

# London Mental Health Trusts

## Joint Policy

Patients who are absent without leave and patients who walk out from mental health inpatient areas.

Written in collaboration with the Metropolitan Police following their introduction of Right Care, Right Person

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## Key Points.

1

- The Trust is the organisation with primary responsibility for locating and returning detained AWOL patients and informal patients who have left a MH inpatient ward.

2

- The safety of patients and the general public must be the prime consideration of clinical staff and teams. Inpatient units must consider the physical layout and security of clinical areas and take reasonable steps to reduce the risk of patients absconding.

3

- A patient leaving the ward or becoming AWOL should **never** automatically be viewed as a matter for the police, but rather the responsibility of staff who should take reasonable steps to locate the patient and arrange for their return.

4

- The police should generally only be involved if a patient is assessed as being **immediate risk to the life** of a person, or a real and **immediate risk of that person being subject to serious harm**.

5

- If an in-patient is assessed as being an immediate risk to themselves or others, careful consideration should be given to any granting of leave.

6

- This policy cannot anticipate every situation. Trust staff should use their professional judgement to take any action that is deemed necessary to protect the safety of the patient and the public based on an assessment of risk for each individual patient.

7

- Where any patient is reported missing or absent the multi-disciplinary team (MDT) must conduct a review of the circumstances of the absence, noting previous patterns of behaviour whilst missing/AWOL and any actions taken, within 72 hours

8

- Patients subject to Restriction Orders and specific other sections under Part III MHA must be reported to the Police and the Ministry of Justice if they are AWOL.

## 1. Introduction.

- 1.1 This policy outlines procedures to be adopted and the roles and responsibilities of Mental Health Trust staff in the event of a patient going missing whilst under the care of the Mental Health Trust. Specifically, it outlines the procedures to be followed for patients who are absent without leave from inpatient mental health areas and patients who walk out from mental health inpatient areas. The policy is intended to provide safe practice for Mental Health Trust staff in the management of patients who are missing or absent without leave (AWOL)
- 1.2 The policy outlines the procedures to be adopted by the nine London Mental Health Trusts:
  - Barnet Enfield & Haringey NHS Mental Health Trust
  - Camden & Islington NHS Foundation Trust
  - Central & North West London NHS Foundation Trust
  - East London NHS Foundation Trust
  - North East London NHS Foundation Trust
  - Oxleas NHS Foundation Trust
  - South London & Maudsley NHS Foundation Trust
  - South West London & St. Georges Mental Health NHS Trust
  - West London NHS Trust
- 1.3 Whilst this policy specifies actions and responsibilities for *mental health trust* staff only, it has been developed in consultation with local partner agencies, Metropolitan Police Service and London Ambulance Service, and is designed to ensure practice with respect to AWOL patients and those who walk out of inpatient settings is in accordance with the Mental Health Act Code of Practice, College of Policing risk grading definitions, Metropolitan Police Service (MPS) reporting procedures, MPS Affinity Protocol and Right Care Right Person and relevant pan-London agreements developed by the Healthy London Partnership.
- 1.4 The term patient(s) is used throughout this policy. It is recognised that some people prefer the term client or service user, the use of the term patient reflects the wording of the Mental Health Act 1983 and its Code of Practice.

## 2. Scope of the policy.

- 2.1 This policy relates to people in receipt of care and treatment from NHS Mental Health Trusts who:
  - Are over the age of 18 and admitted to a mental health in-patient unit and detained under the MHA.

- Are over the age of 18 and admitted informally to a mental health in-patient unit.

## 2.2 This policy does not apply to:

- Patients in Broadmoor Hospital / High Secure services.
- Patients subject to a Community Treatment Order or Conditionally Discharged under the supervision of the Trust.
- People being assessed by the following services following a referral – Crisis Resolution & Home Treatment Teams, Community Mental Health Teams.
- Patients who go missing from an acute hospital (including ED) whether they are formally detained or not.
- Children and Young people under the age of 18 who go missing or AWOL from inpatient care

There are separate policies in place for these groups of people.

## 3. Key definitions.

3.1 For the purpose of this policy a person is considered a **patient** from the moment they are admitted to an in-patient unit.

