

BOARD OF DIRECTORS MEETING (Open)

Date: 13th May 2020

Item Ref: 12

TITLE OF PAPER	Report on the Performance and Activity of the Associate Mental Health Act Managers (AMHAMs) Quarter 4 19/20
TO BE PRESENTED BY	Jayne Brown, Chair
ACTION REQUIRED	Members to receive the report for Information and Assurance

OUTCOME	Members are assured the Associate Mental Health Act Managers are undertaking their functions in line with statutory requirements of the Mental Health Act 1983 (MHA) and the MHA Code of Practice 2015 and that patients' rights are thereby protected.
TIMETABLE FOR DECISION	May Board Meeting
LINKS TO OTHER KEY REPORTS/ DECISIONS	Mental Health Act Code of Practice 2015
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	<p><u>Strategic Objective A1 02</u>: Deliver safe care at all times <u>BAF Risk: A1 02i</u>. "Failure to deliver safe care due to insufficient numbers of appropriately trained staff". <u>BAF Risk No: A1 02ii</u>. "Inability to provide assurance regarding improvement in the safety of patient care". <u>Strategic Objective: A1 03</u>: Provide positive experiences and outcomes for service users. <u>BAF Risk No: A1 03</u> "Failure to comprehensively capture the experience of our service users and take appropriate action".</p>
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Mental Health Act 1983 (MHA) Mental Capacity Act 2005 (MCA) Human Rights Act 1998 (HRA)
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	To maintain standards in the implementation of the MHA and to preserve the rights of those subject to compulsion under its provisions will require on-going monitoring of procedures and practice and recommendations for changes made where necessary.
CONSIDERATION OF LEGAL ISSUES	It is a legal requirement that the Trust complies with the Mental Health Act 1983. The Associate Managers' role is concerned with patients' rights to liberty and security as afforded by the European Convention on Human Rights, Article 5. Their powers to discharge a patient from detention under the Mental Health Act protect patients from unnecessary and/or unlawful detention.

Authors of Report	Anne Cook and Mike Haywood
Designation	Head of Mental Health Legislation and Manager Mental Health Legislation Administration
Date of Report	16 th April 2020

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	✓				✓	

2. Summary

This report for the Board of Directors describes the performance and activity in respect of the Associate Mental Health Act Managers (AMHAMs) for the period January to March 2020.

The AMHAMs have directly delegated responsibility from the Board of Directors in respect of the Hospital Managers' statutory powers to discharge detained patients from detention under the Mental Health Act 1983. (MHA s23).

This report is presented as evidence that the requirements of the Mental Health Act and its Code of Practice are met in respect of the Board's responsibilities with regard to the appointment, training and delegated duties of the AMHAMs. Please see Appendix 3, paragraph 1.

As the Quarterly meeting scheduled for Wednesday 15th April was cancelled owing to Coronavirus measures, the report was shared for review by the AMHAMs via e-mail on 9th April 2020. No comments were received.

The report is presented under the following headings:

1. Number and Availability of AMHAMs
2. Peer Performance Reviews
3. Training and Development
4. Themes from the Quarterly Meeting
5. AMHAM Activity and MHA data
6. AMHAM feedback

Appendix 1 - The Legal Status of the AMHAMs and Hospital Managers' functions and duties with regard to reviewing detention or CTO (Delegated to AMHAMs).

Appendix 2 – Key to MHA sections.

Appendix 3 – AMHAM Duties and the MHA Code of Practice 2015

3. Next Steps

- 3.1 To continue to report on the performance and activity of the AMHAMs each quarter.
- 3.2 Keep the numbers of AMHAMs under review.
- 3.3 Keep hearing adjournments and the reason(s) under review.
- 3.4 Review AMHAM training needs as per Annual Peer Reviews and develop accordingly.

4. Required Action

Board members are informed and assured of the role and performance of the AMHAMs in Q4.

5. Monitoring Arrangements

Via the Board of Directors and supported by the MH Legislation Team.

6. Contact Details

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Report on the Performance and Activity of the Associate Mental Health Act Managers (AMHAMs) Quarter 4 19/20

1. Number and Availability of AMHAMs

Particular regard is paid to whether, as a result of AMHAM unavailability, the review of renewal of detention or extension of Community Treatment Order (CTO) occurs after the date the previous order expired. In Q4, there was a total of 33 hearings for renewal of detention or extension of CTO.

- 25 of the 33 took place before the expiry date.
- 5 of the 33 took place within 7 days of expiry.
- 3 of the 33 took place more than 7 days after expiry.

- 5 took place after expiry because it was the earliest date the RC was available.
- 2 were not booked prior to expiry as the RC was known to be unavailable.
- 1 had been booked prior to expiry, AMHAM withdrew.

2 applications made towards the end of Q4 will have their hearings in Q1 20/21.

