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Referral (Adults and Adolescents) Forensic Hospital

Policy Number 1.336

Policy Function Continuum of Care

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Summary The Forensic Hospital provides specialist therapeutic inpatient care for those patients who cannot be managed safely in conditions of lower security. This policy covers the referral of forensic, correctional and civil adult patients admitted to the Forensic Hospital

Responsible Officer Executive Director Clinical Operations

Applicable Sites

- ☐ Administration Centres
- ☐ Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- ☐ Health Centres (Adult Correctional Centres or Police Cells)
- ☐ Health Centres (Youth Justice NSW)
- ☐ Long Bay Hospital
- ☒ Forensic Hospital

Previous Issue(s) Policy 1.336 (Nov 2018); Policy 1.325 (May 2015); Policy 1.327 (Dec 2015)

Manual 1.325M (Sep 2017); Manual 1.327M (Sep (2017)

Change Summary

- Updating of position titles
- Update Juvenile Justice to Youth Justice
- Updating of references and related documents
- Updating MHFP Act to MHCIFP Act

HPRM Reference POLJH/1336

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

The Forensic Hospital (FH) provides specialist, therapeutic inpatient care for those patients who cannot be managed safely in conditions of lesser security. Nevertheless, those conditions impose significant restrictions on the liberty of patients. This policy provides directions to Justice Health and Forensic Mental Health Network (The Network) staff, on adult and adolescent patients who are referred to the FH from correctional centres, including the Long Bay Hospital 1 (LBH), Youth Justice NSW (YJNSW) centres, and adult and adolescent civil patients from Local Health Districts (LHDs).

2. Policy Content

2.1. Mandatory Requirements

2.1.1. Referral – Patient Types

The following types of patient may be referred to the FH:

- correctional patients (includes adolescent correctional patients),
- forensic patients,
- involuntary (civil) patients from other mental health facilities who satisfy the criteria set out in this policy,
- involuntary (civil) patients who were forensic patients on a limiting term order or an interim extension order and whose limiting term has expired and have been detained in another mental health facility and satisfy criteria set out in this policy,
- involuntary (civil) patients who are classified as an 'offender' under the *Crimes (High Risk Offenders) Act 2006* or classified as an 'eligible offender' under the *Terrorism (High Risk Offenders) Act 2017* and satisfy criteria set out in this policy.

Under the terms of its declaration as a mental health facility, a person cannot be:

- referred directly from the community, on the certificate of a medical practitioner or accredited person, in accord with the *Mental Health Act 2007*, hereafter the *MH Act*;
- brought by an ambulance officer or a police officer under sections 20 or 22 of the *MH Act*;
- sent by a medical officer from another health facility under section 25 of the *MH Act*;
- detained on the written request of principal care providers/designated carers, relative or friend of a person under section 26 of the *MH Act*; or
- detained on the order of a Magistrate or bail officer in accordance with section 24 of the *MH Act*.

An adolescent patient is defined by two legislative Acts. The *Children and Young Persons (Care and Protection) Act 1998* defines a 'child' as a person under 16 years, and a 'young person' as aged 16 years or above but under 18 years of age. The *Children (Detention Centres) Act 1987* defines a 'juvenile inmate' as an inmate under the age of 21. In the FH, adolescent patients are generally aged 14 to 21 years. However, under special circumstances, admissions for children under the age of 14 may be considered.

2.2. Implementation - Roles & Responsibilities

Co-Directors Forensic Mental Health has overarching responsibility for the development, review and implementation of this policy and performance management of the referral process.

Director of Nursing and Services Forensic Hospital (DNS) is responsible for coordinating the development, review and implementation of all policies in the FH.

Deputy Director of Nursing (DDoN) and Nursing Unit Managers (NUM) are responsible for ensuring that this policy is implemented in all units in the FH and all patients are allocated a Care Coordinator(CC) within the specified time.

Clinical Director Forensic Hospital CDFH (CDFH) is currently the 'Medical Superintendent' of the hospital for the purposes of the *MH Act* and the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020*, hereafter the *MHCIFP Act* and is responsible for ensuring that all medical staff comply with this policy.

The Forensic Hospital Admissions Committee (FHAC) functions to oversee all referrals of patients into, within and out of the FH.

