

Workforce Planning

Responses to this request should be sent to mentalhealthandvulnerablegroups@gov.wales by 12 April.

Understanding the roles required by the Liberty Protection Safeguards

The different roles required by the LPS will require differing levels of competency in terms of knowledge and application of the new procedures. Figure 1 below shows the competency groups required to deliver the LPS.

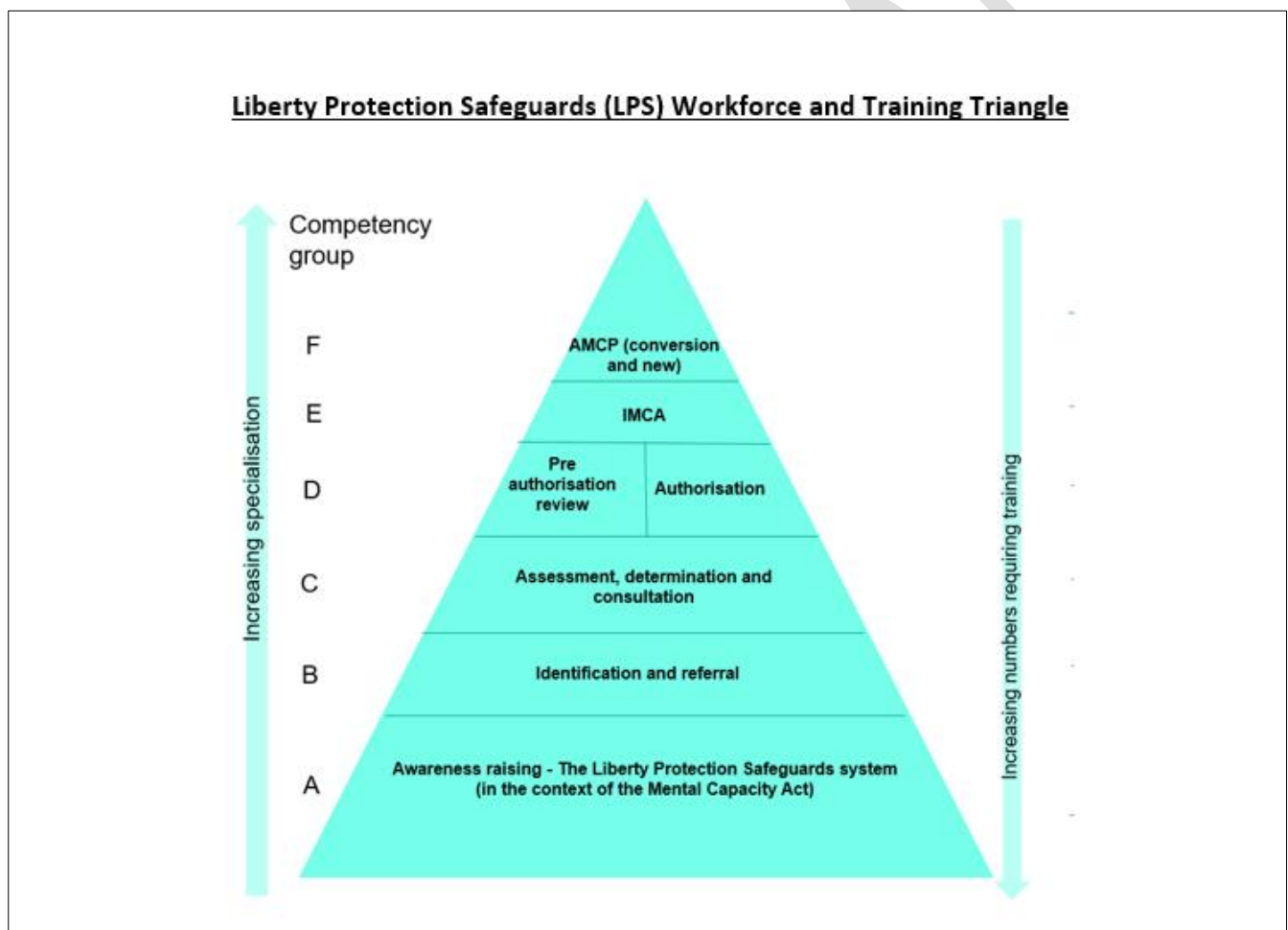


Figure 1. Liberty Protection Safeguards Workforce and Training Triangle

Figure 2 below provides a summary of roles that will be included in each competency group.