It should be noted, however, that a late review does not amount to unlawful practice. Continued detention/CTO is lawful provided that the Responsible Clinician furnishes the papers prior to the expiry of the current period.

At the end of Q4, SHSC had 19 Associate Mental Health Act Managers of different genders, ages, backgrounds and ethnicity. One is currently inactive for personal reasons.

Owing to Coronavirus measures 'hearings' taking place after 23rd March have been undertaken remotely, either based on the papers or by way of conference telephone calls and e-mail communication. AMHAMs have worked willingly and flexibly to ensure that reviews are conducted to the highest standard possible in the circumstances.

2. Peer Performance Reviews 2019/20

All active AMHAMs received a Peer Review in 2019. Dates for Peer Review in the coming financial year have been arranged for all AMHAMs. Established AMHAMs have an annual review (Peer reviewers are reviewed by the Head of Mental Health Legislation) and newly recruited members have a foundation review, after attending a minimum of 3 hearings as an observer and before taking an active part on a review panel.

Options for conducting the reviews remotely in light of Coronavirus measures are under consideration.

3. Training and Development

Training needs emanating from the AMHAMs' annual peer performance reviews, plus any topics identified at the quarterly peer support groups and the quarterly AMHAM meetings, are reviewed by the HoMHL and incorporated into the regular bi-annual training delivered in June and December.

Training was last delivered on 13th December 2019, attended by 13 AMHAMs. Further training is planned for delivery on Tuesday 16th June 2020, but this may need to be postponed, as a result of Coronavirus measures.

There was very positive feedback, both written and orally on the day of the December training, and suggestions were made for the session due to be delivered in June 2020.

4. Key Themes from the Q3 meeting held on 15th January 2020 (ie within Q4 19/20)

The Q3 meeting was attended by 14 AMHAMs. It was chaired by Liz Lightbown, Executive Director of Nursing & Professions in the absence of the Chair of the Board of Directors.

4.1 Quarterly Report to the Board – Q3 2018/19

The Q3 report was reviewed by the members and was duly approved for presentation to the Board.

4.2 Discontinuation of AMHAM Feedback Questionnaire

The meeting discussed the current practice of providing their feedback electronically via a survey monkey. It was agreed that the information in the feedback report largely duplicated the data provided in the report to Board, and that it would be simpler and more effective for the panel to complete a brief hand-written form.

A form was devised that will allow accurate data collection and will facilitate immediate action in the event of concerns, such as the provision of inadequate reports.

4.3 Remuneration

The Quarterly meeting was made aware, that the peer support meeting earlier that day had discussed at length, the potential difficulties in panel members claiming different amounts for preparation prior to hearings under the new remuneration arrangements.

It was agreed that one-hour should be the limit of a claim for any preparation done, including if preparation is made for a hearing that is cancelled or postponed.

4.4 Chair of the panel reviewing the decision after the hearing

There was a discussion about the appropriateness of the Chair making amendments to the decision after the hearing, taking into account whether the final document would be of improved quality versus the panel having signed a different version of the document.

There was no resolution. The AMHAMs will consider this in practice and the item was placed on the agenda for review at the Q4 meeting. Unfortunately, the Q4 meeting will be cancelled as a result of Coronavirus measures.

4.5 1:1 meetings with patients who apply for discharge

It has been the practice for an AMHAM to meet 1:1 with any patient who has made an application for discharge (as opposed to those who have an automatic hearing following renewal or extension of their order).

The meeting was made aware that the peer support session had discussed the purpose of the 1:1 meeting. This was in the context of a patient not having a hearing granted on the grounds that s/he was very unwell and had no recollection of making the application.

The peer support meeting identified a risk that a patient might be denied their rights to a hearing as a result of such a decision, and concluded that there should only be denial of a hearing in circumstances where:

- i) the patient has had a Tribunal or a Tribunal is booked within 28 days of the application to the Managers, or
- ii) the application is made within 28 days of a previous managers' hearing.

The Quarterly meeting agreed to discontinue the practice of holding the 1:1 meeting, and the patient information leaflet has been amended accordingly, removing the reference to 1:1 meetings and replacing it with information about contacting Independent Mental Health Advocacy (IMHA) for more information about the hearing process

5. **AMHAM Activity: Q4 2019/20**

5.1 Number of Applications and Hearings – please see Appendix 3 paragraph 2

Table 1: Number of AMHAM Hearings Booked and Reason

Reason	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
In response to patient application S3 or S37	0	2	3	6
In response to patient application CTO	0	1	0	0
RC Renewals S3/S37	15	16	11	16
RC Extension CTO	11	13	11	17
Barring NR	0	0	0	0
At Managers' Discretion	0	0	0	0
Quarterly Total – Completed Hearings	26	29	25	37
Discharged by AMHAMs	0	0	0	0
Hearings applied for in current Quarter to be heard in next Quarter	-	3	0	2

Table 2: Applications to the AMHAMs

Applications	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total Applications submitted	8	8	3	6
Inpatient applications	7	7	3	6
CTO applications	1	1	0	0
Total not proceeding to hearing	6	4	1	2

Reasons for not proceeding to hearing	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Tribunal pending	3	0	0	2
Discharged by RC before hearing	3	1	1	0
Withdrawn by patient	0	2	0	0
Application considered did not proceed	0	1*	0	0
Total	6	4	1	2

*One hearing was not granted having been considered by the AMHAM, as the patient was very ill and could not recall making an application for discharge.