NSW Forensic Patient Flow Committee functions are to**:**

- have oversight of the admission, transfer and discharge of all adult and adolescent forensic patients across correctional centres, the FH, Bunya Unit, Cumberland Hospital; Kestrel Unit, M Psatorisset Hospital and Macquarie Unit, Bloomfield Hospital;
- review the case of each forensic patient, potential correctional patient and civil patient referred for admission to the FH;
- determine a clinical priority for admission for each patient reviewed;
- review the priority for admission of all patients on the inpatient waiting lists;
- manage the FH inpatient waiting lists;
- review the case of each forensic patient deemed suitable by the FH for lower secure care;
- determine the most appropriate unit to which each patient reviewed should be transferred; and notify the treating team of the patients reviewed of the Committees determination.

The Forensic Mental Health Liaison Officer (FMHLO) functions are to**:**

- Manage the MSU, LSU and FH waitlists
- Manage mental health orders
- Liaise with referring agencies and the FH

3. Procedure Content

Referrals for admission

These procedures facilitate the appropriate referral of adult and adolescent patients to the FH by ensuring decisions are:

- lawful, based on clear criteria, documented in the person's health record and

communicated promptly to referrers; and

- based on least restrictive care principles and take fully into consideration the safety of the person, staff of the NSW public health system and the public.

3.1. Referral of Forensic Patients

1. Persons who have received a special verdict of act proven but not criminally responsible (APNCR), unfit to plead or subject to a limiting term and detained are forensic patients and either:
   a) already under the care of the Network in :
      i) correctional centre, or
      ii) youth justice centre
      iii) the FH, or
      iv) LBH.
   b) not currently under the care of the Network and in:
      i) correctional centre, or
      ii) youth justice centre
      iii) the community
      iv) LHD mental health unit (including medium secure unit)

   In the case of a correctional patient who is already an inpatient of the FH and who subsequently becomes a forensic patient (for example after an APNCR finding), then the person's legal classification needs to be changed to that of a forensic patient. Where a Court or Tribunal Order requires that a forensic patient be detained in a correctional centre, youth justice centre, or the LBH and transferred to the FH as soon as a bed becomes available, the patient will be placed on the *Forensic Patients Awaiting Admission to the Forensic Hospital* waitlist by the Forensic Mental Health Liaison Officer (FMHLO).
2. In the case of a person who is being transferred to the FH who self identifies or is identified through health records as being an Aboriginal or Torres Strait Islander person, the clinician referring the person should ensure that the FH Aboriginal Mental Health Worker or equivalent is advised before the transfer.

3.2 Referral of Correctional Patients

- An authorised medical officer (psychiatrist, psychiatry registrar, career medical officer) working in custodial settings may determine that a person requires involuntary mental health care in a mental health facility. A mental health clinician who is not an authorised medical officer may not directly refer a person from a correctional or YJNSW centre to a mental health facility for admission. The clinician must refer the person to the mental health service for that correctional or YJNSW centre for a specialist mental health assessment before involuntary admission can be considered.
- For adults, where there is no clinical necessity for immediate transfer, it is recommended that the person be transferred to the Mental Health Screening Unit (MHSU).

- A psychiatrist who wishes to transfer a person in a correctional centre to the FH must:
  a) ensure that two JUS025.135 *Schedule 1 - Medical Certificate as to Examination of Inmate* forms are completed (at least one of the two Schedule 1s must be completed by a psychiatrist);
  b) complete the JUS025.137 *Consent to Mental Health Treatment* form (if the person consents to the transfer to a mental health facility for care and treatment pursuant to section 86(45) of the MHCIFP Act)
  c) complete the JUS025.136 *Profile Form*
  d) complete a typed report indicating why the person requires admission to a mental health facility, including the following information where available:
     i) person's name, DOB, legal status, offence/current charges, earliest date of release and current location
     ii) psychiatric history
     iii) drug and alcohol history
     iv) medical history
     v) personal history
     vi) social history
     vii) treatment history
     viii) forensic history
     ix) current mental state
     x) statement regarding how the person meets the criteria for admission including assessment of risk to self and others in the current environment and why care in conditions of lesser security or in a YJNSW facility is not appropriate
     xi) statement regarding goals of admission to the FH
     xii) acknowledgement that the person and the person's designated carer/principal care provider have been informed of the referral (unless valid reasons are outlined as to why this information has not been shared)
     xiii) evidence that the Department of Communities and Justice (DCJ) has been informed of the referral where a young person is in the care of the Minister
  e) ensure that the above documents are sent to the FMHLO at MHOrders@justicehealth.gov.au for approval by the Delegate of the Secretary of the Ministry of Health and issue an Order for Transfer pursuant to section 86 of the *MHCIFP Act*.
- The person may then be placed on the waitlist for admission to the FH.
- Where an adolescent referral has been accepted as appropriate for assessment, an assessment team from Austinmer Adolescents Unit should undertake a further assessment of the young person within two weeks. It is preferable that the MDT will endorse the referral, but not necessary if the FH has already been decided as the most appropriate place of treatment by two medical professionals. The NUM must then update the PAS record and inform the referring psychiatrist, YJNSW clinic and centre of the decision.
- The referrer is responsible for ensuring a *Nomination of designated carer/principal care*