3.2 Section 18 of the Mental Health Act 1983 defines when a patient is **Absent Without Leave**, as when they:

- have left the hospital in which they are detained without leave being agreed (under section 17 of the Mental Health Act 1983) by their Responsible Clinician
- have failed to return to the hospital at the time required to do, so under the conditions of leave under Section 17
- are absent without permission from a place where they are required to reside as a condition of leave under Section 17
- have failed to return to the hospital if their leave under Section 17 has been revoked.
- are patients on a Community Treatment Order (CTO) (community patients) who have failed to attend hospital when recalled?
- are CTO patients who have absconded from hospital after being recalled there.

3.3 For the purpose of this policy the term **Walk out from mental health inpatient area** will be used to describe an informally admitted patient who has:

- left the ward without prior arrangement with the MDT, or
- failed to return to the unit at the agreed time with the MDT.

3.4 A **missing person** is anyone whose **whereabouts cannot be established** and:

- The context suggests the person may be a victim of crime; or
- The person is at risk of harm to themselves or another; or
- Where there is particular concern because the circumstances are out of character, or there are ongoing concerns for their safety because of a previous pattern of going missing.

A patient who is AWOL or has walked out of an inpatient unit may not be missing, as often their whereabouts can be established by ward staff.

#### 4. Duties and responsibilities.

4.1 The **Director of Nursing** has executive responsibility for this policy within each trust.

4.2 Individual Trusts will identify the Committee and Group which is responsible for monitoring the implementation of this policy.

4.3 **Managers** have a duty to:

- Ensure all clinical policies and procedures are implemented as necessary.
- Ensure members of staff receive appropriate and adequate training in line with their roles.
- Ensure a debriefing and learning from all incidents in which patient abscond takes place to minimise or prevent further occurrences.
- Produce and keep updated structured search plans for their clinical areas.

4.4 **All staff** working for the Trust have a duty to:

- Familiarise themselves with and follow this policy and associated procedures and guidelines.
- Report all incidents of patients who have left an inpatient area or failed to return from leave whether they are detained or informally admitted.

4.5 The **Local Security Management Specialist (LSMS)** will:

- Provide support to staff teams where needed in the event of any incident.
- Liaise with the police to review absconsion incidents and to develop problem profiles for the Trust.

4.6 The **Responsible Clinician (RC)** or their nominated deputy out of hours is responsible for reviewing the status of missing patients together with the responsible team.

4.7 The **Head of Communications** is responsible for:

- Deciding (where appropriate in consultation with the Caldicott Guardian) what information in respect of an AWOL / missing patient should be circulated externally and to whom upon request from the responsible team.
- Circulating information to other NHS trusts in line with that decision and ensuring that clinical and assistant directors are made aware of information circulated externally.

4.8 The **Mental Health Law department** is responsible for:

- Monitoring AWOL episodes and informing the ward and Responsible Clinician (RC) of any legal implications.
- Notifying the Tribunal and Hospital Managers of any adjournments and cancellations due to patients being AWOL.
- Sending statutory AWOL notifications forms to the CQC when required to do so in line with regulatory standards.
- Monitoring statutory time limits when a patient is AWOL and informing staff as necessary.
- Providing guidance to RCs and ward staff about Sections 18 and 21 and the completion of statutory documents.

4.9 The **responsible clinical team** are responsible for co-ordinating all actions in relation to patients who are AWOL or walk out of a MH inpatient unit.

## 5. Initial actions when a patient is AWOL or has walked out of an inpatient unit.

5.1 It should be remembered that all patients who are AWOL or have walked out of a MH inpatient unit remain the responsibility of the ward team until and unless they are discharged from the ward. Therefore, the ward team are expected to take the lead in co-ordinating all actions in relation to these patients.

5.2 Staff should not automatically contact the police for patients who are AWOL or have walked out of a MH inpatient unit. The exception to this is where an AWOL patient is subject to restrictions and detained under the following sections - s35, 36, 37/41, 38, 44, 45A, 47/49, 48, 48/49 - the police should be notified immediately using 999, and the appropriate Court or Ministry of Justice MH Caseworker should be notified as soon as possible.

