

Policy

NPCS 012 Associate Mental Health Act Managers' (AMHAMs)

Executive or Associate Director lead	Executive Director for Nursing, Professions and Care Standards
Policy author/lead	Head of Mental Health Legislation
Feedback on implementation to	

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Target audience	AMHAMs; All staff caring for detained patients or patients under compulsion in the community.
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Keywords	Application for discharge from detention/compulsion; renewal/extension of detention/compulsion; MHA section; Community Treatment Order
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Policy Version and advice on document history, availability and storage

This is Version 2 of this policy

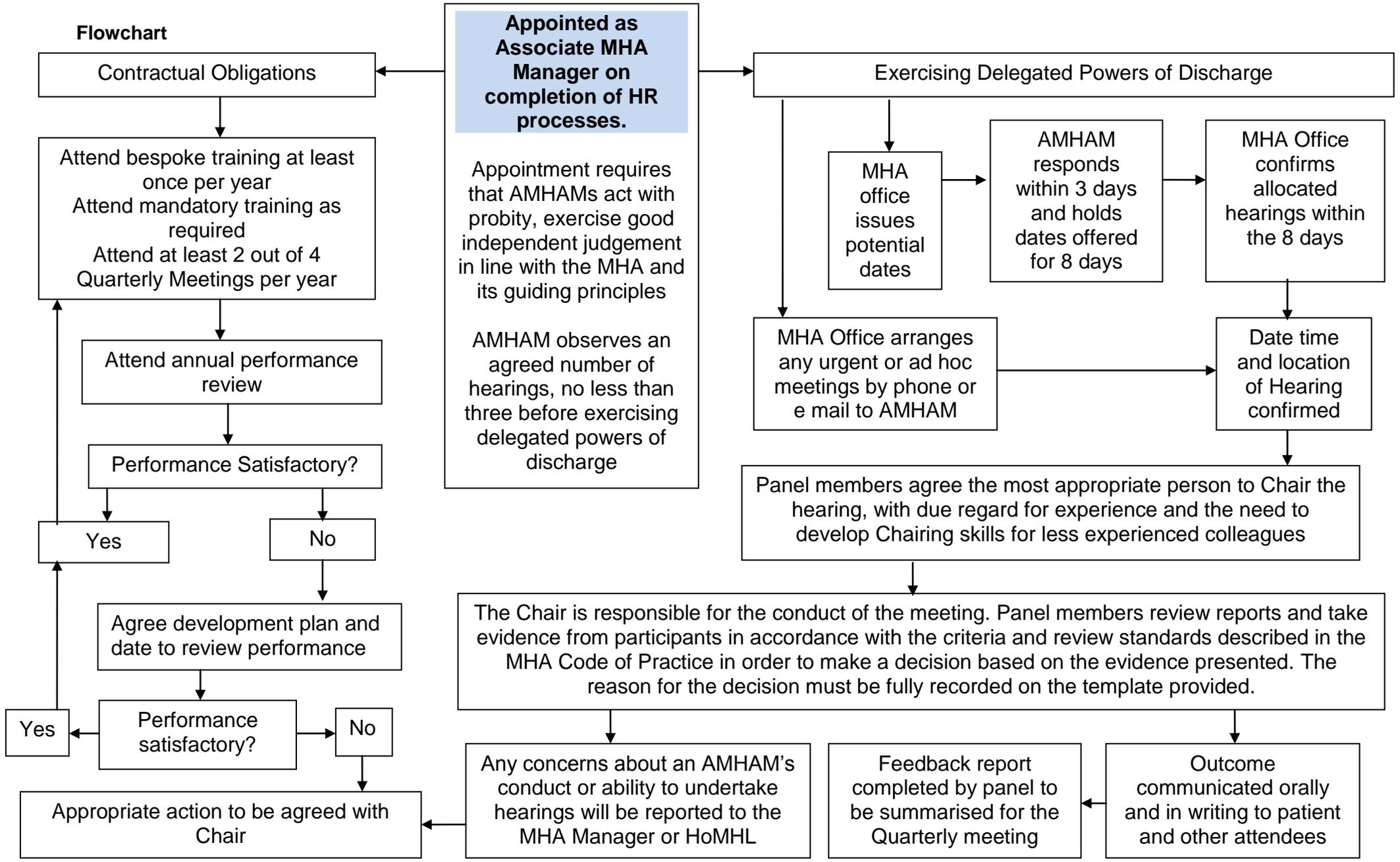
Advice on availability and storage can be obtained from Corporate Governance, via email: Policy.Governance@shsc.nhs.uk

The policy will be made available to all staff via the SHSC Intranet and to AMHAMs via the Trust website. Paper copies of the policy may be downloaded by managers and disseminated to staff where there is no access to an electronic version on the Intranet.

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Flowchart



1. Introduction

Sheffield Health and Social Care NHS Trusts Foundation Trust (SHSC) is itself defined as the 'hospital managers' for the purposes of the Mental Health Act 1983 (MHA), see Mental Health Act Code of Practice (2015), Chapter 37.2. (Hereafter: MHACoP).