provider is completed in accord with section 72 and section 72A of the *MH Act*, or if not completed, that a note is made of the name of the person who is the applicable designated carer/principal care provider from the list of automatic appointees contained in section 71 of the *MH Act*.

- In the case where the delegate decides not to make a section 86 order, the FMHLO must refer the matter back to the referrer for additional information which must be provided as soon as possible.
- Where the delegate makes a section 86 order, the FMHLO must ensure that the following are informed of the order:
  a) The referrer, usually the relevant NUM of the centre where the person is detained or if an adolescent, the relevant referrer of the YJNSW centre
  b) CSNSW, Senior Project Officer Forensic Liaison (SPOFL)
  c) NUM/Nurse in Charge (NiC) of the proposed unit to which the person will be transferred
  d) Mental Health Advocacy Service
  e) Mental Health Review Tribunal (MHRT)
  f) Forensic Legal Advisor (FLA)
- If it is intended to admit a person to the FH under section 86, then the referral must have been reviewed by the CDFH and the Bed Demand Committee (BDC), and an admission priority assigned before the person can be transferred. In an emergency or other special circumstance, the CDFH as Medical Superintendent of the FH may authorise an admission without first consulting the BDC. Any such decisions will be noted at the following BDC Meeting.
- The CDFH or delegate must:
  a) Review all PAS referrals weekly at the admission meeting and
  b) If a section 86 order has been made in respect of the patient, and it is intended that the patient be transferred to the FH, the referral is reviewed at subsequent meetings of the FHAC until the patient is admitted or is deemed to no longer require admission and a revocation order is obtained.
  c) Ensure that the NSW Forensic Patient Flow Committee is advised.

3.2.1 Transfer of Correctional Patient Health Information

Following the decision to admit the person under s86 of the MHCIFP Act, the nursing or clerical staff of the referring correctional/YJNSW centre must arrange for all the documentation listed in the JHFMHN Nursing Checklist – Transfer out of Centre form (JUS010.000) to be given to the FH in accordance with JHFMHN policy 1.395 Transfer and Transport of Patients.

3.2.2 Waitlist and Bed Management

1. When there is no bed immediately available for the person, an interim management plan must be developed by the referring team in conjunction with the CD Custodial Mental Health (CDCMH) or CD Adolescent Mental Health. The person will continue to be managed by CMH or YJNSW until they can be admitted to the FH, or until an order is made under s86(6) of the MHCIFP Act revoking the order for transfer. The designated carer/principal care provider must be updated, wherever possible, in line with section 78(1)(b) of the MH Act and Ministry PD2019_045 Transfer of Care from Mental Health Inpatient Services.

2. All persons continuing to wait for admission, with an active section 86 order, will be discussed at a minimum once each week at the BDC and Forensic Hospital Admissions Committee, and the person's order of priority for admission will be recorded.

   Where there is a significant deterioration in the mental state of the person being referred and/or level of risk and a bed is available or can be made available, and provided there is an active section 86 order or court/MHRT order for transfer to the FH, the Medical Superintendent of the FH (designated as the CDFH or delegate) in conjunction with the NUM LBH MHU, DDoN FH and if after hours, the AHNM, may approve the urgent transfer of the person to the FH without consulting the BDC or the FHAC.

