

Deprivation of Liberty Safeguards

Annual Monitoring Report for Health
and Social Care 2023 - 2024



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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 1 April 2023 until 31 March 2024.

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

¹ See

[http://mentalhealthlaw.co.uk/Cheshire West and Chester Council v P \(2014\) UKSC 19, \(2014\) MHLO 16](http://mentalhealthlaw.co.uk/Cheshire_West_and_Chester_Council_v_P_(2014)_UKSC_19_(2014)_MHLO_16)

- 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.

The DoLS remain in place; local authorities, health boards and providers must 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 <https://publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/13902.htm>

Key Findings

- There was a further 7% (494) increase in the number of applications received by health boards during 2023-24 whilst there was an overall 2% (258) reduction in the number of applications to local authorities.
- Despite the best efforts of local authorities and health boards the data submitted by local authorities and health boards continues to show a high number of people waiting 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.
- 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. It is difficult to see how significant and sustained improvements can be made without the long-delayed overhaul of the system. Until that is done it is likely we will continue to find large numbers of people in vulnerable circumstances lacking the legal protections to which they are entitled.
- There was a 41% (778) increase in the number of applications assessed by health boards in Wales whilst there was a 5% (520) reduction in the number of applications assessed by local authorities.
- The length of time taken by local authorities and health boards to assess the applications must improve, as many applications are not assessed within statutory timeframes.
- Many urgent authorisations continue to expire before the required DoLS assessments can be undertaken. Some local authorities may benefit from reviewing their current procedures for urgent authorisation with managing authorities.
- As reported in previous reports, many local authorities are struggling 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 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 continue to ensure conditions are used where necessary and are focussed on improving outcomes for people including reducing or removing the deprivation.
- Most people continue to be 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.
- The recording of ethnicity must be improved, as currently 22% of local authorities and 16% of the Health Board applications are not recording the ethnicity of the applicant.

1. Application numbers

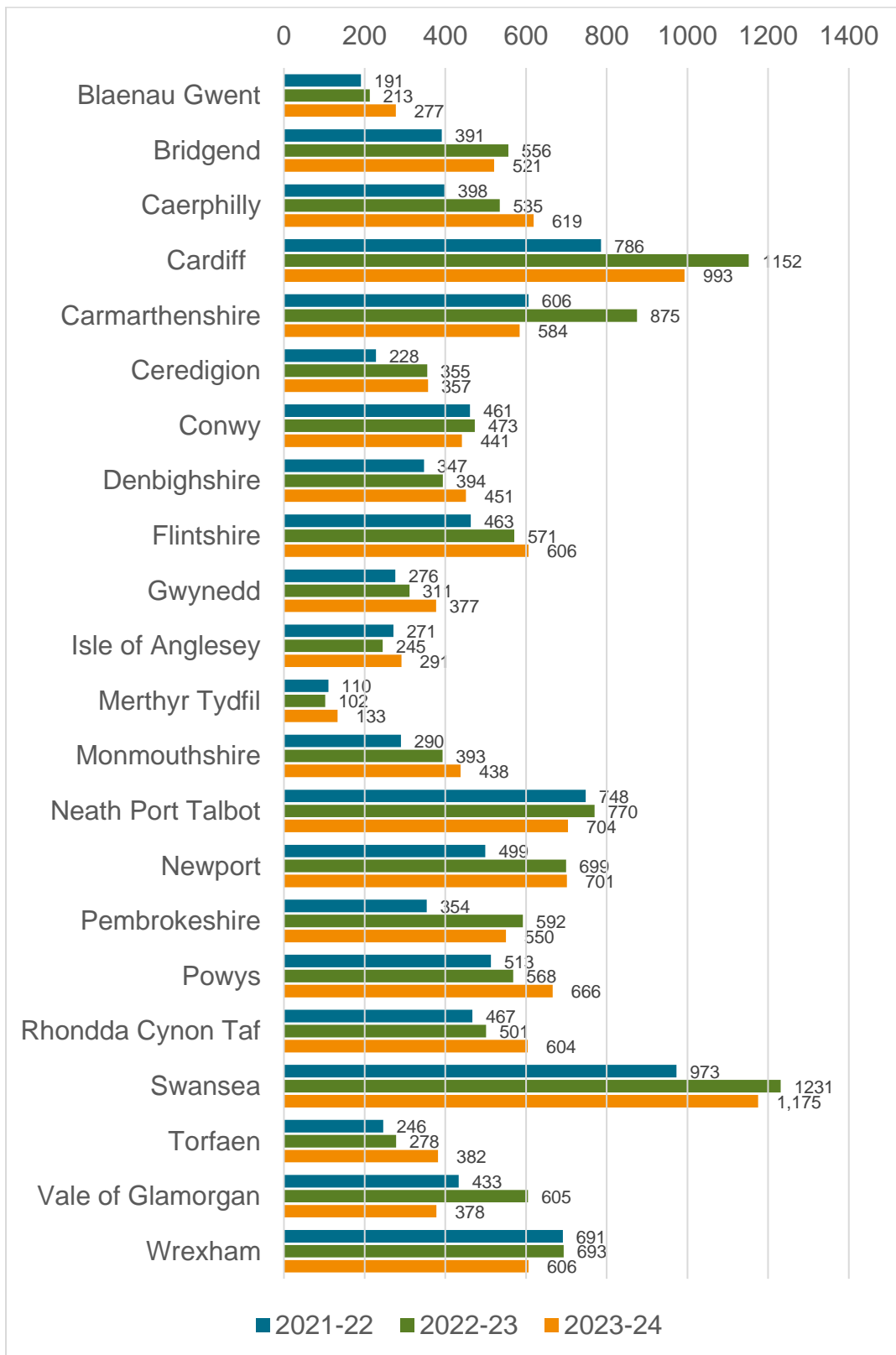
Number of Applications

A total of 11,854 applications were received by local authorities in 2023-24. This is a reduction of 2% (258) when compared with the previous year (12,112).

Half of the local authorities saw an increase in the number of DoLS applications received. Torfaen had a 37% increase, and both Blaenau Gwent and Merthyr Tydfil had a 30% increase. Swansea received the most applications (1,175) but this was slightly less than the previous year (1,231).

Two local authorities saw a significant decrease in the number of applications received during 2023-24 compared to the previous year: Carmarthenshire had 33% fewer applications (291 fewer), and Vale of Glamorgan had 38% fewer applications (227 fewer). However, during 2022-23 both local authorities saw a spike in number of applications they received from managing authorities See Figure 1.1

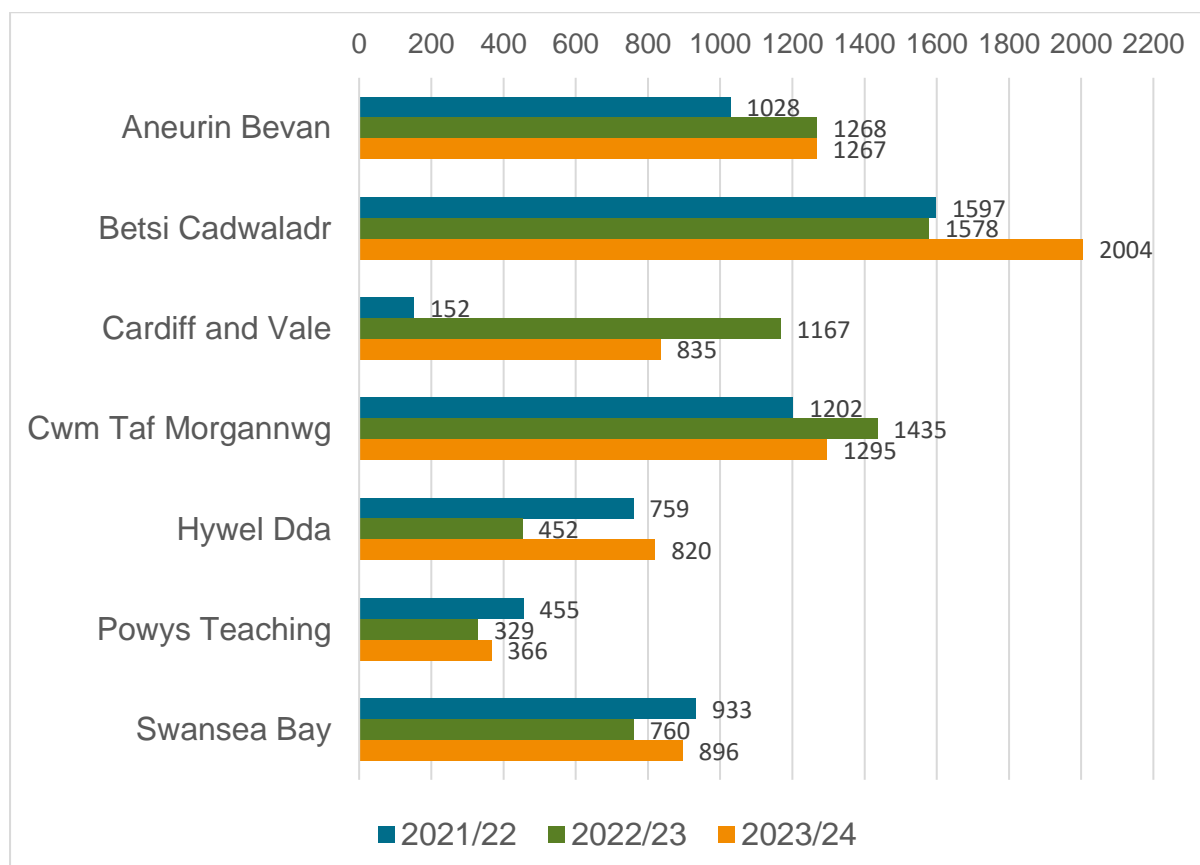
Figure 1.1. The number of DoLS applications received by each local authority from 2021 to 2024.



A total of 7,483 DoLS applications were received by health boards in 2023-24. This represents around a 7% (494) increase compared to the number of applications received in 2022-23 (6,989).

There was variation in demand across the health boards. A considerable increase was seen in Betsi Cadwaladr University Health Board. See Figure 1.2.

Figure 1.2. The number of DoLS applications received by each health board from 2021 to 2024.



Number of DoLS applications per 100,000 adult population

In 2023, Wales had an estimated population of 3.16 million, with 2.54 million adults over the age of 18³. This means that on average, there were 466 applications to local authorities and 294 to health boards for every 100,000 adults in Wales.

As in previous years, DoLS rates vary widely across local authorities. This variation reflects differences in local demography, knowledge and understanding of DoLS across the sector.

Relative to population size, the local authorities of Neath Port Talbot (613), Powys (600) and Swansea (588) had high numbers of applications per 100,000. Whilst both

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)

Merthyr Tydfil (288) and Rhondda Cynon Taf (314) saw an increase in the number of applications received during 2023-24, they continue to report the lowest DoLS rates, with these rates continuing to be below the Welsh average. See Table 1.1.

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 2023-24.

	Total 18+ Population	Number of DoLS applications	DoLS applications per 100,000
Blaenau Gwent	54,032	277	512.7
Bridgend	117,802	521	442.3
Caerphilly	140,377	619	441.0
Cardiff	307,789	993	322.6
Carmarthenshire	153,399	584	380.7
Ceredigion	61,618	357	579.4
Conwy	93,937	441	469.5
Denbighshire	77,877	451	579.1
Flintshire	124,995	606	484.8
Gwynedd	97,490	377	386.7
Isle of Anglesey	56,220	291	517.6
Merthyr Tydfil	46,137	133	288.3
Monmouthshire	77,533	438	564.9
Neath Port Talbot	114,906	704	612.7
Newport	126,592	701	553.7
Pembrokeshire	101,521	550	541.8
Powys	111,015	666	599.9
Rhondda Cynon Taf	192,277	604	314.1
Swansea	199,795	1,175	588.1
Torfaen	73,991	382	516.3
Vale of Glamorgan	106,750	378	354.1
Wrexham	108,383	606	559.1
All Local Authorities	2,544,436	11,854	465.9

In a similar way to the total numbers, the number of applications relative to the population varied considerably between health boards. This may be due to local demographic differences and the number of managing authorities in the 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 (364). Cardiff and Vale reported the lowest number of applications relative to the population (201) 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 2023-24.

	Total 18+ Population	Number of DoLS applications	DoLS applications per 100,000
Aneurin Bevan	472,525	1,267	268.1
Betsi Cadwaladr	558,902	2,004	358.6
Cardiff and Vale	414,539	835	201.4
Cwm Taf Morgannwg	356,216	1,295	363.5
Hywel Dda	316,538	820	259.1
Powys Teaching	111,015	366	329.7
Swansea Bay	314,701	896	284.7
All Health Boards	2,544,436	7,483	294.1

Applications submitted by third party organisations

If the person, any relative, friend or carer or any third party believes a person is being deprived of their liberty without the managing authority having applied for authorisation, they should bring this to the attention of the managing authority. If the managing authority does not apply for authorisation, the concerned person can ask the Supervisory Body to decide if there is an unauthorised deprivation of liberty.

Of the 11,854 applications submitted to local authorities during 2023-24, 17 were submitted by a third party. The applications were made to 4 local authorities, Isle of Anglesey (2), Conwy (6), Powys (3) and Ceredigion (6); with 5 submitted by a paid representatives and 12 by professionals or advocates. Of the 7,483 applications submitted to health boards, two applications were submitted by third parties, including one application submitted by a paid representative.

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.

In 2023-24, 2% (241) of DoLS applications to local authorities came from outside Wales, similar to the previous year. These applications were made by managing authorities in England to 15 local authorities in Wales. Powys continue to receive the most (15%, or 100 applications), followed by Flintshire (7%, or 40 applications).

