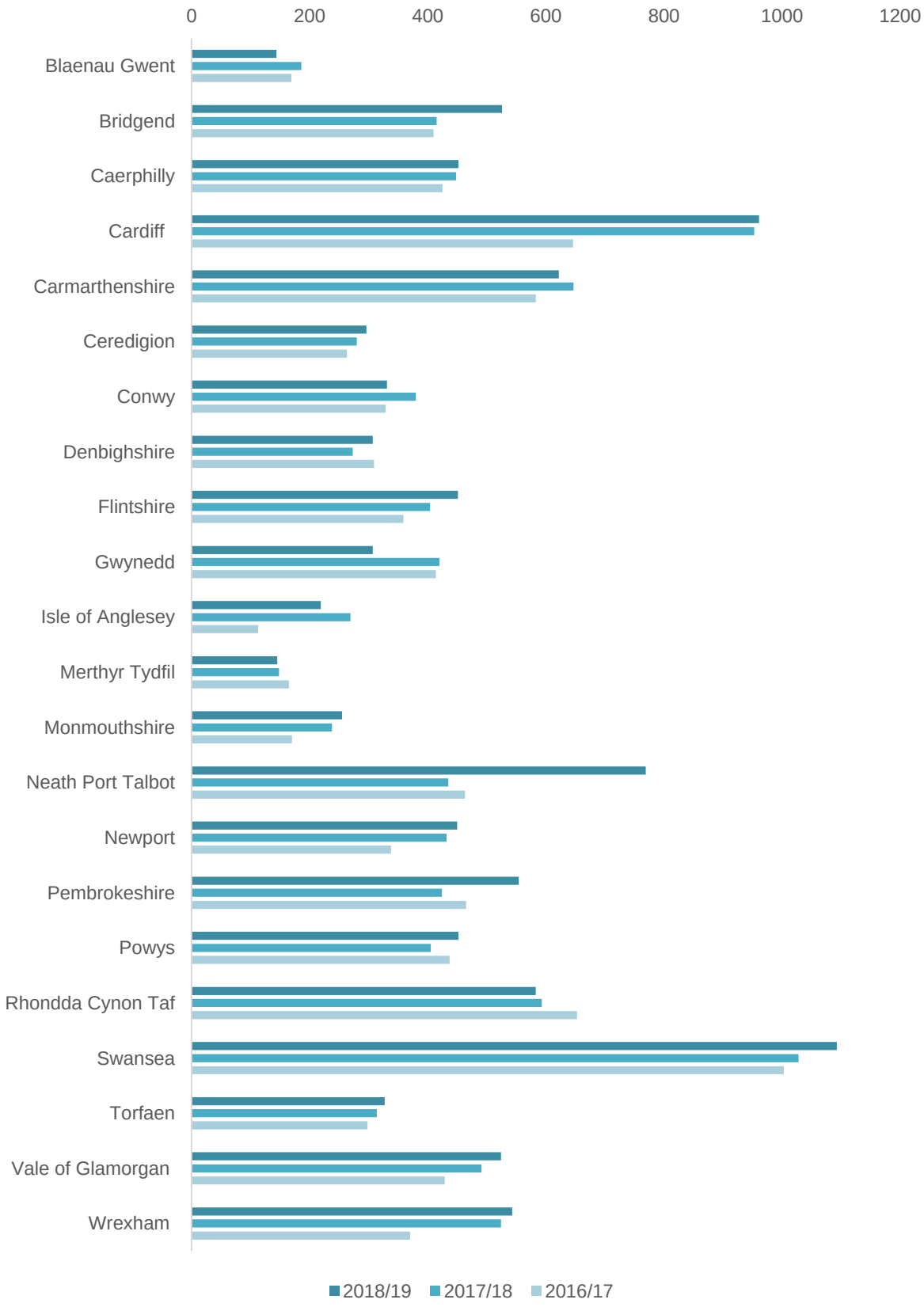
Figure 2a. The number of DoLS applications received by each health board from 2016 to 2019



At the end of the 2018-19 financial year, a total of 10,311 DoLS applications were received by local authorities across Wales. The volume of applications has continued to increase and was up 6% from the previous year, from 9,707 in 2017-18 to 10,311 in 2018-19 (see Figure 2b).

