

## STANDARD OPERATING PROCEDURE FOLLOWING NOTIFICATION OF A SERIOUS ASSAULT BY A MENTAL HEALTH PATIENT

<b>Document Reference</b>	SOP22-016
<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>• Recording Next of Kin (SOP 21-023)</li> <li>• Following Notification of a Mental Health Homicide (SOP 22 -015)</li> <li>• Clinical Risk Assessment (Mental Health and Learning Disability) Management and Training Policy (N-015)</li> </ul>

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

### CHANGE RECORD

Version	Date	Change details
1.0	07/07/2022	New SOP to ensure compliance with Serious Incident Framework (NHS ENGLAND). Approved by Clinical Risk Management Group (21 July 2022)
1.1	21/03/2024	Updated to incorporate the Patient Safety Incident Response Framework and supporting Guidance (NHS England). Approved by Clinical Risk Management Group (21 March 2024)

## Contents

1. INTRODUCTION .....	3
2. SCOPE.....	3
3. DUTIES AND RESPONSIBILITIES .....	3
4. PRINCIPLES.....	3
5. INITIAL STEPS FOLLOWING NOTIFICATION OF A SERIOUS ASSAULT WHEN THE ALLEGED PERPETRATOR IS A TRUST PATIENT .....	4
6. INITIAL REVIEW AT THE SAFETY HUDDLE .....	4
7. NOTIFICATIONS TO THE POLICE.....	4
8. NO FURTHER CRIMINAL ACTION BY THE POLICE OR CROWN PROSECUTION SERVICE .....	5
9. PROSECUTION OF PATIENT .....	6
10. SUBSEQUENT DEATH OF VICTIM.....	6
11. REFERENCES/DEFINITIONS.....	6
12. 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 serious assault 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 victims of a serious assault where the perpetrator is in receipt or recently discharged from mental health services are treated in a respectful, sensitive and professional manner. Victims should be offered appropriate, compassionate support and be invited to contribute to any investigation conducted by the Trust.

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. Where appropriate, the Director of Nursing shall contact all those affected by the alleged serious assault (the victim and perpetrator) advising them that an investigation is to be undertaken and inviting them to contribute.

**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 the victim's contact details.

**The Legal Services Team** - will be responsible for liaising with the police and requesting contact details for the purposes of identifying those affected.

### **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

- Victims 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 investigation.

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

1. For the purposes of this SOP a 'serious assault' is defined as actual or alleged serious abuse; this includes serious sexual assaults and grievous bodily harm (as defined in Section 18 of the Offences Against the Person Act 1861 - [Offences against the Person Act 1861 \(legislation.gov.uk\)](https://legislation.gov.uk)).
2. All alleged serious assaults 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>
3. The details of the incident shall be reviewed at the next corporate 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 serious assault as per the Standard Operating Procedure: Corporate Safety Huddle (SOP 21-018).
2. If an incident is deemed to require further information 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 at CRMG. The IIR will either be closed for no further action (for example where it is confirmed that the patient was not in recent receipt of Trust services or where the patient is not the alleged perpetrator) or escalated for a patient safety analysis investigation as per the Trust's Patient Safety Incident Response Policy (N-075).
3. The safety huddle will notify the Director of Nursing ("DON") and the Medical Director ("MD") that an alleged serious assault 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 serious assault. The alleged perpetrators full name and date of birth are to be provided.

## **7. NOTIFICATIONS TO THE POLICE**

1. The Trust's legal services department shall open up a file for the serious assault, the file name will be under the alleged perpetrators name.
2. 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.
3. If duty candour is required, the notification to the police shall also include a formal request for the name of the victim (if the name is unknown) and for the victim's contact details.
4. The victim's name and contact details are required so that the Trust can send a Duty of Candour letter to the victim and where appropriate 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 (for example if the patient is found to not have capacity) 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 victim 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, in the event that the Trust are investigating the incident the police should be asked to inform the victim of the Trust's investigation completion deadline so that the victim is 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 victim's 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).