During 2023-24, 4.9% (367) of DoLS applications were made to two health boards by managing authorities from outside Wales. Powys Teaching Health Board received 185 applications made from outside of Wales, and Betsi Cadwaladr University Health Board received 182 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

Around half the applications received by local authorities continue to be for standard authorisation. In 2023-24, 47% (5,565) of the 11,854 applications were standard, which is similar to the previous year.

Wrexham did not receive any applications for standard authorisations from managing authorities. As in previous years all their applications were for standard following an urgent authorisation or for further authorisations. Gwynedd reported the highest percentage of standard applications at 87% (329). However, this could be impacted as they currently report not receiving any requests for further authorisations See Table 2.1.

In 2023-24, only 6% (479) of applications to health boards were standard applications. This is a slight reduction compared to the percentage of standard applications seen in 2022-23 (8%).

There was a low number of standard application requests for a number of health boards. This includes 0% (1) for Hywel Dda, 1% (28) for Betsi Cadwaladr, 4% (53) for Aneurin Bevan and 5% (18) for Powys Teaching Health Board. See Table 2.2.

Standard following urgent applications

Across local authorities, 19% (2,235) of applications made in 2023-24 were via the urgent route, this is marginally higher than the 18% reported the previous year. Monmouthshire reported 63% (278) of its applications were urgent. The supervisory bodies with the lowest numbers of urgent applications were Bridgend 3% (17), Cardiff 3% (26), Ceredigion 3% (10) and the Vale of Glamorgan (13). See Table 2.1.

Of the 7,483 applications made to health boards in 2023-24, 6,649 were via the urgent route (89% of all applications). This is the same percentage of applications seen in 2022-23 (89%).

Further applications

The remaining 34% (4,054) of applications submitted to local authorities in 2023-24 were for further applications; this is marginally lower than the 35% last year. Gwynedd is the only authority to report no further applications. The highest proportion of further applications were reported by Ceredigion 48% (171), Vale of Glamorgan 48% (182) and Wrexham 48% (291). See Table 2.1.

For health boards, the remaining 5% (352) of applications submitted in 2023-24 were further applications. A breakdown of the application types is shown in Table 2.2.

Table 2.1. The percentage of different application types for each local authority in 2023-24.

<i>(Number of applications)</i>	Standard	Urgent	Further
Blaenau Gwent (277)	35%	36%	30%
Bridgend (521)	53%	3%	43%
Caerphilly (619)	46%	32%	21%
Cardiff (993)	67%	3%	31%
Carmarthenshire (584)	64%	12%	24%
Ceredigion (357)	49%	3%	48%
Conwy (441)	41%	34%	25%
Denbighshire (451)	50%	5%	45%
Flintshire (606)	49%	8%	42%
Gwynedd (377)	87%	13%	0%
Isle of Anglesey (291)	40%	17%	43%
Merthyr Tydfil (133)	64%	17%	19%
Monmouthshire (438)	18%	63%	19%
Neath Port Talbot (704)	53%	7%	40%
Newport (701)	29%	29%	43%
Pembrokeshire (550)	41%	13%	46%
Powys (666)	32%	33%	35%
Rhondda Cynon Taf (604)	68%	15%	17%
Swansea (1,175)	58%	4%	37%
Torfaen (382)	21%	48%	31%
Vale of Glamorgan (378)	48%	3%	48%
Wrexham (606)	0%	52%	48%
All Local Authorities	47%	19%	34%
<i>(Number of applications)</i>	5,565	2,235	4,054

Table 2.2. The percentage of different application types for each health board in 2023-24.

<i>(Number of applications)</i>	Standard	Urgent	Further
Aneurin Bevan (1,267)	4%	94%	2%
Betsi Cadwaladr (2,004)	1%	92%	7%
Cardiff and Vale (835)	9%	88%	3%
Cwm Taf Morgannwg (1,295)	12%	81%	7%
Hywel Dda (820)	0%	95%	5%
Powys Teaching (366)	5%	92%	4%
Swansea Bay (896)	18%	80%	2%
All Health Boards	6%	89%	5%
<i>(Number of applications)</i>	479	6,649	352

3. Timeframe for allocation to assessment

Applications unallocated⁴

Of the 11,854 applications received by local authorities, 34% (4,015) were still unallocated on 1st April 2024, this is an improvement on the previous year's figure of 38% (4,580). Bridgend, Isle of Anglesey and Wrexham report no applications unallocated at the end of the financial year.

Many of the local authority Supervisory Bodies are using screening tools to support prioritisation of urgent and high-risk cases. However, a minority of local authorities were unable to allocate over 60% of the applications they received during 2023-24; this includes Conwy, Gwynedd, Merthyr Tydfil, Monmouthshire and Rhondda Cynon Taf. Timely processing of applications is important aspect of ensuring people are not experiencing 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. See Table 3.2.

Of the 7,483 applications received by health boards, 15% (1,096) were still unallocated on 1st April 2024, a 32% reduction on the previous year's figure (1,601). See Table 3.1.

Applications withdrawn

In 2023-24, 13% (1,495) of the applications received by local authorities were withdrawn before they could be assessed – this is similar to last year. The main reasons given are that 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 3.1.

Table 3.1. The proportion of applications withdrawn or unallocated per local authority in 2023-24.

<i>(Number of applications)</i>	Withdrawn	Unallocated
Blaenau Gwent (143)	11%	41%
Bridgend (73)	14%	0%
Caerphilly (435)	11%	59%
Cardiff (438)	0%	44%
Carmarthenshire (121)	18%	3%
Ceredigion (201)	21%	35%
Conwy (377)	21%	64%
Denbighshire (271)	18%	42%

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

<i>(Number of applications)</i>	Withdrawn	Unallocated
Flintshire (391)	24%	40%
Gwynedd (237)	0%	63%
Isle of Anglesey (43)	15%	0%
Merthyr Tydfil (116)	19%	68%
Monmouthshire (321)	13%	60%
Neath Port Talbot (120)	10%	7%
Newport (207)	16%	14%
Pembrokeshire (332)	20%	41%
Powys (481)	14%	58%
Rhondda Cynon Taf (496)	19%	63%
Swansea (258)	10%	12%
Torfaen (264)	12%	58%
Vale of Glamorgan (141)	0%	37%
Wrexham (44)	7%	0%
All Local Authorities	13%	34%
<i>(Number of Applications)</i>	<i>1,495</i>	<i>4,015</i>

In 2023-24, 49% (3,686) 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 3.2.

Table 3.2. The proportion of applications withdrawn or unallocated per health board in 2023-24.

<i>(Number of applications)</i>	Withdrawn	Unallocated
Aneurin Bevan (1,267)	69%	22%
Betsi Cadwaladr (2,004)	65%	8%
Cardiff and Vale (835)	0%	71%
Cwm Taf Morgannwg (1,292)	56%	2%
Hywel Dda (820)	68%	2%
Powys Teaching (366)	63%	5%
Swansea Bay (896)	0%	0%
All Health Boards	49%	15%
<i>(Number of Applications)</i>	<i>3,686</i>	<i>1,096</i>

Length of time to allocate for assessment

Of the 6,392 local authority applications allocated for assessment, 25% (1,626) were allocated within 7 days, down from 28% (1,857) last year. However, fewer applications took more than 28 days to be allocated, 38%, or 2,456 compared to 45% or 2,933 applications in 2022-23. Again, this year Gwynedd did not record the dates of allocation in their analysis. See Table 3.3.

When considering length of time taken by local authorities to allocate for assessment by application type, applications for standard authorisations have the longest waiting times. Of the 2,545 standard applications, 51% (1,301) took more than one month to allocate. Of the 942, standard following urgent applications, 48% (445) waited more than 14 days to be allocated. Whilst for the 2,905 further applications, 30% (866) 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 2023-24.

	1-7 days	8-14 days	15-28 days	1-3 months	3-6 months	Over 6 months
Standard						
All Local Authorities	13%	12%	23%	35%	12%	4%
<i>Number of Applications</i>	333	314	597	884	308	109
Urgent						
All Local Authorities	37%	15%	17%	20%	9%	2%
<i>Number of Applications</i>	352	145	156	187	83	19
Further						
All Local Authorities	32%	17%	21%	21%	7%	2%
<i>Number of Applications</i>	941	499	599	600	209	57
All Applications						
All Local Authorities	25%	15%	21%	26%	9%	3%
<i>Number of Applications</i>	1,626	958	1,352	1,671	600	185

For health boards, of the 2,159 applications allocated for assessment, 24% (514) were allocated for assessment within 7 days of the request form being received by the health board. However, 36% (772) of applications took more than 28 days to be allocated. See Table 3.4.

Of the 176 standard applications, 29% (50) took more than one month to allocate. Of the 1,750 standard applications following urgent 65% (1,133) waited more than 14

days to be allocated. For the 221 further applications, 4% (9) waited more than one month to be allocated. See Table 3.4.

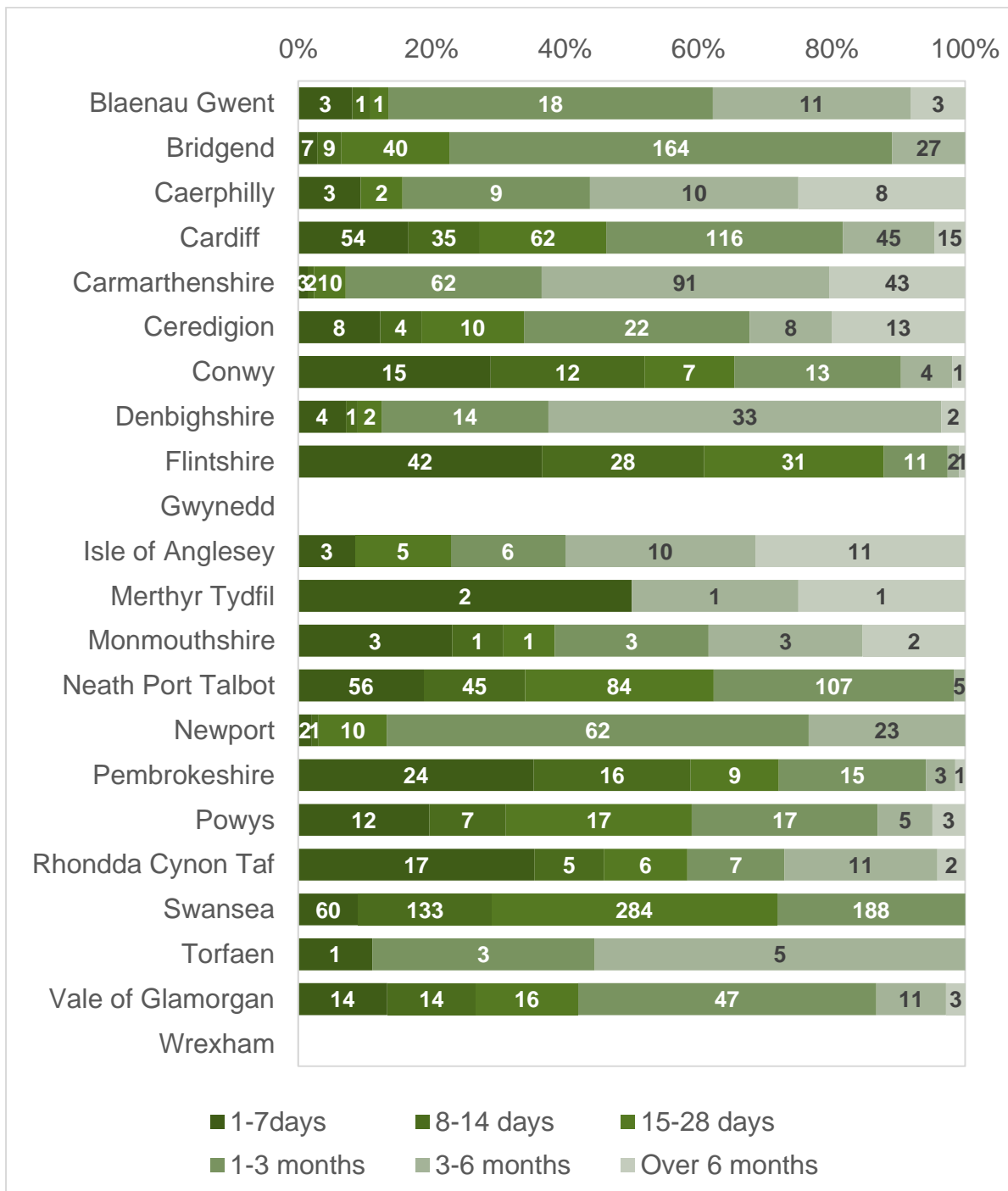
Table 3.4. The length of time taken to allocate all DoLS applications for assessment by application type and health board in 2023-24.

	1-7 days	8-14 days	15-28 days	1-3 months	3-6 months	Over 6 months
Standard						
All Health Boards	16%	23%	33%	27%	2%	0%
<i>Number of Applications</i>	28	40	58	47	3	0
Urgent						
All Health Boards	20%	15%	24%	39%	2%	0%
<i>Number of Applications</i>	348	266	427	677	29	3
Further						
All Health Boards	62%	21%	12%	5%	0%	0%
<i>Number of Applications</i>	137	47	26	10	1	0
All Applications						
All Health Boards	24%	16%	24%	34%	2%	0%
<i>Number of Applications</i>	514	354	519	736	33	3

Length of time to allocate standard assessments

There is considerable variation between local authorities when allocating standard applications. For 2023-24, Flintshire again reported the highest proportion of 88% (101) allocated to an assessor within 28 days. In comparison 4% (109) of standard applications to local authorities took more than 6 months to be allocated to an assessor. See Figure 3.1.