There is no known reason for the variation in the number of applications.

The number of hearings following in-patient renewal and CTO extension necessarily reflects the number of orders reaching a trigger for renewal during the quarter (sections 3, 37 and CTOs each run for 2 consecutive 6-month periods and for 12 month periods thereafter).

Patients continue to opt for the Tribunal over the AMHAMs for consideration of discharge from detention/CTO. Both bodies have broadly similar powers to discharge patients, although legal representation is more accessible for applications to the Tribunal as this is covered by the legal aid scheme.

For comparison, during Q4, 118 applications and automatic referrals were made to the First Tier Tribunal in respect of section 2, section 3 and CTO.

Table 3 – Applications and Referrals to the First Tier Tribunal (Mental Health)

Type of Review	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Applications – inpatient	70	68	67	88
Automatic referrals – inpatient	13	14	5	16
Applications – CTO	5	5	5	8
Automatic referrals – CTO – no application	7	8	4	5
Automatic referrals – CTO – revocation	1	4	2	1
Total	96	99	83	118

The number of applications to the Tribunal is evidence that patients are being informed of their right to apply to challenge their detention (the right to apply to either or both the Tribunal and the AMHAMs is detailed in the same rights explanation form). Please see Appendix 3, paragraph 3

5.2 AMHAM Renewal/Extension Hearings Taking Place Prior to Expiry

See Appendix 3 paragraph 4

Table 4 below shows the number of hearings which have taken place prior to the expiry date, the number that have taken place up to 7 days after expiry date and the number which have taken place over 7 days after expiry.

Table 4 – AMHAM Renewal/Extension Hearings taken place in relation to expiry date:

Quarter	Total number of hearings for renewal or extension	Hearings before expiry date	Hearings up to 7 days after expiry date	Hearings more than 7 days after expiry date
Q1 19/20	26	16	5	5
Q2 19/20	29	19	7	3
Q3 19/20	22	16	0	6
Q4 19/20	33	25	5	3
Grand Total	110	76	17	17

Although a review before expiry is 'desirable' it is not required by law, as it is the RC's report that provides the authority for the continued detention or CTO.

During Q4, there were 33 hearings for the renewal of detention or extension of the CTO.

2 applications made towards the end of Q4 will have their hearings in Q1 20/21.

- 25 of the 33 took place before the expiry date.
- 5 of the 33 took place within 7 days of expiry.
- 3 of the 33 took place more than 7 days after expiry.

5.3 Reasons for AMHAM Hearings Not Taking Place Prior to Expiry

Table 5

Reason	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Hearing not booked prior to expiry known unavailability of AMHAMs	2	0	0	0
Hearing originally booked prior to expiry unavailability of AMHAMs (unable to convene a panel)	0	1	1	0
Date up to 7 days after expiry is earliest RC is available	5	7	0	5
Hearing adjourned	0	1	1	0
Hearing not booked prior to expiry known unavailability of RC	0	1	0	2
Hearing originally booked prior to expiry - RC cancelled (RC sick)	1	0	0	0

Reason	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Hearing originally booked prior to expiry - RC cancelled (Patient did not attend appointment for examination to renew)	-	-	2	0
Hearing booked prior to expiry - AMHAM withdrew	2	0	1	1
Date over 7 days after expiry is earliest RC is available	-	-	1	0
Total	10	10	6	8

None of the patients who had a hearing after the expiry date went on to be discharged at their hearing, therefore there was no negative impact on the patient.

5.4 Number of Hearings Adjourned - See Appendix 3 paragraph 5

Table 6 – Hearings Adjourned

Adjournments and Reason	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total Adjourned	0	1	1	0
Number with reason recorded on report	-	1	1	-
Patient not present	-	0	0	-
Relevant staff not present	-	1	0	-
AMHAM not present	-	0	1	-

No hearings were adjourned in Q4.

Please note that where the number of reasons is greater than the number of adjournments more than one reason has been given. Panels must consist of 3 or more members in order to consider discharge (s23(4) MHA). Therefore it is unlawful to proceed with only 2 members.