Hospital managers have the authority to detain patients under the MHA and Section 23 of the MHA gives the Hospital Managers the power to discharge patients from detention in hospital under certain sections of the MHA and from compulsory powers in the community under a Community Treatment Order (CTO).

In SHSC, this power of discharge is delegated to a panel made up of people appointed specifically for the purpose who are not officers or employees of the Trust: these individuals are known as Associate Mental Health Act Managers (AMHAMs). Panels must include at least 3 AMHAMs, and at least 3 members of a panel must agree to the discharge of a patient from detention in hospital or compulsion in the community (ie a 3-person panel must be unanimous).

AMHAMs operate independently of the Trust. The payment of a fee for serving on a panel does not constitute employment. (MHA Code of Practice Ch 38.6)

This policy describes the relationship between the Trust and its AMHAMs

2. Scope

This is a Trust-wide policy and applies to AMHAMs' role and duties in respect of the discharge from detention/compulsion of all patients detained under the MHA (with the exception of sections 35, 36 & 38) and all patients subject to a Community Treatment Order (CTO)

3. Definitions

Mental Disorder - Any disorder or disability of the mind or brain

Mental Health Act 1983 (MHA) - The legislative regime which permits the compulsory detention and treatment of patients for mental disorder (sometimes referred to as being 'sectioned') and for them to remain under compulsion in the community under a Community Treatment Order (CTO) following a period of detention

Mental Health Act Code of Practice – Statutory Guidance for carrying out functions under the MHA in practice. The AMHAMs' delegated powers of discharge are described in this document

Approved Clinician (AC) – A person approved by the Secretary of State to act as an approved clinician for the purposes of the MHA. The Secretary of State establishes the criteria for approval

Responsible Clinician (RC) – The AC responsible for the patient during a period of detention in hospital or compulsion in the community. A patient subject to the MHA must have an RC

Renewal of Detention/Extension of CTO – the process whereby the RC is able to continuing a period of detention/compulsion as the end of each permitted period of detention/compulsion approaches

Mental Capacity Act 2005 (MCA) – The legislative regime which (other than the treatment of mental disorder of those detained under the MHA) ensures that the right of adults to make autonomous decisions, both currently and in advance, is upheld, that these decisions are respected and that any decision made for or on behalf of a person lacking capacity because of an impairment of, or a disturbance in the functioning of, the mind or brain is made in accordance with the statutory principles of the MCA.

AMHAM Panel – A panel of at least 3 AMHAMs with delegated power (subject to at least 3 AMHAMs being in agreement) to discharge a patient from detention/compulsion under the MHA

4. Purpose

The purpose of this policy is to ensure that those appointed by the Trust as AMHAMs will gain appropriate competencies and act lawfully in accordance with the principles set out in the Act's Code of Practice.

5. Duties

The Trust Board. The Board is responsible for ensuring that the MHA is used lawfully and fairly, in accordance with the principles of the MHA Code of Practice (2015), including the exercise of the power of discharge delegated to the AMHAMs.

The Board retains responsibility for the performance of all of its delegated functions, and for ensuring that the people appointed as AMHAMs properly understand their role and the working of the MHA. The Board should ensure that people appointed as AMHAMs receive suitable training to understand the law, to work with patients and professionals, to be able to reach sound judgements and to properly record their decisions.

The Chair of the Board of Directors. The Chair is responsible for chairing Quarterly business meetings with AMHAMs, for representing the needs of the AMHAMs to the Board, for bringing other significant issues directly to the attention of the Board, for intervening on behalf of the MHA Managers in relation to any concerns they have about clinical issues or any systems failure which may prevent them from carrying out their role, and for ensuring that the AMHAMs' duties are understood and acknowledged by the Board.

The Chair will also arrange for the independent management of any conduct or competence issues arising in the course of AMHAM duties

The Chief Executive is responsible for ensuring that the Trust has policies in place to direct and oversee the Mental Health Act and for ensuring that it complies with its legal and regulatory obligations.

The Executive Director with Lead Responsibility for the MHA. The Lead Executive for the Mental Health Act will ensure that the AMHAMs have the resources to be able to carry out their duties and that systems and processes are in place to comply with the MHA, its Code of Practice and Trust policies

The Head of Mental Health Legislation (HoMHL). In collaboration with the Mental Health Act Manager, the HoMHL will ensure that AMHAMs have appropriate advice and support for hearings, that bi-annual training is provided to meet any training needs identified by the process of AMHAM appraisal, and that Peer Support sessions are provided at a frequency agreed with the AMHAMs.

The HoMHL will ensure that a quarterly report is submitted to the Board of Directors on the AMHAMs' behalf.

The Mental Health Legislation Administration Manager. In collaboration with the HoMHL, is responsible for planning and booking the Quarterly AMHAM meetings and for coordinating any actions emanating from the meetings.

The Mental Health Legislation Administration Manager, with oversight from the Human Resources department in respect of the necessary pre-appointment checks etc, is responsible for recruiting AMHAMs and for ensuring that their annual appraisals are undertaken.