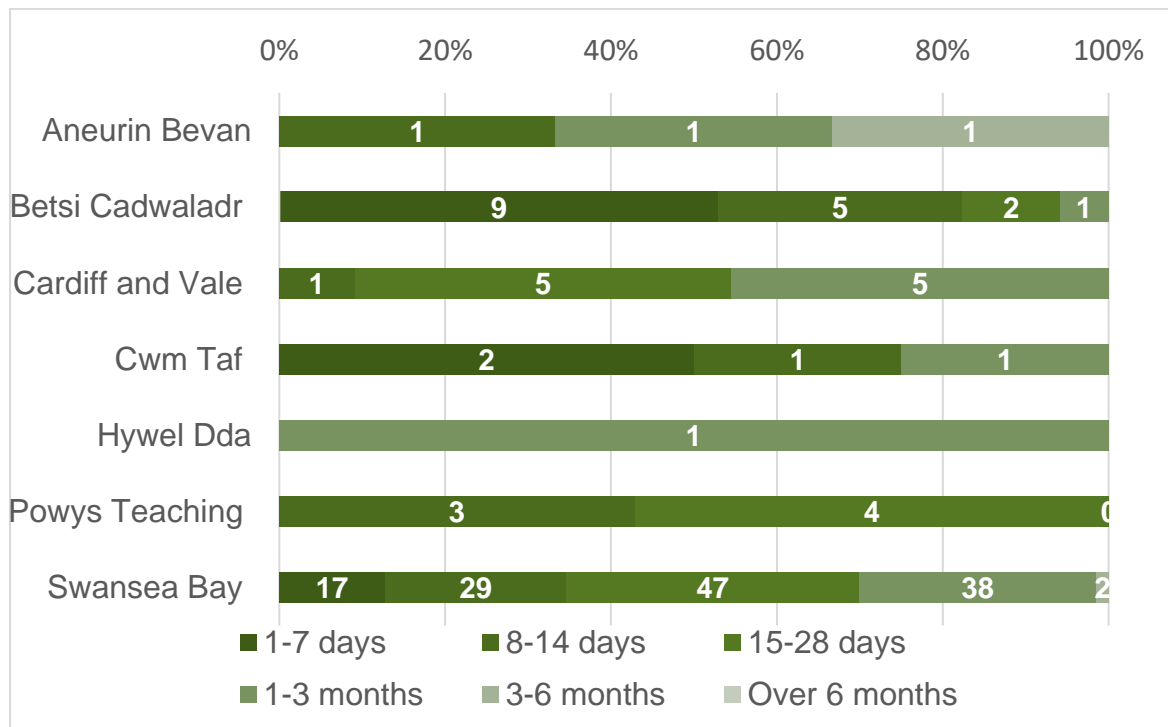
Figure 3.1. The length of time to allocate standard DoLS applications for assessment by local authority in 2023-24⁵.



For health boards, of the 176 standard applications allocated for assessment, 28% (50) took more than 28 days to be allocated. See Figure 3.2

⁵ Wrexham received no applications for standard authorisation and is not included in Figure 3.1.

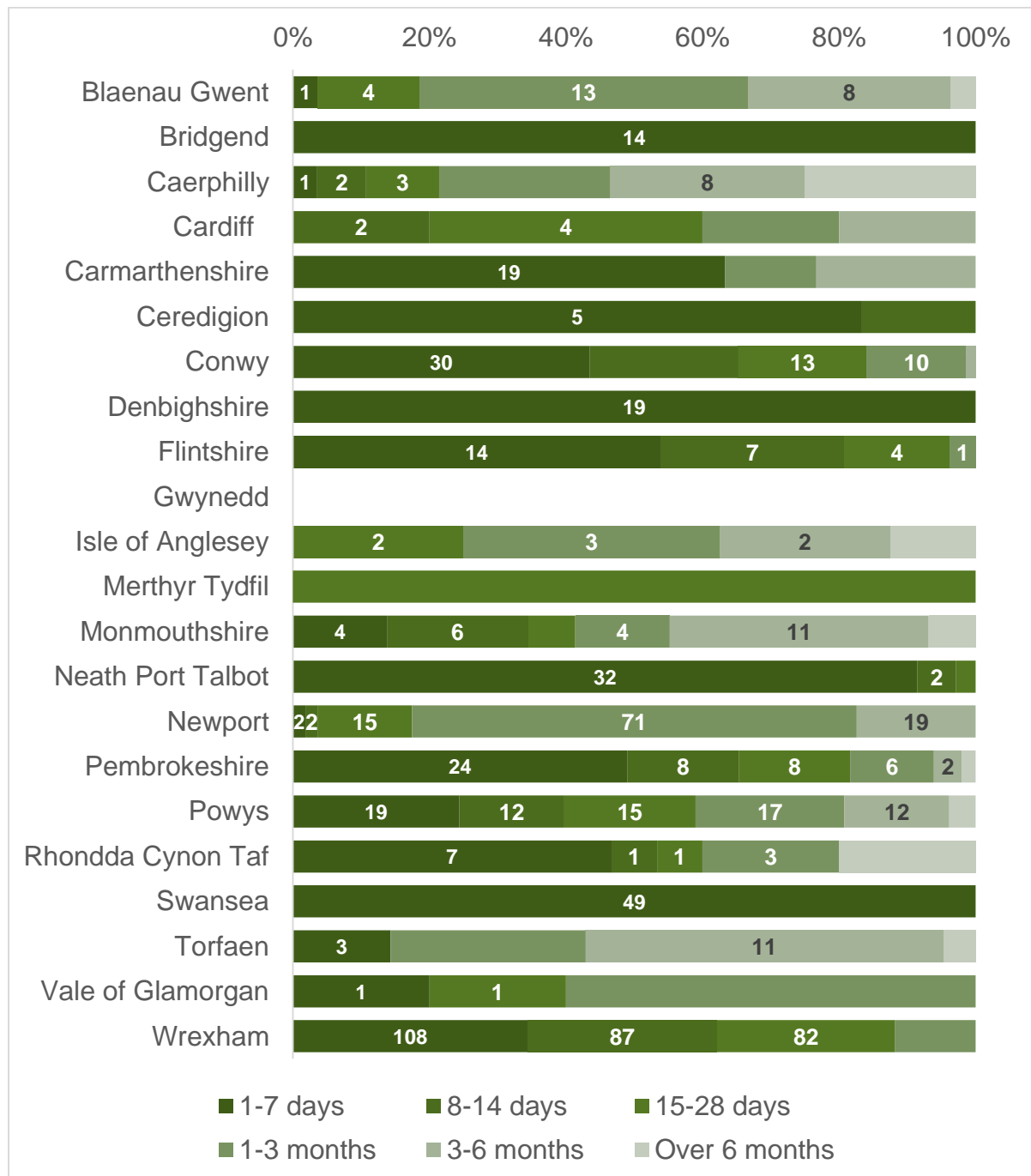
Figure 3.2. The length of time taken to allocate standard DoLS applications for assessment in 2023-24, by health board.



Length of time to allocate standard following urgent assessments

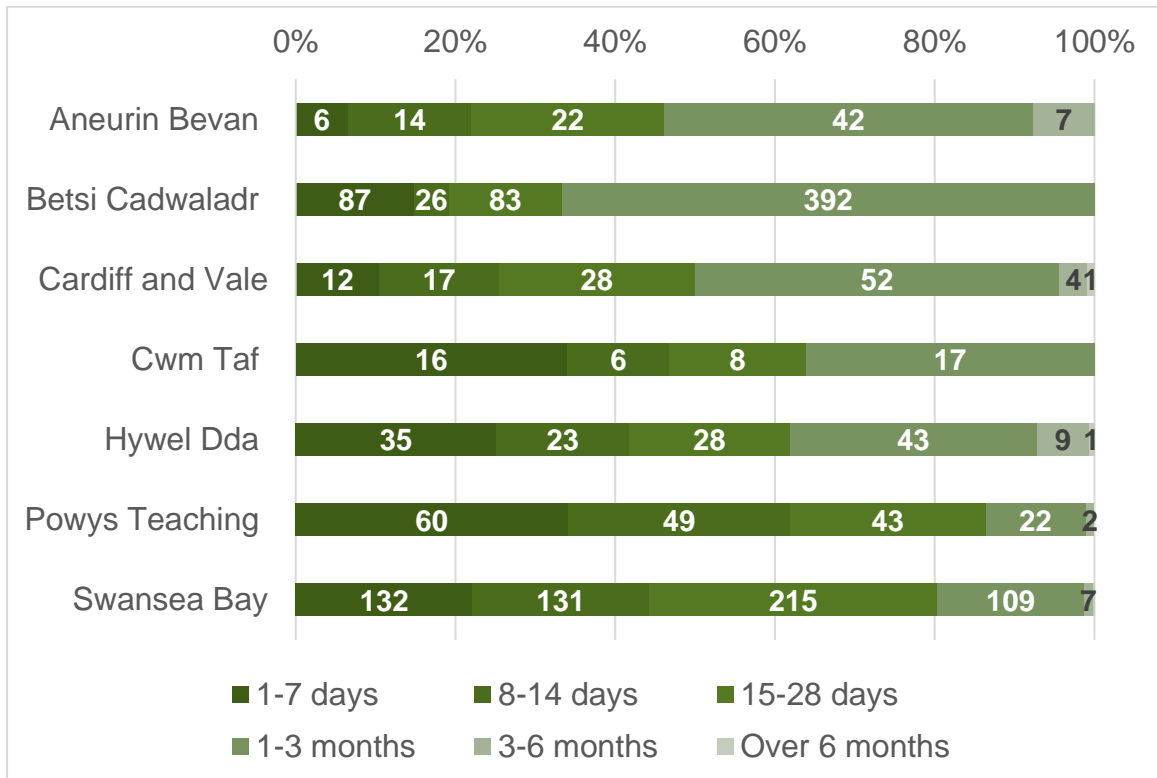
It is positive to note a minority of local authorities were able to allocate most of their standard following urgent applications within 14 days – namely, 100% (14) of applications by Bridgend, 100% (6) by Ceredigion, 100% (19) by Denbighshire, 100% (49) by Swansea and 97% (34) by Neath Port Talbot. See Figure 3.3.

Figure 3.3. The length of time to allocate standard following urgent DoLS applications for assessment by local authority in 2023-24.



For health boards, of the 1,750 standard following urgent applications allocated for assessment, 65% (1,136) took more than the maximum permitted time of 14 days to be allocated. See Figure 3.4.

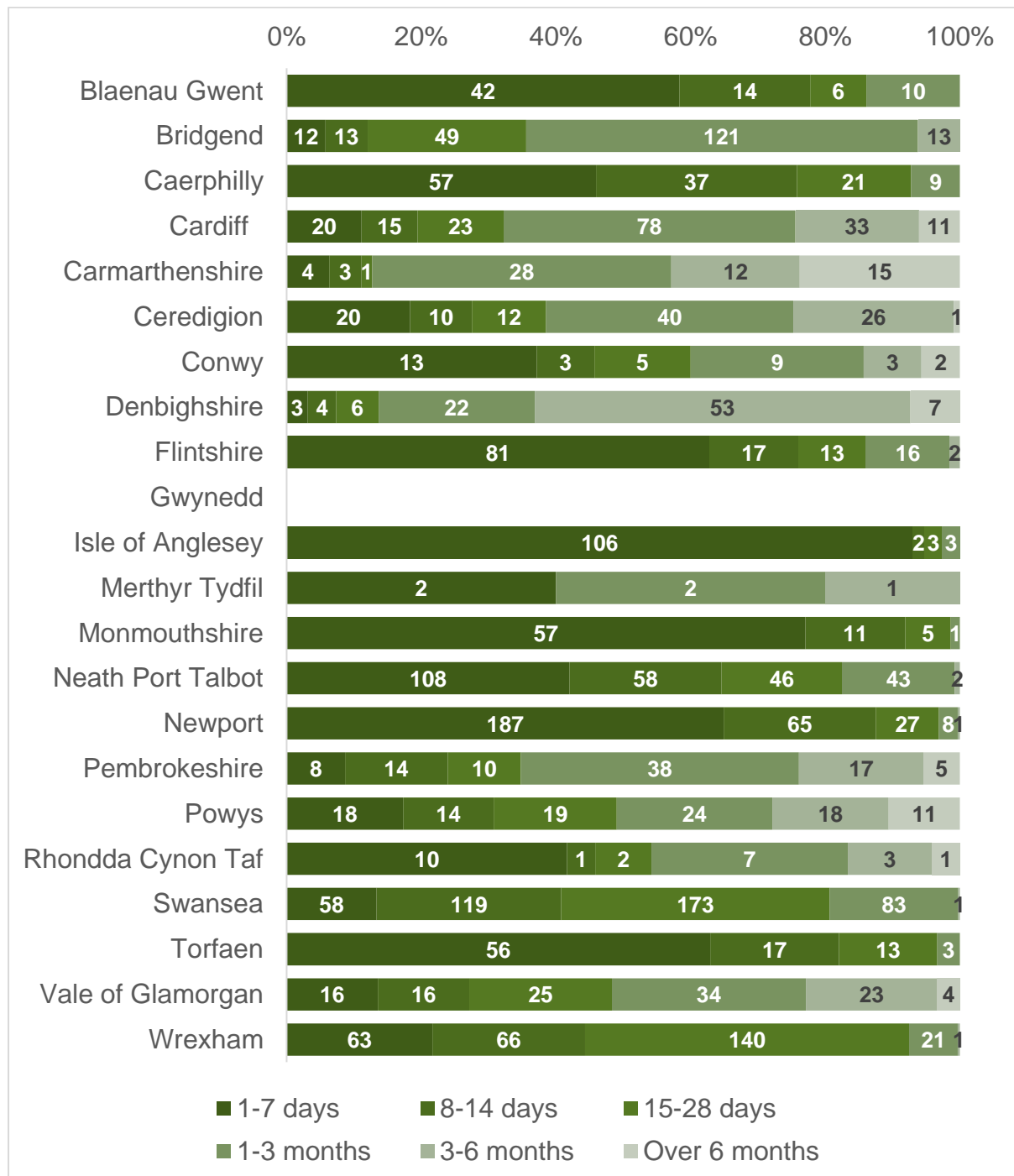
Figure 3.4. The length of time taken to allocate standard following urgent DoLS applications for assessment in 2023-24 by health board.



