Adult Social Care and Health Directorate

APPROVED MENTAL HEALTH PROFESSIONAL [AMHP] SERVICE

OPERATIONAL PROTOCOL

Date: 1st June 2023
Review Date: 1st June 2024
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The Protocol ensures the Approved Mental Health Professional [AMHP] Service functions in such a way that it enables KCC to deliver statutory duties.

Version control

Version	Date	Changed by	Summary of change
V0.1 / V0.2	Dec 2018	Helen Burns, AMHP Service Manager and Cheryl Fenton, Assistant Director Mental Health	Initial drafts
V.0.3		Helen Burns, Anthony Wilson, Wilson Banda, Sam Clifford	Draft to reflect changes in AMHP service including the restructure and move to Mosaic
V3	July 2023	Final version agreed by Akua Agyepong	

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REVIEW

This protocol will be reviewed in 12 months' time by the AMHP Service Manager and will report this to the Assistant Director of Countywide Services and be approved by AMHP DIV MT.

SECTION A: AMHP SERVICE INFORMATION

1. SCOPE OF KENT AMHP SERVICE

1.1. The Kent AMHP Service is responsible for all Mental Health Act assessments within Kent and for some service users outside of Kent where KCC have legal duties or responsibilities in relation to them.

1.2. The Kent AMHP Service has a memorandum of understanding with Medway County Council and provides urgent Mental Health Act assessments for Medway residents that originate out of hours and that cannot wait until the next working day. This service is provided on Monday to Thursday 17.00 – 09.00 and Friday to Monday between 17.00 and 09.00. Kent AMHP service also provide an urgent service to Medway on a Bank Holidays.

1.3. The Kent AMHP Service manages all complex Nearest Relative Delegations, Appointments and Displacements and the Nearest Relative Register.

1.4. The AMHP service does not undertake Community Treatment Order (CTO) extension assessments as these form part of the locality work. The AMHP service do manage the CTO extension log which informs the localities of the CTOs within their area.

1.5. The Kent AMHP Service does not undertake duties relating to Guardianship but oversees the quality of the AMHP work within this and attends the Guardianship Scrutiny Panel.

1.6. The AMHP service is responsible for overseeing Mental Health Crisis Breathing Space Regulations within Kent. AMHPs working within the AMHP service complete evidence forms for people they assess if meet the eligibility criteria for a referral. The AMHP service also receives referrals, for breathing space, from the community and distributes them, to locality teams, for their consideration and action.

1.7. The Kent AMHP Service reports all section 3 detentions for Kent residents so the section 117 register can be maintained.

2. MEDWAY AND OTHER OUT OF AREA MENTAL HEALTH ACT ASSESSMENTS

2.1. Medway County Council are charged at an hourly rate for each assessment completed on their behalf. Guide to identifying Medway Service Users can be found Here

2.2. All Medway referrals received by Kent have an administration charge added.

2.3. On occasions the Kent AMHP service will be asked to complete Mental Health Act assessments on behalf of other local authorities. If the service is not legally obliged to undertake the assessment and has capacity it will do so and charge the Kent hourly rate. This is in line with the regional inter authority protocol. Refer to Out of Area Assessments Policy.

2.4. Medway costs are collated, monthly invoices are raised in line with KCC finance procedures and are sent directly to Medway Council for processing. If the Kent AMHP Service undertakes any additional work for Medway Council that falls outside of the memorandum of understanding a one-off payment will be added to the invoice. This payment will be agreed in advance with Medway Council at the point when the AMHP service agrees to undertake the assessment on their behalf.

SECTION B: STAFFING

3. STAFFING STRUCTURE

3.1. The Kent AMHP Service staffing establishment can be found here. All the posts detailed within the structure chart are referred to as the permanent AMHP service.

3.2. Supporting the permanent service are, mixed role AMHPs who are utilised within the AMHP service. These AMHPs are employed in other parts of KCC in a range of positions and contribute to the AMHP rota dependent on their current role. Please see table 1 below.

3.3. The rota contribution of part time staff will be agreed between their service manager and the AMHP Service Manager.

Table 1: AMHP rota contribution expectations

Role	AMHP rota contribution expectations
KR11 and KR12 staff with more than 1 year approval.	Either 23 or 22.2 hours (depending on whether 11.5 hours or 7.4 shifts are worked within the service) one week in 4.
KR10 staff regardless of length of approval and KR11 and KR12 with under 1 year approval	A full working week within the AMHP service, one week in four. If the AMHP is fulltime and works, the 11.5-hour shifts then their hours will be 2.5 under their contract for their AMHP week. The KR10 will need to be able to provide evidence of how they have made up these deficits in hours, as requested.

4. ROLES AND RESPONSBILITIES

4.1. Table 2 below details the key roles and responsibilities within the AMHP service.

Service Manager	**Provides medium to long term direction for the service. Works with partners to ensure system improvements are made to enhance the experience of people assessed under the MHA and improve the challenges AMHP's face. Escalate AMHP and System challenges within appropriate forums and manage the AMHP Budget. Line manage the AMHP team managers and other KR11 staff.**
Team Manager	**Ensure the service is managed in the short to long term. Work with partners at an operational level to ensure that system challenges are overcome. Raise awareness of system challenges to the service manager as required. Line manage the KR11 AMHPs.**
AMHP quality assurance lead	**To undertake Mental Health Act assessments and nearest relative work, coordinate night shifts, provide peer practice supervision and line management to social work assistants and developing AMHPs. Prepare and practice as a practice educator. Ensure that quality measures with the service are completed and consistently implemented. Work on allocated projects to improve areas of practice or systems that will improve the quality of the service delivered.**
AMHP	**To undertake MHA assessments and nearest relative work. Coordinate**

coordination lead	**both day and night shifts. Ensure that the day to day running of the service on their shift but also ensure that the forthcoming week has appropriate cover. Work on allocated projects to improve areas of practice or systems that will improve the quality of the service delivered.**
Developing AMHP	**Undertake MHA assessments enhancing AMHP skills. To develop skills in the role of either the quality lead AMHP or coordinating AMHP depending on current development pathway. Developing AMHP Guidance**
Social Work Assistant	**Assist the coordinator in the coordination of the service when allocated to do this.** **Assist in the arranging of assessments.** **Assist the AMHPs in any follow-on referrals that they may need to complete.** **Act as a backup for Mental Health Act assessments.** **Be the delegated KCC appointed Nearest Relative for cases allocated.** **Undertake exploratory work in Nearest Relative cases.** **Undertake project work relevant to role and grade.**
Mixed role AMHPs	**Undertake Mental Health Act assessments.**

4.2. MHA assessments are the priority of the AMHP service and at times of high demand all staff will be required to complete assessments and any other work will need to be delayed.

5. ANNUALISED HOURS CONTRACT

5.1. AMHPs in posts either outside of KCC or where they are unable to contribute to the AMHP rota within their substantive role may wish to work additional hours with the Kent AMHP Service, this can be offered as annualised hour contracts.

5.2. If the annualised hours AMHP holds a Kent warrant, then they will be paid for 18 hours training a year. If they do not hold a Kent warrant, they will be paid for their shifts.

5.3. Annualised hour AMHPs will complete a log of the work completed paid for by their annualised hours which will detail shifts worked and training attended. There is a log for those with a Kent warrant and those without a Kent warrant. These logs will be monitored in supervision.

5.4. Additional hours or cold call will be claimed through self-service.

6. PERMANENT RELIEF CONTRACTS (AKA ZERO-HOUR AMHPS)

6.1. These contracts are no longer offered to AMHPs by the Kent AMHP service. However. other staff may be offered these contracts if appropriate and some AMHPs remain on these contracts.