5.3 For all patients, the nurse in charge or shift co-ordinator must co-ordinate the following actions:

- **Establish**
  - When was the patient last seen?
  - What were they wearing?

- What is their physical description?
- What is the level of risk of harm to self or others?
- **Search**
  - The ward and unit
  - The hospital grounds, if appropriate (i.e., there is a reasonable likelihood the patient is there, and it is a proportionate response give the identified level of risk).
  - Review any available CCTV footage, if it is appropriate in the circumstances of the case, to establish time of departure, patient's appearance, and likely direction of travel.
- **Phone**
  - The patient - to try to encourage them to return or to establish their whereabouts and assess any current increased risks.
  - Nearest Relative/Friends/Family/Carers - to inform them that the patient is absent/has walked out and to ask if they can help to locate them. *NB Where the patient has stated that they do not wish information to be shared with relatives or carers this may only be done if it is believed that the level of risk to self or others, warrants a breach of confidentiality, this must be fully recorded in the patient's care record.*
  - Any other known professional/agency involved in the patient's care such as hostel/accommodation support staff.
- **Notify**
  - The Responsible Clinician and Ward Manager (during office hours)
  - The Matron/ Duty Senior Nurse/ Unit Co-ordinator / On-call Manager
  - Where it has been identified that the patient may pose an immediate and significant risk to another identified person this person must be informed that the patient is absent/has left the ward. Where ward staff are not able to contact this person directly assistance should be sought from the police.
  - Complete a Trust incident form/Datix/Ulysses
  - For restricted part III patients the Ministry of Justice (Mental Health Casework Section) must be informed without delay.
  - The police should always be informed immediately if a patient is absent or has left the ward who is particularly vulnerable, considered to be dangerous, and/or subject to restrictions under part III of the Act (Code of Practice para 28.15).
  - For detained patients in low/medium/high secure hospital settings a CQC notification form must be completed.

## 6. Actions when a patient absconds from escorted section 17 leave.



- 6.1 All staff should have a mobile phone on their person when undertaking escorted leave duties.
- 6.2 Prior to undertaking any leave escort duties the escorting member(s) of staff should ensure that they are familiar with:
- The leave plan in place for the patient
  - Key information regarding risks and management plans
  - Actions that should be taken in the event the patient absconds or attempts to abscond
- 6.3 The Trust does not expect escorting staff to attempt to restrain an absconding patient in a public space. However, for patients who are assessed as being an **immediate risk of significant harm to themselves or others**, and only where safety of staff or others is not compromised, it is legally permitted for staff to intervene to protect life and limb (for example, preventing a patient from running into traffic). **Staff are not expected to put their own safety at risk.**
- 6.4 If the patient presents an immediate risk to life, immediate risk of serious harm or is so violent or aggressive towards hospital staff that they are unable to return without police presence the police should be alerted immediately using 999. For all other patients the escorting staff member should telephone the ward to alert them to the situation.
- 6.5 Where possible staff must always try to prevent people from absconding from escorted leave, whilst bearing in mind the safety of the individual, staff and public, and consider:
- Use of non-physical interventions – e.g., asking the patient to return, providing reassurance etc.
  - Staff should follow from a distance maintaining line of sight whilst requesting assistance via mobile telephone from other members of staff, hospital security or when appropriate the police.
  - Staff member to maintain line of sight of the patient until assistance arrives if it is safe for staff and the patient.
- 6.6 It may not be possible to keep patients in sight as they may use public transport/ board a private vehicle or taxi/ or run at speed. In such circumstances staff should return to the ward as soon as possible to notify the appropriate staff and agree the actions to be taken.
- 6.7 If the patient is out of sight or a long way from the hospital, the member of staff may consider abandoning the escort and returning to the ward where they will need to agree the actions to be taken with the nurse in charge/shift co-ordinator.

## 7. Making the decision to inform the police.

7.1 There is an expectation that the police will be notified of all patients who are absent without leave whilst subject to the following sections of the Mental Health Act 1983. This should be done via the 999 system.