There was no negative impact as a result of the adjournments in previous quarters. Detention continued lawfully until a re-arranged review, and no patient was discharged at a re-arranged review.

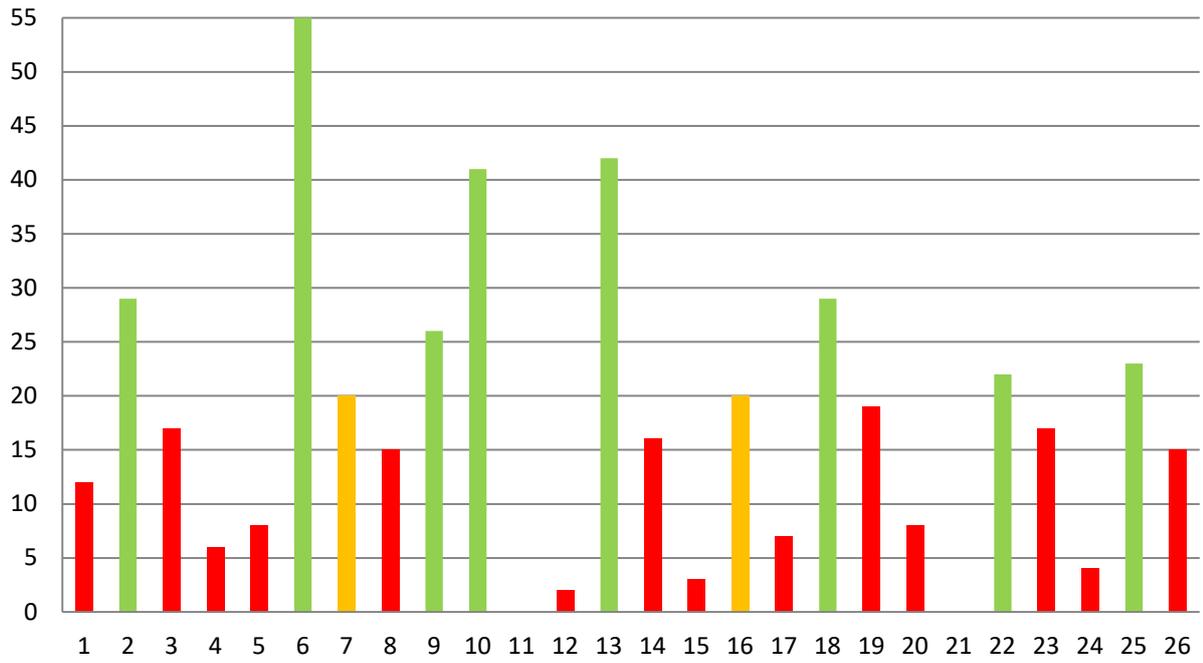
5.5 RC Response to Notification of Renewal/Extension

Please see Appendix 3 paragraph 6.

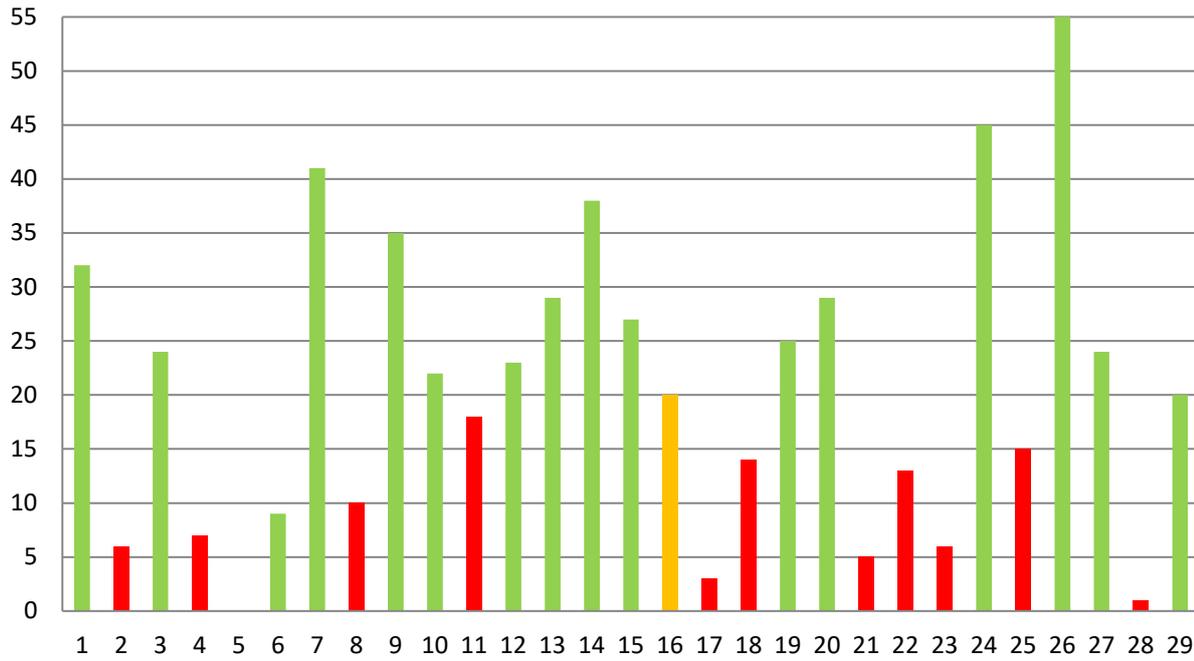
The graphs above show the number of days on the vertical axis; the horizontal axis shows individual renewals/extensions.

