

## Mental Health Act Monitoring Committee COVID-19: How the Mental Health Act has been Monitored Under Adjusted Governance Arrangements

The Committee is asked	to: (please tick as appropriate)		
Approve the Report		✓	
Discuss and Provide Views			
Receive the Report for Ass			
Note the Report for Inform	nation Only		
Health.	Wood, Director of Primary	-	
Report Author: Nick Wo	od, Director Primary Care,	Community Services and	
Mental Health.			
Report Received consid	eration and supported by:		
<b>Executive Team</b>	<b>Mental Health Act</b>	$\checkmark$	
	<b>Monitoring Committee</b>		
Date of the Report: 23rd	February 2021		
<b>Supplementary Papers</b>	Attached: N/A		

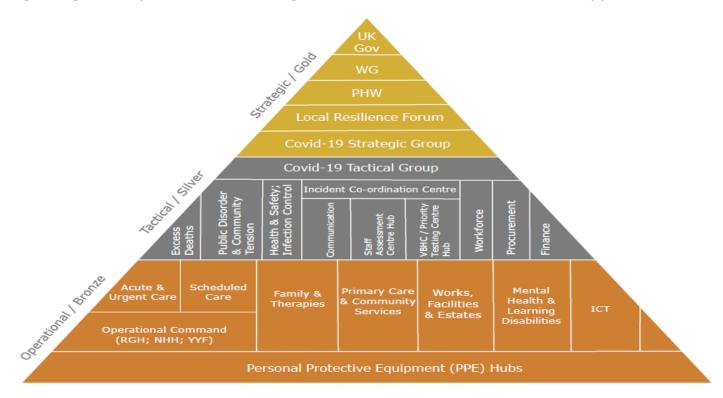
## **Executive Summary**

This paper summarises the arrangements which were put in place for the period April 2020 to February 2021 to ensure that all areas of the Mental Health Act remained monitored and reported in light of the revised governance arrangements of the Aneurin Bevan University Health Board.

In light of the COVID-19 pandemic, the Health Board established through its Executive Group an incident response approach to the management of day to day operational activities, which was aligned to the Health Board Major Incident Plan and the need to have a flexible and fluid approach to operational matters in light of the public health emergency.

A daily Gold/Strategic cell was established which met to determine the required response from the Health Board and to ensure that service maintenance and delivery was prioritised to meet the needs of the population based upon the advice and guidance issues from NHS Wales and Welsh Assembly Government.

The following diagram shows the structures that were established in April 2020 at the beginning of the pandemic and the governance and risk structure this supported.



From the establishment of this structure a Bronze Mental Health Cell was established which was chaired by the Divisional Director of the Mental Health and Learning Disability Division, reporting into the Silver/Tactical structure.

The role of the Operational (Bronze) leads was to direct, control and coordinate staff and resources in their respective service areas through their Operational (Bronze) meetings.

The leads will take responsibility for reacting and implementing actions and/or decisions as directed by the Tactical Group.

The below structure defines the information & communication pathway that must be adhered to by the operational Leads across the Health Board:

**OPERATIONAL** (BRONZE) **TACTICAL** (SILVER) **STRATEGIC** (GOLD)

The outcomes and functions are:

- To submit a daily situation report to the Tactical (Silver) group by 11:00am using the attached template. Any issues that occur OOH, should be reported by exception via the senior manager on call.
- The reporting template sets out a RAG rated (see guidance) structure to identify and capture COVID-19 issues and/or incidents. The Operational lead has responsibility for:
  - Responding to, and resolving these issues/incidents that fall into the business as usual (green) category.
  - To escalate to the Tactical and Strategic Leads all issues or incidents that cannot be resolved locally (amber, red).

- Service areas are encouraged to work together identifying areas where they can share operational intelligence to maximise flexibility and sustainability of resources to maintain patient care, enabling and providing a continued responsive approach to incidents.
- Operational leads have autonomy to make decisions that cannot wait for Tactical/Strategic authority that are vital to protecting patients, staff and the community.
- A representative will be identified from the Operational (Bronze) meeting to dial into the daily Tactical Coordination Group meeting. Lead contact details are required by Tactical for the C3 plan (Command, Control and Coordinate).
- Maintain a log of actions and decisions via a dedicated logger, made within the Operational (Bronze) meetings.

This Structure enabled the Division to monitor the ongoing compliance with all safety and service standards applicable to the Mental Health Act and to have a clear escalation route to the Executive and Board if any major issues were required to be escalated.

Other ongoing monitoring and assurance mechanisms which were in place have continued to function during the pandemic period which have resulted in an open and continuing dialogue with the Board on matters relating to the Mental Health Act.

The Division has a regular monthly Assurance Meeting which has met virtually throughout the pandemic and has its main focus on patient safety and quality of care. These meetings which are chaired by Executive Director of Primary Care, Community and Mental Health are an opportunity to escalate issues to the Board Director and also for the Director to seek assurance regarding service delivery and quality of care.

The meetings have a formal agenda and papers and minutes are shared with colleagues who attend to ensure follow up of agreed actions and to inform the Executive of issues and risks.

Supporting Assessment and Additional Information		
Risk Assessment	There are potential legislative risks to the Health Board if there is	
(including links to Risk	limited governance and monitoring arrangements of the Mental	
Register)	Health Act	
Financial Assessment,	No specific financial issues have been identified.	
including Value for		
Money		
Quality, Safety and	The lawful application of the Mental Health Act is essential to the	
Patient Experience	safeguarding of patients' rights and liberties.	
Assessment		
Equality and Diversity	No specific equality and diversity issues have been identified.	
Impact Assessment		
(including child impact		
assessment)		
Health and Care	Relevant to Health and Care Standards 2, 4 and 7	
Standards		
Link to Integrated	There is no specific link to the IMTP.	
Medium Term		

Plan/Corporate	
Objectives	
Glossary of New Terms	
Public Interest	There is a public interest in this report being shared.