- s35 - Remand to Hospital for report on accused's mental condition
- s36 - Remand of accused person to Hospital for treatment
- s37/41 - Hospital Order with restrictions
- s38 - Interim Hospital Order
- s44 - Committal to Hospital under s43
- s45A - Hospital and Limitation Directions
- s47/49 - Removal to Hospital of persons serving sentences of imprisonment with restrictions on discharge.
- s48/49 - Removal to Hospital of other prisoners with restrictions on discharge

The Ministry of Justice, Mental Health Casework Section or the appropriate Court must also be notified.

7.2 A patient who absconds and is detained under s35, s36 or s38 cannot be returned to Hospital. They must be returned to the Court that was dealing with their case.

7.3 In addition, all patients regardless of their legal status who are assessed as presenting an immediate and significant risk of serious harm to self or others must be reported to the police via 999.

7.4 The 999-call handler will make it very clear to the MH Trust whether they intend to dispatch officers.

7.5 For all other patients, regardless of whether they are detained or informal, there is no requirement to notify the police if they are absent without leave or have walked out of a MH inpatient unit.

7.6 Where all attempts by the responsible clinical team to locate the patient have failed and the team are concerned that the person may be a victim of crime, is at risk of harming themselves or others or there are increased concerns for their safety because of a previous pattern of going missing, then consideration should be given to notifying the Police that the patient is missing.

7.7 In these circumstances clinical staff should contact the police using the Single Online Home (SOH) reporting tool on the Internet  
<https://www.met.police.uk/partner-services>

- 7.8 The partners' form will be accessible by selecting 'report a missing person' and then answering a few short questions which enables the platform to differentiate between public and partner reporting. The form has been developed specifically to allow relevant information to be transferred as efficiently and effectively as possible.
- 7.9 In order to complete the form, the reporting member of staff will need to be able to clearly describe:
- What is the specific concern in this instance?
  - What has been done so far to trace this individual?
  - Is this significantly out of character?
  - Has this happened before - if so, what was the outcome?
  - Are there any specific medical needs?
  - Are they likely to be subjected to crime?
  - Are they likely to be the victim of abuse?
  - Are they currently at risk of Sexual Exploitation?
  - Are they likely to attempt suicide?
  - Do they pose a danger to other people?
  - Information about any person who may have contact with the patient.

The grab pack at appendix A should be used to fully record all the information required by the Police to enable their assessment of the circumstances.

- 7.10 The police will use the information provided in the online reporting tool to undertake their own risk assessment; this will inform the actions they will take in relation to the missing person.
- 7.11 The MPS decision regarding any proposed level of response will be communicated to the person reporting, together with any further advice or support that may be appropriate and relevant to the circumstances.

## 8. Police expectations on the NHS Trust following a report of an AWOL or missing patient.

- 8.1 The police will undertake an initial triage of all reports of missing people and may make further contact with clinical staff to seek additional information.
- 8.2 A joint action plan between the police and trust staff must be drawn up outlining how the patient will be safely returned to hospital.
- 8.3 The police are not expected to deal with the return of the patient on their own. There is an expectation that a minimum level of hospital resources will be available for the joint work of locating and returning the missing patient to hospital.

- 8.4 The issue of arranging transport for the patient's safe return and the associated costs is the responsibility of the Trust.
- 8.5 If the absence has been reported to the police and the patient subsequently returns without police assistance this should be reported immediately to the police to avoid the unnecessary waste of police resources.
9. Ongoing NHS actions to be taken whilst a patient is AWOL or has walked out of the MH inpatient unit.
- 9.1 During the time that a patient is AWOL or has left a MH unit unexpectedly the responsible team must continue to make efforts to locate them and return them to the ward.
- 9.2 If telephone contact cannot be established then consideration should be given to arranging a home visit.
- 9.3 A multi-disciplinary review of the patient's risk status should be completed within 12 hours of them becoming AWOL or walking out of the MH inpatient unit. Further reviews should be undertaken at least once in every 24-hour period.
- 9.4 If a report has been made to the police, the responsible team must inform the police to any changes in the level of concern regarding the patient's continued unknown whereabouts.
- 9.5 If the patient's whereabouts become known to the responsible team the police must be updated immediately.
- 9.6 Detained patients who are AWOL may be taken into custody and returned by an approved mental health professional (AMHP), any member of the hospital staff, any police officer, or anyone authorised in writing by the hospital managers.
- 9.7 The decision as to who should convey the patient back to hospital must be made based upon an assessment of risk. Requests for assistance from the police should be made on the basis of this assessment and should consider:
- History of actual or suspected violence.
  - Nature of relationships with staff.
  - Previous absconding history.
- 9.8 Where there is reasonable cause to believe that an AWOL patient is in private premises and staff do not believe they can gain access to those premises for the purposes of retaking the patient the responsible team should seek from a magistrate a warrant under s.135(2) of the MHA. Further guidance on applying for and executing a s.135(2) warrant is provided in Appendix C.