Length of time to allocate for further assessments

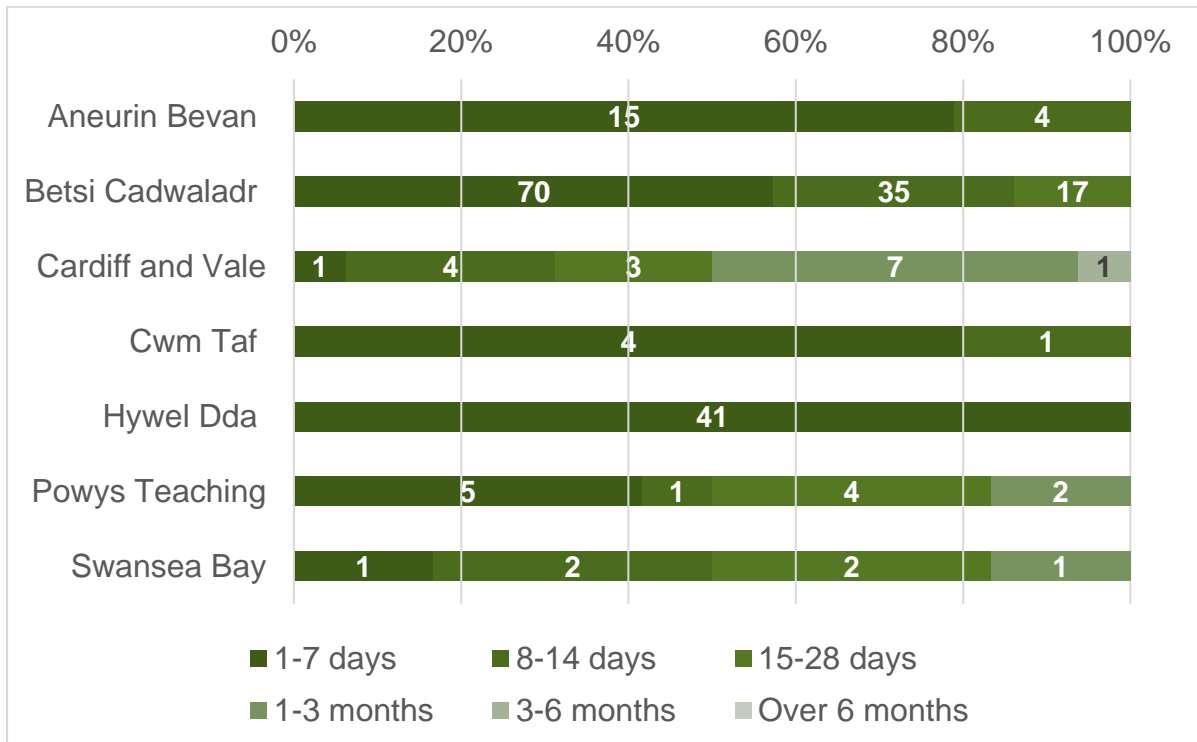
The majority of local authorities performed better at allocating further applications within 28 days than standard ones. Monmouthshire allocated 99% (73) of its further applications within this time, followed by Anglesey at 97% (111), Newport at 97% (279) and Torfaen at 97% (86). In contrast, 24% (15) of Carmarthenshire’s applications for a further authorisation waited over 6 months for allocation. See Figure 3.5.

Figure 3.5. The length of time to allocate further DoLS applications for assessment by local authority in 2023-24.



For health boards, of the 221 further applications allocated for assessment, 5% (11) took more than 28 days to be allocated. See Figure 3.6.

Figure 3.6. The length of time taken to allocate further DoLS applications for assessment in 2023-24, by health board.



4. Completion of Assessments

By comparing the date, the DoLS application was allocated to an assessor with the date of the decision (authorisation granted or refused) we can determine that 48% (5,640) of applications to local authorities led to a completed assessment during 2023-24. Whilst we are aware that a majority of local authorities have increased their capacity to complete assessments and have a pool of best interest assessors working alongside a dedicated team, the number of DoLS assessments completed during 2023-24 is slightly less than the 49% (5,959) of assessments completed during 2022-23. However, this reduction was not seen across all local authorities, with 13 local authorities reporting an increase in the number of assessments completed. From our ongoing monitoring we know many local authorities in Wales are also making timely applications to the Court of Protection and proactive in identifying situations where a person who lacks mental capacity to consent to the arrangements made for care and support and deprived of their liberty in community settings.

In 2023-24, local authorities completed assessments on 88% (5,640 of 6,392) of applications allocated. However, only 39% (2,221) of these were completed within the required timeframes. Gwynedd did not provide any date information that could be included in the analysis.

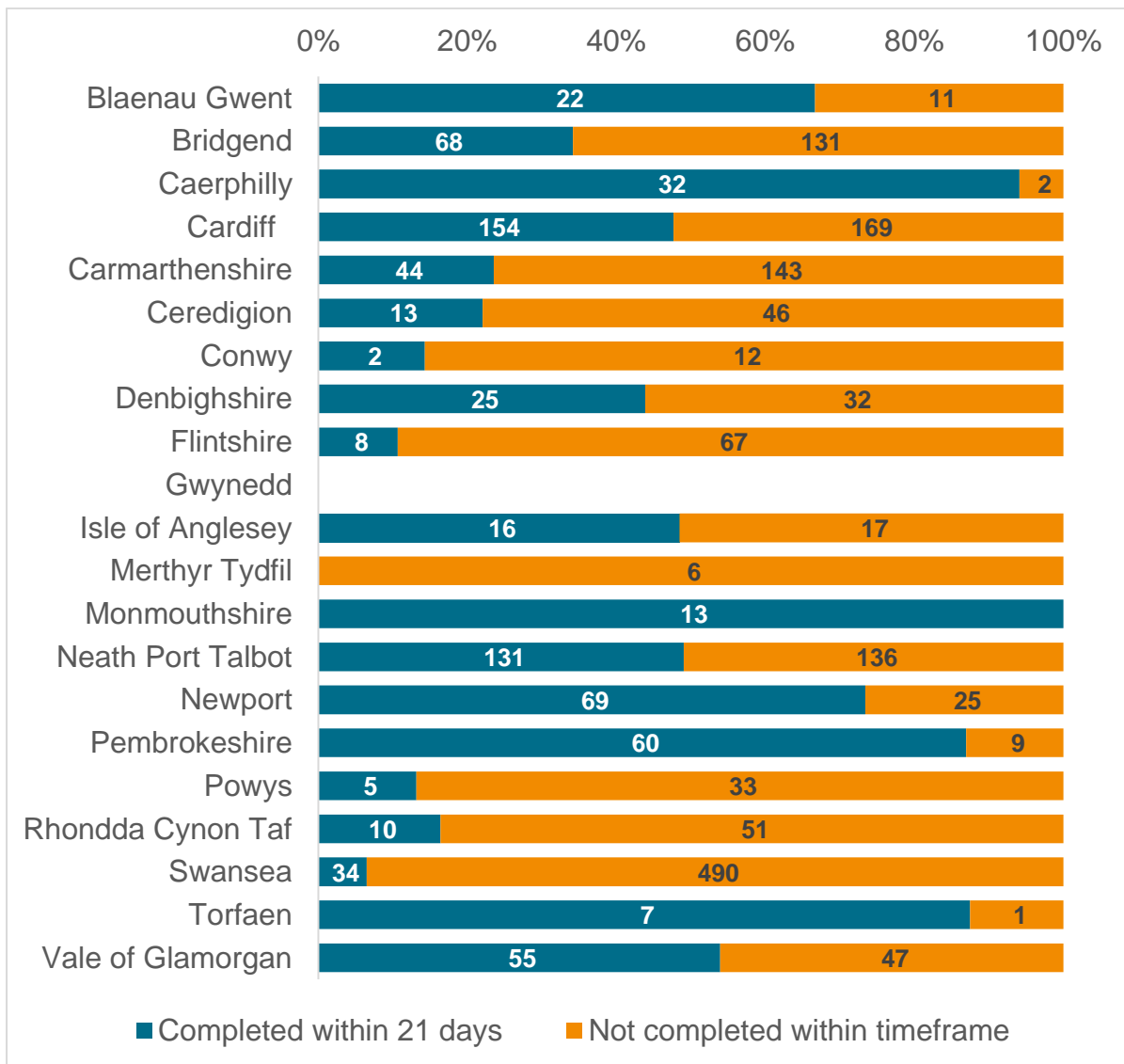
For health boards, 29% (2,159) of DoLS applications were reported as being allocated to a single or second assessor.

Completion of standard assessments

In 2023-24, local authorities completed 2,196 assessments for a standard authorisation, but only 35% (768) were completed within the statutory timeframe of 21 days.

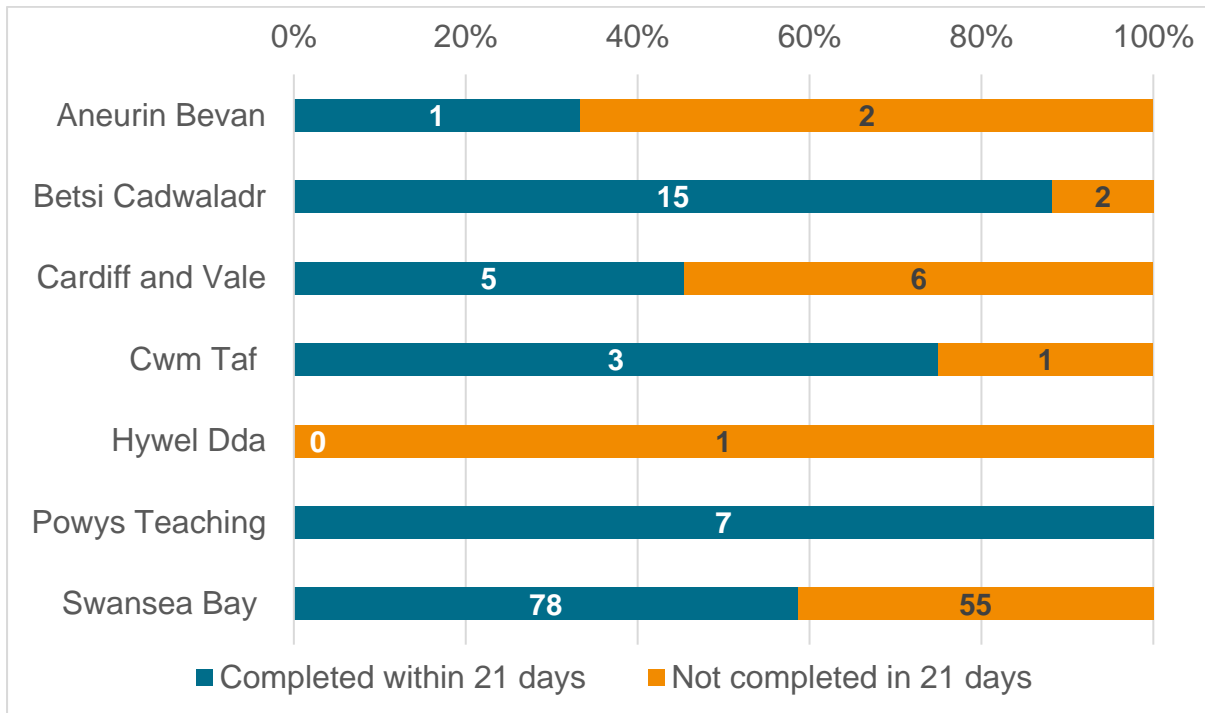
Monmouthshire completed 100% (13) of the assessments within the statutory timeframe whilst other local authorities such as Caerphilly 94% (32), Torfaen 88% (7) and Pembrokeshire 87% (60) completed a high proportion of assessments within the statutory timeframe. In contrast, Merthyr Tydfil failed to complete any of its standard assessments within 21 days and Swansea only completed 6% (34). Both Cardiff and Neath Port Talbot completed the highest number of standard assessments – 154 and 131 respectively, but like most local authorities were unable to meet the statutory timeframe of 21 days for half of the assessments completed. See Figure 4.1.

Figure 4.1. The number of standard assessments completed within statutory timeframe (21 days) by local authority in 2023-24.



For health boards, of the 176 standard applications assessed in 2023-24, 62% (109) were completed within the statutory timeframe of 21 days. See Figure 4.2.

Figure 4.2. The number of standard assessments completed within statutory timeframe (21 days) by health board in 2023-24.