Green indicates renewal reports received 21 or more days prior to expiry of the current order; amber indicates reports received at 20 days; red on the graph indicates reports received less than 21 days prior to expiry; a blank indicates that reports were provided on the day of the hearing.

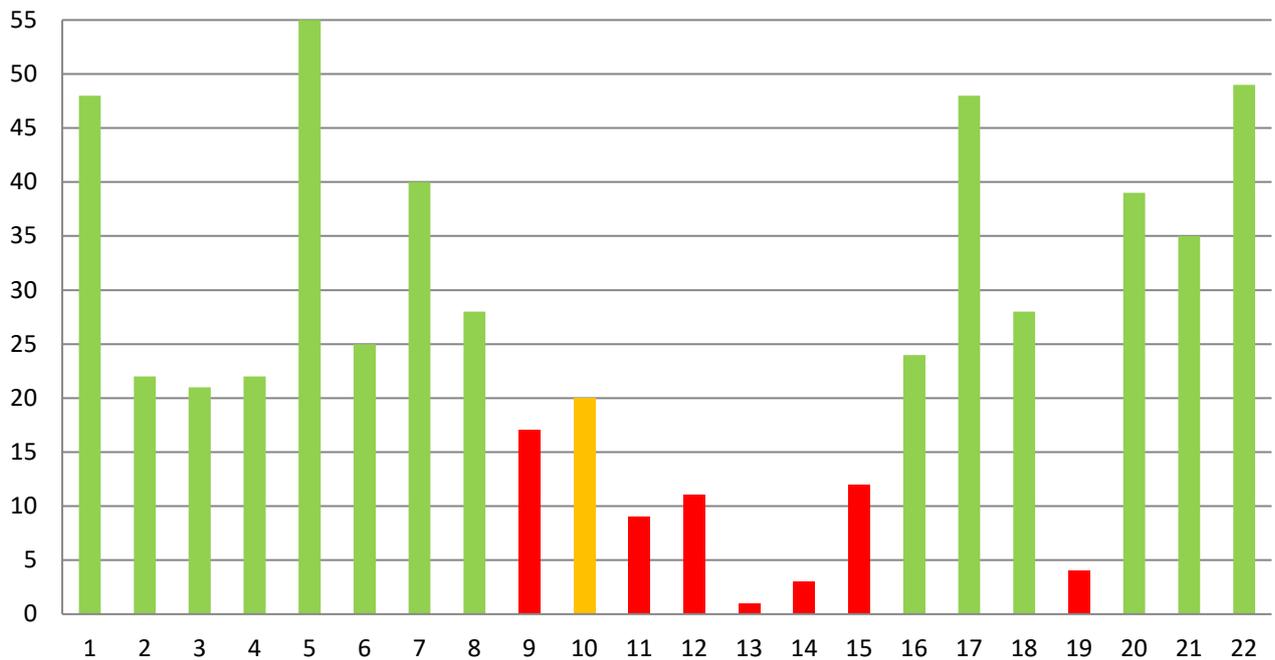
**Number of days prior to Expiry of Section Renewal Form
Received from RC - Quarter 1 19/20**