The Mental Health Act Office is responsible for the timely circulation of the available dates for hearings, for the timely booking (or cancellation) of AMHAM panels, and for timely response to AMHAM claims for the reimbursement of expenses

The Mental Health Act Office is responsible for organising the panels in a fair manner and for ensuring that reports are provided in advance of hearings, giving as much time as practicable for their consideration before a hearing

The AMHAMs are responsible for timely response to the dates offered for hearings, for attending the hearings they are booked to attend (or timely withdrawal of availability),

AMHAMs have a duty to consider patient applications for discharge from detention or CTO, or the appropriateness of renewal of detention or extension of CTO, or the appropriateness of the barring of a Nearest Relative's order to discharge a patient.

AMHAMs have a duty to agree with fellow panel members the most appropriate person to Chair the hearing and to complete the necessary documentation to a satisfactory standard, including recording cogent reasons for the decision

AMHAMs are responsible for the timely submission of expenses claims, for attending at least 2 of the 4 quarterly meetings per year and for attending at least one of the bi-annual training sessions provided.

AMHAMs are responsible for discharging their duties as determined by the MHA and its Code of Practice, including applying fair and reasonable procedures, not making irrational decisions and acting lawfully.

AMHAMs are responsible for attending their own annual appraisal, and for conducting the annual appraisal of AMHAM colleagues (if appropriate).

6. Process

6.1 Associate Mental Health Act Managers (AMHAMs)

6.1.1 The Trust has appointed a group of AMHAMs to act as Panel members for the purposes of Sections 20, 20A (5) and 23 (4) of the Mental Health Act 1983. Under these provisions they will conduct, as a Panel, Reviews of detention and those on Supervised Community Treatment Orders (SCTO).

6.1.2 AMHAMs are not employees, but are appointed by the Trust to act with probity, and to exercise good independent judgement in line with the MHA and its guiding principles and

6.2 Appointment of AMHAMs

6.2.1 The Trust will consider all expressions of interest in becoming an AMHAM, based on the submission of a CV and a covering letter, and will seek actively to recruit individuals from as broad a variety of background, ethnicity, gender, disability, experience etc. as possible. No formal qualification or experience is necessary. Relevant professional or life experience will be helpful, but an interest in, and empathic approach to, the rights, care and treatment of people detained or under compulsion under the MHA is essential.

6.2.2 Informal interviews will be conducted periodically by the MHA manager and the HoMHL, and the appointment of successful candidates will be managed by the HR department (including all the necessary pre-employment checks)

6.2.3 Appointment as an AMHAM will be for a term of four years, and further periods of four years thereafter. There will be an annual review meeting to discuss performance within the role.

6.3 Induction and commitments

6.3.1 AMHAMs will observe an agreed number of hearings (depending on prior experience) before participating in hearings. This will be a minimum of 3.

6.3.2 AMHAMs will attend mandatory training as agreed within 6 months of appointment

6.3.3 AMHAMs will undergo an annual performance review

6.3.4 AMHAMs are expected to attend at least 2 of the 4 Quarterly meetings per year.

6.3.5 AMHAMs are expected to attend at least 1 of the 2 training sessions provided per year. Any impact on competence resulting from failure to attend training will be reviewed by the Mental Health Legislation Administration Manager and /or the Head

of Mental Health Legislation, and appropriate action will be taken in agreement with the Chair.

6.3.6 Attendance at Peer Support sessions is not obligatory

6.4 Performance review, development and training

6.4.1 Each AMHAM will receive an annual appraisal/performance review undertaken by a suitably experienced and knowledgeable peer. This will include establishing the training needs of the reviewee

6.4.2 Performance reviews will focus on AMHAMs' ability to:

- (a) understand the law
- (b) work with patients and professionals
- (c) work with appropriate empathy and professionalism
- (d) understand, retain and consider objectively complex information and different professional and personal perspectives on the patient's detention
- (e) reach sound judgements
- (f) properly record their decisions

6.4.2 Training will be provided twice per year. The content will reflect the of AMHAMs training needs, as indicated by the aggregated results of the annual performance reviews and by issues raised at Quarterly meetings and/or Peer Support sessions. As a minimum, there will be a twice-yearly update on:

- (a) Mental Health Law including the Mental Capacity Act 2005
- (b) Information on the role of the Associate Mental Health Act Manager under the Code of Practice and the Mental Health Act.
- (c) Documenting appropriately the decision and the process of decision-making .

6.4.3 Any issues of competence coming to light through the performance review process, or by other means, will be brought to the attention of the Mental Health Legislation Administration Manager and /or the Head of Mental Health Legislation, and appropriate action will be taken in agreement with the Chair.

6.4.4 In addition to their annual performance review, AMHAMs' suitability to continue in the role will be reviewed on a 2-yearly basis by the Mental Health Legislation Administration Manager and the Head of Mental Health Legislation.

6.5 Hearings – number of hearings

6.5.1 The Trust is not obliged to provide AMHAMs with opportunities to participate in AMHAM panels, such opportunities will only be offered as and when the Trust has a suitable requirement.

