

## STANDARD OPERATING PROCEDURE FOLLOWING NOTIFICATION OF A MENTAL HEALTH HOMICIDE

<b>Document Reference</b>	SOP22-015
<b>Version Number</b>	1.1
<b>Author/Lead Job Title</b>	Lisa Davies – Head of Information Governance and Legal Services
<b>Instigated by:</b>	Hilary Gledhill - Director of Nursing, Allied Health and Social Care Professionals
<b>Date Instigated:</b>	July 2022
<b>Date Last Reviewed:</b>	21 March 2024
<b>Date of Next Review:</b>	March 2027
<b>Consultation:</b>	NHS England
<b>Ratified and Quality Checked by: Date Ratified:</b>	Clinical Risk Management Group 21 March 2024
<b>Name of Trust Strategy/Policy/Guidelines this SOP refers to:</b>	<ul style="list-style-type: none"> <li>• Reporting an Incident (SOP21-018)</li> <li>• Patient Safety Incident Response Policy (N-075)</li> <li>• Duty of Candour Policy and Procedure: Communicating with Patients and/or their Relatives/Carers following a Patient Safety Incident (N-053)</li> <li>• Next of Kin SOP (SOP 21-023)</li> </ul>

**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	07/07/2022	<i>New SOP to ensure compliance with Serious Incident Framework (NHS ENGLAND) and to respond to comments and recommendations from a Mental Health Homicide Review. Approved by Clinical Risk Management Group (14 July 2022).</i>
1.1	21/03/2024	<i>Updated to incorporate the Patient Safety Incident Response Framework and supporting Guidance (NHS England). Approved by Clinical Risk Management Group (21 March 2024).</i>

## Contents

1. INTRODUCTION .....	3
2. SCOPE .....	3
3. DUTIES AND RESPONSIBILITIES .....	3
4. PRINCIPLES.....	4
5. INITIAL STEPS FOLLOWING NOTIFICATION OF A HOMICIDE WHEN THE ALLEGED PERPETRATOR IS A TRUST PATIENT .....	4
6. INITIAL REVIEW AT THE SAFETY HUDDLE .....	4
7. NOTIFICATIONS TO THE CORONER AND POLICE .....	5
8. NHS ENGLAND MENTAL HEALTH HOMICIDE REVIEW .....	6
9. REFERENCES/DEFINITIONS .....	6
10. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES .....	7
Appendix A: Equality Impact Assessment .....	8

## 1. INTRODUCTION

This Standard Operating Procedure provides guidance to staff regarding the steps that need to be taken following the notification of an alleged homicide committed by a patient in receipt of mental health services or recently discharged from services.

## 2. SCOPE

This SOP should be shared with all clinical and administrative Trust employees. The aim of this SOP is to support existing processes and structures to provide meaningful support to those affected by incidents of this kind.

The Trust must ensure that families affected by a homicide where the perpetrator is in receipt or recently discharged from mental health services are treated in a respectful, sensitive and professional manner. Families should be offered appropriate, compassionate support and be invited to contribute to any investigation conducted by the Trust.

The family of the alleged perpetrator also suffer greatly and may experience social isolation. In addition, they will want to get information, answers and may want to contribute and be involved. It is important to be aware that each family or individual will respond differently and, as such, the approach to supporting them will vary depending on the circumstances and how the family would like to be involved.

This SOP should be read in conjunction with the Patient Safety Incident Response Policy (N-075).

## 3. DUTIES AND RESPONSIBILITIES

**Chief Executive** - is responsible for ensuring that 'Being Open' is integral to the Trust's commitment and approach to the duty of candour. The chief executive and the Trust Board hold ultimate accountability for ensuring the provision of high quality, safe and effective services within the Trust, ensuring robust systems and processes are in place when adverse incidents or patient safety incidents occur. The Chief Executive and Trust Board are also accountable for ensuring compliance with duty of candour and ensuring learning to prevent reoccurrence.

**Director of Nursing, Allied Health and Social Care Professionals & Medical Director** - The Director of Nursing has responsibility for decision making in respect of declaring and reporting SIs within two days of occurrence. The Director of Nursing shall contact all those affected by the alleged homicide (families of the victim and perpetrator and the perpetrator) advising them that an investigation is to be undertaken and inviting them to contribute.

The Director of Nursing and Medical Director review and sign off final SI investigation reports prior to release to those affected.

**Chief Operating Officer** - The Chief Operating Officer is responsible for escalating concerns to the Police Chief Constable in the event that the police fail to respond to the Trust's requests for next of kin details.

**The Legal Services Team** - will be responsible for liaising with the police and requesting contact details for the purposes of identifying those affected. The legal services team are the single point of contact for the police and NHS England when there is a mental health homicide and/or a mental health homicide review.