Seven local authorities received fewer applications during 2018-19 than in the previous two years. However, the remaining local authorities had an increase in applications.

Figure 2b. The number of DoLS applications received by each local authority from 2016 to 2019



In 2018 the estimated population of Wales, was 3.1 million, of which 2.5 million were over the age of 18[5]. This means that on average there were 162 applications to health boards, and 329 applications to local authorities, for every 100,000 adults in Wales[6] (see Tables 1a and 1b).

Similar to the total numbers, the number of applications relative to the population varies considerably between health boards. This may depend on local processes, local demographics and also the number of Managing Authorities in that area.

Table 1a. 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 2018-19

	Total 18+ Population	Number of DoLS applications	DoLS applications per 100,000
Abertawe Bro Morgannwg	389,372	927	238.1
Aneurin Bevan	591,225	732	123.8
Betsi Cadwaladr	698,369	745	106.7
Cardiff and Vale	496,413	798	160.8
Cwm Taf	445,190	957	215.0
Hywel Dda	385,615	694	180.0
Powys	132,447	226	170.6
Total	**3,138,631**	**5,079**	**161.8**

There are considerable differences between each of the local authorities, with the number of application per 100,000 adults ranging from 538 in Neath Port Talbot to 207 in Blaenau Gwent.

This is an area that CIW will be analysing and reporting further on over the next 12 months.

[5] See https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/nationallevelpopulationestimates-by-year-gender-ukcountry
[6] https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates

Table 1b. 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 2018-19

	Total 18+ Population	Number of DoLS applications	DoLS applications per 100,000
Blaenau Gwent	69,713	144	206.6
Bridgend	144,876	526	363.1
Caerphilly	181,019	452	249.7
Cardiff	364,248	961	263.8
Carmarthenshire	187,568	622	331.6
Ceredigion	72,992	296	405.5
Conwy	117,181	331	282.5
Denbighshire	95,330	307	322.0
Flintshire	155,593	451	289.9
Gwynedd	124,178	307	247.2
Isle of Anglesey	69,961	219	313.0
Merthyr Tydfil	60,183	145	240.9
Monmouthshire	94,142	255	270.9
Neath Port Talbot	142,906	769	538.1
Newport	153,302	450	293.5
Pembrokeshire	125,055	554	443.0
Powys	132,447	452	341.3
Rhondda Cynon Taf	240,131	583	242.8
Swansea	246,466	1,093	443.5
Torfaen	93,049	327	351.4
Vale of Glamorgan	132,165	524	396.5
Wrexham	136,126	543	398.9
Total	**3,138,631**	**10,311**	**328.5**

Types of applications

The majority of applications to health boards were Urgent; 76% of all applications. The remaining applications were mostly Standard (19% of all applications to health boards) and only 5% were for a Further authorisation.

There is a high level of variation between health boards in the proportion of their applications that are Urgent or Standard (see Table 2a). This is largely due to local processes and instructions given to Managing Authorities by the Supervisory Bodies. For example, some Supervisory Bodies will ask that all applications be sent in as Standard, and that they will be reassessed and prioritised once received. While this may be common across multiple areas, some may record the applications as Standard, and some may record as the newly-prioritised category.

Table 2a. The percentage of different application types for each Health Board in 2018-19

	Standard	Urgent	Further
Abertawe Bro Morgannwg	20%	79%	1%
Aneurin Bevan	9%	88%	4%
Betsi Cadwaladr	4%	87%	9%
Cardiff and Vale	20%	73%	7%
Cwm Taf	47%	48%	5%
Hywel Dda	7%	85%	8%
Powys	14%	82%	4%
Total	**19%**	**76%**	**5%**

The majority of applications received by local authorities were for a Standard authorisation. In 2018-19, 57% of all applications were for Standard, 20% were for Urgent, and the remaining 23% were for Further applications (see Table 2b).

In terms of the proportions of Standard and Urgent requests there appears to be a clear disparity of authorisations between each of the local authorities. For example, less than 5% of the requests sent to Wrexham were Standard, whereas over 80% of requests to Flintshire were Standard. Feedback from local authorities suggests this is due to the guidance issued to Managing Authorities[7] and also the local data processes used in each area[8].