3.2.3 Urgent Referrals Without a Section 86 Order

In the case of an identified person who is in urgent need of admission to LBH MHU but for whom a section 86 order has not yet been made, CSNSW may transfer the person to LBH without a s86 MHCIFP Act order under the classification of 'inmate'. The effect of this for the Network staff is that the person cannot be treated involuntarily and cannot be admitted to the FH until the s86 order is made. The referrer may contact the CDCMH or the CDFH for further advice.

3.3 Referral of High Risk Civil Patients

3.3.1 Referral Criteria for Civil Patients

1. The restrictions on liberty in the FH can only be justified when the highest level of security is required and no lesser degree of security would provide a reasonable safeguard to the public. It is an unacceptable infringement of a person's rights to detain them in a higher level of security than is required. An appropriate hospital bed is one that can provide the necessary clinical treatment programs, is in the least restrictive environment consistent with the need to protect the person and the public and is as close to the person's home as possible. The high security available within the FH is necessary to detain persons who, if in the community, would present a grave and/or immediate risk to the public and who could not be safely contained within a less secure unit.
2. To be considered for admission to the FH, a civil patient must:
   - manifest a significant risk of serious harm to others, either through violence or other endangering behaviour, who cannot be appropriately managed in a setting of lesser security;
   - have a clearly documented history of a mental illness. Comorbid diagnoses such as substance abuse and personality disorder may be present, but are not essential in order to be considered a 'high risk civil patient'. Intellectual disability and other cognitive impairments may be present, but cannot be the only clinical problem.
   - In the case of an adolescent patient there may not be a clearly documented history of mental illness, but a high risk civil patient may be admitted for diagnostic clarification; and
   - have demonstrated, in the past, significant risk of serious harm to others.
   - If an adolescent referral is over 18 years of age, details must be included as to why it is considered more appropriate to manage the patient within the Adolescent Unit, rather than a FH adult unit.
3. Admission to conditions of high security is not generally suitable for civil patients who:
   - have a diagnosis of personality disorder, substance use disorder and/or severe

developmental disorder not accompanied by a psychotic or severe mood disorder, even where those disorders have resulted in criminal behaviour;

- require close observation to prevent self-injury or suicide, unless this is associated with a significant risk to others;
- require long-term care, but for whom lesser conditions of security would be adequate;
- would benefit from the stability and support of the conditions in high security but are not a significant risk to self or others.

4. There would need to be evidence of a failure of management in a less secure hospital, including assertive interventions over an extended period, in patients fulfilling the above criteria before referral for admission to the FH could be considered.

3.3.2 Referrals from LHDs

1. The Network will provide support and advice on the safe care and management of high risk civil patients by LHD request.
2. The Community Forensic Mental Health Service (CFMHS) and the Forensic Risk Assessment and Management Adolescent Service (FRAMAS) provide a consultation and liaison service for adult and adolescent patients respectively and will collaborate with the LHD regarding recommendations on the safe care and management of high risk civil patients.
3. A recommendation for admission from the CFMHS and FRAMAS for a high risk civil patient must be made to the NSW Forensic Patient Flow Committee. This Committee places the person on a waiting list for a forensic unit if they agree. Priority for admission of civil, forensic and correctional patients to forensic units is reviewed regularly by the NSW Forensic Patient Flow Committee, chaired by the Co-Director Forensic Mental Health (Clinical) Co-DFMH (Clinical). The CFMHS should liaise with the LHD regarding outcomes of the NSW Forensic Patient Flow Committee. The LHD should liaise with the designated carer/principal care provider.
4. Prior to a high risk civil patient's admission to a forensic unit, the Network and the LHD will collaborate regarding discharge planning and transfer back to the LHD for continued care and management, taking into consideration LHD resources. In addition, a statement from the LHD must be provided giving assurance that if the person is admitted, they will remain involved in the person's ongoing care through.
5. In exceptional circumstances when an urgent admission to the FH is required, the medical superintendent (CDFH) may use their discretion to admit a civil patient in consultation with the DNS. Admission is based on imminent risk, whilst maintaining safety of patient and site. Collateral information and current risk assessment should be provided by referring hospital/centre as a minimum

3.3.3 Referrals from Custodial Mental Health and Adolescent mental Health

1. The referral of a person approaching the end of their sentence, or a person detained in custody approaching the end of their Continuing Detention Order under the *Crimes (High Risk Offenders) Act 2006* must have the endorsement of:
   - the CDCMH (for adults) or the CDAMH (for young persons) and

- at the discretion of the Medical Superintendent, the Clinical Director Mental Health of the LHD where the person most recently resided or received mental health care.