## **8. NO FURTHER CRIMINAL ACTION BY THE POLICE OR CROWN PROSECUTION SERVICE**

1. If the Trust receive notification from the police that no further action or no charges are being brought against the patient, the Head of Legal Services will contact the SIO to ascertain the rationale and explore why criminal charges were not pursued by the police/CPS. The Head of Legal Services will share this information with the patient safety team and the patient's care co-coordinator. The patient can also be discussed at the Crisis Care Concordat Operation Group Meeting which is attended by the Trust and Humberside Police.
2. The patient's care co-ordinator is to review the patients level of risk as per the Clinical Risk Assessment (Mental Health and Learning Disability) Management and Training Policy (N-015) [Clinical risk assessment, management and training policy \(humber.nhs.uk\)](#)
3. The patient's care co-coordinator should also consider making a referral to the Specialist Community Forensic Team ("SCFT"). Such referrals can be made if the care-coordinator or other clinician is concerned that a service user's current mental health relates to a significant risk of harm to others and it is likely they are at immediate risk of committing an offence. Referral forms are available from [HNF-TR.rmhfc@nhs.net](mailto:HNF-TR.rmhfc@nhs.net)

4. The SCFT can also advise on criminal justice process, potential pathway and discharge planning. For further information on the SCFT please see [Forensic Services Division \(humber.nhs.uk\)](http://humber.nhs.uk)

## 9. PROSECUTION OF PATIENT

1. If the patient is released on bail pending prosecution the patient's care co-ordinator is to review the patient's level of risk as per the Clinical Risk Assessment (Mental Health and Learning Disability) Management and Training Policy (N-015) [Clinical risk assessment, management and training policy \(humber.nhs.uk\)](http://humber.nhs.uk)
2. The patient's care co-ordinator should also consider making a referral to the Specialist Community Forensic Team ("SCFT"). Such referrals can be made if the care-coordinator or other clinician is concerned that a service user's current mental health relates to a significant risk of harm to others and it is likely they are at immediate risk of committing an offence. Referral forms are available from [HNF-TR.rmhfc@nhs.net](mailto:HNF-TR.rmhfc@nhs.net)
3. The SCFT can also advise on criminal justice process, potential pathway and discharge planning. For further information on the SCFT please see [Forensic Services Division \(humber.nhs.uk\)](http://humber.nhs.uk)

## 10. SUBSEQUENT DEATH OF VICTIM

1. If the victim of the serious assault sadly dies due to their injuries, then the Standard Operating Procedure Following Notification of a Mental Health Homicide (SOP 22 -015) shall be followed.

## 11. 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 (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.

[Offences against the Person Act 1861 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

## **12. 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)  
Clinical Risk Assessment (Mental Health and Learning Disability Management and Training Policy (N-015)  
Standard Operating Procedure Specialist Community Forensic Community Team SOP20-057

## APPENDIX A: EQUALITY IMPACT ASSESSMENT

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

1. Document or Process or Service Name: SOP Following Notification of a Serious Assault by a Mental Health Patient (SOP22-015)
2. EIA Reviewer (name, job title, base and contact details): Lisa Davies, Head of Information Governance and Legal Services, lisa.davies14@nhs.net
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?

*New SOP to ensure compliance with Serious Incident Framework (NHS ENGLAND).*

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

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age	<p>Equality Impact Score</p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	a) who have you consulted with
2. Disability		b) what have they said
3. Sex		c) what information or data have you used
4. Marriage/Civil Partnership		d) where are the gaps in your analysis
5. Pregnancy/Maternity		e) how will your document/process or service promote equality and diversity good practice
6. Race		
7. Religion/Belief		
8. Sexual Orientation		
9. Gender re-assignment		

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</p> <p>Young people</p> <p>Children</p> <p>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</p> <p>Physical</p> <p>Learning</p> <p>Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	The SOP applies to all.
<b>Sex</b>	<p>Men/Male</p> <p>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</p> <p>Nationality</p> <p>Ethnic/national origins</p>	Low	The SOP applies to all.
<b>Religion or Belief</b>	<p>All religions</p> <p>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</p> <p>Gay men</p> <p>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