[7] For example, one local authority may request that all care homes submit as Standard, regardless of situation, and they will assess and prioritise according to their own criteria.
[8] For example, one local authority may record the type as what is received, whereas another may clarify with the Managing Authority and record the revised type.

Table 2b. The percentage of different application types for each Local Authority in 2018-19

	Standard	Urgent	Further
Blaenau Gwent	20%	48%	32%
Bridgend	52%	5%	43%
Caerphilly	33%	48%	19%
Cardiff	76%	12%	12%
Carmarthenshire	70%	9%	21%
Ceredigion	61%	11%	27%
Conwy	57%	21%	22%
Denbighshire	44%	29%	26%
Flintshire	84%	16%	0%
Gwynedd	70%	14%	16%
Isle of Anglesey	52%	20%	28%
Merthyr Tydfil	71%	6%	23%
Monmouthshire	26%	60%	14%
Neath Port Talbot	44%	4%	52%
Newport	33%	42%	25%
Pembrokeshire	84%	16%	0%
Powys	55%	25%	19%
Rhondda Cynon Taf	73%	13%	14%
Swansea	66%	7%	27%
Torfaen	25%	48%	27%
Vale of Glamorgan	79%	8%	13%
Wrexham	2%	61%	37%
Total	**57%**	**20%**	**23%**

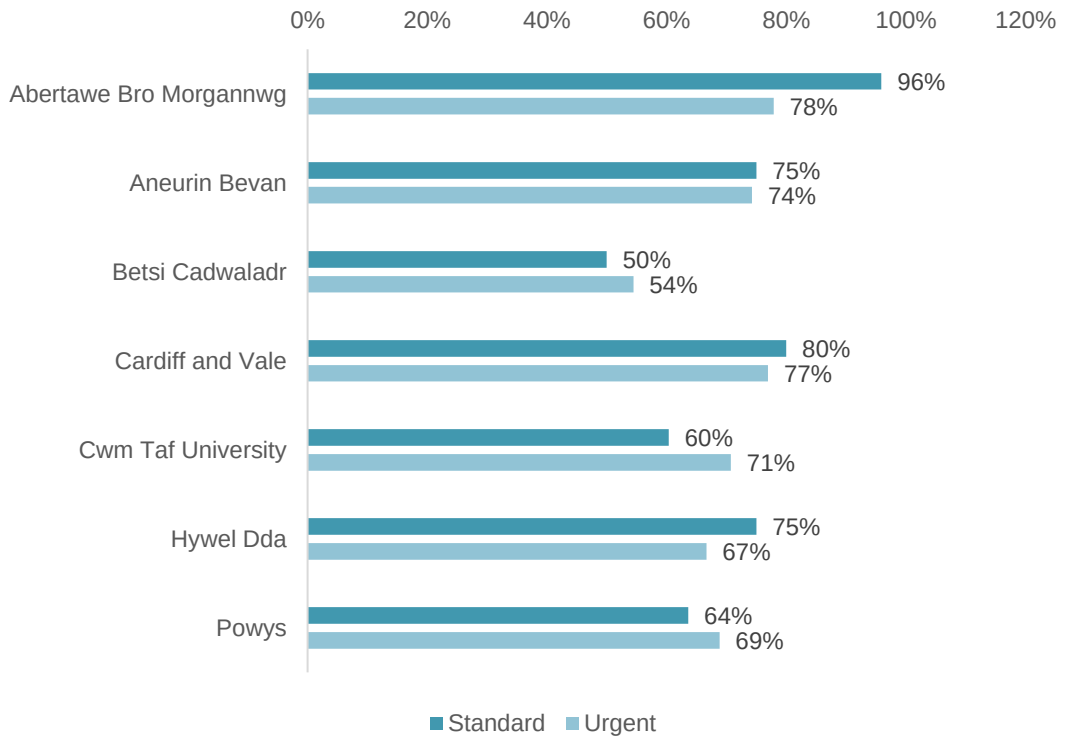
Standard authorisations are higher for those over the age of 65, 59% of applications compared to 45% for those under the age of 65. There are marginal differences between the percentage of Urgent authorisations for those under the age of 65 or over the age of 65. When considering applications for Further authorisations, 36% were for people under 65 in comparison with 21% for people over 65.