## 10. Statutory limits for returning detained patients.

10.1 There are specific time limits during which patients can be returned to hospital as set out in the table below.

Section	Maximum period from <b>start of detention under MHA</b> in which patient can be returned
5(4)	6 hours
5(2)	72 hours (from the start of 5(2) or 5(4) if initially used)
135	24 hours
136	24 hours
4	72 hours
2	28 days

Section	Maximum period from <b>start of AWOL</b> in which patient can be returned
3, 7, 37, 47, 48 or a CTO patient who had been recalled to hospital	Up to six months after going absent without leave, or until expiry date of the current authority for detention or guardianship, whichever is later
37/41, 47/49, or 48/49 (Restriction Orders)	Up to the expiry of the Restriction Order (which may not be until the patient dies).
35, 36 or 38 (Remanded to hospital)	No time limit on when the patient can be returned. <b>Must be returned to the court that made the order.</b> The court may rescind the detention order and remand them to detention in prison.

10.2 Where the police are asked for help in returning a patient, they must be informed of the time limit for taking them into custody.

10.3 If a patient who is AWOL has not returned to hospital before the end of the period allowed in the table above, their period of detention expires, and they are no longer deemed to be AWOL.

## 11. Actions to be taken when a patient returns to the inpatient unit.

11.1 As soon as the patient has returned, the following people must be informed:

- Responsible Clinician (or nominated deputy)
- Nearest Relative / Carer
- The police (If a missing person report has been made)
- Service Manager or Service Manager on Call (Out of hours only for high-risk mental health patients).

- 11.2 The patient must be assessed by a member of the team as soon as practicable. A mental state examination should be completed and for all patients any appropriate changes to the care plan and risk assessment should be made.
- 11.3 The patient must be assessed by a member of the team as soon as practicable. A mental state examination should be completed and for all patients any appropriate changes to the care plan and risk assessment should be made.
- 11.4 Following the patient's return to hospital, a debriefing with the patient and a discussion relating to the patient absconding or not returning from leave within the agreed time will need to take place. The purpose of the meeting will assist the MDT to:
- Understand the patient's rationale for absconding or not returning within the agreed time frame.
  - To review practices within the clinical area in analysing how this event could have been avoided.
  - Review the interagency working procedures between services involved.
  - Identify lessons to reduce or prevent similar events from reoccurring and to adjust practices and procedures.
- 11.5 Local police liaison meetings should discuss and review issues around AWOL patients and those who walk out of MH inpatient settings, with an emphasis on shared inter-agency co-operation and learning.

## 12. References

- *Mental Health Act 1983, c. 20* Available at: [Mental Health Act 1983 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1983/36) (Accessed 20 October 2023)
- Department of Health (2015) [\*Mental Health Act 1983: Code of Practice\*](#) London: TSO (Accessed 20 October 2023)
- The Home Office (2020) [\*The multi-agency response for adults missing from health and care settings A national framework for England\*](#) (Accessed 20 October 2023)
- Metropolitan Police Service *Partnership Joint Responsibility Agreement – Affinity Protocol*.

13. Appendix A

Grab Pack for reporting of patients who are AWOL/Walk out of MH inpatient unit.