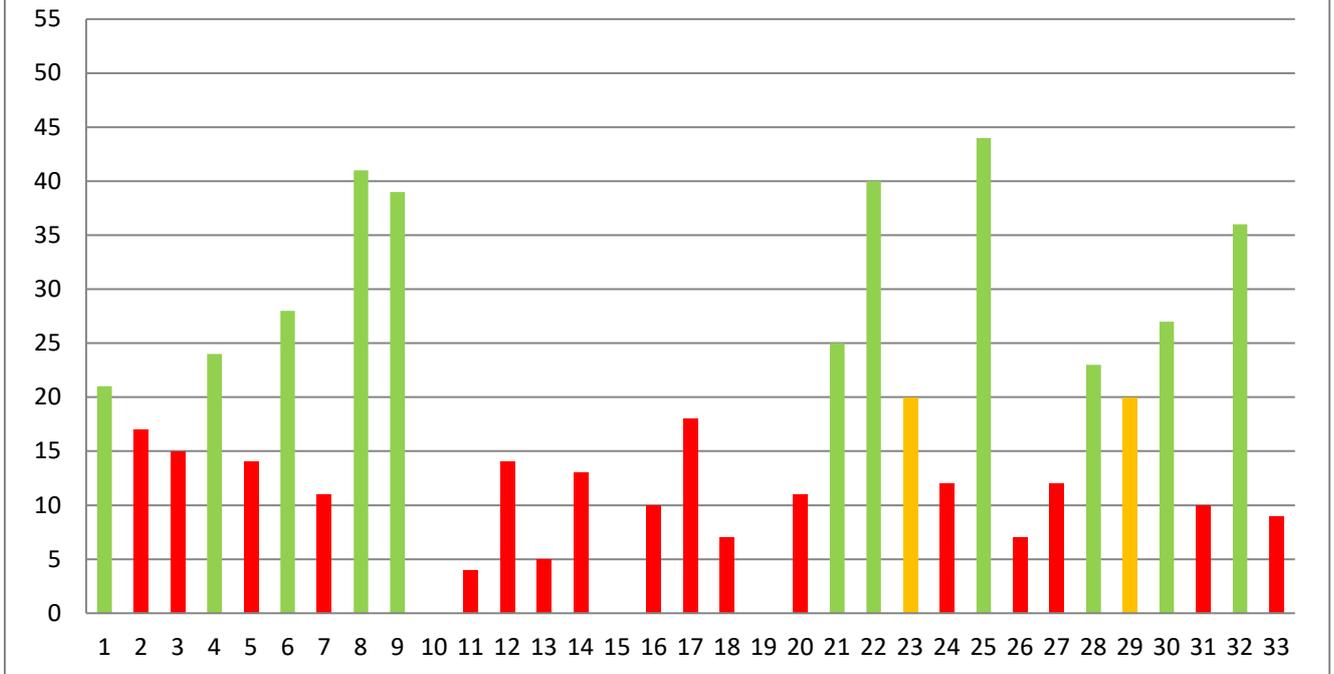
Number of days prior to Expiry of Section Renewal Form Received from RC - Quarter 2 19/20



Number of days prior to Expiry of Section Renewal Form Received from RC - Quarter 3 19/20



Number of days prior to Expiry of Section Renewal Form Received from RC - Quarter 4 19/20



In Q1 19/20, 8 reports (30.7% - green) were received with 21 or more days left before expiry, and a further 2 (7.6% amber) were received at 20 days.

14 reports (53.8% – red) were received less than 20 days prior to expiry. 2 reports (7.6%) were not furnished until the day of the hearing.

In Q2 19/20, 16 of 29 renewal reports (55%) were provided in line with the 21 day deadline; a further report was received at 20 days (58.6% of reports received 20+ days before the deadline). 1 report was not furnished until the day of the hearing and 1 was received the day before the hearing.

In Q3 19/20, 14 of 22 renewal reports (64% - green) were provided in line with the 21 day deadline; a further report (amber) was received at 20 days (68% of reports received 20+ days before the deadline). The remaining 7 reports (32% - red) were received between 1 day and 17 days before the hearing.

In Q4 19/20, 11 of 33 renewal reports (33% - green) were provided in line with the 21 day deadline; a further 2 reports (amber) was received at 20 days (39% of reports received 20+ days before the deadline). The remaining 20 reports (60% - red) were received between 0 day and 18 days before the hearing, with 3 being provided on the day. It is not known why compliance with the 21 day standard has declined in Q4

6. AMHAM Feedback Q4 2019/20

Inpatient Hearings	13
Number of patients who attended	11
CTO Hearings	14
Number of patients who attended	3
Details	
Number of hearings starting on time	20
Number of hearings where an IMHA attended	7
Number of satisfactory reports - Medical	26 (96%)
Number of satisfactory reports – Social Circumstances	27 (100%)
Number of satisfactory reports - Nursing (NB Nursing reports are provided for inpatient hearings only)	13 (100%)

27 AMHAM feedback forms were received from the AMHAMs for the 33 hearings

Out of the 27 hearings for which feedback was provided, 14 involved the patient attending the hearing. The reason for non-attendance was mostly that the patient did not wish to attend.

20 hearings started on time. Reasons given for late starts were:

- AMHAMs had to read all reports on the day as they were produced late.
- Waiting for patient to attend.
- The RC was late.
- An AMHAM went to the wrong location.
- AMHAM spoke to patient before the hearing.

With the exception of 1 medical report written by a Physician Associate, all written reports were satisfactory.

The Legal Status of the AMHAMs and Hospital Managers' Functions and Duties with regard to Reviewing Detention or CTO (Delegated to AMHAMs)

In England, NHS Trusts and NHS Foundation Trusts are themselves defined as the 'hospital managers' for the purposes of the MHA. Mental Health Act Code of Practice (2015), Chapter 37.2. (Hereafter: CoP).