In the case of high risk offenders their case must have been reviewed by the Supreme Court.

2. The referral requires the support of the relevant LHD Clinical Director at the point of referral because the person's care is being retained within the Network following release from custody. This will facilitate transfer of care back to the LHD at the end of the admission to the FH.

Referrals from CMH of 'potential' civil patients are forwarded to the NSW Forensic Patient Flow Committee. The committee will review the referral and if considered appropriate for the FH, will forward the referral to the FHAC (FH.AdmissionsCommittee@justicehealth.nsw.gov.au).

3. In accord with section 78(b) of the *MH Act*, the designated carer/principal care provider must be advised of the referral.

3.4 Emergency Transfer to the Forensic Hospital – Civil Patients

1. The transfer from the LHD mental health facility to the FH is by an arrangement, made under section 80 of the *MH Act* between the CDFH and the referring mental health facility.
2. The referring LHD is responsible for transporting the person to the FH, unless the CDFH approves otherwise. The transport of the person must be in accordance with section 81 of the *MH Act*.

3.5 Forensic Patients in the Community or LHD Mental Health Unit

1. When a forensic patient on conditional release in the community has breached a condition of their order or the person's mental condition has deteriorated and there is a risk of serious harm to self or others, an apprehension order issued by the President of the MHRT pursuant to section 109 of the *MHCIFP Act* authorises the detention of the person at a mental health facility, correctional centre, youth justice centre or other place specified in the order.
2. The MHRT must review the case of a person apprehended under section 109(4) of the *MHCIFP Act*. The consultant psychiatrist responsible for the forensic patient in the community must seek the agreement of the FHAC. The person's forensic patient status does not automatically indicate a need for care in a high secure facility.
3. The referral of a person in this scenario is made to the NSW Forensic Patient Flow Committee as this committee has representatives from the FH, CFMHS and the MHRT. The FHAC assesses the person and determines whether or not the person is to be admitted. The FHAC's decision is reported back to the referring psychiatrist and the NSW Forensic Patient Flow Committee.
4. When a forensic patient located in a LHD mental health unit (including medium secure unit) presents a risk of serious harm to self or others or there has been a significant deterioration in mental state necessitating admission to a higher level of security, an order by the MHRT pursuant to sections 81 and 82 of the MHCIFP Act designating the FH as the hospital where the person is to be detained, will be required before the person can be admitted to the FH.
5. The referral of a person in this scenario requires the support of the CDFH for admission to

the FH. Pre-admission assessment of the patient and discussion with the referring psychiatrist.

4. Definitions

In this policy the term Clinical Director means the Clinical Director, Forensic Hospital. This policy presumes that the Clinical Director is also the Medical Superintendent of the FH. Any reference to the Clinical Director should be read, where applicable, as a reference to the Medical Superintendent. The terms 'forensic patient' and 'correctional patient' have the meanings given in the *MHCIFP Act*.

Must

Indicates a mandatory action or requirement.

Should

Indicates a recommended action that needs to be followed unless there are sound reasons for taking a different course of action.

Civil Patient

An involuntary detained patient of a declared mental health facility who is not also a forensic patient and is detained in accordance with the *MH Act*.

Correctional Patient

A person, other than a forensic patient, who has been transferred from a correctional centre or youth justice centre to a mental health facility while serving a sentence of imprisonment, on remand or subject to a high risk offender detention order and who has not been classified by the MHRT as an involuntary patient.