Competency Group	Description	Who
Competency Group A	Awareness raising	All stakeholders in health, care, education and other services, who may come across a person who might lack the capacity to consent to arrangements that may give rise to a deprivation of their liberty.
Competency Group B	Identification and referral	Supervisors and managers of staff and volunteers in Competency Group A
Competency Group C	Assessment, determination and consultation	All roles that under the regulations might undertake assessments, determinations and consultation
Competency Group D	Pre-authorisation Review and Authorisation	Managers in responsible bodies
Competency Group E	Independent Mental Capacity Advocate (IMCA)	Existing and new advocates
Competency Group F	Approved Mental Capacity Professional (AMCP)	People who meet the requirements set out in regulations, have undertaken full AMCP training or BIA to AMCP conversion training and have been approved by the relevant local authority in line with the relevant regulations.

Figure 2. Liberty Protection Safeguards Competency Groups

Both diagrams will be used throughout this document to support employers with both workforce planning and planning for learning, development and training.

The remainder of this document (Template 1) is to be used as a template to begin planning the workforce requirements for the early implementation of the Liberty Protection Safeguards including both the lead up to implementation in April 2022 and the transition year of 2022/2023 and estimates to those require learning and development at any of the 6 competency levels.

This intelligence will be critical for development of an impact assessment at a national level so that the resource and operational implications of these changes can be considered and addressed.

Competency groups E and F refer to specific job roles (IMCAs and AMCPs respectively) within the Liberty Protection Safeguards.

Competency group C includes registered professionals who meet the criteria required by regulations to undertake assessments or determinations or both.

Competency groups A to D include a wide range of practitioners in health, social care and education. Whilst these may not be specific roles within the Liberty Protection Safeguards, people within these competency groups will be required to undertake tasks as part of the process.

Template 1

Name of Organisation	Swansea Bay University Health Board
Name of person completing this template	Nicola Edwards, Head of Nursing-Safeguarding Jodie Denniss, Safeguarding Specialist
Email address of person completing this template	nicola.edwards@wales.nhs.uk jodie.denniss@wales.nhs.uk
Executive lead for DoLS and contact details	Christine Williams, Interim Director of Nursing & Patient Experience Christine.williams20@wales.nhs.uk
DoLS lead and contact details	SBUHB does not currently have a specific MCA/DoLS lead. There is a DoLS team that sits within the Long Term Care Team that is currently managed by the Interim Head of Long Term Care Diane Fletcher diane.fletcher@wales.nhs.uk
Details of arrangements for DoLS coordination locally	As above – the HB DoLS team sits within the Primary, Community and Therapy Service Group which is the Supervisory Body for DoLS
What internal structures is your organisation putting in place to manage the implementation of LPS?	Meetings have been held between Primary, Community and Therapy Service Group and Corporate Nursing. The Health Board is represented at the NHS Wales Review of DoLS, MCA & LPS Task & Finish Group. The Health Board are also involved in the Welsh Government Workforce & Training LPS subgroup and the Transition LPS subgroup

Notes

1. When information is requested please assume that data for the most recent 12-month period is requested.
2. Accredited BIA training refers to training received at institutions that offer an accredited course (e.g. The Mental Capacity Act 2005 in practice course (previously Best Interest Assessor course) provided by Bournemouth University or the Best Interests Assessor module provided by the University of Chester).