WARD		DIRECTORATE	
SURNAME		FORENAMES	
HOSPITAL NO.		DATE OF BIRTH	
INFORMAL / DETAINED		GENDER	
MHA SECTION		EXPIRY DATE	
ETHNICITY		LANGUAGE SPOKEN	

Visible marks / scars / tattoos or other identifying characteristics (stammer, limp etc)			
Alias (if any)		Build	
Eye colour		Complexion	
Hair colour		Glasses	YES / NO
Beard / Moustache / Wig		Hair length	
Clothing			

**CONTACT INFORMATION**

Home Address			
Telephone		Mobile	

Next of Kin or carer name & address			
Telephone		Mobile	
Date & time contacted			

Care Co-ordinator /named nurse name & address			
Telephone		Mobile	
Date & time contacted		email	

RC or lead HCP name & address			
Telephone		Mobile	
Date & time contacted		email	

Missing before?	YES / NO	Date & time	
Where found			
Other relevant information (Access to transport/oyster card/freedom pass/passport/vehicle)			

**HEALTH & RISK INFORMATION** (You may consider attaching the risk summary from RiO to this report)

1.	What is the specific concern in this instance?
2.	What has been done so far to trace this individual?
3.	Is this significantly out of character?
4.	Are there any specific medical needs?
5.	Are they likely to be subjected to crime?



6.	Are they likely to be the victim of abuse?
7.	Are they currently at risk of Sexual Exploitation?
8.	Are they likely to attempt suicide?
9.	Do they pose a danger to other people?
10.	Is there any other information relevant to their absence

Date and time information circulated to local Police	
--	--

NAME			
Designation		Date	





## 15. Appendix C Obtaining a warrant under s135(2)



HM Courts &  
Tribunals Service

### London Region Applicant guidance

#### Applying for a Mental Health Warrant

This document provides guidance for applicants for Mental Health warrants in the London Region.

The applications are listed for 30 mins at half hour intervals from 10:00 – 13:00 and 14:00 – 16:00. There are two court rooms available each working day, one at Uxbridge Magistrates Court and the other at Westminster Magistrates Court.

The Afternoons of Mondays and Wednesdays at Uxbridge and Tuesdays and Thursdays at Westminster will be given over to Immigration Warrants. This gives 90 slots per week for Mental Health Warrant applications.

The applications booked for this process should be able to be dealt with in 30 mins (including reading time). The court may refuse to deal with applications that do not conform to this rule and the other requirements listed in the process.

If there are no slots available and the matter is urgent then your application should be made in person to your local court.



Justice matters



Hearing slots

- ❖ Applications can be made every day Monday to Friday except that on the afternoons of Mondays and Wednesdays at Uxbridge and Tuesdays and Thursdays at Westminster the slots are reserved for Immigration Warrants.
- ❖ The application will be booked into either Uxbridge Magistrates Court or Westminster Magistrates Court.
- ❖ The Applications are not restricted by region, applications from South London can be made to Uxbridge Magistrates Court and Applications from North London can be made to Westminster.
- ❖ Applications can be made for the following time slots 10:00, 10:30, 11:00, 11:30, 12:00, 12:30, 14:00, 14:30, 15:00, 15:30, 16:00
- ❖ The bookings must be made using the following link  
<https://teamup.com/kshuwocapmq67ptewf>
- ❖ An explanation as to how the online calendar can be used is contained in Annex 1 of this document.
- ❖ The Court house to which the application is made (i.e. Uxbridge or Westminster) should be noted on the application.





## HM Courts & Tribunals Service

### Before the Hearing

- ❖ The Applicant will email LMAC: [lmac1@justice.gov.uk](mailto:lmac1@justice.gov.uk) in order to make payment.
- ❖ LMAC will place the application on the register for the relevant courthouse.
- ❖ Only the person who booked the application on the calendar can remove it.
- ❖ If the application is no longer required, then the applicant should remove the booking from the online calendar. If the application has been sent to one of the mailboxes then an email should be sent asking for the application to be deleted.