6.5.2 Equally, when an AMHAM is offered an opportunity by the Trust, he or she may accept it or refuse it as the case may be at any time. However, having accepted an opportunity, the AMHAM is responsible for carrying out the assignment

6.5.3 In order to retain an appropriate level of expertise, AMHAMs are expected to

undertake at least ten hearings per year, subject to the Trust providing sufficient opportunities.

6.6 Hearings – allocation procedure

6.6.1 The list of available dates for hearings will be distributed to AMHAMs on a monthly basis, by email, with a request for a response within calendar 3 days.

6.6.2 There is an expectation that any dates offered by an AMHAM will be held by the AMHAM for 8 calendar days. During this 8-day period, confirmed dates for hearings will be sent by e mail

6.6.3 Wherever possible any ad-hoc dates will be arranged in the manner described above however, should time constraints not allow this, the arrangement may be made by phone

6.7 Hearings – cancellation

6.7.1 If a hearing is cancelled AMHAMs will be informed by email as soon as the MHA Office is notified of the cancellation.

6.7.2 If the hearing is cancelled with 24-hours' notice or less, the AMHAM will be entitled to claim for 1 hour's remuneration

6.7.3 If exceptional, unforeseen circumstances prevent an AMHAM from attending a hearing in which s/he has agreed to participate, the AMHAM must notify the Mental Health Act Office as soon as possible to allow a replacement to be found.

6.7.4 If such cancellation occurs less than 48 hours before the scheduled start of a hearing, the MHA Office **must** be notified by telephone.

6.7.5 In the event that an AMHAM cannot attend a planned hearing and is **not able to give at least 48 hours' notice** to the Mental Health Act Office, or for any reason cannot speak directly to MHA Office staff (eg the notification is outside office hours) the AMHAM **must not rely on leaving a voice-mail or e mail message with the MHA office.**

The AMHAM is responsible for:

- a) arranging attendance by a fellow AMHAM,
or
- b) informing the remaining panel members that the hearing cannot proceed
and
- c) informing the MHA office by e mail or by direct telephone conversation (not by leaving a message) of the arrangements/cancellation

6.7.6 If the hearing is cancelled with 24-hours' notice or less owing to the inability of one or more AMHAMs to attend, only the AMHAM or AMHAMs who remained available to attend will be entitled to claim for 1 hour's remuneration

6.7.7 In the event that it is not possible to undertake a booked hearing because of the non-attendance without notice of an AMHAM, the AMHAM or AMHAMs who did

attend will be remunerated as if the hearing did occur (ie 4hours' remuneration plus travel expenses)

6.7.8 Non-attendance without notice may lead to the suspension of the AMHAM from hearings for a period or (in the event that the AMHAM repeatedly fails to attend for booked hearings) to termination of their services

The arrangements detailed above apply to inability to attend owing to adverse weather conditions

6.8 Hearings – chairing review panels

6.8.1 Chairing should not occur by default.

6.8.2 All AMHAMs are expected to develop through participation, reflection and experience, the necessary skills to Chair panels

6.8.3 The panel members will agree the most appropriate person to Chair the hearing

6.8.4 An experienced Chair is expected to support fellow AMHAMs to develop Chairing skills, and less experienced panel members are expected to take any appropriate opportunity to develop their skills, in order that Chairing duties can be equitably offered and taken.

6.8.5 The Chair of the Panel is responsible for the quality of the process, i.e. ensuring that review standards as described in the MHA Code of Practice are adhered to, that decisions made are achieved through thoughtful reflection on the evidence provided, and that written report addressing all the required criteria is produced

6.8.6 Any concerns about a colleague's performance or conduct during a hearing should be addressed at the time with the individual where this is appropriate. If this is not appropriate, the concerns should be reported by the Chair or panel member to the Mental Health Legislation Administration Manager or the Head of MH Legislation as soon as practicable, and appropriate action will be taken in agreement with the Chair

6.9 Hearings – Exercising delegated powers of discharge

6.9.3 The panel will consider patient applications for discharge from detention or CTO, or the appropriateness of renewal of detention or extension of CTO, or the appropriateness of the barring of a Nearest Relative's order to discharge a patient.

6.9.4 These reviews will follow the process laid out by the MHA Code of Practice in respect of:

- (a) the criteria to be applied
- (b) the procedure for reviewing detention or Community Treatment Order (CTO)

- (c) the conduct of reviews where detention or CTO is contested
- (d) the conduct of reviews where renewal of detention or extension of CTO is not contested

6.10 Hearings – decisions and recording

6.10.1 There is a common law duty to give reasons for the outcome of panel decisions

6.10.2 The decision of the panel and the reasons for the decision will be fully recorded at the end of the review on the template provided in sufficient detail to meet the common law duty

6.10.3 The decision will be communicated by the AMHAMs both orally and in writing to the patient, their representative, the professionals concerned and the nearest relative and/or carer (if relevant)

6.10.4 If the patient is not to be discharged, where practicable and safe, at least one member of the panel should explain the decision and the reasons for it in person to the patient

6.11 Hearings – feedback

6.11.1 The AMHAMs will complete a feedback report in respect of each hearing (including the reports and oral evidence) on the form provided. The AMHAMs will present a summary report of this feedback to the Quarterly meeting; any feedback (positive or negative) that relates to an individual staff member will be reported immediately to the individual involved and their line manager

6.11.2 Feedback on AMHAMs' conduct and performance is encouraged from patients, carers, panel members themselves, Trust staff and any other attendee at a hearing. This can be by Trust Fast-track form (for patients or carers) or by other attendees contacting the Mental Health Legislation Administration Manager. The Chair should remind patients and carers of the Fast-track system at the conclusion of the hearing.