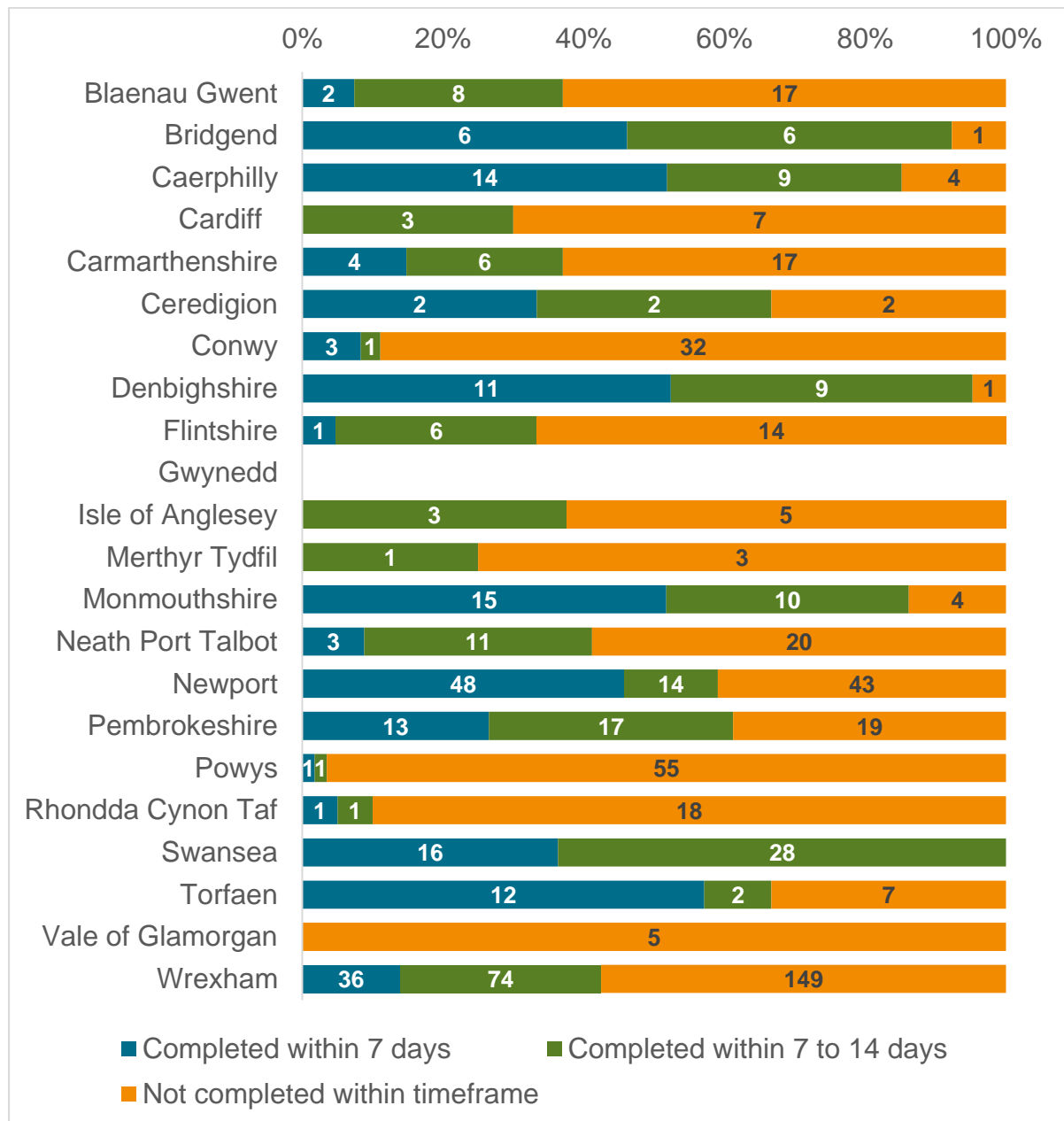


Completion of standard following urgent assessments

In 2023-24, local authorities completed 823 assessments for standard following urgent applications, with 49% (400) completed within the required timeframe of 7-14 days. Around half of the urgent authorisations granted by managing authorities expire before the required assessments are undertaken.

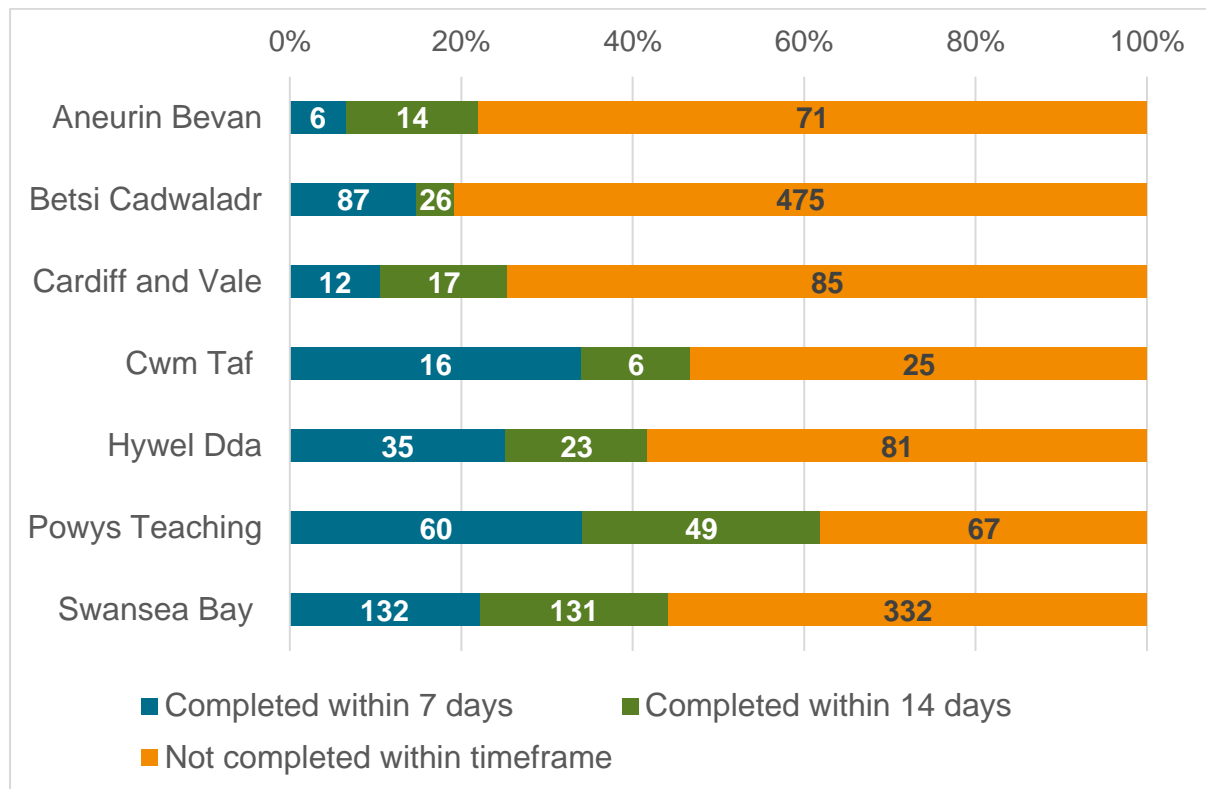
The local authorities completing the highest proportion of standard following urgent assessments include – Swansea 100% (44), Denbighshire 95% (20), Bridgend 92% (12), Monmouthshire 86% (25) and Caerphilly 85% (23). Wrexham completed the most urgent assessments in Wales, with 42% (110) completed within 7-14 days. However, the Vale of Glamorgan, Powys, and Rhondda Cynon Taf were unable to meet the statutory timeframe. See Figure 4.3.

Figure 4.3. The number of standard following urgent assessments completed within statutory timeframe (7 and 14 days) by local authority in 2023-24.



For health boards, a total of 1,750 standard following urgent applications were allocated for assessment in 2023-24. Many urgent authorisations expired before the required assessments were undertaken as only 35% (614) of the assessments were completed within the statutory timeframe of 7-14 days. See Figure 4.4.

Figure 4.4. The number of standard following urgent assessments completed within statutory timeframe (7 and 14 days) by health board in 2023-24.

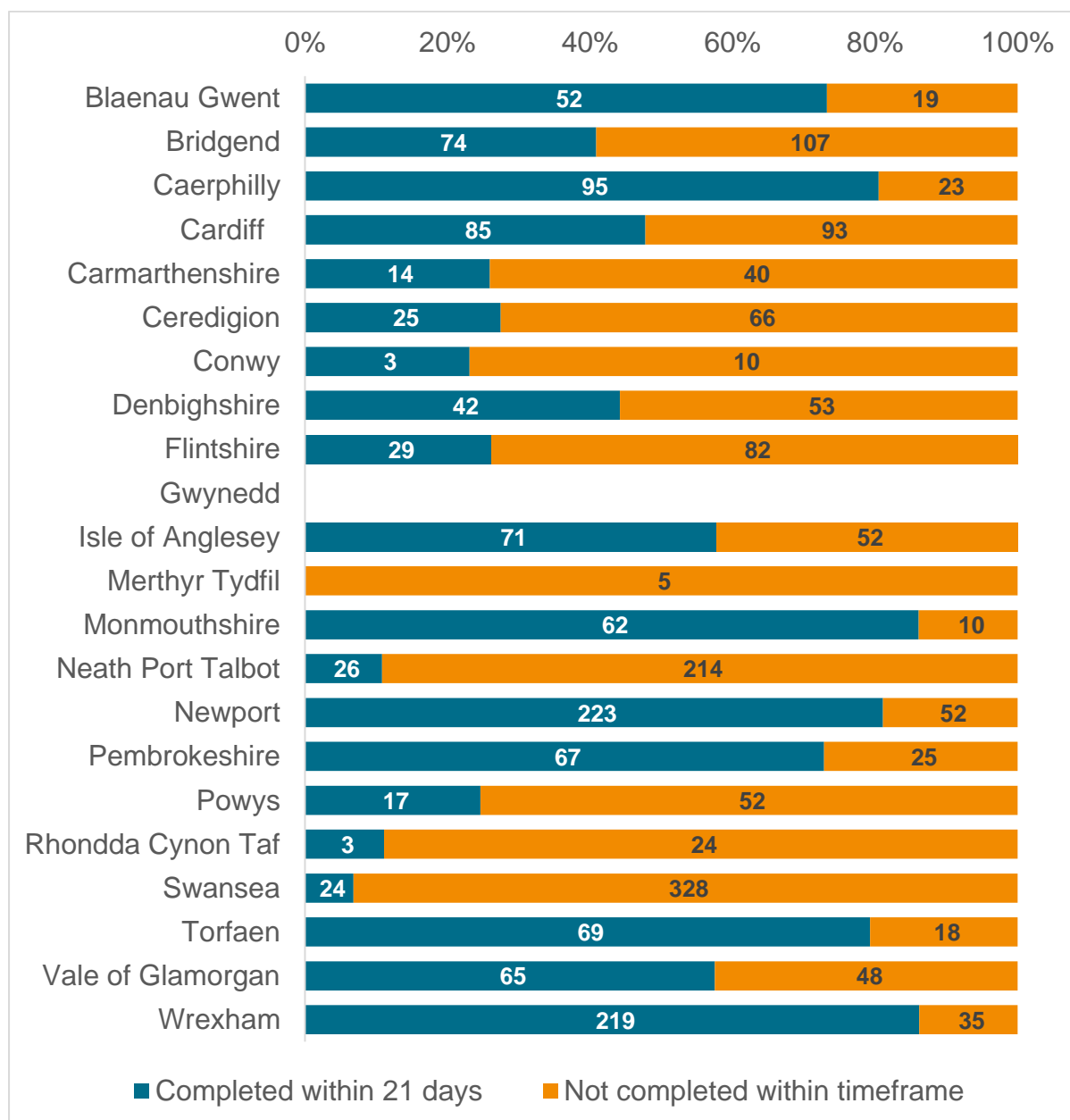


Completion of further assessments

In 2023-24, local authorities completed 2,621 further assessments, with 48% (1,265) assessed within the 21-day statutory timeframe, an improvement from 43% last year. The local authorities best able to meet the 21-day timeframe include: Wrexham 86% (219), Monmouthshire 86% (62), Newport 81% (223) and Caerphilly 81% (95).

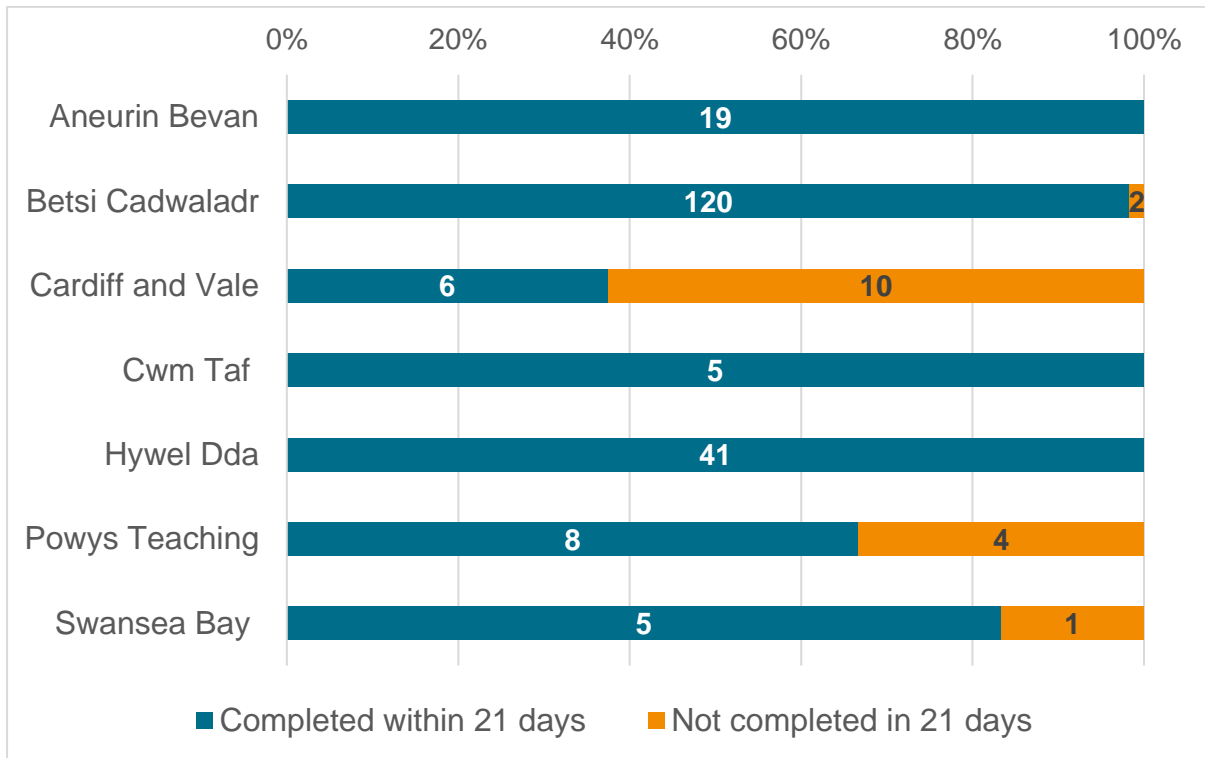
Merthyr Tydfil received 5 further applications but were unable to complete the assessments within the statutory timeframe. Swansea, Neath Port Talbot, Rhondda Cynon Taf, and Powys also found it challenging to meet the 21-day deadline See Figure 4.5.