6.2. AMHPs on permanent relief contracts need to work a minimum of 7.5 hours every 2 months. Additional shifts and cold call will be offered if available. Other staff on permanent relief contracts have no minimum shift commitment, for example KR7 staff.

6.3. Annual leave entitlement is calculated every 3 months on hours worked on the rota (excluding cold call). Calculation is hours worked multiplied by 0.1607. Any unsocial entitlement will also be advised.

6.4. If off sick for more than 7 days and on AMHP shifts the permanent relief AMHP must produce a medical certificate and maybe entitled to sick pay. This is calculated using the last 8 weeks of work they have completed within the service.

6.5. Payment will not be made for other periods of absence.

7. ANNUALISED HOURS AND PERMANENT RELIEF CONTRACTS

7.1. Both contracts require adherence to the KCC and AMHP service policies and protocols.

7.2. The Kent AMHP Service will offer:

- Kent AMHP Service induction.
- 7.5 hours of rota commitment every 2 months.
- Cold call opportunities.
- Supervision-dependent length of time since approval and the number of shifts undertaken, but a minimum of every 3 months.
- Debrief opportunities for any complex assessment where the AMHP feels that they need to discuss the assessment prior to finishing their work and this cannot wait until their next supervision.
- Full access to service recording system.
- Access to the AMHP Service shared drive and share point.
- Access to KCC AMHP mandatory training. AMHPs working in other local authorities would need attendance at Kent training agreed.
- Reapproval if Kent requirements are met and the AMHP holds a Kent warrant.

7.3. AMHPs work will be observed and audited to ensure they meet the quality standards outlined in section D. This quality assurance will be required for AMHP practice to start in Kent and be continued.

7.4. If off sick for more than 7 days and on AMHP shifts the permanent relief AMHP must produce a medical certificate and maybe entitled to sick pay. This is calculated using the last 8 weeks of work they have completed within the service.

7.5. The Kent AMHP Service may need to discuss concerns with an additional employer. This may include:

- Discussion around shifts worked especially if the other employer is concerned that this is having an adverse effect on their other employment.
- Feedback on any significant practice issues that might need further development in both teams.
- The AMHP will be part of/aware of any discussion required.

7.6. Any AMHP approved by another Local Social Services Authority (LSSA) and practicing in Kent will need to notify that authority in writing that they are doing so and if or when such an agreement ends. Complying with regulation 5(b) from Mental Health Act regulations.

7.7. Kent will maintain a record of the LSSAs which has warranted and agreed for an AMHP to practice in Kent. [Regulation 8(g)] Please refer to AMHP training, approval and register policy.

8. ADDITIONAL AMHP SHIFTS.

8.1. The AMHP service has minimum staffing numbers for shifts, as shown in the table below.

Table 3 Minimum staffing numbers

Shift	Minimum numbers of AMHPs free to undertake MHA assessments
Monday to Friday 08.00 to 20.00	**5.5**
Saturday 08.00 to 20.00	**4.5**
Sunday and bank holidays 08.00 to 20.00	**3.5**
Nights 20.00 to 08.00	**2**

8.2. In addition to the minimum number of AMHPs required to do Mental Health Act assessments there needs to be a shift coordinator SWA and administrator for every weekday shift, and a SWA and shift coordinator for every weekend day shift.

8.3. If the service rota falls below this number, then additional shifts will be offered to staff so minimum numbers can be reached.

8.4. Staff undertaking these shifts will be paid at their usual rate for that shift plus any unsocial hours premium.

8.5. Additional cover on shifts for high referral rates will be covered by cold call.

9. OVERTIME

9.1. If the AMHP service needs to cover shifts at short notice, then this cover may be offered as overtime.

9.2. The team/service manager will agree the shift is an overtime shift unless urgent cover is required out of hours due to unplanned staff absence and then the shift coordinator can offer this to find cover.

9.3. If these hours are in addition to full time hours (37) then they can be claimed at double time, but no additional enhancement will apply.

9.4. If these hours are not in additional to full time hours [37hours] they can be claimed at flat rate with any appropriate enhancement for relevant hours.

9.5. If an AMHP works overtime frequently they may be entitled to a regular voluntary overtime payment during a period of leave.

9.6. The AMHP Service calculates this payment. The AMHP is advised to then claim this through KCC self-service.

10. AMHP COLD CALL

10.1. The AMHP Service, at times of high referral rates will offer AMHPs a one-off payment to complete an assessment.

10.2. To be considered for this additional work the AMHP will need to meet the following criteria:

- Currently participating on the AMHP rota.
- Currently have AMHP supervision through the AMHP Service.
- Not have been off sick in the last 7 calendar days.
- If newly qualified, have an agreement from their AMHP supervisor that they are ready to undertake cold call assessments.

10.3. AMHPs who have availability for cold call must advise the service of this.

10.4. If a cold call is required, then the AMHP will be contacted and asked to complete the assessment for the service user prioritised by the team leader as most in need of an assessment due to risk.

10.5. The AMHP needs to consider whether they can complete the assessment, as other factors may influence their resilience at this time.

10.6. The cold call AMHP is responsible for arranging and coordinating the assessment.

10.7. The AMHP must follow the standard operating procedure for recording the cold call work undertaken.

10.8. The AMHP report must be completed within 5 days of the MHA assessment.

10.9. All work linked to the cold call will be completed as part of the cold call. No cold call work can be completed during the time when the AMHPs is undertaking their substantive role or when they are working on a shift within the AMHP Service.

10.10. Travel for cold calls will be paid from the home address to the place of assessment any further travel and then return to home.

10.11. When on cold call the AMHP must report into the shift coordinator as agreed and feedback the outcome of the assessment.

10.12. Payment for cold call should not be submitted until all work associated with the assessment including the full AMHP report has been completed.

10.13. The AMHP service admin staff will log all cold calls.

10.14. Cold call practice maybe audited to ensure it meets the quality standards.

10.15. If an AMHP spends longer on a cold call than the renumeration provides for at KR10 hourly rate, then the AMHP can discuss with a team/service manager claiming for the hours worked rather than the cold call.

11. AMHP BACKUP COLD CALL

11.1. The AMHP Service requires a “backup” for complex Mental Health Act assessments so that an AMHP is not undertaking an assessment on their own.

11.2. This is usually provided by either an AMHP SWA or an allocated worker from the most appropriate team.

11.3. If it is not possible to have a backup from the most appropriate team or the AMHP service due to the time of the assessment a cold call back up maybe used.

11.4. To be considered for this additional AMHP backup cold call work, a SWA will need to meet the following criteria:

- Have recent experience as a backup for a Mental Health Act assessment and/or have completed “backup” training through KCC (This can be booked via Delta)
- Have agreement from their supervisor to be added to the AMHP backup cold call list.

11.5. Application to the AMHP backup cold call list is via an email of an Expression of Interest.

11.6. If a SWA is accepted on to the AMHP backup cold call list, their details will be held by the AMHP Service. They will need to advise the AMHP Service of their preferred contact number, plus any updates to contact information and available hours. They will also need to complete a lone working form.

11.7. If a backup cold call is required by the AMHP Service, the AMHP Service will work through the backup cold call list based on proximity to the assessment to reduce travel, contacting SWAs to offer the cold call until a SWA has been secured for the cold call. The AMHP Service will try to provide as much advance notice as possible.

11.8. There is no guarantee that a SWA will be offered cold call, as this is dependent on the frequency of the requirement of the service and the availability of other SWAs on the list.