6.11.3 Where this feedback might cast doubt on an AMHAM's ability to carry out the role in a professional and appropriate manner, the Mental Health Legislation Administration Manager or the Head of MH Legislation will agree any appropriate action with the Chair, see 6.13 below.

6.12 Confidentiality and other Trust policies

6.12.1 AMHAMs are required to maintain complete confidentiality about information related to patient care, members of staff, and where required, the Trust's working practices, policies and procedures.

6.12.2 All information that is, or has been acquired by an AMHAM during the fulfilment of the role, or otherwise acquired by the AMHAM in confidence and/or which has not been made public by must be treated as confidential and shall not at

any time be disclosed by an AMHAM whether before or after termination of appointment as AMHAM without the organisation's written consent.

6.12.3 AMHAMs are to exercise reasonable care to keep safe all documentary or other material containing confidential information. All documentation including patient reports must be returned to the Mental Health Act Office for disposal following each Hearing.

6.13 Disciplinary, disciplinary appeal and grievance procedures

6.13.1 There are no disciplinary, disciplinary appeal or grievance procedures applicable to AMHAMs. However, if the AMHAM's conduct or performance give cause for concern or gives rise to dissatisfaction with patients, service users or staff of the organisation, the AMHAM will be invited to discuss the issue and will have every opportunity to respond to any concerns raised. The Mental Health Legislation Administration Manager or the Head of MH Legislation will agree any appropriate action with the Chair. The AMHAM may be requested not to undertake further assignments for a period of time or may be given a letter of dissatisfaction with agreed objectives to address the matter.

6.13.2 In the event of serious concerns, or the failure to address concerns raised about conduct or performance, the AMHAM's services may be terminated.

6.14 Expenses / Remuneration (see table below at Appendix G)

6.14.1 Appointment as an AMHAM does not attract a salary. Remuneration takes the form of an 'attendance allowance' and agreed travel expenses. There will be no remuneration due during periods when no work is provided. The claiming of expenses is optional

6.14.2 Claims for remuneration of the attendance allowance and any travel expenses must be submitted as soon as possible.

6.14.3 Claims submitted more than 3 calendar months after duties have been undertaken will not normally be paid

6.14.5 Remuneration and expenses incurred will be reimbursed by BACS transfer, and taxed at source.

6.14.5 Remuneration and travel expense rates are set out in a separate document. The Trust reserves the right to review remuneration at its discretion. Please also refer to Appendix G – Table of Remuneration

6.14.6 Periodically, the Trust may request AMHAMs to become involved with project work, or similar activities for the Trust. The parameters of such work will be defined by the Chair or other Senior Trust Managers as appropriate. Such sessions will receive payment as agreed in writing between the Trust and the AMHAM

7. Dissemination, storage and archiving (Control)

This policy will be published on the Trust's Internet and Intranet. It will be available to all staff, all AMHAMS and to the public.

This is Version 1 of this policy. It must be deleted and archived in the event of any future versions.

8. Training and other resource implications

This policy describes the need for bespoke and mandatory training for AMHAMs. This training can be provided within the current Trust arrangements. Should the need arise for training provided by an external agency, funding for this will be agreed with the relevant budget holder prior to its booking. Resource implications are minimal

9. Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
<p>A) All AMHAMS will meet the contractual obligations described in this policy</p> <p>B) All AMHAMS will exercise their delegated powers in accordance with the MHA and its Code of Practice</p>	Annual performance review	AMHAMS Quarterly Review Meetings	Annual	Board of Directors	Mental Health Legislation Administration Manager	Board of Directors

Policy Review date: May 2021

10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and internet	Head of Communications		
Provide copes to all AMHAMs by e mail (or post if e mail not possible)	MHA Manager		

11. Links to other policies, standards and legislation (associated documents)

Mental Health Act 1983
Mental Health Act Code of Practice 2015
Mental Capacity Act 2005
Mental Capacity Act Code of Practice 2008
Human Rights Act 1998

MHA Equality and Human Rights Policy
MHA Section 23 Hospital managers Review of Detention Policy

12. Contact details

The document should give names, job titles and contact details for any staff who may need to be contacted in the course of using the policy (sample table layout below). This should also be a list of staff who could advice regarding policy implementation.

Title	Name	Phone	Email
Executive Director of Nursing, Professions and Care Standards	Liz Lightbown	16395	liz.lightbown @shsc.nhs.uk
Head of Mental Health Legislation	Anne Cook	64913	anne.cook@shsc.nhs.uk
Mental Health Legislation Administration Manager	Mike Haywood	18102	mike.haywood@shsc.nhs.uk

13. References

As section 11

Appendix A – Version Control and Amendment Log (Example)

(Use Arial bold point 14 for titles)

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	April 2018	New policy commissioned by Executive Director of Nursing, Professions and care Standards
			.