Hospital managers have the authority to detain patients under the Mental Health Act 1983 (MHA), and Section 23 of the MHA gives the Hospital Managers the power to discharge patients from detention in hospital under most sections of the MHA and from compulsory powers in the community under a Community Treatment Order (CTO).

In practice, this power of discharge is delegated to managers' panels made up of people appointed specifically for the purpose who are not officers or employees of the Trust: the Associate Mental Health Act Managers (AMHAMs). The payment of a fee for serving on a panel does not constitute 'employment'. (MHACoP Chapter 38.6).

The independent status of AMHAMs is confirmed in case law: *South Staffordshire and Shropshire Healthcare NHS Foundation Trust v The Hospital Managers of St George's Hospital* [2016] EWHC 1196 (Admin).

An AMHAM panel must be made up of at least 3 people. If more than 3 sit, at least 3 are required to agree the decision to discharge a patient from detention, ie a 3-person panel must be unanimous, see *R (Tagoe-Thompson) v The Hospital Managers of the Park Royal Centre* [2003] EWCA Civ 330, where the judge ruled "... in circumstances in which the members are laymen, may not be directors of the trust and whose expertise may be limited, a finding that the affirmative view of at least three of them is required to override the opinion of the [RC] and authorise release."

This is in contrast to the First Tier Tribunal (Mental Health) where a majority decision is sufficient. *South Staffordshire and Shropshire* confirms that 'a panel of Hospital Managers has equal standing when ordering a patient's discharge to that of a tribunal operating under [MHA] s72'. However, because the Hospital Managers (through the AMHAMs) are one of the parties to the hearing, only the Tribunal (as an independent expert body) constitutes a court in satisfaction of Article 5(4) of the European Convention on Human Rights (ECHR).¹

Hospital Managers' functions and duties with regard to reviewing detention or CTO

The Mental Health Act Code of Practice (CoP) informs all practice under the Act. The CoP defines the terms 'must', 'should' and 'may': 'must' reflect legal requirements and permits no exceptions; 'should' requires that any exceptions should be documented and recorded including the reason, which must be sufficient to withstand judicial scrutiny; 'may' reflects good practice, but exceptions are permitted.

¹ ECHR Article 5(4) - Everyone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful.

CoP Chapter 38.12 describes the functions of the Hospital Managers.

The hospital managers (via the AMHAMs):

- may undertake a review of whether or not a patient should be discharged at any time at their discretion.
- must undertake a review if the patient's responsible clinician submits a report to them under section 20 of the MHA renewing detention or under section 20A extending the CTO.
- should consider holding a review when they receive a request for discharge from a patient.
- should consider holding a review when the responsible clinician makes a report to them under MHA section 25 barring an order by the nearest relative to discharge a patient. Barring can only occur if the patient 'if discharged, would be likely to act in a manner dangerous to other persons or to himself'. (MHA 1983, s25(1), see also key to sections below).

The CoP determines the questions the AMHAM panel should address in order to satisfy itself that the criteria for detention (or, following a barring order, dangerousness) are met, and the order in which they should be addressed. If three or more members of the panel (panels normally have three members) who between them make up a majority are satisfied by the evidence presented that the answer to any of the prescribed questions is 'no' the patient should be discharged.

If there is a divergence of views among the professionals about whether the patient meets the clinical grounds for continued detention or CTO, AMHAM panels should reach an independent judgement based on the evidence that they hear. In all cases, the hospital managers (via the AMHAMs) have discretion to discharge patients even if the criteria for detention or CTO are met, if there is a less restrictive (safe) alternative.

In respect of s25 barring orders, AMHAMs need to demonstrate in their written decisions that they have considered both the dangerousness issue and whether any exceptional reasons to continue detention exist in its absence.

Other than the order of proceedings laid out in the CoP (as above) there is no formal procedure for AMHAM hearings and no explicit requirement for there to be a hearing at all. The MHA manual states that in circumstances where the patient makes repeated applications to the AMHAMs, or if s/he does not wish to contest the renewal of detention or extension of CTO, or if the application is made immediately after an unsuccessful Tribunal and there has been no change in the patient's circumstances, the review could be limited to consideration of the written reports and an interview with the patient. (Richard Jones, MHA Manual 20th ed, p192).

It is of note that it is the practice of SHSC to hold a full hearing, taking evidence from the RC, care co-ordinator etc. in the event of extension of a CTO. This is in contrast to the practice of some other providers which, in common with the practice of the Tribunal, undertake 'paper' reviews if a capacitous patient does not elect to attend a hearing following renewal.