### Sending the application to the Court.

- ❖ Applications to Uxbridge Magistrates Court must be sent to [MHthames@justice.gov.uk](mailto:MHthames@justice.gov.uk)
- ❖ Applications to Westminster Magistrates Court must be sent to [MHwestminster@justice.gov.uk](mailto:MHwestminster@justice.gov.uk)
- ❖ The applicant must include a contact phone number and the date and time of the appointment in the subject line of the email.
- ❖ The applicant must also send a scanned copy of their authorisation to make the application.
- ❖ The mailbox is secure.
- ❖ The application must be sent in Word format
- ❖ In each case, the application and 4 copies for the warrant being sought should be sent.
- ❖ Each of the documents should be named for the premises that the application concerned, for example the documents can be named as "32 Road Street – application" or "32 Road Street – Warrant".
- ❖ Applications must be sent to the relevant mailbox no later than one hour before it is due to be heard.
- ❖ The application will be checked by the legal adviser and forwarded to the secure ejudiciary account of the magistrate who will be dealing with it.





## HM Courts & Tribunals Service

### The Hearing

- ❖ The court will utilise BT Meet Me
- ❖ The applicant will be called by the legal adviser.
- ❖ The applicant should be the one named in the application and on the warrant.
- ❖ If the applicant wishes to give an oath on a holy book they must have the holy book with them.
- ❖ The applicant will take the oath/affirmation and will answer any questions that the justice has about the application.
- ❖ The legal adviser will record the details of the questions asked and the answers on the application.

### After the Hearing

- ❖ If the application is granted the legal adviser will send the warrant in PDF format to the email address from which the application was received.
- ❖ If the application is refused then the application will be saved by the legal adviser into the (secure) shared folder.
- ❖ Upon consideration of the application the magistrate's reasons will be recorded by the legal adviser on the application.
- ❖ The legal adviser will mark the warrant with the magistrate's authorisation.
- ❖ The legal adviser will save the application to the (secure) shared folder.

### After execution

- ❖ The applicant will return a scanned copy of the executed warrant and endorsement to the mailbox of the court house that granted the application.
- ❖ LMAC will move the applications from the (secure) shared folder to the archive secure folder.





HM Courts &  
Tribunals Service

Annex 1

Log into Teamup by using the link supplied or your created password



## Log in to Teamup



EMAIL

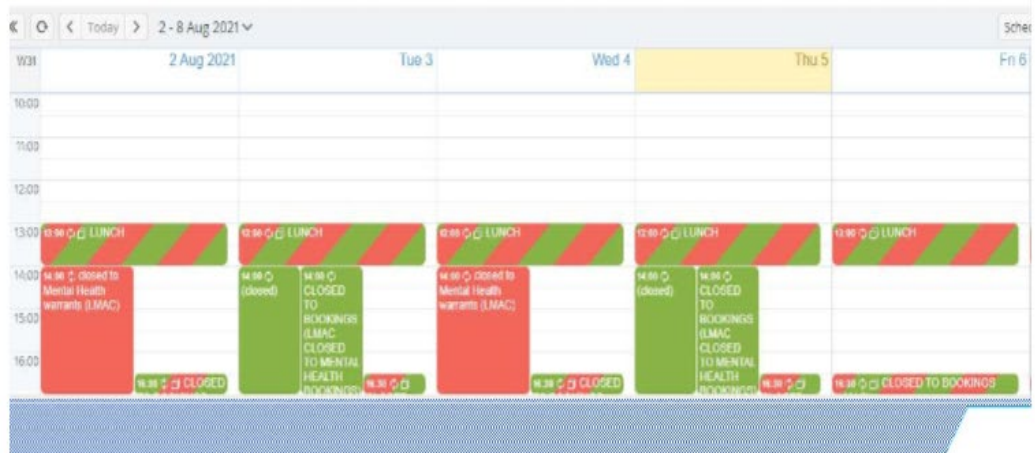
PASSWORD

REMEMBER ME

Log in

This will give you access to the calendar

### IHS WARRANTS



Justice matters





## HM Courts & Tribunals Service

Click into the half hour time slot you wish to book

In the box marked Enter the event title please put the name of the person who will be attending the application

×

**From**

**To**

All day

Repeats

**Reminders** [0 enabled](#)

**Calendar**

**Who is presenting the warrant (required)**

**Section of the warrant (required)** [Show on map](#)



## HM Courts & Tribunals Service

Click on Calendar

☰ Calendar

It will allow a choice of two Calendars

WESTMINSTER MC NHS WARRANT

WILLESDEN MC NHS WARRANTS

Choose the Court you wish to make your application at.