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
Version 1			

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – Policy Screening - Public authorities are legally required to have ‘due regard’ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link

https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	no		
DISABILITY	no		
GENDER REASSIGNMENT	no		
PREGNANCY AND MATERNITY	no		
RACE	no		
RELIGION OR BELIEF	no		
SEX	no		
SEXUAL ORIENTATION	no		

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Anne Cook 27.3.18

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

Yes. No further action needed.

No. Work through the flow diagram over the page and then answer questions 2 and 3 below.

2. On completion of flow diagram – is further action needed?

No, no further action needed.

Yes, go to question 3

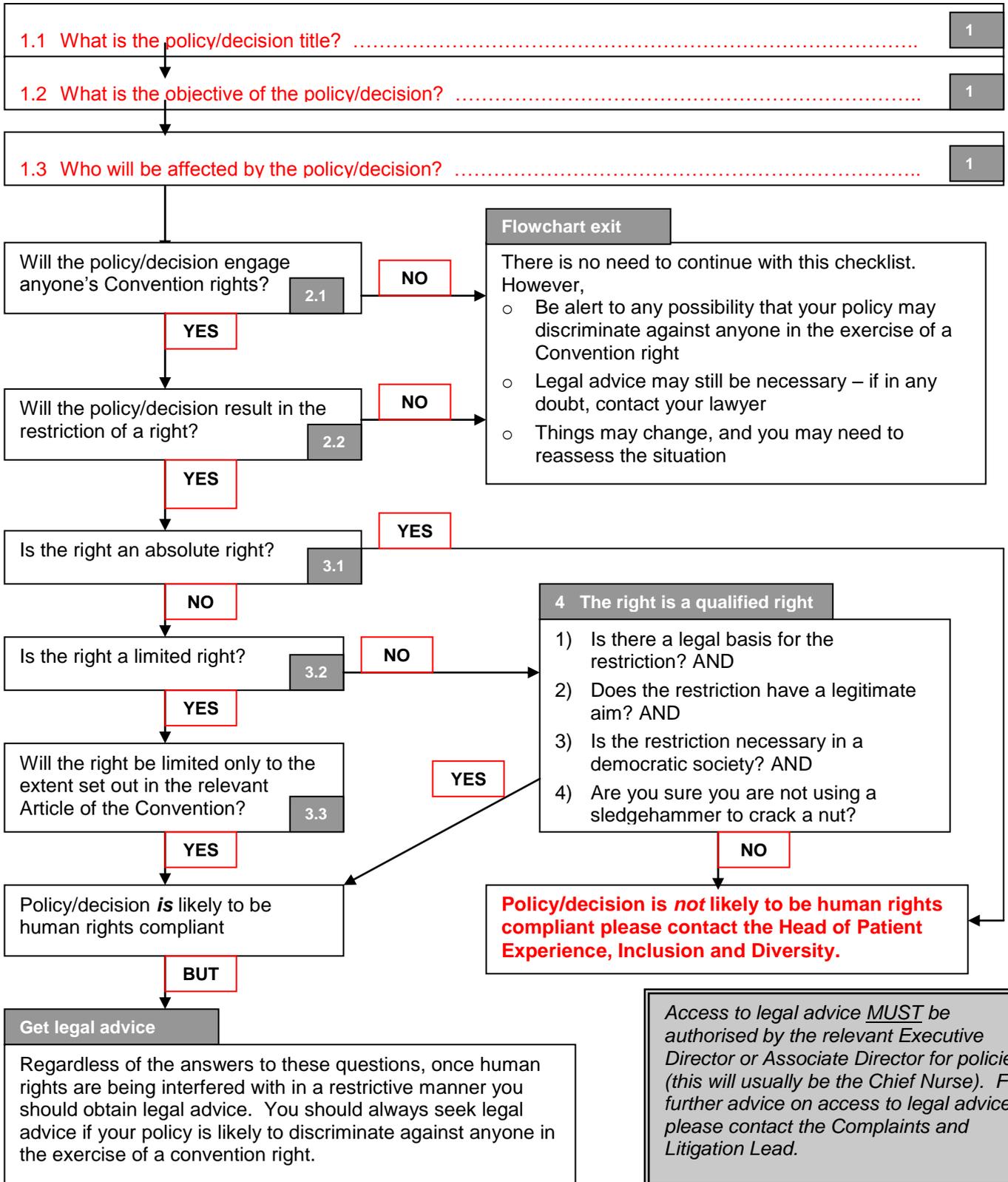
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E – Development, Consultation and Verification

This policy was developed to reflect the requirements of the MHA and its Code of Practice in respect of the duties of Associate Mental Health Act Managers (AMHAMs) and the contractual obligations of individuals acting in that role.

Consultation involved the AMHAMs, the Chair of the Board of Directors and the Executive Director of Nursing Professions and Care Standards

Minor amendments were made to the draft policy in respect of review of AMHAM suitability to continue in the role and feedback on conduct and performance

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).