New authorisations

Of all the DoLS applications received by health boards in 2018-19 (5,070), 15% (745) were still in progress on 1 April 2019 and 49% (2,487) were withdrawn[9] before they could be assessed. Of the remaining 1,843, 76% (1,404) were authorised (see Figure 3a). Nearly all Further applications are approved in every health board.

[9] The main reasons given for applications being withdrawn are that the individual has either been discharged from hospital or the individual has died.

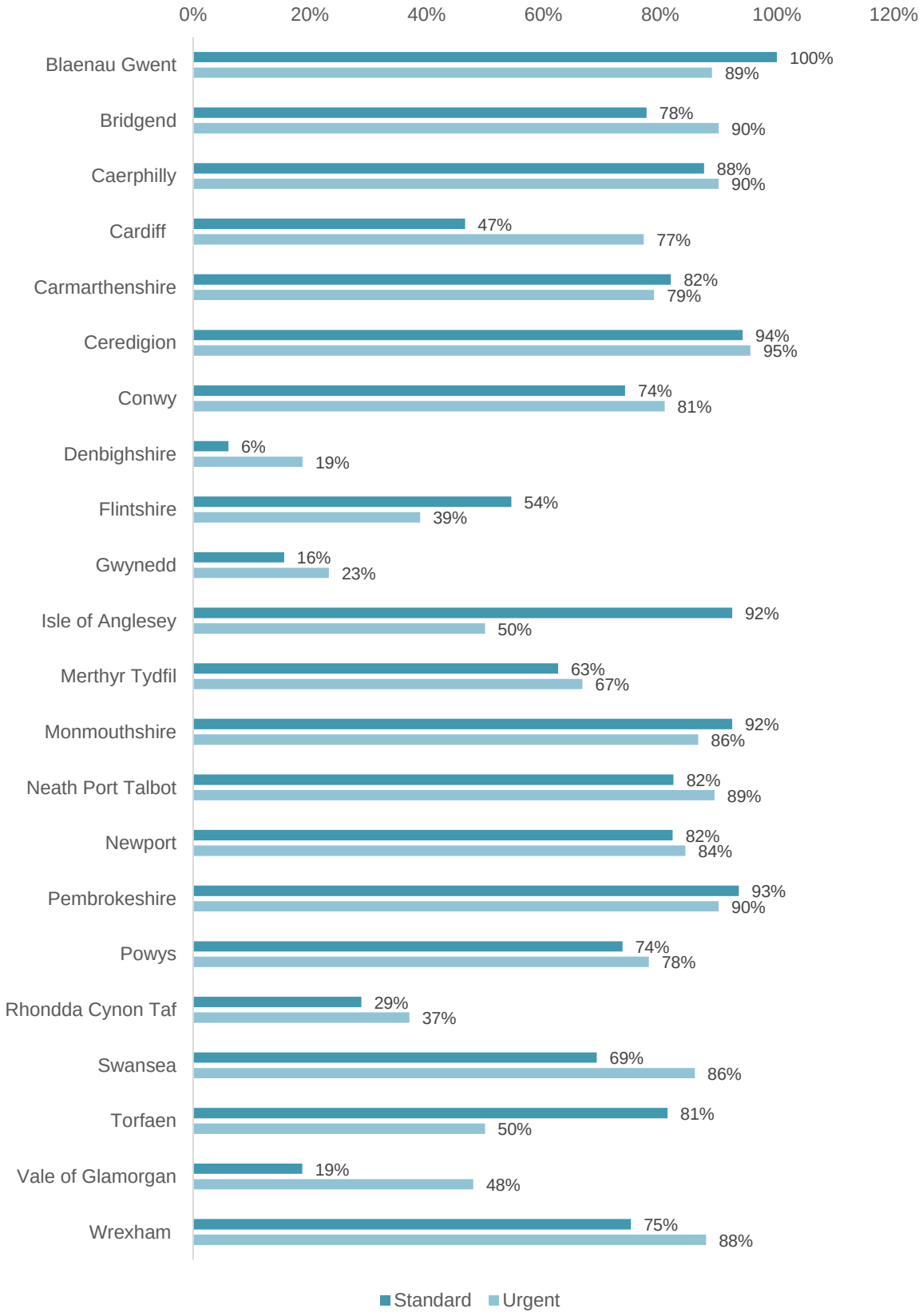
Figure 3a. The proportion of applications that were authorised by each health board in 2018-19