11.9. If a SWA is contacted, they will be asked if they are available and willing to undertake the cold call.

11.10. To be able to accept the cold call must not have been off sick from work in the last 7 calendar days.

11.11. Cold call is voluntary and therefore the SWA is under no obligation to accept the offer of a cold call when contacted.

11.12. On an AMHP backup cold call the SWA is working for KCC and is expected to provide a service to the Kent standards and adhere to the AMHP operational protocol.

11.13. Any follow up work linked to the AMHP Back Up Cold Call for example, raising a safeguarding alert or referral to Early Discharge Planning team will be included in the fee.

11.14. If a SWA spends longer on a cold call than the renumeration provides for at KR7 hourly rate, then the SWA can discuss with a team/service manager claiming for the hours worked rather than the cold call.

12. AMHP TRAINEES

12.1. Information for potential and existing AMHP trainees is contained in the AMHP trainee and approval protocol.

13. STAFF SHADOWING THE AMHP SERVICE

13.1. To ensure that those wishing to shadow the AMHP Service optimise the experience, dates must be booked directly with the service through the AMHP admin team by emailing amhprotarequests@kent.gov.uk

13.2. The service may need to prioritise requests for shadowing experiences in the following order:

I. Current Kent AMHP trainees
II. AMHP trainees with agreed/conditional places (Kent)
III. Those wanting to apply for AMHP training.
IV. New staff who will be part of a backup rota.
V. Students in mental health placements.
VI. New staff who have limited interface with the AMHP Service.

13.3. Any requests to shadow the service will be considered in terms of the need to observe a Mental Health Act assessment and the experience for the service user at the time.

13.4. To ensure that a good shadowing experience is achieved, the participants are required to:

- Attend the AMHP Service morning meeting.
- Work within the AMHP Service shift pattern.
- Be flexible in working times and expectations.
- Be aware that assessments may take longer than expected hours and have an ability to remain until the assessment is concluded.
- Participate where appropriate.
- Be clear about the reason for the shadowing experience.
- Report any concerns observed to the AMHP or shift coordinator.
- Seek support before the shift ends in relation to any aspect of the observations which has been distressing.

13.5. Further guidance for potential AMHP trainees can be found in AMHP trainee and approval protocol.

14. LONE WORKING

14.1. AMHPs will follow the Lone working protocol.

15. SHIFT STRUCTURE

15.1. To provide AMHP cover over a 24-hour period the service has the following core shift patterns:

Table 3: AMHP shift structure.

AMHP shifts		AMHP lead coordinator shifts
08.00-20.00	12.00-20.00	07.45-20.15
08.00-16.00	20.00-08.00	19.45-08.15
14.00-02.00		

15.2. All AMHPs are expected to work within the shift structure unless they have a flexible working agreement. All shifts include a 30-minute unpaid break.

16. EXPECTATIONS OF THE AMHP TEAM MEMBERS WITHIN THE AMHP SERVICE

17.1 Attend the 08.30hrs meeting (the “morning meeting”) if working within this timeframe.

17.2 AMHPs should avoid contacting the coordinators during the protected handover periods detailed in section 17.

17.3 Advise the shift coordinator of your availability at the start of your shift if your shift does not incorporate the 08.30 meeting.

17.4 Utilise the AMHP service shared point that contains essential information.

17.5 Ensure that they have required telephone numbers for other services (such as, bed management, doctors, transport) and they have the correct information and documentation to carry out their statutory duties.

17.6 Ensure they have access to Mosaic and RIO.

17.7 AMHPs work as independent decision makers in performing their duties under the Mental Health Act, during the shift the AMHP will be allocated work by the shift coordinator and should keep them appraised of their progress with this work as appropriate and advise them of their whereabouts and timeframes.

17.8 Prior to leaving an assessment site the AMHP should advise the shift coordinator that they have concluded the assessment process. During the day shift AMHPs should contact the coordinator to report the outcome of the assessments. In all cases AMHPs should aim to report outcomes of their assessments by 19:00hrs to enable the coordinator to update the shift report and prepare for handover.

17.9 AMHPs are responsible for informing the coordinator about any significant issues, outstanding reports, and other work completed.

17.10 AMHP staff should record on Mosaic as per the AMHP service recording process which is available here: AMHP service recording process

17.11 They should ensure that they are rested and fit to undertake their duties.

17.12 They should ensure that they have a working vehicle so they can fulfil their professional responsibilities and attend assessments.

17.13 If an AMHP, or a SWA, is unable to undertake their shift due to sickness, or other reasons, they must inform the shift coordinator as soon as they become aware. If the night shift coordinator is informed, they will hand the information over to the day coordinator. As per the sickness policy the staff member must also report their sickness absence to either their line manager or the duty manager and on their return complete self-serve.

17.14 If an AMHP is unable to undertake an assessment during their shift, or if there are special considerations that are required (for example PPR, physical limitations, need to be close to home) they should have a discussion, with a coordinator in the days prior to the shift, to inform plans for allocations. Protected report writing time, and other activities, should be agreed and logged on the shift report in advance of the shift.

18 SHIFT COORDINATION AND THE ROLE OF TRIAGE.

18.1 The shift coordinator, for each shift, is identified on the rota when it is completed. Every week the shift coordinators' direct contact numbers will be provided to KCC out of hours service, the patient flow team and 836.

18.2 **07:45hrs – 08:15hrs**: protected handover period from the night shift coordinator to the day shift coordinator. This is protected time for the day shift coordinator to receive a hand over from the night shift coordinator and to prepare for the morning meeting which commences at 08:30hrs.

18.3 **08:30hrs:** the shift coordinator will chair the morning meeting. This will entail formally allocating assessments, or work, and sharing updates with partner agencies. Following the morning meeting the coordinator and SWAs should meet for fifteen minutes to review the workload and make plans.

18.4 **12:00hrs:** If required coordinators should attend the bed management call with KMPT to discuss the bed state and receive an update on bed allocations.

18.5 **13.15hrs – 13.30hrs:** fifteen-minute meeting between the coordinator and SWAs to discuss workload, plans or any issues which may have arisen.

18.6 **19:15hrs – 19:30hrs:** the shift coordinator and SWAs have a final meeting to ensure that all the referrals that have been received have been processed.

18.7 **20.00hrs - 20:15hrs:** protected handover period from the day shift coordinator to the night shift coordinator. This is protected time for the night shift coordinator to receive a hand over from the day shift coordinator.

18.8 During the day shift coordinators should escalate any urgent matters/ high risk cases to the duty manager.

18.9 All work will be recorded on the shift report.

18.10 The shift report should be stored on the shared drive, in date and time order. Each shift report should be named using the convention dd/mm/yyyy shift report [day/night] initials of coordinator e.g., 01.10.22 shift report day PW.

18.11 The shift coordinator will review all open referrals allocating out work to AMHPs on the rota based on the priority of need in terms of risk, and statutory timescales.

18.12 The coordinator needs to ensure that all AMHPs are working proactively on the work allocated and adhering to the expectations of AMHPs outlined in section 16.

18.13 The daytime coordinator must review all cases that are red and yellow and record any changes to allocation on the report. All yellow cases must have a Mosaic entry and update on the shift report, if required. Red cases must have a note on Mosaic with an update within every 24-hour period.

18.14 Patients assessed under the MHA, in the community, and waiting allocation of a bed, prior to the completion of an application, must be updated on progress every day. Their carers must also be updated every day. All pending assessments requiring a bed are to be communicated to the patient flow manager for the day by the shift coordination, so beds can be identified.

18.15 Shift coordinator to follow the AMHP and the patient flow bed allocation policy available here:

18.16 All shift coordinators are responsible for ensuring that future shifts and workload are planned for.

18.17 If it becomes apparent that the demand for assessments is higher than the ability for the rostered AMHPs to complete the necessary, work the shift coordinator should ensure all cold call opportunities have been explored. If they have then the shift coordinator should contact the duty manager.

