





Meeting Date	09 May 2019		Agenda Item	4.b	
Report Title	Health Board Mental Capacity Act Training position				
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Report Sponsor	Gareth Howells, Director of Nursing and Patient				
	Experience				
Presented by	Gareth Howells, Director of Nursing and Patient				
	Experience				
Freedom of	Open				
Information					
Purpose of the	This paper will provide the Committee of the Health Board				
Report	position in relation to Mental Capacity Act and Deprivation				
	of Liberty Safeguards Training.				
Key Issues	This training position highlights the importance of				
	processes which are an essential part in contributing to				
	effective safeguarding for adults at risk.				
Specific Action	Information	Discussion	Assurance	Annroval	
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•					
1.5					
	Members are	asked to:	<u> </u>	1	
Specific Action Required (please choose one only) Recommendations	consistent a	nd robust safe nich are an esseguarding for adu	guarding and ential part in co	governance	

Health Board Mental Capacity Act Training position

1. INTRODUCTION

This report aims to provide the Committee with a Health Board position in relation to provision and compliance of Mental Capacity Act Training.

2. BACKGROUND

Mental Capacity Act (MCA) Training

MCA Level 1 & 2 training is available for all Swansea Bay University Health Board staff via e-learning.

Mental Capacity Act Level 3 training is available to Health Board staff facilitated by Lecturers in Health Law from Swansea University under the Educational contract. Prior to the completion of Level 3 MCA training staff are advised that they will have needed to complete the Level 1 and 2 MCA elearning training modules. Level 3 sessions are arranged monthly in venues throughout the Health Board area. Each session is delivered as a workshop, based on the practical implications of the Mental Capacity Act, 2005 and lasts three hours. During the training case studies are used to allow the participants to apply the requirements of the Act to practice situations.

This training is aimed at Ward Managers, Senior Nurses, Senior Clinicians and any other staff requiring knowledge of the practical implications of applying the Mental Capacity Act in their practice.

It must be noted that Mental Capacity Act Training is not included in the Mandatory Training Framework and Workforce and OD have advised that it cannot be considered as mandatory and cannot be added to the mandatory requirements as these are set out and agreed with Welsh Government and Swansea Bay University Health Board and are reportable.

Deprivation of Liberty Safeguards (DoLS) Training

DoLS Level 2 training is available to Health Board staff facilitated by Lecturers in Health Law from Swansea University under the Educational contract. Sessions are arranged monthly in venues throughout the Health Board area, each training session lasts three hours.

This training is aimed at all staff who work with individuals who lack capacity. In order to complete this training staff are required to have completed MCA Level 2 elearning module and MCA Level 3 Training.

The below table indicates the breakdown of training associated with the Mental Capacity Act and Deprivation of Liberty Safeguards illustrating Health Board staff attendance for January to December 2017 and January to December 2018.

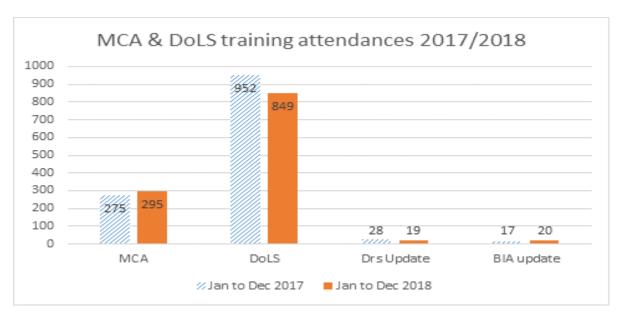


Table 1 MCA & DoLS training breakdown Jan - Dec 2017 and Jan - Dec 2018

From January 2019 the Corporate Safeguarding team have collected Health Board staff Safeguarding training attendance per Units. Table 2 below provides information from the three sessions delivered January to March 2019.

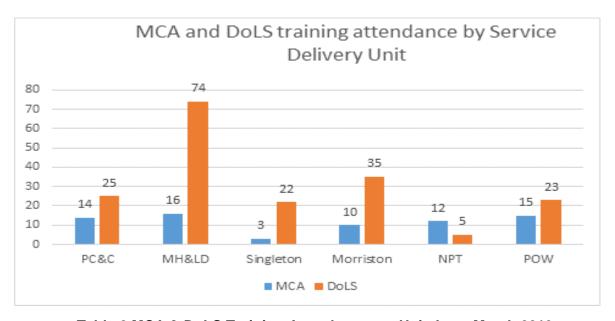


Table 2 MCA & DoLS Training Attendance per Unit Jan – March 2019

3. GOVERNANCE AND RISK ISSUES

Staff training compliance figures should be available from ESR but there continues to be some difficulties in obtaining these; work related to this is continuing. The Learning and OD team were contacted prior to this report being complied and asked to confirm the HB compliance with MCA Level 1 & 2 elearning modules. It has been reported, as of the 26th April 2019 the overall Health Board compliance figure relating to MCA Level 1 & 2 elearning for the past 3 years is 14.3% (1,866 staff). In the last year it is reported 759 staff have completed the MCA Level 1 and Level 2 elearning modules. On receipt of this information Workforce & OD were asked if they have any concerns recorded relating to staff having difficulties accessing or completing the MCA elearning modules, no response has been received to date in relation to this query.