## **Line Manager/Team Leader**

Responsible for ensuring:

- Staff are familiar with and adhere to this procedure
- Ensuring all incidents are reported promptly
- Support is offered to the person/s involved and documented.

## **4. PRINCIPLES**

- Next of kin/carer (s), should be engaged appropriately, whilst gathering information to inform the investigation process, and should be given an opportunity to express and/or discuss any concerns they may have.
- Patients who are the alleged perpetrator continue to have a right to respect and should be consulted with and involved in the investigations.

## **5. INITIAL STEPS FOLLOWING NOTIFICATION OF A HOMICIDE WHEN THE ALLEGED PERPETRATOR IS A TRUST PATIENT**

1. All suspected homicides must be reported within 24 hours of the incident occurring/incident notification using the Datix reporting system and following the incident reporting policy and procedure (Standard Operating Procedure-Reporting an Incident SOP 21-108). Incidents are reported at <https://intranet.humber.nhs.uk/datix.htm>
2. The details of the incident/homicide shall be reviewed at the next safety huddle held following datix submission. Corporate Safety huddles are held daily from Monday to Friday. The corporate safety huddle has representation from the four divisions, patient safety, safeguarding and medicines management.

## **6. INITIAL REVIEW AT THE SAFETY HUDDLE**

1. The Safety Huddle will review the information provided in the datix regarding the homicide as per the Standard Operating Procedure: Corporate Safety Huddle (SOP 21-018).
2. The safety huddle will notify the Director of Nursing (“DON”) and the Medical Director (“MD”) that an alleged homicide has occurred. The huddle will also notify the Trust’s legal services department via the of Head of Legal Services and the Legal Services Officer of the alleged homicide. The alleged perpetrators full name and date of birth are to be provided.
3. An Initial Incident Review (IIR) will be requested that needs to be completed within 72 hours of the huddle meeting. The IIR is returned and will be considered by the DON and MD to identify and further actions that may be needed to ensure patient safety.

If it is confirmed that the alleged perpetrator is a current patient of the Trust or recently discharged from Trust Mental Health Services a patient safety incident analysis will be considered. Please refer to the Trust’s Patient Safety Incident Response Policy (N-075) for further actions to be taken.

## 7. NOTIFICATIONS TO THE CORONER AND POLICE

1. The Trust's legal services department shall open up a file for the homicide, the file name will be under the alleged perpetrators name and stored in the 'Current Inquests' folder.
2. Within 48 hours of notification the Trust's legal services department shall notify the Coroner that the perpetrator is a patient of the Trust. Notification to the Hull Coroner's Office are to be sent to [Elizabeth.Savill@hullcc.gov.uk](mailto:Elizabeth.Savill@hullcc.gov.uk).
3. Within 48 hours of notification the Trust's legal services department shall also notify the police that the perpetrator is a patient of the Trust. If the relevant police force is Humberside Police, the police notification should be sent to the investigations Senior Investigating Officer ("SIO") copying in [john.thirkettle@humberside.pnn.police.uk](mailto:john.thirkettle@humberside.pnn.police.uk). If the relevant police force is an alternative force the notification should be sent to the SIO.
4. The notification to the police shall also include a formal request for the name of the victim (if the name is unknown) and for contact details for the victim's family/next of kin.

The victim's name and next of kin details are required so that the Trust can send a Duty of Candour letter to the victim's family and invite them to participate in the Trust investigation. The Trust's Duty of Candour Policy and Procedure: Communicating with Patients and/or their Relatives/Carers following a Patient Safety Incident (N-053) can be found here: [Duty of Candour Policy and Procedure.pdf \(humber.nhs.uk\)](#).

5. Following discussion with the police if it is also appropriate to send a duty of candour letter to the patient's next of kin then their next of kin details can be found in the patient medical records as per the Next of Kin SOP (SOP 21-023). If the patient's next of kin details are not recorded in the patient's medical record, those details can also be requested from the police if required.
6. The police will need to request consent from the next of kin/victim's family to share their contact details with the Trust. If they decline to have their contact details shared with the Trust their views must be respected. However, the police should be asked to inform the family of the Trust's investigation completion deadline so that the family are aware should they later decide to participate in the investigation.
7. If no response is received from the police within 7 days of requesting a chaser email should be sent. If no response is received to the chaser email within a further 7 days a final chaser email should be sent. If no response is received 7 days following the final chaser email the delay should be escalated to the Trust's Chief Operating Officer for them to raise with the Chief Constable.
8. Once the next of kin/victim's family contact details are provided by the police these are to be shared within 24 hours with the patient safety and risk team so that the duty of candour letter can be promptly sent by the Director of Nursing.
9. The Head of Legal Services (and in their absence their deputy) shall remain the first line of contact with the police and shall support the police with any queries they may have.
10. The Trust's legal service department shall promptly notify the Trust's medical records department that a Subject Access Request is likely to come from the police, this is to allow the medicals records team time to prepare for any medical records disclosure requests from the police in a timely manner, as such requests are often time sensitive. For details of how to respond to a police request for medical records please see the Standard Operating Procedure for Sharing Personal Data with the Police (SOP 19-004).