During 2018-19 local authorities authorised 3,899 applications, which accounted for 38% of all the DoLS applications (10,311). On 1 April 2019, 40% were still in progress (4,163) and 9% (902) were withdrawn during the year[10]. The remaining 13% (1,347) were refused, as seen in Figure 3b.

[10] The main reasons given for applications being withdrawn are that the individual had moved home or died before a decision had been made.

Figure 3b. The proportion of applications that were authorised by each local authority in 2018-19



Relatively few applications received by health boards were refused. It is more likely that the application is no longer needed before it is assessed, rather than the recommendation being to refuse the application (see Table 3a). However, if an application is refused, the most common reason is mental capacity.

Abertawe Bro Morgannwg HB is a clear outlier in the reasons for refusal, with nearly all refusals being due to the application not being a deprivation or the requirements are no longer met. Conversely, Abertawe Bro Morgannwg has a very low proportion of applications withdrawn or still in progress. This suggests that those applications which would have otherwise been withdrawn were instead reviewed and refused.

Table 3a. The proportion of applications that weren't authorised health boards by reason for refusal in 2018-19[11]

	Refused						Withdrawn
	Best interest	**Eligibility**	**Mental Capacity**	**Mental Health**	**No Refusals**	**Not a deprivation**	
Abertawe Bro Morgannwg	0%	3%	6%	3%	0%	88%	36%
Aneurin Bevan	10%	31%	41%	17%	0%	0%	45%
Betsi Cadwaladr	0%	38%	49%	2%	2%	10%	68%
Cardiff and Vale	0%	35%	65%	0%	0%	0%	25%
Cwm Taf	8%	0%	54%	36%	0%	2%	61%
Hywel Dda	0%	41%	57%	1%	0%	1%	57%
Powys	0%	0%	100%	0%	0%	0%	64%
Total	**2%**	**19%**	**45%**	**10%**	**0%**	**24%**	**49%**

For local authorities, approximately 60% of the applications that were not authorised were refused. Of the ones refused, 23% were rejected on the grounds of mental capacity (see Table 3b). The proportion of applications refused due to mental capacity rises to 32% for people aged under 65 years old.

[11] Details of the different assessments can be found in the Glossary

Table 3b. The proportion of applications that weren't authorised by each local authority in 2018-19

	Refused						Withdrawn
	Best interest	Eligibility	Mental Capacity	Mental Health	No Refusals	Not a deprivation	
Blaenau Gwent	0%	0%	100%	0%	0%	0%	87%
Bridgend	60%	0%	40%	0%	0%	0%	68%
Caerphilly	8%	15%	62%	0%	0%	0%	65%
Cardiff	0%	0%	3%	0%	0%	0%	0%
Carmarthenshire	2%	45%	43%	2%	0%	8%	66%
Ceredigion	0%	0%	80%	0%	0%	0%	93%
Conwy	6%	0%	89%	0%	0%	6%	77%
Denbighshire	0%	17%	11%	0%	0%	0%	8%
Flintshire	3%	9%	4%	0%	0%	8%	0%
Gwynedd	0%	0%	0%	0%	0%	0%	0%
Isle of Anglesey	0%	0%	88%	13%	0%	0%	78%
Merthyr Tydfil	0%	0%	0%	0%	0%	0%	0%
Monmouthshire	0%	14%	86%	0%	0%	0%	71%
Neath Port Talbot	0%	10%	82%	0%	0%	8%	55%
Newport	11%	5%	63%	0%	0%	0%	57%
Pembrokeshire	29%	0%	43%	0%	0%	29%	95%
Powys	0%	0%	97%	3%	0%	0%	71%
Rhondda Cynon Taf	0%	3%	5%	0%	0%	0%	0%
Swansea	0%	0%	28%	0%	0%	0%	19%
Torfaen	0%	5%	57%	5%	0%	0%	48%
Vale of Glamorgan	0%	0%	2%	0%	0%	0%	0%
Wrexham	0%	0%	86%	0%	0%	14%	73%
Total	**3%**	**5%**	**23%**	**0%**	**0%**	**2%**	**40%**

Relatively few applications were withdrawn, the main reasons for applications being withdrawn are that the individual had:

- moved home, which means a new application must be made if required; or
- died before a decision has been made.