18.18 The Team manager may consider the steps below:

- Ensure all AMHPs on the rota are planning or completing assessments.
- Team managers/service managers are undertaking MHA assessment where possible.
- Any AMHPs on quality lead time/TOIL/training should be recalled. Unless recalling from AMHP mandatory training will result in being unable to practice.
- Advise the service manager of the potential challenge so escalation for additional cover can be considered.

18.19 The SWA allocated to coordinate should be available from 08.00 should send the shift report to patient flow senior joining the 08.30 meeting.

18.20 The SWA will also be responsible for sending and replying to Medway emails regarding the handover of assessments unless they have asked another SWA to undertake this task.

18.21 Between 08.00 and 16.00 Monday to Friday the co-ordination team consists of AMHP admin. Allocated AMHP SWA and AMHP After 16.00 and weekends and bank holidays the coordination team is the allocated SWA and AMHP.

SECTION C: OPERATIONS

19 AMHP BASES

19.1 Permanent AMHPs can identify the nearest KCC hybrid office to their home address as their base.
19.2 If they choose AMHP team members can work remotely including from home unless service need prevents this.
19.3 If working from home, you may need to undertake the same tasks as you would if you were office based.
19.4 AMHP service admin are based at Third Floor, Invicta House, County Hall, Sandling Road, Maidstone, ME14 1XX.
19.5 In addition, the service also has 2 desks at Eastern and Coastal Area Office, St Martins Hospital, Littlebourne Road, Canterbury CT1 1TD.
19.6 All work allocated to AMHPs attempts to take account of their location. However, all AMHPs are expected to work across the County and where required, outside of the County.

20 AMHP SHIFT REPORT

20.1 The AMHP Service will keep a running log of all activity in the service. Therefore, at the end of every twelve hour shift a shift report should be submitted.
   a. The shift report is an additional document, and all information systems must also be completed such as Mosaic and incident reports.
   b. The shift report guidance on the information required in each section must be followed when capturing information, updating the report. Shift Report Template
20.2 All AMHPs are expected to adhere to the AMHP administration processes. This includes the AMHP standard Operating Protocol for recording on Mosaic., Click Here.
20.3 If during an assessment an incident occurs, the AMHP team member must advise the shift coordinator of the incident and complete an incident form on k-net. Accident report form KNET
20.4 AMHPs are accountable for the completion of the full written report following any assessment under the Mental Health Act 1983 (amended 2007). This is to be completed within five days.
20.5 At the start and end of the shift the AMHP team member must let the shift coordinator know of any work outstanding to take through to the next shift including full written reports.
20.6 The information is collated by category and use as evidence at a variety of internal and external forums to influence development.

21 REFERRALS

21.1 Admin and SWAs will take the initial call and gather initial information which will be recorded on the referral form in Mosaic.

21.2 Between 20.00 and 08.00 the co-ordinating AMHP will undertake this task.

21.3 AMHP Mosaic SoP to be followed for the remainder of this process. Click Here

21.4 The shift coordinator must ensure that the referrer has completed all preparatory work prior to the referral and that the referrer has explored other alternatives to a Mental Health Act assessment. Referrers should be adhering to the Referral checklist. NB each referral must be considered individually; the checklist is a guide not an exclusion criteria.

21.5 Even though the shift coordinator has completed an initial triage of the referral on allocation to an AMHP the AMHP needs to consider the case and may decide that a Mental Health Act assessment is not appropriate/required at this time. They will advise the shift coordinator of this decision and record this adhering to the AMHP Mosaic recording process.

21.6 The referrer is responsible for putting a management plan in place while a case is being considered or awaiting allocation for assessment. This plan is to be documented as part of the referral on Mosaic.

21.7 Mosaic must record the location of any completed MHA documentation which will be uploaded to Mosaic when received electronically.

21.8 If any safeguarding concerns become apparent at the time of the referral to the AMHP Service, it is the responsibility of the referrer to investigate, raise a safeguarding alert if required and take any urgent action. The person accepting the referral will record this on Mosaic.

21.9 Inappropriate referrals need to follow this exact process and should then be logged as completed work on the shift report. The referral must be closed on Mosaic system. There must be a clear record as to the reason for the referral not being accepted and recommendations made to the referrer.

21.10 Any referrals not proceeding to assessment can be closed by admin, a SWA or the shift coordinator. This includes cases passed to the Medway AMHP Service that have not been completed out of hours.

21.11 Any incomplete referrals need to be opened on Mosaic and added to the shift report. An example of when this may be necessary is if you receive basic information about a possible referral but have been unable to speak to the referrer. The shift report needs to reflect this so that it can be followed up.

22 AMHP SHIFT REPORT

22.1 There may be many outcomes of a Mental Health Act assessment. The process behind each of these potential outcomes is detailed in the table below.

22.2 There is further advise on how to make onward referrals on the AMHP shared drive here.

Table 6: Potential outcomes of an MHA Assessment

Potential assessment outcome	Details
Home treatment team (HTT) referral	• Referrals to HTT may be appropriate as an alternative to admission. At the end of the assessment, it must be agreed and the AMHP must document which professional in attendance will make the referral to HTT.
Other referrals to mental	• Referrals to the appropriate CMHT, CMHSOP or other community team maybe appropriate. To make a referral to any KMPT Service the AMHP will agree who is going to make the referral and document this.

Potential assessment outcome	Details
health services	• All referrals must provide clear recommendations arising from the AMHP assessment for the ongoing team to action. • If a service user is felt to have social care needs at the MHA assessment that need further assessment the AMHP Service should refer to the appropriate social care team through Mosaic.
Admission	• For all new admissions and detentions, the AMHP must complete an outline report (SS466 form). This form accompanies the patient to hospital and a copy is uploaded to Mosaic. • All admissions require a handover from the AMHP to the admitting ward. Ideally the AMHP should accompany the service user to the ward, but when this is not possible the AMHP should provide a telephone handover. • When not accompanying a service user to the ward the AMHP must ensure the arrival of the service user. If this arrival is likely to be after the AMHPs shift ends they should advise the coordinator who will reallocate this responsibility. • If a service user appears to have social care needs the AMHP should refer to the KCC Early Discharge Team through Mosaic if the person is not open to a social care team already. If they are already open, they should send email request to the social care team duty inbox and request that they refer to EDPT and copy EDPT in so that Care Act process is followed
Section 136 expiry before MHA assessment can be undertaken	• If someone has been detained on a Section 136 and this expires before an AMHP can assess them under the Mental Health Act. Usually because they have not been medically fit for assessment, a referral to the area social care team will need to be made for a Care needs assessment to ensure that the person social circumstances have been considered.
IMHA referral	• Service user detained under the Mental Health Act have a right to a referral to an IMHA. The contact number for referrals to the IMHA service is : IMHA Referral Process Referral to an IMHA can be delegated to an AMHP Service SWA, with the agreement of the coordinator.
Carers assessments	• It may become apparent at an assessment that a carer's assessment is required. Referrals for carers assessment are completed through the carers assessment pathway
Use of 14 days	• If an AMHP has carried out an assessment for which they have 2 medical recommendations, they may decide to use the 14 days available before they complete the application for admission to attempt to implement an alternative plan to avoid admission. • If an AMHP decides to use their 14 days, the service user should be advised of the proposed plan to prevent detention and agree with this. • Anyone involved in the plan as an alternative to admission must agree to provide the alternative support. • The service user and anyone involved in the alternative plan must be clear on what the plan is expected to achieve and their role and have contact numbers if they feel the plan is not working. • The plan put in place to support the service user must be clearly documented on Mosaic by the AMHP before they finish their shift with dates and timeslots for alternative care. This may involve AMHP Service SWAs. • The AMHP will notify the shift coordinator of their intention to use their 14