1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

2. Contents page

3. Flowchart

4. Introduction

5. Scope

6. Definitions

7. Purpose

8. Duties

9. Process

10. Dissemination, storage and archiving (control)

11. Training and other resource implications

12. Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

✓

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

✓

13. Implementation plan

✓

14. Links to other policies (associated documents)

✓

15. Contact details

✓

16. References

✓

17. Version control and amendment log (Appendix A)

✓

18. Dissemination Record (Appendix B)

✓

19. Equality Impact Assessment Form (Appendix C)

✓

20. Human Rights Act Assessment Checklist (Appendix D)

✓

21. Policy development and consultation process (Appendix E)

✓

22. Policy Checklist (Appendix F)

Appendix G - Remuneration Table

Cancellation of any activity occurring with more than 24 hours' notice will not attract reimbursement

Activity	Hours payable	Travel	Notes
Attendance at hearing	4	Yes	
Attendance for a hearing that does not take place because of AMHAM absence	4	Yes	No remuneration is payable to the AMHAM or AMHAMs who do not attend
Hearing cancelled - 24 hours' notice or less	1	No	
Hearing cancelled through AMHAM inability to attend or arrange cover – 24 hours' notice or less	1	No	No remuneration is payable to the AMHAM who cancels the meeting
Annual Performance Review – Reviewer	4	Yes	
Annual Performance Review – Reviewee	2	Yes	
Attendance at Quarterly Meeting	2	Yes	
Quarterly Meeting cancelled 24 hours' notice or less	1	No	Remuneration will be paid only to attendees who confirmed attendance in writing
Attendance at Peer Support Meeting	1	Yes	
Peer Support Meeting cancelled - 24 hours' notice or less	1	No	Remuneration will be paid only to attendees who confirmed attendance in writing
Attendance at Quarterly Meeting & Peer Support Meeting occurring on the same day	3	Yes	
Quarterly Meeting & Peer Support Meeting occurring on the same day cancelled - 24 hours' notice or less	1	No	Remuneration will be paid only to attendees who confirmed attendance in writing
Attendance at Training	dependent on duration of training	Yes	
Training cancelled 24 hours' notice or less	1	No	Remuneration will be paid only to attendees who confirmed attendance in writing

Appendix H - Contract

SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST CONTRACT FOR ASSOCIATE MENTAL HEALTH ACT MANAGERS

Parties to the Contract:

Associate Mental Health Act Manager Details: The Trust:

«Title» «Initials» «Surname»	Sheffield Health & Social Care NHS
«Addr1»	Foundation Trust
«Addr2»	Fulwood House
«Addr3»	Old Fulwood Road
«Postcode»	Sheffield
	S10 3TH

Dear NAME

The purpose of this agreement is to define the relationship between the organisation and the Associate Mental Health Act Manager acting in that capacity under Section 23(2) & 23(4) of the Mental Health Act 1983. (the Act)

Within the terms of the Mental Health Act 1983 it is the “Hospital Managers” (the Trust Board) who have the responsibility for seeing that the requirements of the Act are followed. The organisation has delegated some of the powers and responsibilities of the “Hospital Managers” to its Officers and Staff and to a panel of appointed persons who will act as Associate Mental Health Act Managers for the purposes of Sections 23(2) and 23(4) of the Mental Health Act 1983.

The Trust will appoint appropriate persons to undertake the duties of an Associate Mental Health Act Manager (AMHAM).

There are no formal qualifications for appointment.

Relevant professional or career backgrounds or life experiences will be helpful.

AMHAMs are not accountable in the employee/employer sense. They are, required to act with probity, use good, independent judgement and abide by the law and the Guiding Principles of the Act.

Managers will be expected to follow the Mental Health Act Code of Practice (2015) and any relevant Trust or site specific Policies.

Place of Work

The AMHAM will attend by agreement any place of work where the organisation has agreed that AMHAM reviews of detention or compulsion under the Act will be held. This will include in-patient and community settings.

Duties

To consider patient applications for discharge from detention or CTO, or the appropriateness of renewal of detention or extension of CTO, or the appropriateness of the barring of a Nearest Relative's order to discharge a patient.

To agree with fellow panel members the most appropriate person to Chair the hearing: an experienced Chair is expected to support fellow AMHAMs to develop Chairing skills in order that Chairing duties can be equitably offered and taken. Chairing should occur by default.

To complete the necessary documentation to a satisfactory standard, including recording cogent reasons for the decision

To attend at least 2 of the 4 Quarterly Meetings of AMHAMs per year

To attend at least 1 formal training sessions per year; these will be offered twice per year

Obligation of the AMHAM

To act with probity, exercise good, independent judgment and abide by the law and the Guiding Principles of the MHACoP.

To observe the same standards of care, courtesy and propriety in dealing with patients, staff, visitors, equipment and premises as is expected of Trust employees.

To observe any relevant Trust or site specific policies, including the Trust's Dress Code for non-uniformed staff,¹ and you should familiarise yourself with practices and procedures that impact on the delivery of your duties e.g. the Health and Safety Policy. All policies can be found on the Trust Internet Site.