Application Timescales

Once an application is received, it is logged and prioritised before being allocated to the relevant assessors for their recommendation about whether or not to authorise. Whilst guidance[12] says Standard applications should have been received and a decision made within the 28 days required, 53% of applications to health boards took more than 28 days to process. 96% of Urgent applications took more than seven days (see Table 4a). For local authorities, 91% of Standard and 92% of Urgent applications took longer than stated in the guidance (see Table 4b).

[12] https://gov.wales/mental-capacity-act-deprivation-liberty-guidance-and-forms

Table 4a. The length of time taken to process Standard and Urgent applications for each health board in 2018-19

	Same day	1-7 days	8-14 days	15-28 days	Over 28 days
			Standard		
Abertawe Bro Morgannwg	0%	1%	2%	26%	71%
Aneurin Bevan	0%	0%	17%	50%	33%
Betsi Cadwaladr	0%	0%	0%	75%	25%
Cardiff and Vale	0%	13%	20%	13%	53%
Cwm Taf	2%	6%	19%	33%	40%
Hywel Dda	4%	4%	33%	52%	7%
Powys Teaching	0%	0%	0%	43%	57%
Total	**1%**	**3%**	**11%**	**32%**	**53%**
			Urgent		
Abertawe Bro Morgannwg	0%	1%	6%	30%	62%
Aneurin Bevan	0%	0%	12%	38%	50%
Betsi Cadwaladr	0%	0%	7%	26%	67%
Cardiff and Vale	0%	7%	24%	47%	22%
Cwm Taf	1%	14%	21%	40%	24%
Hywel Dda	0%	5%	19%	51%	25%
Powys Teaching	0%	0%	10%	29%	62%
Total	**0%**	**4%**	**14%**	**38%**	**45%**

Table 4b. The length of time taken to process Standard and Urgent applications for each local authority in 2018-19