Potential assessment outcome	Details
	days. • The shift coordinator must record this on the shift report along with actions for the AMHP Service. • The AMHP is responsible for monitoring the progress of the alternative plan when on the rota. Their follow up must be recorded on Mosaic. • The AMHP Service will take responsibility for monitoring the use of the 14 days when the AMHP is not on duty. The 14 days will be monitored as agreed in the AMHP plan which will be recorded on the shift report and Mosaic. • If the AMHP is not on duty and the 14 days alternative plan is not working another AMHP will be allocated to reassess the service user unless a clear plan can be established to keep the service user and others safe until the AMHP returns to duty. • SWAs could be used to assist with the monitoring of the plan for someone who the AMHP is monitoring for 14 days.
Breathing space referral	• AMHP will complete a breathing space referral for anyone identified during a Mental Health Act process who meets the criteria and agrees to this. The breathing space evidence form should be completed by the AMHP. Breathing Space website. • The service user should be provided with a copy of the KCC privacy document.
AMHP prevented from making an application for admission due to bed availability	• AMHP will advise the shift coordinator that they are unable to complete an application for admission due to bed availability. • AMHP and shift coordinator will consider if a case of special urgency criteria is met under the Section 140 agreement. • Shift coordinator to record no bed availability whether a case of special urgency or not as a significant issue on the shift report. • AMHP to advise the shift coordinator of any availability they may have to complete an application off shift. This is no expectation they will do this. • Shift coordinator to update the shift report to reflect the current need. • AMHP to record on Mosaic the plan of support for the service user whilst the bed is sought. • Medical recommendations to be uploaded to Mosaic or taken to the agreed offices and stored to adhere to GDPR Mosaic and shift report to record location of the papers.
Further nearest relative work required	• AMHP advises shift coordinator of the need for further work around the Nearest Relative. • AMHP records this in Mosaic. • AMHP emails the mhnearestrelative@kent.gov.uk with a clear a description of how they have reached their conclusion and what they have done to identify a Nearest Relative. • Shift coordinator adds referral under Nearest Relative referrals on the shift report. • Admin add the referral to the Nearest Relative spreadsheet and inform a team manager. • Team manager may seek more information from the AMHP, suggest additional actions or allocate the case as appropriate within the AMHP service.

23 NOTIFYING OTHERS OF THE OUTCOME OF A MENTAL HEALTH ACT ASSESSMENT

23.1 The Kent AMHP service will notify those who need to provide immediate care for a service user assessed under the Mental Health Act by a variety of methods depending on the timeframe within which they need to be made aware of the outcome.

23.2 Service users admitted both under the Mental Health Act and informally will have a SS466 completed.

23.3 The AMHP Service will notify those who will provide longer term interventions either through the uploading of the AMHP report onto RIO or by sending a copy of the full AMHP report, if the person is not a KMPT patient. See AMHP Mosaic process.

24 SIGNIFICANT ISSUES

24.1 The AMHP Service operates a significant issues log, and this information is used to drive improvements and change.

24.2 All AMHPs are responsible for raising significant issues if they come across them in practice and informing the shift coordinator.

24.3 The shift coordinator will add the significant issue to the shift report using the agreed categories.

25 SUPERVISION

25.1 All AMHP team members contributing to the rota must have supervision. Supervision logs will be reviewed at the AMHP Team Managers meeting.

Table 4: Supervision requirements

	Practice supervision	Frequency	Line management supervision	Frequency
Quality lead and coordination AMHPs	**Peer supervision through practice group supervision One to one practice supervisor**	**Offered weekly. If over 2 years post qualification. To attend at least 4 group supervisions a year. If under 2 years post qualification 6 group supervisions a year and a minimum of 6 one to one supervisions**	**Undertaken by identified supervisor on a one-to-one basis.**	**Every 6 weeks**
Developing AMHPs	**To attend group supervision as qualification time advises.**	**Weekly**	**Maybe included with practice supervision. Held with identified supervisor.**	**Monthly**
SWAs	**Included with line management supervision**	**Monthly**	**Held by identified supervisor**	**Monthly**
Mixed role	**Peer supervision**	**Offered weekly.**	**Not offered by the**	

AMHPs	**through practice group supervision**	**If over 2 years post qualification. To attend at least 4 group supervisions a year. If under 2 years post qualification 6 group supervisions a year and a minimum of 6 one to one supervisions**	**AMHP service**	

25.2 Supervision records will be held in the restricted AMHP service folder on share point. Access is restricted to admin, team managers and the service manager.

25.3 On completion supervision notes will be sent to kentamhpservice@kent.gov.uk and they will be uploaded to the folder.

25.4 Group supervision notes will be recorded by the facilitator and sent to each attendee and to kentamhpservice@kent.gov.uk with a list of attendees who will store on the AMHP shared drive.

26 ADVICE GIVING

26.1 The AMHP service can only provide advice on matters pertaining to the Mental Health Act and Mental Capacity Act for service users that require AMHP involvement.

26.2 The AMHP Service can offer advice if it is within their knowledge and competence. Prior to any advice being given, consideration should be given to whether other departments or colleagues should be offering this advice. For example, the legal department or senior managers of the organisation by who the individual asking for advice is employed.

26.3 Service users with an open referral on Mosaic must have all advice given recorded on the information system.

26.4 People not known to Mosaic must be recorded on shift report with name of person seeking advice and advice given.

27 LEGAL ADVICE FOR AMHPS

27.1 AMHPs will require legal advice on occasions. KCC will be charged for any advice that cannot be provided in a 10-minute consultation. If legal advice is felt to be required by an AMHP then the AMHP must complete the legal advice form and evidence that they have discussed their query with policy. The legal advice form must be agreed by the Service Manager or nominated deputy.

27.2 Legal advice sought that has generalised learning for the AMHP Service will be collated by AMHP managers and disseminated to team members through the:

- 08.30 meeting if urgent
- Team meeting
- AMHP forum
- Specific guidance notes if required.
- Weekly bulletin

27.3 If an AMHP is likely to be required to attend coroners court to give evidence, then a legal advice form must be completed. This is to be completed on request for a coroner's report.

27.4 Coroner's report requests come from the customer care and complaints team in KCC. Any other requests should be diverted there.

27.5 Once a request for a coroner's report is received the AMHP who was involved in the MHA assessment is advised of the request by an AMHP manager ideally in a conversation.

27.6 The AMHP then completes a professional background summary which advises the coroner of the AMHPs professional qualifications and when they were obtained and a summary of their work since achieving these qualifications.

27.7 The AMHP then sends the professional background information and a copy of their full AMHP report to the Service Manager.

27.8 The Service Manager proofreads the professional qualifications document and submits the final version of this and the AMHP report to the Assistant Director.

27.9 It is unusual that an AMHP would need to access legal advice urgently. However, the scenarios below may require legal advice within a 24-hour period:

- The AMHP can lodge their report with the court (would normally be the out of hours service) and this would extend the Section 2. The report needs to have been checked by a Senior AMHP on duty before being submitted to the court.
- AMHPs would need to utilise their knowledge and apply the law with discussion with Senior and make a recorded decision as to whether the detention was legal or not. If not legal then reassessment maybe required. AMHPs will need to utilise their knowledge and apply the law with a discussion with a senior and justify their actions within their notes and report.