Figure 4.5. The number of further assessments completed within statutory timeframe (21 days) by local authority in 2023-24



For health boards, a total of 221 further applications were assessed in 2023-24, with 92% (204) completed within the statutory timeframe of 21 days. See Figure 4.6.

Figure 4.6. The number of further assessments completed within statutory timeframe (21 days) by health board in 2023-24.

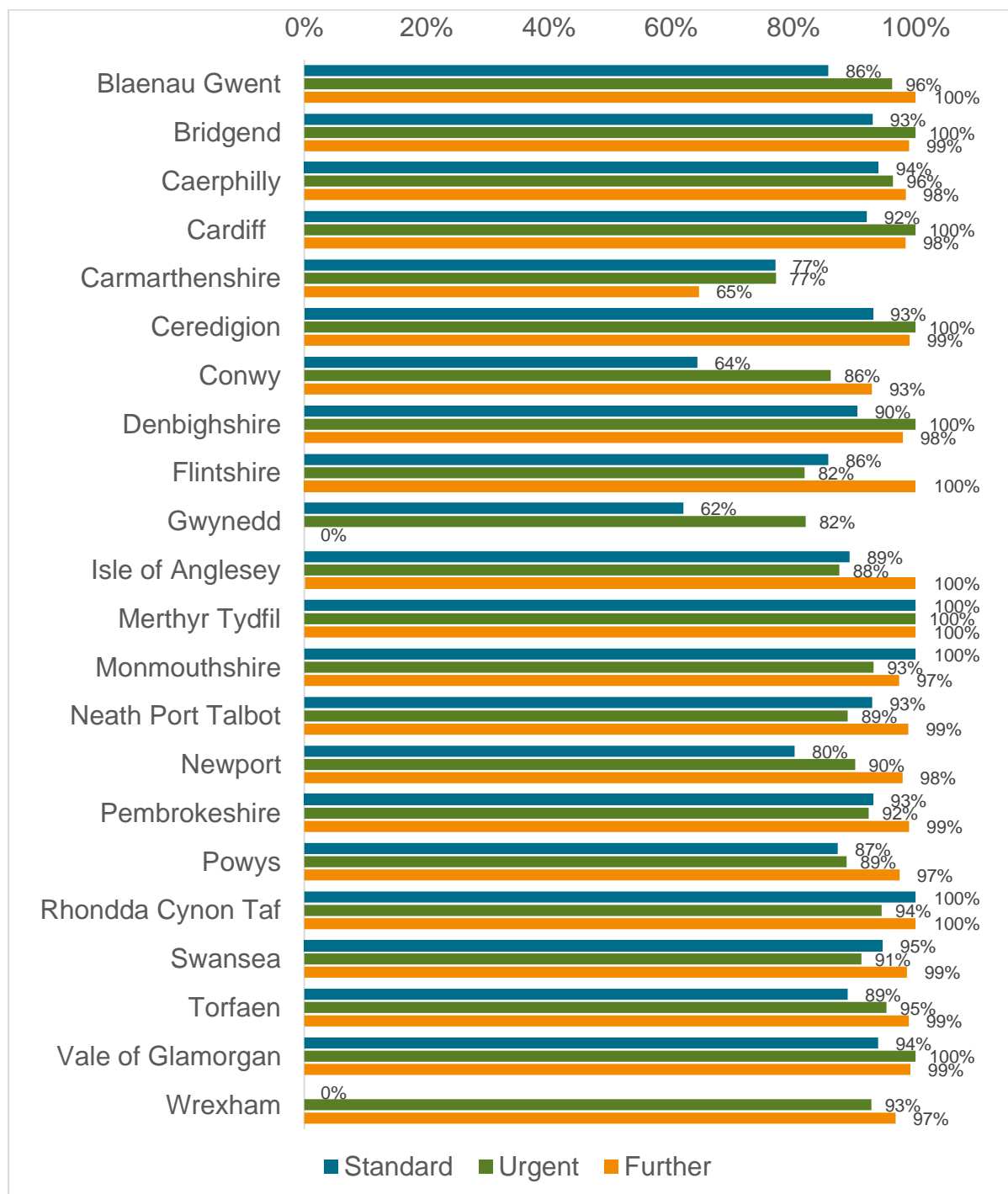


5. Outcome of assessments

Applications authorised

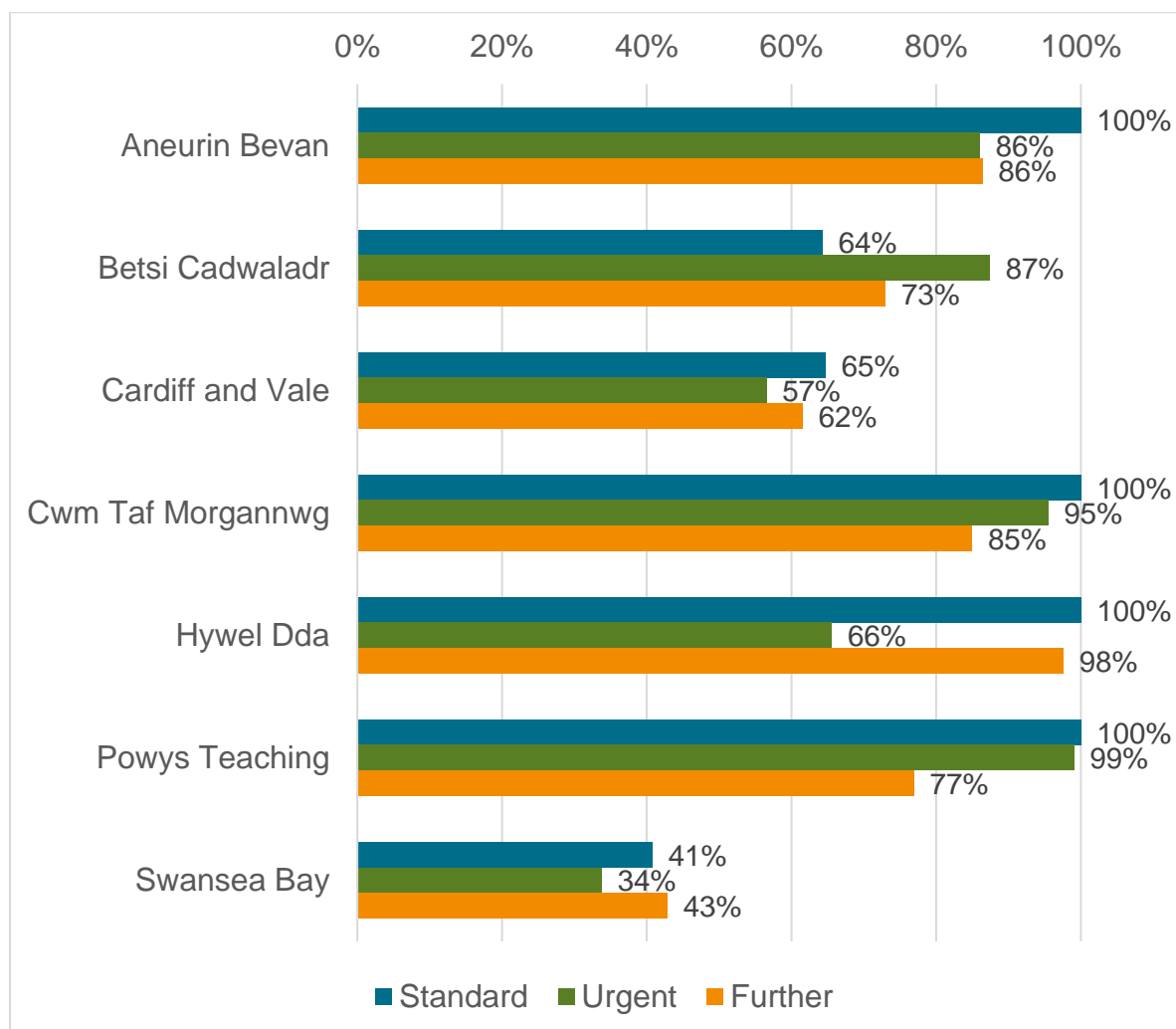
In 2023-24, local authorities assessed 5,640 DoLS applications, a 5% decrease from last year's 5,959. Of these, 96% (5,439) were authorised by Supervisory Bodies, slightly up from 94% the previous year. See Figure 5.1.

Figure 5.1. The proportion of applications authorised by each local authority in 2023-24



For health boards, 2,696 DoLS applications were assessed in 2023-24, compared to 2,024 in 2022-23. This represents a percentage increase of 33% (672) in the number of assessments completed by health boards in Wales. Of the 2,696 applications made to health boards that were assessed, 69% (1,858) went on to be authorised by Supervisory Bodies. This figure is an increase on the 52% (1,054) of applications assessed and authorised in the previous year. See Figure 5.2.

Figure 5.2. The proportion of applications authorised by each health board in 2023-24.



The best interest assessor can suggest conditions for the authorisation. These might include contact issues, cultural considerations, or other significant concerns related to the deprivation of liberty. If these issues are not addressed, the deprivation of liberty might not be in the person’s best interests. They can also recommend conditions to prevent future deprivation of liberty.

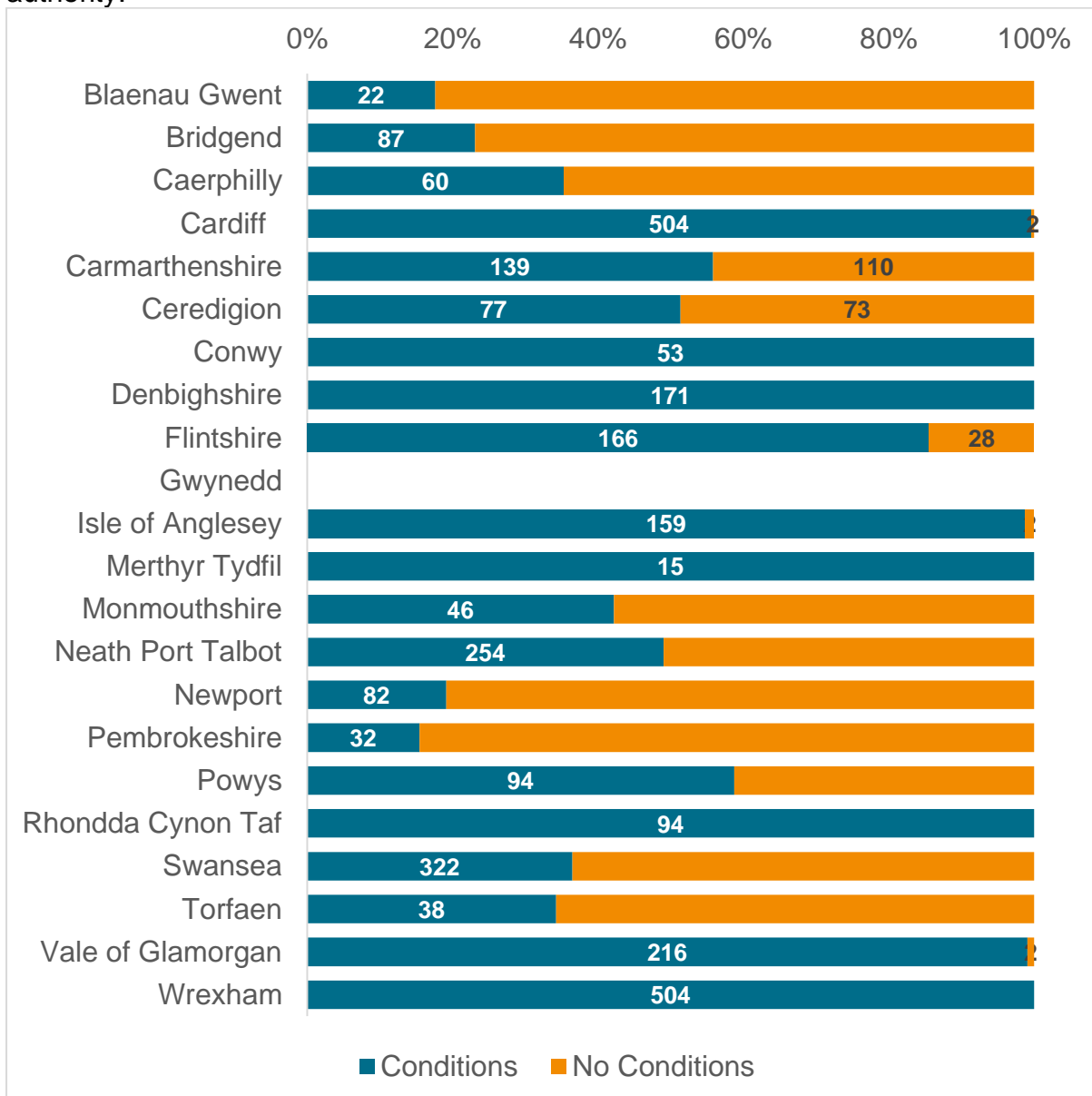
Of the 5,439 local authority assessments authorised, 58% (3,135) had conditions attached. When broken down by type of application, 71% (542) of standard following

urgent authorisations included conditions, compared to 57% (1,172) for standard and 55% (1,421) for further⁶.