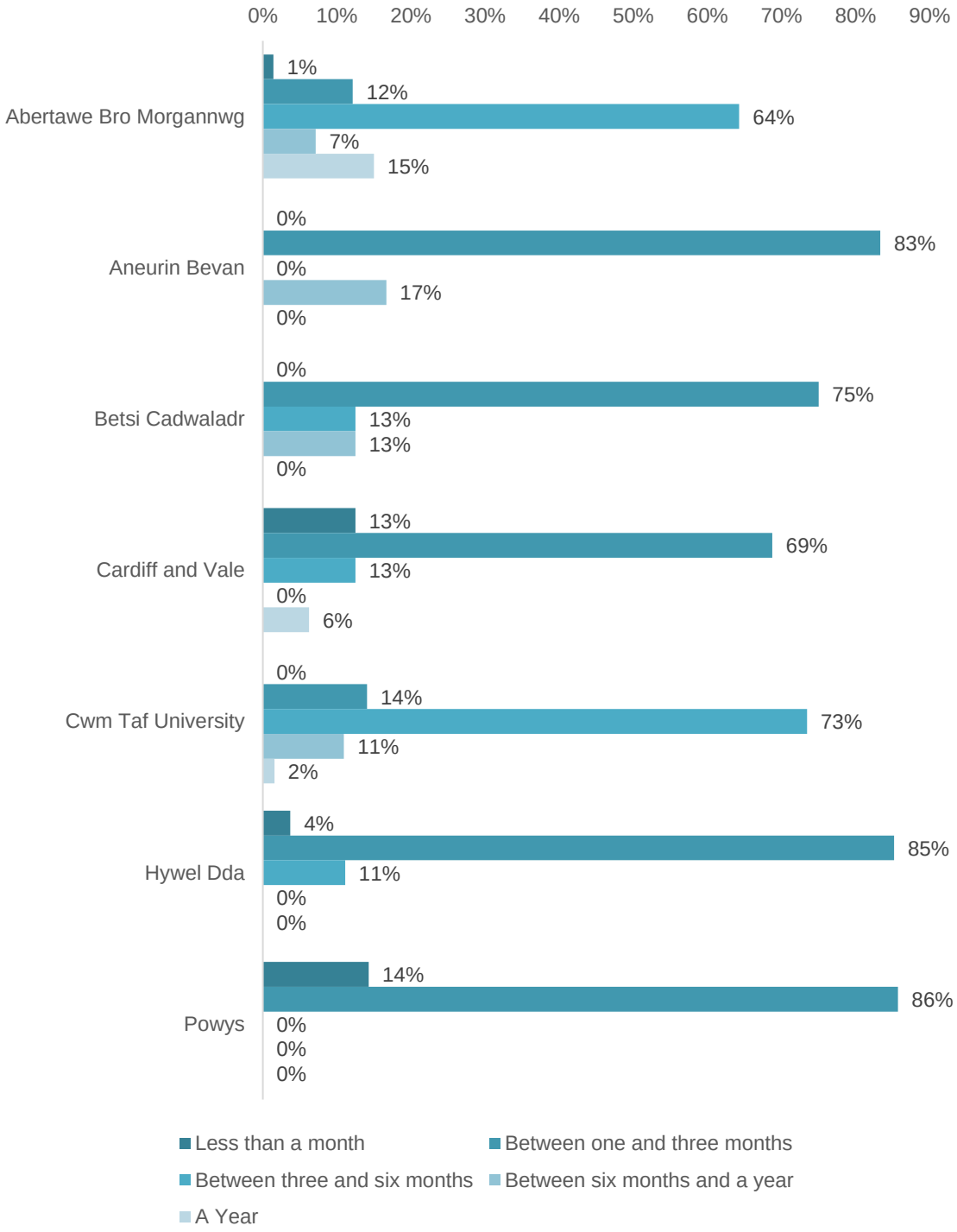
	Same day	1-7 days	8-14 days	15-28 days	Over 28 days
			Standard		
Local Authority	0%	1%	1%	7%	91%
			Urgent		
Local Authority	0%	8%	14%	26%	52%

Authorisation durations

The Code of Practice[13] states any authorisation should be for the shortest possible duration and for only as long as the relevant person will meet the required criteria. The 89% of authorisations made by health boards are for six months or less, and roughly half for three months or less (see Figure 4a). Only a small number of authorisations are for a whole year.

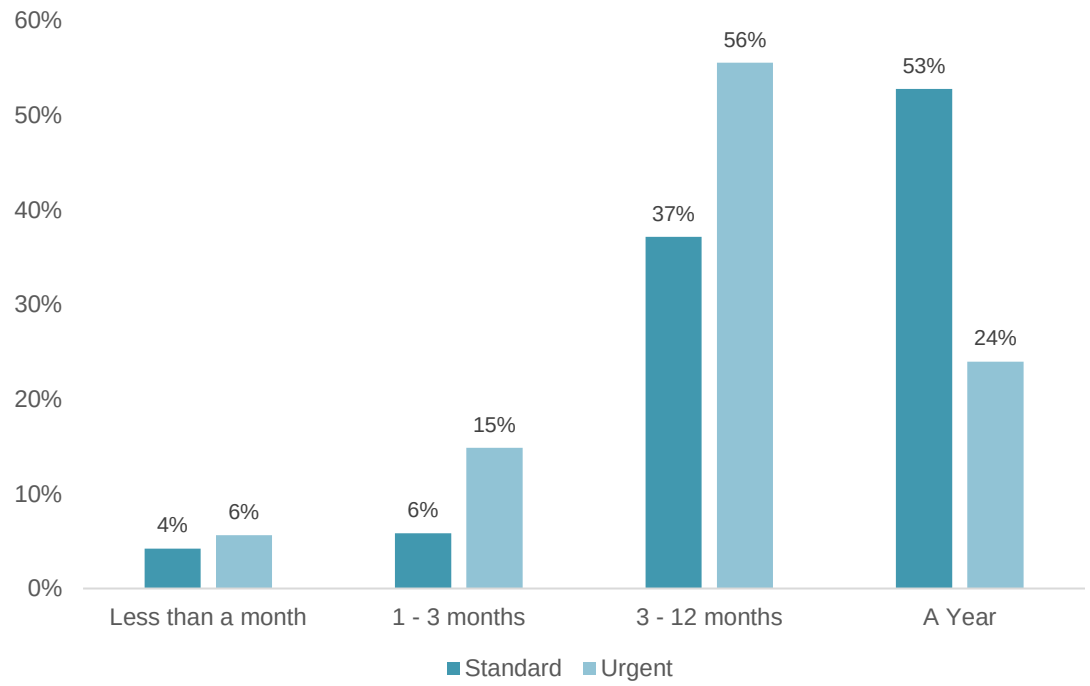
[13] See http://webarchive.nationalarchives.gov.uk/20130104224411/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476