28 AMHP MEETINGS

28.1 The AMHP Service attends many meetings that are directly or indirectly concerned with AMHP practice:

28.2 The AMHP service do not routinely attend Professional's Meetings and that the mental health Social Care Teams need to be approached. In exceptional circumstances it may be more appropriate for the AMHP service to attend.

28.3 Any professional meeting outcomes/actions must be recorded on Mosaic.

Table 7: AMHP meetings

Meeting	Terms of reference
08.30 meeting	ToR
AMHP team meeting	ToR
AMHP managers meeting	ToR
AMHP DIV MT	ToR
Countywide AMT	Not available to add
MHLOG	ToR
SE AMHP leads meeting	To be added at a later date
Dirty ops meeting	Not available to add
AMHP panel	ToR
PSW meeting	ToR

KMPT and AMHP service quality assurance meeting	ToR

29 DATA COLLECTION

29.1 The AMHP Service collects a variety of data from power BI. This is compared to local and national data and is reviewed at AMHP DIV MT

29.2 The AMHP Service has key performance indicators that it is measured against these are:

- 75% of Community Mental Health Act assessments are attempted within 48 hours from point of referral.
- 75% of Section 136 assessments are completed within 18 hours of detention.
- 100% of service users detained on Section 2 in a ward are assessed 24 hours prior to the end of their detention.
- 100% of service users detained on Section 5(2) in a KMPT ward will be assessed within 24 hours of the Section 5(2) ending (if assessment required).
- 100% of Mental Health Act assessments will have an AMHP Report completed within 5 days of a Mental Health Act assessment.

30 ESCALATION ROUTES BETWEEN KENT AMHP SERVICE AND PARTNERS

30.1 There are various ways that we can escalate concerns with our partners. The way things will be escalated depends on the urgency.

30.2 There are escalation processes for beds in the AMHP and KMPT bed allocation policy and the Section 140 agreement.

30.3 The escalation route between AMHP Service and the police is detailed here.

31 SEEKING MANAGEMENT SUPPORT – OUT OF HOURS AND IN HOURS

31.1 All staff working within the AMHP Service need to be able to access management support when required. Within hours this support would come from the usual escalation routes within the service.

31.2 Outside of core hours escalation of problems that cannot wait for core hours phone support will be sought by the shift coordinator from out of hours, using the professionals out of hours contact number which is on the shift report.

31.3 In addition, between 9-5 at weekends and bank holidays there is a weekend on call manager who can be contacted by the shift coordinator. Information can be found in the on call briefing pack which is sent to the statutory form inbox every Friday.

Section D Quality Assurance

32 AMHP REPORT AUDITS

32.1 All AMHPs contributing to the rota must have an AMHP report audit once a year, by their Portfolio Peer or nominated other. This will enable individual and service development and will inform training across the service.

32.2 The audit must be in-depth and compare the information in the AMHP report with information on RIO and Mosaic.

32.3 The AMHP report template form will be used.

32.4 Any learning from the audit will be incorporated in to the AMHPs action learning plan completed for re-approval. Any significant deficits in the report may require a further audit to ensure that learning has been implemented by the AMHP.

32.5 The supervisor may feel that an AMHP may benefit from additional audits and if this is the case the AMHP and the supervisor will discuss this.

32.6 Themes from the report audits will be collated so this can inform training needs for the service.

32.7 Following an audit, the auditor should email a team manager who will update the log.

33 PEER PRACTICE REVIEW

33.1 The purpose of the Peer Practice Review is to focus attention on the 'AMHP competencies' and 'guiding principles' that underpin AMHP work, to demonstrate areas of development. Any learning from the review will be incorporated in to the AMHP Action Learning Plan completed for reapproval.

33.2 The aim of the peer practice review is for the AMHP to work collaboratively with their peer to plan, review and reflect on their practice.

33.3 Where possible, Peer Practice Reviews should take place with your Portfolio Peer performing the role of the Peer Reviewer. In such cases, the Portfolio Peer will arrange this as their Quality Assurance Day. If a Peer Reviewer is doing a Practice Peer Review for an AMHP, they are not Portfolio Peer for then this will be an **additional** Quality Assurance Day for them.

33.4 The Date of the Practice Review should be agreed and set in advance between the AMHP and the Reviewer and the AMHP service notified via the amhprotarequests@kent.gov.uk. to inform the Rota.

33.5 Both the AMHP and the Reviewer will be given a whole shift for this task, including completion of the written work. If this is not possible, then the written work should be completed and returned to the reviewer within 5 days.

33.6 This work should take place on a Quality Assurance Day and not be planned if on the rota to assess.

34 COMPLIMENTS LOG

34.1 The purpose of the Peer Practice Review is to focus attention on the 'AMHP competencies' and 'guiding principles' that underpin AMHP work, to demonstrate areas of development. Any learning from the review will be incorporated in to the AMHP Action Learning Plan completed for reapproval.

34.2 The KCC complaints team logs and reports on compliments. When a compliment is received the compliment word template form should be completed, and sent to the compliant and complaints team.

34.3 Compliments are generally from service users/general public or other stakeholders external to KCC (e.g., doctors, judges, voluntary organisations).

34.4 If a compliment is made verbally and warrants inclusion, it can be written up and sent to the complaints team in the template form.

35 COMPLAINTS AND LEARNING REVIEWS

35.1 At times the Kent AMHP Service is questioned regarding their prioritising and allocation of work. If another team or service question the AMHP Service regarding allocation of work the AMHP Service will respond by explaining the work that is outstanding and the rationale behind allocation of work.

35.2 If the individual still has concerns about this, then they will need to escalate to their senior who can discuss this with the AMHP team manager and if the concern is not resolved the service manager within normal working hours.

35.3 As the Kent AMHP Service interfaces with other mental health trusts if the complaint is multi-faceted then the complaints may be responded to jointly by KCC and KMPT. KCC complaint guidance.

35.4 If the outcome of a complaint is that the detention may have been illegal, then advice will be sought from legal services. See section 26.

35.5 Letters from solicitors for service users questioning AMHP's application of the law should be sent to KCC complaints department.

35.6 The AMHP should be asked to respond to the letter and their response should be reviewed by a team/service manager, depending on the nature of the letter a legal advice form maybe required. Refer to section 26. A response will need to be returned to the solicitor.

35.7 Learning from all complaints will be feedback to:

- Staff involved.
- All AMHPs team members through AMHP meeting and AMHP forum.
- An audit trail of this information is required as evidence of the information being shared.

35.8 The AMHP managers will review all complaints for themes and learning from complaints will influence training in the following year.

35.9 All concerns about AMHP practice will be managed as per section 40 of this policy.

36 SERIOUS INCIDENTS

36.1 If the AMHP service becomes aware of any incidents that severely impact on the wellbeing of a person, the coordinator needs to offer or seek support for those immediately impacted by the incident.

36.2 The coordinator must advise the team/service manager as soon as possible of the incident.

36.3 The team/service manager will ensure that further support is offered to any team members as required.

36.4 The team/service manager will ensure an initial serious investigation is completed. Serious Investigation Folder

36.5 Immediate learning will be actioned from this asap and wider team learning will be cascaded through the team meetings and AMHP forums.

36.6 An audit trail of this learning will be required.

36.7 As the Kent AMHP Service works in partnership with heath trusts the Kent AMHP service will contribute to any serious incidents investigations that are undertaken if the service user involved has had recent referral or Mental Health Act assessment within the service.

37 UNLAWFUL DETENTIONS

37.1 When an AMHP deems that a detention under the Mental Health Act is unlawful, due to AMHP service actions, the AMHP must inform the shift coordinator and the unlawful detention process must be followed Unlawful Detention Flowchart.