It must be noted that MCA is not a mandatory training requirement and information related to MCA is included in the facilitated Level 3 Safeguarding Adult and Safeguarding Children training delivered by the Corporate Safeguarding team.

Information was requested from Workforce and OD in relation to staff compliance against Level 3 Safeguarding Adult and Level 3 Safeguarding Children training. The table below outlines the information received from Workforce and OD on the 29th April 2019.

Training	Number of staff trained within HB
Safeguarding Adults Level 3	259
Safeguarding Children Level 3	1,296

HB staff compliance with Level 3 Safeguarding Adult and Level 3 Safeguarding Children Training 29.04.19

As discussed further in this paper, a planned training needs analysis will assist in understanding the proportion of staff who will require Safeguarding and MCA training in line with the competencies contained in Safeguarding children and young people: roles and competencies for healthcare staff, (Intercollegiate Document) and the Adult Safeguarding: Roles and Competencies for Health Care Staff (Intercollegiate Document),2018.

Service Delivery Units (SDUs) monitor MCA training levels as part of their overall Safeguarding training compliance, reporting to the Safeguarding Committee via their Performance Reports. The below table details the information provided by the Service Delivery Units in their last Performance Reports completed for the Safeguarding Committee February 8th 2019.

Service	MCA Level 1	MCA Level 2	Level 3	Level 3
Delivery Unit	compliance	compliance	Safeguarding	Safeguarding
			Adult	Children
			compliance	compliance
Morriston	64%	64%	53%	59%
Neath/Port	Unable to	Unable to	58%	56%
Talbot	obtain figures	obtain figures		
Singleton	Not Reported	Not Reported	Not Reported	Not Reported
Mental Health	95%	95%	Not Reported	Not Reported
& Learning			(ESR unable	(ESR unable
Disability			to provide	to provide
			information)	information)
Princess of	67.77%	67.77%	Not given as	Not given as
Wales			percentage :	percentage:
			recorded as	recorded as
			13 trained	48 trained
Primary &	9.7%	4.12%	0.27%	1.63%
Community				

Service Delivery Units Safeguarding Training compliance Feb 2019

The Corporate Safeguarding Team are proposing the Service Delivery Units complete a Safeguarding Training Needs Analysis, which will include Mental Capacity Act training requirements. Safeguarding Training Needs Analysis Tools have been developed and this proposal is to be taken to the Safeguarding Committee on May 24th for discussion. This will provide an understanding of the Safeguarding training requirements of Health Board staff post the Bridgend boundary change.

Also, the Corporate Safeguarding Team has recently developed a more robust training evaluation tool for staff to complete and feedback following their attendance at facilitated training sessions. This is in response to staff comments received and the recent Special Review of ABMUHB handling of the employment and allegations made against Mr W by the Healthcare Inspectorate Wales. This process has been piloted for a month and is to be rolled out from May 2019.

4. FINANCIAL IMPLICATIONS

Safeguarding is a core duty of care for the Health Board. Financial implications to meet the statutory safeguarding mandatory training requirements are within existing budgets.

5. RECOMMENDATION

The Committee is asked to note the contents of this report together with the proposed Safeguarding Training Needs Analysis.

Governance and	Governance and Assurance					
Link to		orting better health and wellbeing by actively	promoting	and		
Enabling		wering people to live well in resilient communities erships for Improving Health and Wellbeing				
Objectives		oduction and Health Literacy				
(please choose)		ly Enabled Health and Wellbeing				
		er better care through excellent health and care service	es achievino	a the		
		mes that matter most to people		,		
	Best V	alue Outcomes and High Quality Care	\boxtimes			
	Partnerships for Care					
	Excellent Staff					
	Digitally Enabled Care					
		anding Research, Innovation, Education and Learning				
Health and Care						
(please choose)		g Healthy	\boxtimes			
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	Timely					
		lual Care				
		and Resources				
	and P	atient Experience				
N/A	- 1	-				
Financial Implic						
		duty of care for the Health Board. Financial impli				
,	aregua	arding mandatory training requirements are	within exis	sung		
budgets.						
Legal Implication	ons (ii	ncluding equality and diversity assessment)				
The Health Boar	d has	a statutory responsibility to make arrangements	to protect			
and safeguard th	ne wel	fare of children, young people and adults at risk				
Safeguarding po	licies	uphold that patient and service users have the r	ight to			
independence, d	lignity	, respect, equality, privacy and choice.				
_	-					
Staffing Implica	tions					
N/A						
			. = .			
Generations (W		ons (including the impact of the Well-being of Act 2015)	f Future			
Improve populati	ion he	alth through prevention and early intervention				
Report History		N/A				
Appendices		N/A				