Figure 4a. The proposed duration of applications that were authorised by each health board in 2018-19



Almost half of all authorisations made by local authorities are for 12 months. Very few authorisations made by the local authorities are for less than six months.

Figure 4b. The proposed duration of applications that were authorised by each local authority in 2018-19



Reviews, Representatives, Independent Mental Capacity Advocates (IMCA) and Court of Protection

Any authorised Deprivation of Liberty can undergo a review. However, only 102 authorisations (36 in health boards and 66 in local authorities) underwent a review in 2018-19, 2.6% of health board authorised applications[14] and 1.7% of local authority authorised applications[15]. For local authorities, this is roughly 40% less than in 2017-18, despite the increase in the number of applications and authorisations.

All applications require that the individual have a nominated representative. The majority of these are a family member or friends. However, in some cases, the person will have a representative who is paid. IMCAs are a safeguard for people who lack capacity to make some important decisions. The IMCA role is to support and represent the person in the decision-making process and make sure that the Mental Capacity Act 2005 is being followed.

There are three roles for IMCAs in cases of deprivation of liberty:

- 39A appointed when the individual has no one to consult
- 39C appointed in a case where the individual's representative is temporarily or suddenly no longer able to represent them

[14] 11 of these were subject of multiple reviews.
[15] 8 of these were subject of multiple reviews.

- 39D appointed to support the individual's representative, if that representative is unpaid (e.g. family member), and it is believed by the supervisory body is in need of support

Of all authorised applications, 19 made use of an IMCA 39A and 115 a 39D. No applications to Health Boards made use of an IMCA 39C. For local authorities:

- 304 were IMCA 39A
- 50 were 39D
- 1 application made use of an IMCA 39C.

A total of 64 referrals to the Court of Protection were made in 2018-19. This is a fall of 18%, from 72 applications in 2017-18 to 59 in 2018-19.This means less than 2% of all DoLS were referred to the Court of Protection.

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.

The definition of what constitutes a deprivation of liberty was changed in 2014, and so data collected in the 2013-14 financial year is not directly comparable to that collected for subsequent financial years. More information about the changes introduced can be found here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/485122/DH_Consolidated_Guidance.pdf

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.

Feedback on this report

We are keen to hear from the users of 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

Advocacy	Independent help and support with understanding issues and putting forward a person's own views, feelings and ideas.
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.
• **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.
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.
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

Gwent consortium	The Gwent consortium is the Deprivation of Liberty Safeguards Team commissioned by the following Organisations who, under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (2009) are known as 'Supervisory Bodies' in relation to their functions under the Act: • Aneurin Bevan University Health Board • Blaenau Gwent County Borough Council • Caerphilly County Borough Council • Monmouthshire County Borough Council • Newport City Council • Torfaen County Borough Council
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 on order to highlight areas requiring improvement.
Local Health Board	Local 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.

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.

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 Disorder	Any disorder or disability of the mind, apart from dependence on alcohol or drugs. This includes all learning disabilities.
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.

Qualifying requirement	Any one of the six qualifying requirements (age, mental health, mental capacity, best interests, eligibility and no refusals) that need to be assessed and met in order for a standard deprivation of liberty authorisation to be given.
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	A person who is, or may become, deprived of their liberty in a hospital or care home.
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.
Section 12 Doctors	Doctors approved under Section 12(2) of the Mental Health Act 1983
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 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
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.