37.2 The team/service manager must be informed of the unlawful detention asap and they will organise an investigation into the circumstances for ongoing learning.

37.3 These investigations will be logged in the shared drive here.

37.4 Learning from the unlawful detention will be addressed and cascaded as appropriate by the team/service manager.

37.5 Systemic challenges will be addressed in AMHP DIV MT and other appropriate meetings with partners.

SECTION D: HR POLICIES AND PROCEDURES

Note: Please also refer to the Kent Terms and Conditions (Blue Book)

38 TOTAL CONTRIBUTION PAY

38.1 All fulltime AMHP team members will have this completed with their line management supervisor.
38.2 Objectives will then be reviewed in supervision regularly throughout the year.
38.3 By mid-December the supervisee and supervisor should have agreed if objectives due to be completed in the last calendar year have been and any barriers to completion. This conversation should be documented. To aid this discussion the AMHP team member will complete the TCP evaluation form.
38.4 Self-service will be completed by the supervisor to reflect the level of achievement. The rating will be evidenced through the supervision notes and the TCP evaluation form agreed by the AMHP team member and their line manager.
38.5 All TCP documents will be stored on the shared drive as described in section 25.3.
38.6 Mixed role AMHPs contribution to the service should be reflected in their home team TCPs. The mixed role AMHPs line manager should seek feedback from the AMHP Portfolio Peer.

39 KCC MANDTORY TRAINING

39.1 All AMHPs are expected to complete KCC mandatory training.
39.2 All booked training must be submitted as part of the duty requests.
39.3 No other additional training will be agreed unless an AMHPs mandatory training is up to date.
39.4 Mixed role AMHPs cannot complete any generic mandatory training in AMHP hours and training must be booked on non AMHP shifts.

40 AMHP MANDTORY TRAINING

40.1 All AMHPs participating in the AMHP rota will be expected to complete their 3 days (18 hours) AMHP mandatory training across the AMHP year. (1st January to 31st December)
40.2 Permanent AMHPs must request all training in advance.
40.3 Any AMHP wishing to undertake more than 3 days AMHP mandatory training must have discussed this in supervision and have the need for this recorded in their action learning plan for the year.
40.4 AMHP mandatory training will be arranged every two months and training offered will reflect AMHP needs / practice issues identified by the AMHP service through a variety of feedback mechanism including AMHP feedback, themes from AMHP panels, themes from complaints, unlawful detentions, Peer Practice Reviews and AMHP Report Audits.
40.5 Over time all fulltime AMHPs wanting to train as BIAs will be supported to undertake this training and maintain the dual qualification. However, priority will be given to Practice Educator training and before completing BIA training Practice Educator training is likely to be required.

41 AMHP FORUM

41.1 The AMHP forum is held every quarter. The forum provides legal and practice updates. Speakers are invited to support this, and this could include case discussion and reflective practice.

41.2 Anyone is welcome to attend or present at a forum. Whilst the forum is predominantly for AMHPs it can also be attended by doctors and anyone whose role interfaces with the service.

41.3 Following the forum presentations are circulated.

41.4 Attendance at a forum contributes to AMHP mandatory training (half day).

41.5 A register of attendance is completed at the forum.

42 AMHP RE-APPROVAL

42.1 Please see for the AMHP training, approval and register policy.

42.2 As AMHP re-approval is a yearly process it should be managed within the AMHPs time and not require any additional study time.

43 RESILIENCE AND WELLBEING

43.1 It is recognised that AMHP work is stressful and there are a variety of ways any AMHP team member can gain support. These include:

- Debrief with the shift coordinator/duty manager or colleague.
- Out of hours debriefs can be sourced from the out of hours on call manager. The coordinating AMHP can access their details here from the shift report.
- Raising in supervision.
- Request for additional supervision

43.2 In addition to this AMHP team members can access any of the wellbeing offers on K-net

43.3 If a formal debrief is required, this will be sourced in normal working hours.

44 MANAGING AND SUPPORTING PERFORMANCE IN AMHP PRACTICE

44.1 There may be an identified concern regarding AMHP practices.

44.2 The way this concern is managed will depend on the severity of the concern, the timeframe of the concern coming to light, the degree of deviation from the Act and the Code and any related past concerns.

44.3 Most concerns about AMHP practice will be discussed within supervision. Concerns that need to be addressed will be emailed to the team member's line manager supervisor for addressing in the next supervision. Discussion will need to be documented and any actions followed up.

44.4 If the concern appears to the supervisor to require investigation through another process, for example disciplinary process or performance management the supervisor will discuss the concern with a member of HR to gain advice.

44.5 HR's advice will then guide the supervisor regarding actions required.

44.6 Any concern being investigated will be discussed with the AMHP at the first opportunity, ideally through a conversation.

44.7 Following an investigation, a decision will be made as to whether the case needs to be taken further, guidance will need to be established from HR and follow the appropriate policy.

44.8 With all concerns into AMHP practice there is likely to be additional learning for the service. This anonymised learning will be taken forward by the AMHP Managers.

45 GIFTS AND HOSPITALITY

45.1 AMHP team members should not accept gifts. Any gifts offered, regardless of value, should be declined as they can be seen as a conflict of interest.

45.2 Any gift offered that causes concerns to an AMHP should be discussed with a manager as soon as possible.

46 AMHP ROTA

46.1 The rota is provided a minimum of six weeks in advance.

46.2 All rota requests must be made through email to amhprotarequests@kent.gov.uk

46.3 All submitted requests should focus on what you cannot work, and shifts will be allocated around these. Shifts need to be allocated fairly and taking account of flexible working requests.

46.4 The rota needs to maintain minimum numbers and if a request cannot be accommodated, then the AMHP team member will be contacted and an explanation and discussion about flexibility will be held.

46.5 Failure to meet requests without discussion will mean the service amends the rota accordingly.

46.6 Requests for the rota not received by the request deadline will not be considered. The AMHP team member will need to arrange cover for their shifts in agreement with the service or work the shift.

46.7 When making requests all AMHP team members need to mindful that the AMHP service is a 24/7 service 365 days a week and all shifts need cover.

47 ENHANCEMENTS

47.1 All AMHPs can claim a 0.33% enhancement for shifts worked between 20:00 – 08:00 Monday to Thursday, 17:00 Friday to 08:00 Monday and for bank holidays.

47.2 Please note that any KCC Concessionary days (e.g., Christmas Eve) are not classed as bank holidays for pay purposes so on these days the 33% enhancement should only be claimed in the same way as you would when a normal working day is worked. (I.e., it should only be claimed for hours worked between 20:00 and 08:00).

47.3 All AMHPs who work hours that entitle them to claim the 0.33% enhancement may be eligible to a proportion of the enhancement when they are on leave.

47.4 Every year the AMHP Service will check all leave taken by fulltime staff and calculate their entitlement. The calculation involves adding all unsocial hours worked in the year prior to the leave.

47.5 All AMHPs entitled to an unsocial payment for leave will claim this on KCC self-service.

48 ANNUAL LEAVE

Permanent staff

48.1 KCC's procedure is that all annual leave must be booked in advance, with the agreement of the line manager.

48.2 Leave requests should be made as far in advance as possible, and before the rota is formulated.

48.3 Dedicated AMHP annual leave is calculated in hours for all staff working within the shift structure. It will include the leave entitlement and all Bank Holidays and Concessionary days.

48.4 The leave entitlement will be calculated in hours if not already calculated in this way. Every day of entitlement will be multiplied by 7.4 hours.

48.5 All full time AMHP staff are expected to calculate their leave using the annual leave calculator and this is to be discussed and the use of leave monitored in supervision.

