



[REDACTED]
Chief Constable

Ms Tanyka Rawden
His Majesty's Senior Coroner for South Yorkshire (West)
Office of HM Coroner,
The Medico-Legal Centre,
Watery Street,
Sheffield,
S3 7ES

16th March 2026

Dear Ms Rawden,

RE: Regulation 28 Report

Thank you for your correspondence dated 27th January 2026 regarding the tragic death of Mr Roger Leadbeater. Greater Manchester Police (GMP) acknowledge the concerns raised and extends its deepest sympathies to Mr Leadbeater's' family.

GMP strives to provide the best possible service to members of the public. Where issues are identified which require action to be taken to improve the service we provide, I am committed to ensuring that the force makes appropriate changes.

This letter will set out the immediate steps that have been taken to address the concerns raised and it will also explain the steps that GMP will continue to take to embed into daily practice the changes that have already been implemented.

Concerns Highlighted

The inquest heard evidence that there was a lack of a clear, documented process to record information sharing when officers were involved in the handover of individuals between Police forces and between Police forces and hospitals. The court expressed concern that without a robust handover process in place, key information about those detained under the Mental Health Act who were transported by police will not be appropriately communicated which in turn may affect subsequent risk assessments and decisions taken in respect of patient leave.

On 22 January 2026 the Court was told that GMP has a handover form, but the relevant policies had not been updated to support its implementation or audit its use.

Actions and Planned Response

GMP recognises the importance of learning from the circumstances of this case and has implemented a series of measures to address the concerns raised by the coroner.

I set out below the steps that have been taken by the force.

(1) Amended Form 1157

GMP utilises Form 1157 (Mental Health and Monitoring Form) to record information when officers are deployed to deal with individuals presenting with mental health concerns. At the time of Mr Leadbeater's death, the form was mandated for completion in the following circumstances:

- When officers exercised their powers under Section 136 of the Mental Health Act 1983 (MHA)
- When a Section 135 MHA warrant was executed
- When officers assisted with the voluntary attendance at hospital with an individual for a mental health concern
- Where an officer was the decision-maker in a Mental Capacity Act 2005 (MCA) encounter with an individual

In Mr Leadbeater's case, the individual being conveyed was subject to detention under Section 2 MHA and as such Form 1157 was not mandated for completion by the officers involved in the transfer and handover. As the coroner identified, this placed a reliance on individual officers providing relevant information at the point of handover with no structure in place to trigger, or document, that process.

To address the issues that presented in Mr Leadbeater's case, GMP has amended Form 1157 and moreover extended the circumstances in which the form is mandated for completion. The form must now be completed whenever officers take or convey (or assist in conveying) a person to hospital under any of the following circumstances:

When officers utilise the following MHA powers:

- Section 2 – when police assist in conveying a person liable to be detained – by exception as the hospital should ordinarily arrange transport
- Section 18 – return of an absconded patient – by exception as the hospital should ordinarily arrange transport
- Section 135(1) or 135(2) – where a warrant is executed to facilitate the assessment or return of a detained patient.
- Section 136 – removal to a place of safety from a public place.

Any other MHA detention, including:

- Section 3 (treatment)
- By exception, transfers between hospitals/prisons at the request of NHS partners/Courts and ratified by Force Critical Incident Commander or Duty Police Superintendent

MCA Powers:

- When Police or the Ambulance Service are the MCA decision maker and officers accompany someone for their safety.

Voluntary Mental Health Attendance:

- When officers convey a voluntary patient due to risk or vulnerability.

Missing Persons from Mental Health Units:

- When Police locate or return to hospital any person missing from a mental health unit, whether detained or voluntary.
- This includes:
 - Individuals missing from Sections 2, 3, 4 or Section 17 leave failures
 - Missing voluntary patients
 - Section 17 MHA returned patients

Section 6 of the amended Form 1157 requires officers to identify the presence (or absence) of a number of key risk factors and relevant history. Where a risk factor or relevant history is present the form requires detail of that to be provided. At the point of handover, a copy of the form is provided to the receiving agency.

The effect of this change will be that whenever a person is conveyed by GMP officers in any of the circumstances outlined above, a form will require completing which documents relevant information known about that individual. This process creates an obligation on officers at handover and removes the reliance on individual officers proactively providing information.

These changes have been reflected in amendments to GMP's Mental Ill Health, Mental Incapacity & Learning Disabilities Policy & Procedure.