Understanding your approach to the Mental Capacity Act

How many of your staff have undertaken MCA training?	As March 31 st 2021 Level 1- 2,078 Level 2 -1,174 Level 3 - 67 (Oct 1 st 2020- 1 st March 2021) (*training cancelled due to COVID 1 st April- 30 th Sept 2020)
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What % of your total staff have undertaken MCA training?	As March 31 st 2021 (Total HB staff 13,460) Level 1 – 15.48% Level 2 – 8.75% Level 3 ESR are unable to report
How often do staff receive MCA awareness training?	Level 1, 2 and 3 is completed 3 yearly
What types of specialist MCA training do you offer?	E-learning Level 1 Level 2 & 3 facilitated (currently virtual) training provided by Swansea University Ad hoc sessions to small groups of practitioners across the Health Board provided by internal BIAs.
Is MCA training intended to increase practical application skills?	Yes – it provides a theoretical base and staff are expected to practice in line with MCA Code of Practice principles
Is MCA training intended to increase knowledge?	Yes
How many staff in your organisation are DoLS Signatories?	4 (currently 3 of which are undertaking signatory role)
Which staff groups undertake formal capacity assessments as part of their role?	Any qualified professional member of staff – Nurses, Midwives, Allied Health Professionals, Medical staff, Social Workers undertake formal capacity assessments as part of their role. Currently within the HB it is predominantly Medical staff and Band 6/7 Nursing staff and Allied Health Professionals who undertake formal capacity assessments
What is the total number of staff within each of these staff groups?	As of 1 st April 2021 Nurses and Midwives - 4,087 Medical & Dental Staff -1,022 Allied Health Professionals - 912 Add Prof Scientific and Technic 422 (includes Psychology, multi-therapies, Dental, theatres, Social Workers) BIAs – 2 Healthcare Scientists – 333 Total – 6, 779
How many staff within each staff group undertake formal capacity assessments as part of their role?	Assessments of capacity forms part of a patients care and treatment plan and different staff will be involved in assessing an

	<p>individual's capacity to make decisions at different times. HB staff are encouraged to comply with the MCA Code of Practice which sets out staff who are able to undertake formal capacity assessments as part of their role. The number of staff within each staff group that undertake formal capacity assessments as part of their role is not information that the HB currently collate and therefore it would be difficult to provide an accurate number of staff.</p>
<p>Which staff groups regularly make best interest decisions under the MCA?</p>	<p>Under the Act, many different people may be required to make decisions or act on behalf of someone who lacks capacity to make decisions themselves. HB staff with direct caring responsibilities at all levels are involved in best interest decisions. When the decision involves provision of medical treatment the doctor or other member of healthcare staff responsible for carrying out the particular treatment or procedure is the decision-maker. Also, the best interest decision is informed by all staff involved, therefore a range of different decision-makers may be involved with a person who lacks capacity to make decisions and this will be part of the wider consultation for the patient.</p> <p>Nursing, Dental and medical staff as well as staff working within Mental Health & Learning Disability Services, Dementia Services, Neuropsychiatry, Nurse Assessors as CHC care co-ordinators regularly make best interest decisions.</p>

What is the total number of staff within each of these staff groups?	For the reasons stated above this would be difficult to quantify
How many staff within each staff group make Best Interest decisions as part of their role?	For the reasons stated above this would be difficult to quantify

Understanding your workforce - analysing and mapping the current and future workforce. (Please include estimates for any commissioned services)