Forensic Patient

A person who:

1. Has been found unfit to be tried for an offence and ordered to be detained in a mental health facility, correctional centre, youth justice centre or other place. .
2. Is subject to a limiting term (including a person who is subsequently subject to an extension order or an interim extension order) and who is detained in a mental health facility, correctional centre, youth justice centre or other place.
3. Is subject to a special verdict of act proven but not criminally responsible and ordered to be detained in a mental health facility, correctional centre, youth justice centre or other place.
4. Is a person who is a member of a class of persons prescribed by the regulations (currently includes a person found not guilty of an offence by reason of mental illness or mental impairment under the law of Norfolk Island, and who is transferred to a held in the custody of NSW) Clause 30 of the Mental Health and Cognitive Impairment Forensic Provisions Regulation 2021.

Designated Carers

(1)The designated carer of a person (the patient) for the purposes of the *MH Act* s71 is:

(a)the guardian of the patient, or

(b) the parent of a patient who is a child (subject to any nomination by a patient referred to in paragraph (c)), or

(c) if the patient is over the age of 14 years and is not a person under guardianship, a person nominated by the patient as a designated carer under this Part under a nomination that is in force, or

(d) if the patient is not a patient referred to in paragraph (a) or (b) or there is no nomination in force as referred to in paragraph (c):

(i) the spouse of the patient, if any, if the relationship between the patient and the spouse is close and continuing, or

(ii) any individual who is primarily responsible for providing support or care to the patient (other than wholly or substantially on a commercial basis), or

(iii) a close friend or relative of the patient.

(2) In this section:

close friend or relative of a patient means a friend or relative of the patient who maintains both a close personal relationship with the patient through frequent personal contact and a personal interest in the patient's welfare and who does not provide support to the patient wholly or substantially on a commercial basis.

relative of a patient who is an Aboriginal person or a Torres Strait Islander includes a person who is part of the extended family or kin of the patient according to the indigenous kinship system of the patient's culture.

1.1.1 Principal Care Providers

(1) The ***principle care provider*** of a person for the purposes of the *MH Act* s72A is the individual who is primarily responsible for providing support or care to the person (other than wholly or substantially on a commercial basis).

(2) An authorised medical officer at a mental health facility or a director of community treatment may, for the purposes of complying with a provision of this Act or the regulations, determine who is the principal care provider, of a person.

(3) The authorised medical officer or the director of community treatment must not determine that a person is the principal care provider of another person if the person is excluded from being given notice or information about the other person under this Act.

(4) An authorised medical officer or a director of community treatment is not required to give effect to a requirement relating to a principal care provider of a person under this Act or the regulations if the officer or director reasonably believes that to do so may put the person or the principal care provider at risk of serious harm.

(5) A principal care provider of a person may also be a designated carer of the person.

1.1.2 Serious harm

Is not defined in the *MH Act*. However it is intended to be a broad concept that may include:

- physical harm
- emotional/psychological harm
- financial harm
- self-harm and suicide
- violence and aggression including sexual assault or abuse
- stalking or predatory intent

- harm to reputation or relationships
- neglect of self
- neglect of others (including children)

5. Legislation and Related Documents

Legislations	Mental Health Act 2007 Mental Health Regulation 2019 Mental Health and Cognitive Impairment Forensic Provisions Act 2020 Criminal Appeal Act 1912 Health Administration Act 1982 Crimes (High Risk Offenders) Act 2006 Terrorism (High Risk Offenders) Act 2017
The Network Policies and Procedures	1.037 Long Bay Hospital Admission Policy (Referral, Admissions and Assessment 1.230 Health Care Interpreter Services – Culturally and Linguistically Diverse and d/Deaf Patients 1.395 Transfer and Transport of Patients 1.407 Transport of Forensic Patients from the Metropolitan Remand and Reception Centre and the Silverwater Women's Correctional Centre
The Network Forms	FH2 Forensic Hospital Patient Discharge Checklist FMR025.010 The Mental Health Assessment Form JUS005.001 Health Problem Notification Form JUS010.000 Nursing Checklist – Transfer out of Centre JUS025.136 Profile Form – Mental Health Act
NSW Health Policy Directives, and Guidelines	PD2010_018 Mental Health Clinical Documentation PD2012_050 Forensic Mental Health Services PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health PD2012_042 Aboriginal and Torres Strait Islander Origin – Recording of Information of Patients and Clients PD2016_007 Clinical Care of People Who May Be Suicidal PD2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services GL2014_002 Mental Health Clinical Documentation Guidelines

Other	Mortality and Hospitalisation Due to Injury in the Aboriginal Population of New South Wales