48.6 Leave will be deducted as taken, depending on hours of shift. For example, if someone is working a 12-hour shift then 11.5 will be taken off the balance. This reflects the 0.5-hour unpaid break.

48.7 Fulltime staff wishing to take their leave as if they worked a full week (37 hours) to prevent the accumulation of hours owed to the service needs to get this agreed within supervision, so leave can be deducted in this way.

48.8 If an AMHP is not on the rota to work a Bank Holiday or a Concessionary day (as part of their contracted hours) then there is no requirement to deduct a day from annual leave entitlement. The Bank holiday or Concessionary day will be considered a non- working day.

48.9 As Bank holidays/Concessionary days are added to a Dedicated AMHP's annual leave entitlement, they will be able to take the bank holiday at another time upon agreement with their manager.

48.10 All leave should be taken within the year of allocation, and all AMHP staff need to ensure that their leave reflects their wellbeing needs.

48.11 Leave will only be able to be carried over to the next financial year at the team/service managers discretion and exceptional circumstances would need to justify this.

48.12 Leave requests for the next financial year can be requested from January. Leave will be agreed if the maximum number of leaves agreed has not been exceeded prior to rota completion.

Staff group	Maximum allowed leave at any one time
Service manager/team manager	2 -if 1 covering agrees.
AMHPs	5
SWAs	2

48.13 Following rota completion leave requests will only be agreed if the service does not fall below minimum numbers.

48.14 Leave cannot be requested for public holidays particularly the Easter and the Christmas period until the rota is completed unless the request has an exceptional need.

48.15 All AMHP service staff are expected to cover public holidays and there will be an expectation that all staff work some of these days regardless of any flexible working agreements held.

Mixed role staff

48.16 Mixed role AMHPs do not have any leave agreements within their AMHP hours. Any leave taken needs be from their substantive team time. The AMHP rota will work around any annual leave that is booked within their substantive team if the AMHP has included this when submitting their rota requests. It is the AMHP's responsibility to notify of leave when rota requests are asked for.

48.17 Any changes to the rota after it is released can only be agreed if this does not cause the service to fall below minimum numbers otherwise the AMHP will have swap their shifts. If this is not possible you cannot take leave and need to work your shift.

48.18 If a mixed role AMHP does take leave when on the rota they will need to make up their shifts within the rota period.

48.19 If a Mixed Role AMHP works a Bank Holiday, then they claim for this in the normal way as a 0.33% enhancement. They also have this day added to their leave so that they are eligible to take this at another time.

48.20 If a mixed role AMHP works their contracted hours during a week that includes a bank holiday, but the bank holiday constitutes a “non- working day”, then they can add 7.4 hours leave to their team’s leave allowance. A mixed role AMHP whose shift is 11.5 hours can only add 7.4 hours of leave to their team’s leave allowance as this is a “normal working day” and is the leave hours they have lost.

49 CALCULATING HOURS WORKED

49.1 If an AMHP team member works 11.5 or 12 hour shifts and has a 37-hour contract, then they will not have worked their contracted hours each week.

49.2 Every permanent AMHP team member is expected to keep an hour owed calculation form which will have any deficit in hours for the year calculated.

49.3 AMHP team members will be able to offset deficit hours by working additional shifts, using TOIL, or using un-booked leave. This needs to be recorded on the hours owed calculation form by the full time AMHP team member on these sheets.

49.4 This form needs to be regularly reviewed in supervision so clear agreement between the service and the AMHP team member and ensures the correct hours are worked.

49.5 Every full-time team member must take a statutory minimum of 20 days (148 hours) of leave per year before they can use leave as payment of owed hours.

49.6 All owed hours for a financial year (ending 31st March) must be paid back by 31st May that current year.

50 TIME OFF IN LIEU [TOIL]

50.1 TOIL will be awarded for any additional hours worked during your normal working day. These hours are awarded at standard time.

50.2 TOIL of this nature will only be agreed if it is reflected in the corresponding shift report. The shift coordinator will ask for confirmation of the reason for the accumulation of this.

50.3 It is also recognised that fulltime AMHPs attend training and meetings on days they are not rostered to work. The travel time from their normal base to the meeting/training, attendance and return to base journey can be claimed as standard time TOIL. Proof of attendance at the meeting/training will be required for audit purposes. These additional hours will be agreed by the AMHPs supervisor.

50.4 Recording of TOIL is the responsibility of the AMHP and the hours owed calculation forms should be used. The TOIL must be agreed by your AMHP supervisor or the shift coordinator on the day it is accrued.

50.5 TOIL sheets must be regularly checked within supervision and TOIL should be kept to a minimum.

50.6 Before agreeing TOIL is accrued the supervisor will check this against the shift report/training records/meeting agenda

50.7 TOIL requests are made via the AMHP to one of the team managers who will agree in principle if the service allows. TOIL can be cancelled if service need demands this.

50.8 In an emergency TOIL can be agreed by the shift coordinator if the service can facilitate this. All TOIL taken must recorded on the shift report and the AMHP must record this on their TOIL sheet.

50.9 In exceptional circumstances AMHPs may be able to claim some of their TOIL as pay rather than time off. This decision can only be made by the Service Manager and payment will be at standard time. To agree this the TOIL sheet will need to be seen.

51 ABSENCES

51.1 If any AMHP team member cannot attend for a shift, they are rostered for then they need to advise the service as far in advance as possible by phone call.

51.2 All AMHP staff need to contact the AMHP manager or AMHP coordinator out of hours and report the reason for their absence and expected length of absence (if known). The mixed role AMHP is responsible to report their absence to their manager at the beginning of the first day off or before the start of their shift. They are required to keep in regular contact with their manager throughout their absence. The AMHP Service cannot agree for a mixed role AMHP to take carers or personnel leave but will authorise the absence for the AMHP shift based on the agreement of the area Team Manager.

51.3 Permanent AMHP staff absences will be authorised by the AMHP manager/coordinator out of hours. The reason for this absence may then need to be established later by the AMHP's manager.

51.4 Team managers will notify the service manager of any absence. If an AMHP is off sick for over 7 days, then their contracted hours will be recorded as the absence.

51.5 All fulltime AMHP service staff who have been off sick will have a return-to-work meeting listed on the shift report until it is completed.

51.6 Mixed role AMHPs who are absent will have a return-to-work meeting listed on the shift report if they are returning whilst still on the rota.

51.7 If a mixed role AMHP is off sick for their entire AMHP week then their substantive team will complete a return-to-work meeting.

51.8 All absence regardless of reason will be recorded by the AMHP on their return. If the AMHP is off for longer than 14 days their absence will be recorded on self-serve by their line manager.

52 FLEXIBLE WORKING AGREEMENTS

52.1 All KCC employees have a right to request flexible working and can submit a request using the following form.

52.2 Flexible working requests for permanent staff should be agreed with the AMHP Service Manager against service need.

52.3 Flexible working requests for Mixed Role AMHPs should be initially agreed with their line manager and then considered by the AMHP Service Manager against service need.

52.4 There are several flexible working arrangements available but historically AMHPs have used this policy to request exemption from specific shifts that they might not be able to undertake due to personal circumstances.

52.5 If a flexible working request is made due to health grounds, then referral to Occupational Health will be required asking for advice on reasonable adjustment.

52.6 All flexible working requests should be updated by the AMHP team member as required for potential agreement.

52.7 The AMHP service will periodically review with staff their flexible working agreements to ensure that additional flexibility cannot be offered to the service.

53 NEW STAFF

53.1 All new staff to the service will receive an AMHP service induction and a wider induction to KCC if new to KCC.

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