How many of your workforce fall under competency Group A?	All Health Board staff
How many of your workforce fall under competency Group B?	All Health Board staff with patient contact
What is the ongoing demand for awareness raising training based on turnover of this population (Groups A and B)?	All required levels of training should be included in new employee ESR compliance (dependent on staff role) and repeated on a 3 yearly basis
How many IMCAs work in the statutory advocacy service you commission?	SBUHB commission an IMCA service from Mental Health Matters Wales (MHMW). MHMW have 9 trained IMCAs that work across the whole of Swansea, Neath Port Talbot and West Wales area, covering Health Boards and Local Authorities. 61 hrs per week are allocated across the SBUHB area for the Health Board and Swansea and Neath Port Talbot Local Authorities.
Are you able to access sufficient IMCAs to meet demand?	Currently the Health Board is able to access sufficient IMCAs. There is a risk that MHMW will be unable to provide sufficient IMCAs as demand increases
How much do you pay for IMCA services?	MHMW have advised the cost is approximately £80k per annum for IMCAs, with additional spot purchase of paid RPRs
How many requests for an IMCA require them to work through the medium of Welsh?	MHMW report that no requests have been made within last 12 months
How many staff do you have who are currently undertaking Best Interests Assessments?	2 Substantive BIA posts
How many BIAs are trained or accredited that could undertake assessments but don't currently?	The Health Board has 15 trained BIAs who undertake the role in addition to their substantive posts; due to COVID-19 these staff have not been able to be released to undertake BIA roles

How many BIAs (active and inactive) have attended accredited courses?	Active	Inactive
	2	1
How many Best Interest Assessments have you undertaken in the last 12 months?	243	
Do you have sufficient BIAs to meet current demand for DoLS?	No	
If not, how many more BIAs would you need to train to meet current demand for DoLS?	At a minimum it is suggested 3 FTE in each of the 4 HB Service Groups (an additional 12 members of staff).	
How many BIAs are full time BIAs?	2	
How many staff are undertaking Best Interest Assessments as part of another role?	3 (out of the 15 staff who undertake BIA role in addition to their substantive role)	
Do you commission Independent or agency BIAs? If so, for how many assessments?	Yes – Independent In last 12 months 56 BIAs were completed by Independent BIAs	
How many of your existing employed BIAs do you think will convert to the new AMCP role in preparation for the new Liberty Protection Safeguards?	The 2 current FTE BIAs Non-accredited BIAs are likely to undertake pre-authoriser role and this will require an increase in trained personnel to undertake this.	
How many Best Interest assessments are undertaken through the medium of Welsh?	None	
How many BIAs are capable of undertaking assessment in Welsh?	No Welsh speaking assessors however communication needs are always considered in line with MCA code of practice (para 2.7). Where Welsh is the preferred or first language assessors will utilise the most appropriate support for the individual such as language line, family/staff members .	
If you have any data regarding the number or percentage of Best Interest Assessments where the person or family is objecting or where there is a degree of complexity, please provide this here.	<p>Cases within the HB tend to be different to those in Social Care due to the often complex presentations. Data is not collated on complexity, each referral is assessed on an individual basis and can present with challenges to assessors. However, some indications of objections/complexity are:</p> <ul style="list-style-type: none"> • Use of Paid RPRs (47 in last 12 months, 48 with IMCAs) out of 694. • Form 10 reviews – 17 in last 12 months 	

Approaches to Training

Funding implications.

To enable the Training Sub Group to calculate the potential cost and resource implications please provide examples of your previous expenditure for Mental Capacity Act, DoLS and BIA training.

How much has it cost your Local Authority/NHS body to deliver training and learning related to the Mental Capacity Act/DoLS/BIA.

Training is currently provided by Swansea University under the Nurse Education contract

					Annual Budget Implications	
Training	Target Audience (please use competency groups, e.g. a dom care worker = Group A)	Delivery Method (face to face, virtual, blended)	Internal or external delivery	Cost per course All courses £350 per day 19/20 £360 per day	Cost 19/20	Cost 20/21
MCA Level 3	C/D	Face to Face April 2019 – March 2020 Virtual from April 2020	External	£350 19/20 £360 20/21	£1750	£2880
BIA update	C/D	Face to face			£350	£720
DoLS level 2	B/C/D	Face to Face April 2019 – March 2020 Virtual from April 2020			£3850	£3240
Induction (introduction to MCA/DoLS)	B	Face to Face April 2019 – March 2020 Virtual from April 2020			£350	£1800
BIA Assessors' course	C	Face to Face			£2100	0
LPS Impact Assessment	C/D	Face to Face			£350	0