☰ Calendar

x WESTMINSTER MC NHS WARRANT |

☰ Calendar

x WILLESDEN MC NHS WARRANTS |

In the Person Presenting the Warrant box please put the name of the person making the application. In the section of the warrant please put the section (and subsection) of the legislation that you are making the application under. Please put the date and time that you make the booking.

👤 Who is presenting the warrant (required)

Person Making the Application

📍 Section of the warrant (required) [Show on map](#)

Section 135(1) MHA, Booking made at 09:45 10/08/2021

Justice matters



## HM Courts & Tribunals Service

The booking should look something like this

**From** 10/08/2021 10:30

**To** 10/08/2021 11:00

All day

Repeats

**Reminders** 0 enabled

**Calendar**

**WILLESDEN MC NHS WARRANTS**

**Who is presenting the warrant (required)**

Person Making the Application

**Section of the warrant (required)** [Show on map](#)

Section 135(1) MHA, Booking made at 09:45 10/08/2021

*Created 3 minutes ago by LMAC*

Save

Print

Share

Delete

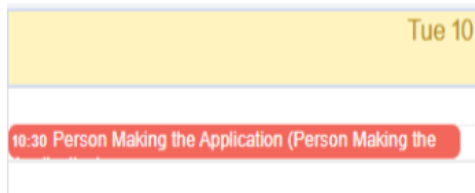
Justice matters





## HM Courts & Tribunals Service

When booking is completed click on save. Your application will appear on the Calendar in this format



Please ensure that you refresh the screen to ensure that there has not been a double booking. If there has been a double booking please make sure that you move your application to a free slot.

Thanks



## HM Courts & Tribunals Service

### Annex 2

PLEASE NOTE THAT THESE INSTRUCTIONS ARE ISSUED TO ENSURE THAT THE APPLICATION PROCEEDS AS EFFICIENTLY AS POSSIBLE. IF YOUR APPLICATION DOES NOT COMPLY WITH THE FOLLOWING INSTRUCTIONS IT MAY RESULT IN THE APPLICATION NOT BEING DEALT WITH UNDER THIS SCHEME.

Your application has been received at either [MHwestminster@justice.gov.uk](mailto:MHwestminster@justice.gov.uk) or [MHthames@justice.gov.uk](mailto:MHthames@justice.gov.uk)

The court should be recorded as WESTMINSTER MAGISTRATES COURT or WILLESDEN MAGISTRATES COURT

The application should include 4 copies of the warrant that is applied for (preferably on one document) and the information explaining why the warrant should be granted.

The application should also contain a scanned copy or photograph of your authorisation to make the application.

All of the documents should be sent in Word Format.

The documents should be sent to the court 1 hour before your scheduled appointment to allow the Magistrate to read the document.

All of the documents should be in a format that allows the editing of the text, especially to allow the electronic signature of the Magistrate to be inserted into the document.

The naming convention for the word documents is the first line of the premises concerned to allow us to easily identify the warrant and information in the case of a challenge.

The subject line of the email sent to the secure inbox should include the time and date of the booking, the name of the person applying for the warrant and the phone number where that person is to be contacted.

If you wish to cancel your appointment, please remove the appointment from the online calendar, if the application has been sent to the court please email [MHwestminster@justice.gov.uk](mailto:MHwestminster@justice.gov.uk) or [MHthames@justice.gov.uk](mailto:MHthames@justice.gov.uk) to inform the court of the cancelation and allow your slot to be used by another applicant.



## 16. Task and Finish Group Member Organisations

- Barnet Enfield & Haringey NHS Mental Health Trust
- Camden & Islington NHS Foundation Trust
- Central & North West London NHS Foundation Trust
- East London NHS Foundation Trust
- North East London NHS Foundation Trust
- Oxleas NHS Foundation Trust
- South London & Maudsley NHS Foundation Trust
- South West London & St. Georges Mental Health NHS Trust
- West London NHS Trust
- The Metropolitan Police Service