11. If the Trust receive notification from the police that no further action or charges are being brought against the patient the Head of Legal Services will contact the SIO to ascertain the rationale. The Head of Legal Services will share this information with the patient safety team and the patient's care co-coordinator.

## 8. NHS ENGLAND MENTAL HEALTH HOMICIDE REVIEW

1. When there has been a mental health homicide NHS England also commission an independent investigation into the homicide (sometimes referred to as a mental health homicide review). The independent investigation is carried out separately from any police, Trust, legal or Coroner's proceedings. It may be done by an independent organisation which is given access to all the information and reports about the individual patient's care and treatment (within the usual patient confidentiality rules), and who can also request interviews with any Trust staff involved.
2. The Head of Legal Services will be the single point of contact for NHS England independent investigation into the homicide.

## 9. REFERENCES/DEFINITIONS

Home Office Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2013)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/209020/DHR\\_Guidance\\_refresh\\_HO\\_final\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209020/DHR_Guidance_refresh_HO_final_WEB.pdf)

NHS England, Serious Incident Framework, Supporting learning to prevent recurrence: [Serious Incidents Framework - England.nhs.uk.pdf \(humber.nhs.uk\)](https://www.nhs.uk/serious-incident-framework/)

NHS England (2022), Patient Safety Incident Response Framework and supporting guidance, London, NHS England.

<https://www.nhs.uk/information-governance/guidance/sharing-information-with-the-police/>

National partnership protocol for managing risk and investigating crime in mental health settings.

Williams, C (2014) Enhanced Significant Event Analysis, a human factors system approach for primary care.

NMC (2015) Professional duty of candour, NMC

GMC (2015) Openness and honesty when things go wrong the professional duty of candour, GMC.

HM Government (2015) Working together to safeguard children

NHS Resolution (2018) Saying sorry. London: NHS Resolution.

National Patient Safety Agency. (2004). Seven Steps to Patient Safety. London: National Patient Safety Agency.

Department of Health (DoH). (2003). Making Amends. London: DOH.

National Patient Safety Agency. (2009). Being Open – Communicating Patient Safety Incidents with patients and their carers (revised guidance). London: National Patient Safety Agency.

## **10. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES**

Patient Safety Incident Response Policy (N-075) NHSI Patient Safety Incident Response Framework and supporting guidance  
NHSI Never Events Policy and Framework (Revised 2018)  
Duty of Candour Policy N-053  
Learning from Deaths Policy  
CQC Learning, Candour and Accountability  
Standard Operating Procedure – Reporting an Incident (SOP 21-018)  
Next of Kin SOP (SOP 21-023)

## Appendix A: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Following Notification of a Mental Health Homicide (SOP22-015)**
2. EIA Reviewer (name, job title, base and contact details): **Lisa Davies, Head of Information Governance and Legal Services**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **SOP**

*New SOP to ensure compliance with Serious Incident Framework (NHS ENGLAND) and to respond to comments and recommendations from a Mental Health Homicide Review.*

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Marriage/Civil Partnership</li> <li>5. Pregnancy/Maternity</li> <li>6. Race</li> <li>7. Religion/Belief</li> <li>8. Sexual Orientation</li> <li>9. Gender re-assignment</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score  <b>Low = Little or No evidence or concern (Green)</b>  <b>Medium = some evidence or concern (Amber)</b>  <b>High = significant evidence or concern (Red)</b></p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
--	--	--

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	<p>Including specific ages and age groups:</p> <p>Older people                      Young people                      Children                      Early years</p>	Low	The SOP applies equally to all.
<b>Disability</b>	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory                      Physical                      Learning                      Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	The SOP applies to all.
<b>Sex</b>	<p>Men/Male                      Women/Female</p>	Low	The SOP applies to all.
<b>Marriage/Civil Partnership</b>		Low	The SOP applies to all.
<b>Pregnancy/Maternity</b>		Low	The SOP applies to all.
<b>Race</b>	<p>Colour                      Nationality                      Ethnic/national origins</p>	Low	The SOP applies to all.
<b>Religion or Belief</b>	<p>All religions                      Including lack of religion or belief and where belief includes any religious or philosophical belief</p>	Low	The SOP applies to all.
<b>Sexual Orientation</b>	<p>Lesbian                      Gay men                      Bisexual</p>	Low	The SOP applies to all.



Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	The SOP applies to all.

**Summary**

Please describe the main points/actions arising from your assessment that supports your decision.

The SOP applies to all.

EIA Reviewer: Lisa Davies

Date completed: 21/03/2024      Signature: Lisa Davies