The highest proportion of authorisations with no conditions attached were reported by Pembrokeshire (85%, 175), Blaenau Gwent (82%, 103) and Newport (81%, 347). 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. See Figure 5.3.

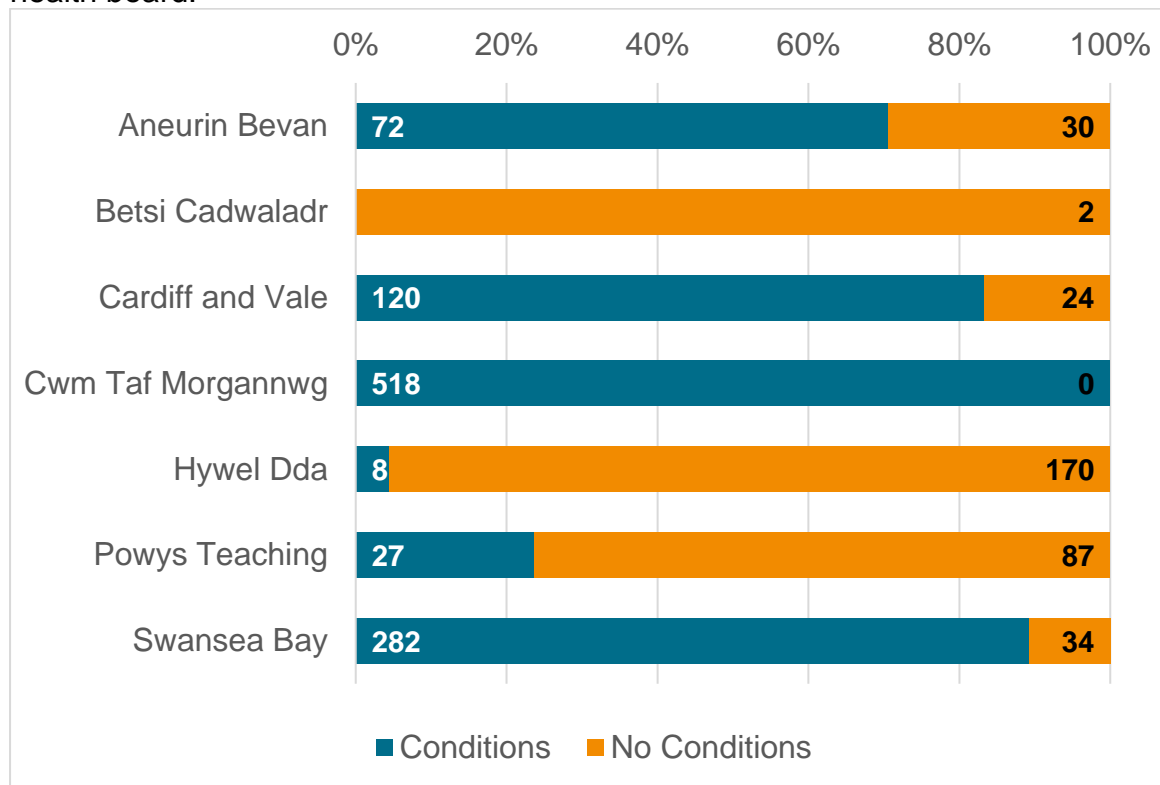
⁶ Thirty-five assessment that were authorised reported no information on whether conditions were attached.

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



For health boards, of the 1,858 applications that were authorised, 58% (1072) had conditions attached. When broken down by type of application, 90% (132) of standard applications had conditions attached, compared to 74% (782) of standard following urgent authorisations and 65% (110) of further applications. See Figure 5.4.

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



Applications refused and reason

In 2023-24, only 3% (414) of DoLS applications were refused by local authorities. Reasons for refusal varied widely. Of these:

- 56% (203) were refused because the mental capacity condition wasn't met, down from 69% last year.
- 25% (92) were refused due to eligibility issues.
- 15% (56) were refused for not being a deprivation, up from 2% last year, with Cardiff refusing 32 applications for this reason.

Gwynedd and Merthyr Tydfil didn't refuse any applications. See Table 5.1.

Table 5.1. The proportion of applications not authorised by reason for refusal per local authority in 2023-24.

<i>(Number of applications)</i>	Best interest	Eligibility	Refused		
			Mental Capacity	Mental Health	Not a deprivation
Blaenau Gwent (6)	0%	0%	100%	0%	0%
Bridgend (16)	0%	0%	100%	0%	0%
Caerphilly (5)	0%	0%	80%	0%	20%
Cardiff (32)	0%	0%	0%	0%	100%
Carmarthenshire (89)	4%	85%	10%	0%	0%
Ceredigion (5)	0%	20%	40%	0%	40%
Conwy (11)	9%	0%	91%	0%	0%
Denbighshire (8)	0%	0%	100%	0%	0%
Flintshire (15)	0%	13%	87%	0%	0%
Gwynedd (0)	0%	0%	0%	0%	0%
Isle of Anglesey (5)	0%	20%	60%	0%	20%
Merthyr Tydfil (0)	0%	0%	0%	0%	0%
Monmouthshire (4)	0%	0%	100%	0%	0%
Neath Port Talbot (28)	4%	7%	79%	4%	7%
Newport (37)	0%	0%	89%	0%	11%
Pembrokeshire (10)	20%	0%	60%	20%	0%
Powys (15)	0%	40%	47%	0%	13%
Rhondda Cynon Taf (1)	0%	0%	0%	0%	100%
Swansea (37)	0%	0%	92%	3%	5%
Torfaen (3)	0%	0%	100%	0%	0%
Vale of Glamorgan (8)	0%	0%	0%	0%	100%
Wrexham (30)	3%	13%	77%	3%	3%
All Local Authorities	2%	25%	56%	1%	15%
<i>(Number of Applications)</i>	9	92	203	5	56

For applications made to health boards, 31% (838) of applications assessed were refused in 2023-24, 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. The percentage of applications refused due to mental capacity is comparable to the percentage refused in the previous year of 72% (167). See Table 5.2.

Table 5.2. The proportion of applications not authorised by reason for refusal per health board in 2023-24.

<i>(Number of applications)</i>	Refused				
	Best interest	Eligibility	Mental Capacity	Mental Health	Not a deprivation
Aneurin Bevan (13)	0%	15%	77%	8%	0%
Betsi Cadwaladr (60)	0%	43%	52%	5%	0%
Cardiff and Vale (0)	0%	0%	0%	0%	0%
Cwm Taf Morgannwg (63)	0%	0%	86%	14%	0%
Hywel Dda (72)	0%	17%	65%	14%	4%
Powys Teaching (1)	0%	0%	100%	0%	0%
Swansea Bay (74)	0%	0%	77%	18%	5%
All Health Boards	0%	14%	71%	13%	2%
<i>(Number of Applications)</i>	<i>0</i>	<i>40</i>	<i>200</i>	<i>36</i>	<i>7</i>

6. Authorisation duration

Authorisation duration

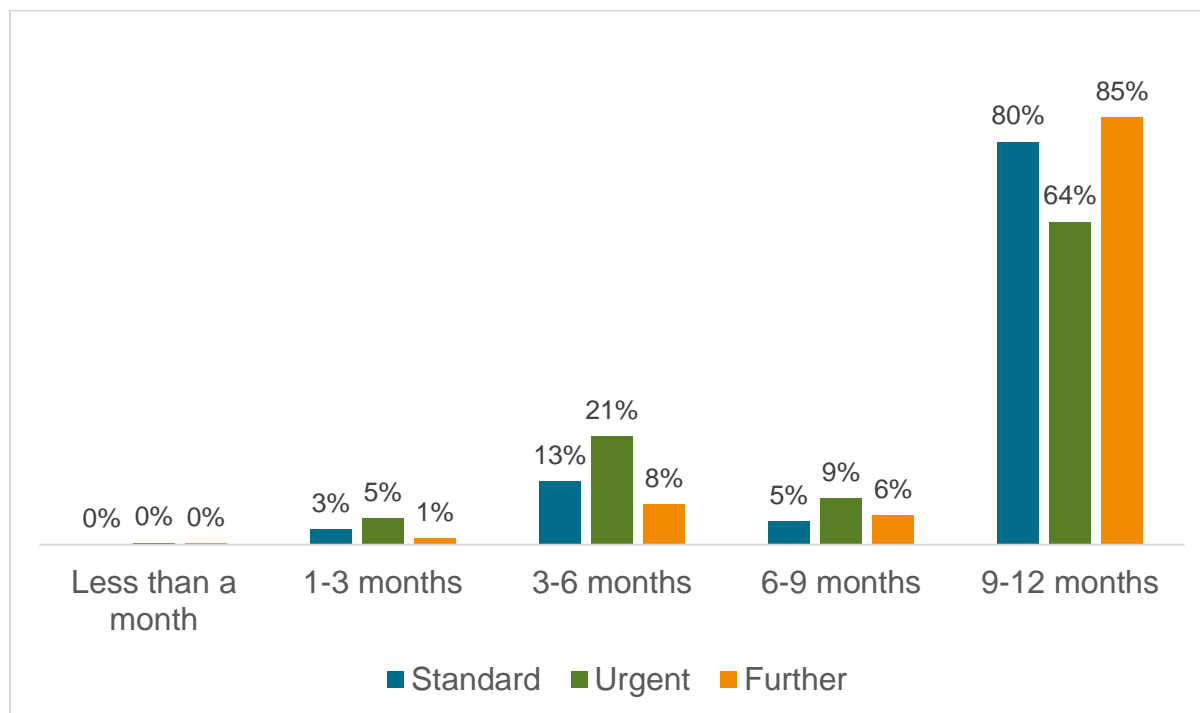
The Code of Practice⁷ states any authorisation should be for the shortest possible duration, and for only as long as the relevant person will meet the required criteria.

In 2023-24, 5,406 local authority authorisations had their duration calculated. Similar to previous years, many were authorised for over nine months:

- 85% (2,184) of further authorisations
- 80% (1,636) of standard authorisations
- 64% (496) of standard following urgent authorisations

See Figure 6.1.

Figure 6.1. The proposed duration of authorisations by local authorities in 2023-24.

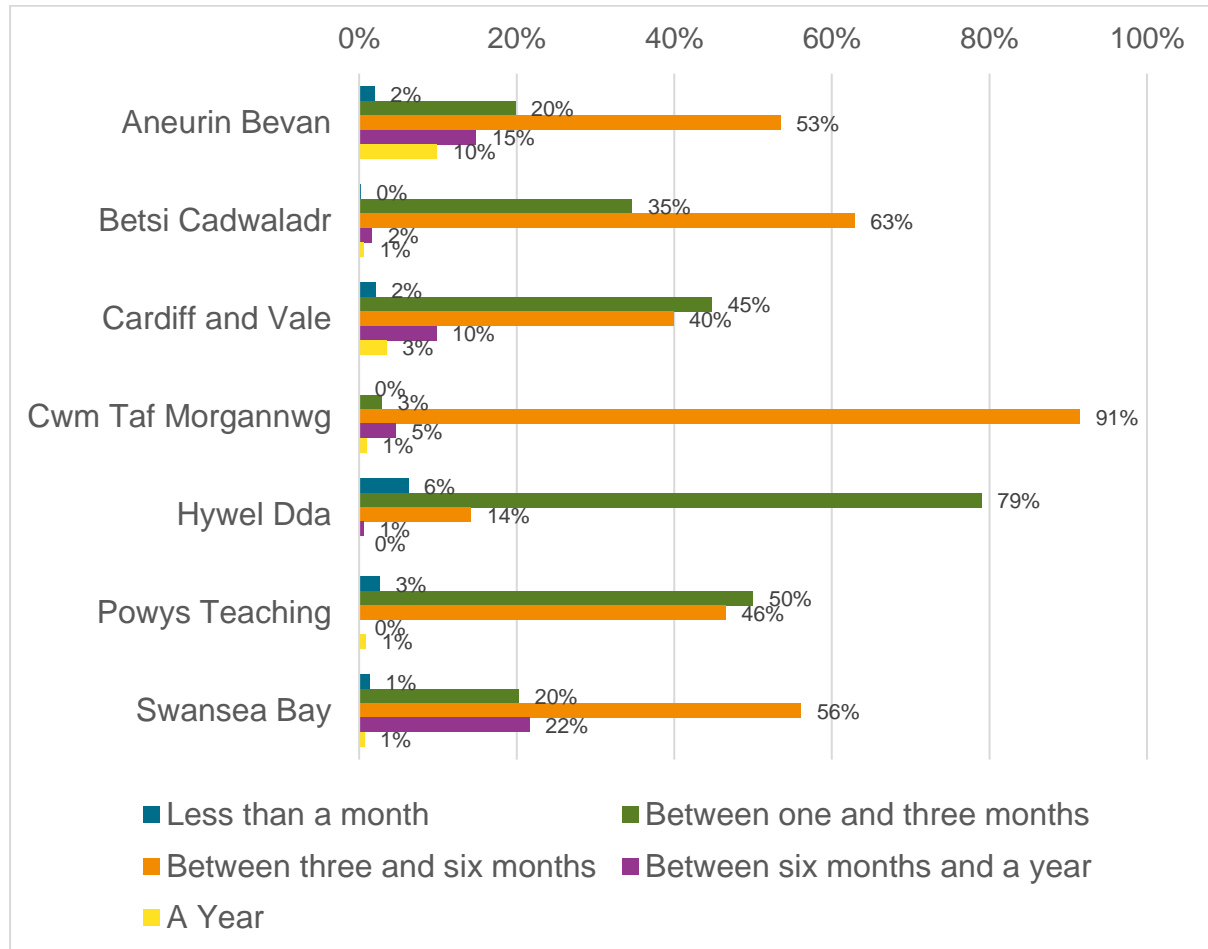


⁷ See

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

In 2023-24, 93% (1,559) of authorisations made to health boards were for six months or less, and 31% (514) for three months or less. Only 1% (25) of authorisations were for a whole year. See Figure 6.2.