Obligation of the Trust

The Trust is not obligated to provide AMHAMs with opportunities to act in that capacity, and he or she will only be given such opportunities as and when the organisation has a suitable requirement.

¹ Non-uniformed staff ... should ensure that their clothing is suitable for work purposes, clean and in a good state of repair, as well as looking professional at all times.

The following should be avoided: clothes that are revealing and may cause embarrassment or offence, (eg. above mid-thigh length; showing the midriff or underwear); clothes with logos or advertisements and sports clothing, etc; clothing that could be interpreted as intimidating or threatening, (e.g. combat fatigues); ripped or torn clothing; denim jeans

The Trust accepts liability in respect of AMHAMs' acts and omissions to the degree that those acts and omissions were carried out whilst working in good faith on behalf of The Trust and in accordance with appointment under this contract. AMHAMs must however observe the same standards of care and propriety in dealing with patients, staff, visitors, equipment and premises as is expected of any other employee. Managers must also act appropriately and responsibly at all times.

The Trust is required to ensure that the AMHAMs receive suitable training to understand the law, work with patients and professionals to be able to reach sound judgements and properly record their decisions. (MHA Code of Practice 2015 Ch 38.8)

The Trust will provide 2 formal training sessions per year

Availability for Duties

When the AMHAM is offered an opportunity by the Trust, he or she may accept it or refuse it as the case may be at any time. Any refusal to accept an opportunity to act in the capacity of AMHAM will not preclude the individual being offered further opportunities should they arise. The AMHAM, once accepting particular assignments, must carry out that assignment personally.

The AMHAM may undertake work for any other organisation and the undertaking of such work will not preclude the organisation offering the AMHAM additional assignments as and when they become available providing any potential conflict of interest is declared. In order to retain an appropriate level of expertise, AMHAMs are expected to undertake at least ten hearings per year, subject to the Trust providing sufficient opportunities.

Allocation of Duties

The list of available dates for hearings will be sent to you on a monthly basis, by email, with a request for you to respond within 3 days. There is an expectation that any dates offered by you will be held in your diary for 8 days. Dates allocated to you will then be with confirmed, by email, within this time scale.

Wherever possible any ad-hoc dates will be arranged in the manner described above however should time constraints not allow this then contact may be made by phone.

If hearing dates offered to you need to be cancelled you will be informed by email as soon as the MHA office is informed of this.

If exceptional circumstances prevent you from attending hearings you have agreed to, you must notify the MHA office as soon as possible to allow a replacement to be found.

Disciplinary, Disciplinary Appeal and Grievance Procedures

There are no disciplinary, disciplinary appeal or grievance procedures applicable to this contract for services. However, if the AMHAM's activities cause dissatisfaction with patients, service users or staff of the organisation, his/her services may be terminated. The Manager may be requested not to undertake further assignments for a period of time or may be given a letter of dissatisfaction. The appointment to act as AMHAM will be for four

years, and further periods of four years thereafter. There will be an annual review meeting to discuss performance within the role.

Confidentiality

AMHAMs are required to maintain complete confidentiality about information related to patient care, members of staff, and where required, the Trust's working practices, policies and procedures. All information that is, or has been acquired by an AMHAM during the fulfilment of the role, or otherwise acquired by the AMHAM in confidence and/or which has not been made public by, or with our authority, shall be confidential and shall not at any time (save in the course of our business or as required by law), whether before or after termination of appointment as AMHAM be disclosed without the organisation's written consent.

AMHAMs are to exercise reasonable care to keep safe all documentary or other material containing confidential information. All documentation including Patient Reports must be returned to the Mental Health Act Office for disposal following each Hearing.

Expenses / Remuneration

Appointment as an AMHAM does not attract a salary. Remuneration will be in the form of an 'attendance allowance' and agreed travel expenses. There will be no remuneration due during periods when no work is provided. Remuneration and expenses incurred will be reimbursed by BACS transfer. Payments are made gross by the Trust for self-employed AMHAMs, and taxed at source for those subject to PAYE. In the former case, the AMHAM is responsible for declaring the income to HMRC and the payment of any tax which may be due.

Claiming remuneration is optional. Remuneration and travel expense rates are set out in a separate document. The Trust reserves the right to review remuneration at its discretion.

Remuneration of 1 hour will be paid for any hearings cancelled by the Trust within 24 hours prior to the hearing.

Claims must be submitted no more than 3 calendar months after the date of duties undertaken.

Responsibilities of the Trust

AMHAMs can expect that the Mental Health Act Office will organise the panels in a fair manner with reasonable notice where possible, and will attempt to ensure sufficient time is allocated to read reports in advance of hearings. The Trust will provide training and support to its MHA AMHAMs, and will pay expenses and remuneration promptly.

Signed.....
(Sheffield Health and Social Care NHS Foundation Trust)

Print Name and Job Title.....

Date.....

I have read the contract and agree to be bound by the terms which I consider to be reasonable.

Signed.....
(Associate Mental Health Act Manager)

Print Name.....

Date.....

Please sign both copies and return one to SHSC.