(2) Communication of Changes

The immediate changes implemented by GMP required a series of measures to be taken to bring the changes to the attention of officers who would be likely to be involved in the conveyance of individuals with mental health needs. The following steps were taken to ensure awareness across the force:

- Intranet Article

On 23rd January 2026 the amended Form 1157 and the extended circumstances in which it is to be used was the subject of an article on the landing page of GMP's intranet. All officers and staff accessing the force intranet were met with the article as a news story. The intranet article explained the changes and directed readers to the Mental Ill Health, Mental Incapacity & Learning Disabilities Policy & Procedure and the specific amendments that had been made to that document to reflect the changes to procedure set out above.

- Officer Briefings

The amended process was included as part of the morning briefing delivered to officers at the start of their shifts. This briefing program was in place for a seven-day period commencing on 20th January 2026. The program ran for seven days to ensure that it captured all shifts across the force.

- Athoc Messaging

The Athoc system is the method GMP uses to deliver messages to mobile devices to all its officers and staff. An Athoc message outlining the new process was delivered across the force on Tuesday 20th and Wednesday 21st January 2026. Again, the purpose of this messaging was to ensure that all officers received information about the changed process and additional requirements in respect of the amended Form 1157.

- Chief Constable Orders

The Chief Constable issues orders on a weekly basis. All officers and staff are required to read the orders as part of their duties. The amended form and process was included in Chief Constable's Orders published on Monday 26th January 2026.

The above steps represent the immediate action taken by GMP to undertake a force wide awareness campaign to ensure that the widest possible audience received the messaging in relation to the changed process.

To refresh the awareness campaign that took place in January 2026 the amended Form 1157 process will be featured on the April 2026 newsletter published by GMP's Organisational Learning Hub. The newsletter highlights the top three learning points for the month and is received by every police officer and staff member in GMP.

(3) 1157 Mobile App Update

To ensure the amended Form 1157 is fully embedded into frontline practice, GMP is also updating the digital version of the form used on officers' mobile devices. An initial meeting to scope the required changes to the 1157 mobile app took place on 23rd February 2026, during which the technical and operational requirements were agreed. The final sign off for the project is due to take place on 16th March 2026 after which development work will begin. It is estimated that it will take 3 months for the completion of testing and for full release of the app to take place.

The updated app will replicate the revised structure of the new Form 1157 and will include mandatory fields to ensure that officers capture all risk-critical information before the form can be submitted. This enhancement will support greater consistency, reduce the possibility of omissions, and further strengthen the reliability of information provided to partner agencies at handover.

The Missing Person Safeguarding Unit within the Public Protection Division will run a monthly report identifying all Missing Person episodes originating from hospitals. This will be shared with the Prevention Hub to compare against their 1157 submissions via the updated app, ensuring that the required documentation has been completed for every relevant incident.

In addition, completion of the 1157 has now been incorporated into the new PRISM app used by District Safeguarding Teams (MASH). Officers and staff triaging Care Plans must confirm that the Form 1157 has been completed and attached before a Care Plan can be closed. This creates a clear check-and-balance within the system and prevents closure where the correct safeguarding paperwork has not been provided.

(4) Training and CPD

GMP is embedding the learning arising from this case into its wider professional development framework. The circumstances and lessons identified will be incorporated into Missing Person Continual Professional Development (CPD), ensuring that all officers receive consistent guidance on risk identification, documentation and effective information sharing.

This learning will also be integrated into the Sergeants', Inspectors' and Superintendents' Skills Courses delivered to all newly promoted officers. In addition, the Vulnerability CORE within the Public Protection Division is producing a short CPD training video focused on mental health considerations in Missing Person cases. The video will outline expectations around risk assessment, conveyance responsibilities, and the structured handover of pertinent risk information to receiving hospitals, including the completion of Form 1157.

Once complete, the video will be published on the Force Learning and Skills Hub, accessible to all officers and staff, and supported by an intranet article to raise awareness. The anticipated timescale for completion for this product is the end of March 2026. It is also intended that this product will be incorporated into the training for all new Student Officers joining GMP, supplementing their College of Policing approved curriculum.

Embedding this learning within both CPD and core training will support long-term cultural and behavioural change, strengthen professional curiosity, and reinforce the importance of comprehensive information sharing when responding to vulnerable individuals.

This will ensure that the revised expectations around risk identification, documentation, conveyance responsibilities, and structured handovers are fully understood across the workforce. Embedding the learning within CPD will support

long-term cultural and behavioural change and reinforce the importance of comprehensive information sharing when dealing with vulnerable individuals.

GMP continually strives to improve its approach to public protection and is committed to delivering the best service to the public. I hope the detail set out in this letter is helpful in explaining the immediate and long-term changes that have been made by GMP to address the issues identified in the case of Mr Leadbeater. The changes will ensure that risk factors known to officers are documented and that the quality of information sharing at the point of handover of those with mental health difficulties is improved.

Yours sincerely,



Chief Constable