Key to Sections NB: This is not an exhaustive list of sections

Section	Purpose	Made By	Length of Time	Can be renewed
2	Admission for assessment or assessment followed by treatment	2 Doctors and 1 Approved Mental Health Professional/Nearest Relative	28 days	No
3	Admission for treatment	2 Doctors and 1 Approved Mental Health Professional/Nearest Relative	Initially up to 6 months	Can be renewed for a further 6 months then yearly – no limit to number of renewals
4	Admission for assessment in cases of emergency	1 Doctor and 1 Approved Mental Health Professional/Nearest Relative	72 hours	No – but if a second medical recommendation is received within the 72 it is then converted to a section 2
5(4)	Nurses Holding power	Nurse	6 hours	No - is used to prevent someone already an inpatient from discharging themselves until a doctor can assess
5(2)	Doctors Holding power	Doctor in Charge of the care or nominated deputy	72 hours	No – completed by the doctor to prevent someone from discharging themselves while waiting for a MHA assessment
25 Barring Order	A patient's legal 'Nearest Relative' (NR - defined at MHA s26) has the power to apply to the hospital managers for the patient's detention under the MHA (the function more usually carried out by the Approved Mental Health Professional or AMHP). There is a corresponding power for the NR to <u>order</u> discharge, which may only be barred by the responsible clinician on the grounds (extra to the criteria for on-going detention) that the patient 'if discharged, would be likely to act in a manner dangerous to other persons or to himself'. The 'dangerousness' criterion does not feature elsewhere in the MHA.			
37	Hospital Order	Magistrates or Crown Court	Initially up to 6 months	Can be renewed for a further 6 months then yearly - no limit to number of renewals
38	Interim Hospital Order	Magistrates or Crown Court	For a period not exceeding 12 weeks	Can be renewed for further periods of not more than 28days up to a total of 12 months
47/49	Transfer of direction from Prison to Hospital with restrictions – sentenced prisoner	Ministry of Justice	No time limit although the restrictions would end when the prison would have ended	
48/48	Urgent transfer of direction from Prison to Hospital with restrictions – other prisoners (usually remanded)	Ministry of Justice	No time limit, but patient should return to criminal justice process ASAP	
CTO	Community Treatment Order	Responsible Clinician and Approved Mental Health Professional	Initially up to 6 months	Can be renewed for a further 6 months then yearly - no limit to number of renewals
Section 136	Place of Safety	Police	72 hours	No but MHA assessment must be carried out within this time

AMHAM duties and the MHA Code of Practice 2015

1. [The] board (...) of the organisation should ensure that the people appointed properly understand their role and the working of the Act. [It] should ensure that people appointed to a managers' panel receive suitable training to understand the law, work with patients and professionals, to be able to reach sound judgements and properly record their decisions. This should include training or development in understanding risk assessment and risk management reports, and the need to consider the views of patients, and if the patient agrees, their nearest relative, and if different, carer. (MHA Code of Practice 2015 Chapter 38.8)
2. AMHAM hearings take place for one of the following four reasons:
 - The patient has applied for a hearing.
 - The RC has renewed the detention or extended the CTO.
 - The RC has issued a certificate barring the nearest relative (NR) from discharging the detention/CTO.
 - A hearing at the Manager's discretion.
3. Tribunals: In contrast to the automatic review of detention/CTO undertaken by the AMHAMs, the Tribunal does not consider renewals automatically; renewal brings with it a right to apply to the Tribunal during the new period of detention. The Trust must make automatic referrals in specific circumstances in order to protect patient rights under Human rights legislation.
4. Hearings before Expiry: The MHA CoP 38.14 states 'Before the current period of detention or the CTO ends, it is desirable that a managers' panel considers a report made under section 20 or section 20A and decides whether to exercise its discharge power'. Section 20 MHA provides the authority to renew sections 3 and 37. Section 20A provides the authority to extend the Community Treatment Order.
5. Adjourning Hearings: MHA CoP 38.37 states: (...) If there is a divergence of views among the professionals about whether the patient meets the clinical grounds for continued detention or CTO, managers' panels should reach an independent judgement based on the evidence that they hear. (.) *In some cases, it might be necessary to consider adjourning to seek further medical or other professional advice.*

When deciding to adjourn the managers must give adequate reasons. They should take into account that the person remains subject to compulsion and therefore to adjourn may not be the least restrictive option. Before adjourning because a member of the care team is not present the managers should review the written reports, question the professional present and only adjourn if the evidence presented is not sufficient to reach a decision.

Renewal Timetable Notification of the renewal/extension due date is issued from the MHA office to the RC at least 7 weeks prior to the current order expiring, with a request for the return of the completed document at least 21 days prior to expiry. A reminder is issued 3 weeks prior to expiry. The hearing date is booked at the start of the process (7 weeks' notice) but cannot go ahead if the renewal form has not been completed.