Figure 6.2. The proposed duration of authorisations by each health board in 2023-24.



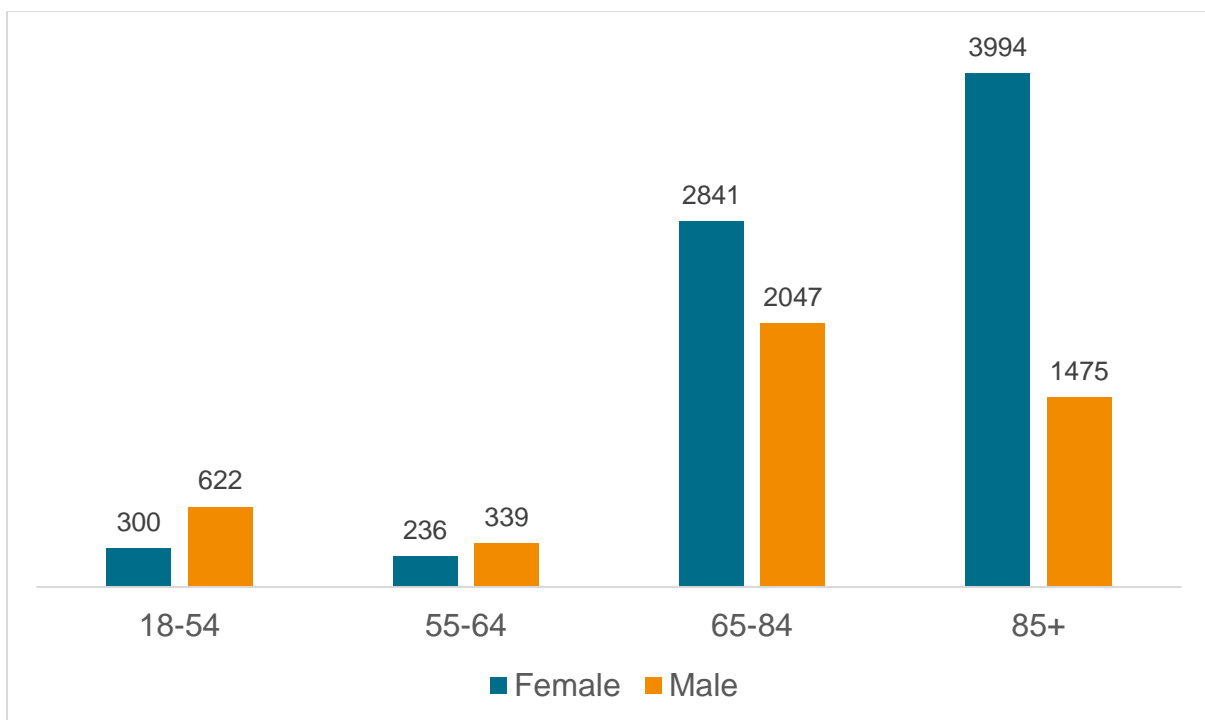
7. Individual Characteristics

Applications by Age, Gender and Ethnicity

People over 65 account for 87% (10,357) of DoLS applications to local authorities across Wales, with 62% (7,371) of all applications for women, mostly in older age groups.

As in previous years, men make up slightly larger number of applications up to age 64, but in the oldest age groups, there are more applications for women. See Figure 7.1.

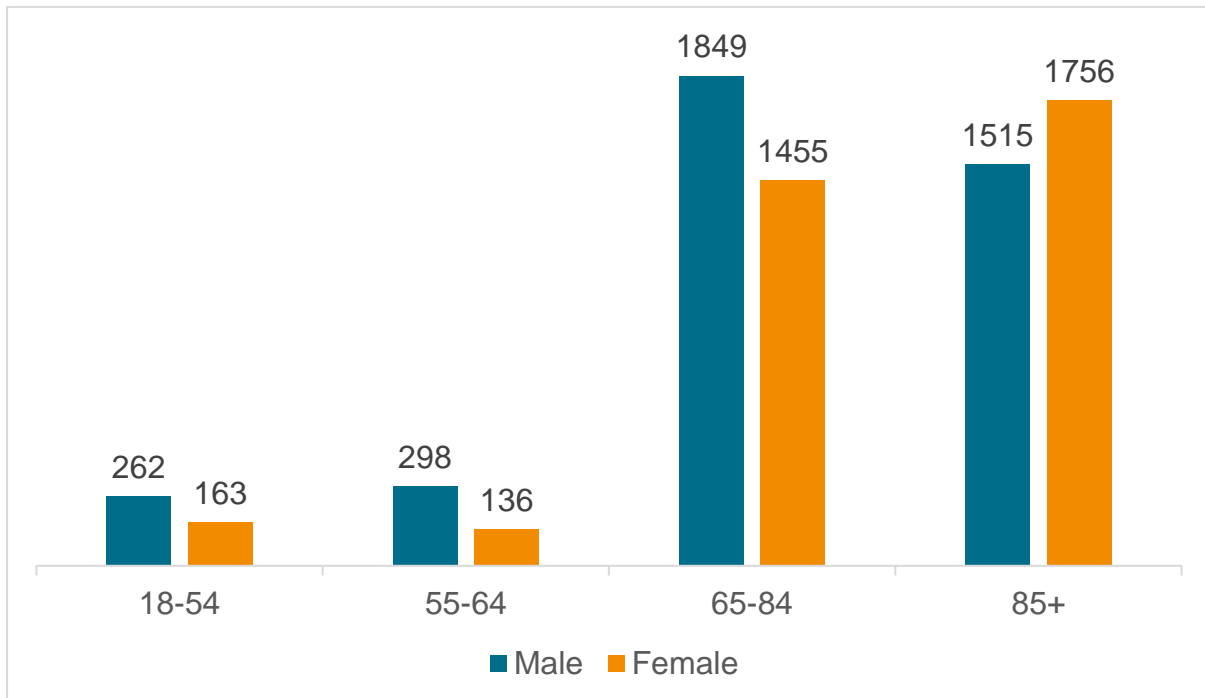
Figure 7.1. The breakdown of age by gender of local authorities for all applications in 2023-24



For health boards, the main group of people with a DoLS application were older adults, with 88% (6,575) of applications to health boards being for someone over the age of 65 in 2023-24.

Across all age groups there was a gender split, with 47% (3,510) female and 53% (3,924) 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.

Figure 7.2. The breakdown of age by gender of health boards for all applications in 2023-24



Ethnicity

Over three-quarters (9,157) of DoLS applications to local authorities are for individuals of white ethnicity, while less than 1% (42) are for people from Asian, Black, or Mixed backgrounds. Similarly for Health Boards, the largest proportion of the DoLS applications for 2023-24 were for individuals of white ethnicity, at 84% (6,178) of all applications. Less than 1% (19) of applications were for people from Asian, Black or Mixed backgrounds. People from Black or Minority Ethnic backgrounds are disproportionately affected by poor mental health and/or detention of one form or another. The recording of ethnicity is an area that needs to be improved as currently, 22% (2,655) of local authorities and 16% (1,218) of the Health Board applications are not recording the ethnicity of the applicant. Failure to do even the most basic of recording means we do not even have a clear understanding of the basic facts.

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 2023-24, 46 people in local authorities had a review of their authorisation and 2 of these underwent multiple reviews. This represents less than 1% of all local authority authorised applications.

During 2023-24, 11 people in health boards had a review of their authorisation. This represents 1% of applications authorised by 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 a person has a nominated representative. In 2023-24, 58% (3,309) of local authority authorisations and 61% (1,129) of health board authorisations had a family member, friend, or carer as their representative.

If no one independent is available to represent the person, an Independent Mental Capacity Advocate (IMCA) or a paid representative must be appointed. Local authorities reported that 41% (2,342) of authorisations had paid representation, while health boards reported 38% (707). About 1% (28) of local authority authorisations and 1% (22) of health board authorisations were reported as not 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 the 5,679 applications authorised by local authorities, 4% (203) used an IMCA under Section 39A, less than 1% (2) under Section 39C, and 3% (172) under Section 39D. These numbers vary by local authority. Neath Port Talbot had the most IMCA 39A appointments (35% or 72) and the most IMCA 39D appointments (63% or 109). Only Neath Port Talbot and Swansea reported 1 advocate under Section 39C each.

Of all 1,858 applications authorised by health boards, 5% (98) made use of an IMCA appointed under Section 39D, 1% (25) 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 Swansea Bay University Health Board (87).

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.

In 2023-24, 92 local authority authorisations were referred to the Court of Protection, down from 104 in 2022-23. Referrals have been decreasing over the past three years and are now just below 2% of all DoLS authorisations. Rhondda Cynon Taf and Swansea had the most referrals. However, over the last three years, Blaenau Gwent, Cardiff, Neath Port Talbot, and the Vale of Glamorgan reported no referrals. See Table 8.1.

Table 8.1. The proportion of referrals made by local authorities to the Court of Protection during 2021-24.

	2021-22	2022-23	2023-24
Blaenau Gwent	0.0%	0.0%	0.0%
Bridgend	1.0%	2.9%	4.3%
Caerphilly	0.0%	0.0%	2.2%
Cardiff	0.0%	0.0%	0.0%
Carmarthenshire	10.5%	7.7%	3.3%
Ceredigion	3.8%	12.5%	6.5%
Conwy	0.0%	0.0%	4.3%
Denbighshire	5.7%	3.8%	5.4%
Flintshire	19.0%	15.4%	8.7%
Gwynedd	1.9%	0.0%	0.0%
Isle of Anglesey	0.0%	6.7%	9.8%
Merthyr Tydfil	0.0%	1.9%	2.2%
Monmouthshire	1.9%	0.0%	0.0%
Neath Port Talbot	0.0%	0.0%	0.0%
Newport	5.7%	2.9%	5.4%
Pembrokeshire	0.0%	1.0%	0.0%
Powys	14.3%	7.7%	5.4%
Rhondda Cynon Taf	16.2%	12.5%	16.3%
Swansea	11.4%	5.8%	16.3%
Torfaen	1.0%	1.9%	4.3%
Vale of Glamorgan	0.0%	0.0%	0.0%
Wrexham	7.6%	17.3%	5.4%
Total number of referrals	105	104	92
Proportion of referrals	2.2%	1.9%	1.6%

A total of 17 authorisations made to health boards were referred to the Court of Protection in 2023-24. This figure is a slight reduction on previous years, with 22

reported in in 2022-23, 32 in 2021-22, and 26 in 2020-21. This year's referrals were primarily from Hywel Dda University Health Board (11). See Table 8.2.

Table 8.2. The proportion of referrals made by health boards to the Court of Protection during 2020-24.

	2021-22	2022-23	2023-24
Aneurin Bevan	1.0%	9.6%	1.0%
Betsi Cadwaladr	5.1%	2.3%	1.0%
Cardiff and Vale	0.0%	0.0%	0.0%
Cwm Taf Morgannwg	4.8%	2.4%	0.0%
Hywel Dda	0.0%	0.0%	6.2%
Powys Teaching	0.0%	0.0%	0.0%
Swansea Bay	0.0%	0.0%	0.0%
Total number of referrals	32	22	17
Proportion of referrals	2.6%	2.1%	0.9%

Report Annex

Data Quality

The data in this report is used to monitor the use of DoLS across Wales. It is submitted by local authorities and health boards to CIW. However, this data is not verified by CIW or HIW, and there may be inconsistencies or gaps due to varying data collection practices.

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 cases, the individual values presented in a figure may slightly differ from their total due to rounding.

Terminology

Wording has been used in the report to reflect CIW writing guidance as closely as possible. The use of the following words can be interpreted as follows:

- Nearly all: with very few exceptions
- Most: 90% or more
- Many: 70% or more
- A majority: over 60%
- Half: 50%
- Around half: close to 50%
- A minority: below 40%
- Few: below 20%
- Very few: less than 10%

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

Assessment for the purpose of the Deprivation of Liberty Safeguards	All six assessments must be positive for an authorisation to be granted.
<ul style="list-style-type: none">• Age	An assessment of whether the relevant person has reached age 18.
<ul style="list-style-type: none">• 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).
<ul style="list-style-type: none">• 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.
<ul style="list-style-type: none">• 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.
<ul style="list-style-type: none">• Mental health assessment	An assessment of whether or not a person has a mental disorder. This must be decided by a medical practitioner.
<ul style="list-style-type: none">• 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.

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.
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	<p>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.</p> <p>Care homes run by the local authority will have designated managing authorities.</p>
Managing authority	<p>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.</p>
Maximum authorisation period	<p>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.</p>
Mental Capacity Act 2005	<p>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:</p> <ol style="list-style-type: none"> <li data-bbox="823 1249 1433 1379">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. <li data-bbox="823 1420 1449 1509">2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions. <li data-bbox="823 1550 1433 1680">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. <li data-bbox="823 1720 1433 1809">4. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests. <li data-bbox="823 1850 1433 1975">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.
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

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.

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