

**Independent Investigation Action Plan for Mr D**  
**Learning lessons document and action plan published: 02 November 2023**

**Statement from South West London and St George's Mental Health NHS Trust:** We would like to offer our deepest condolences to the friends and family of the victim, and everyone affected by this tragic incident. Alongside a thorough internal investigation, we fully participated with the independent investigation and have already made substantial changes to address the recommendations and make improvements. We are now working collaboratively with our partners to deliver the agreed action plan and will continue to monitor the impact of this.

Rec No.	Organisation	Recommendation	Actions to achieve recommendation	Implementation Lead	Implementation by when	Evidence of Completion	Monitoring & evaluation arrangements
1	Surrey and Borders Partnership NHS Foundation Trust	Surrey and Borders Partnership NHS Foundation Trust (SABP), South West London St Georges Mental Health NHS Trust (SWLSTG) and Royal College of Psychiatrists have already made substantial changes to the relevant aspects of their services. The report authors have recommended auditing and evidencing the embedding of actions already identified and implemented (please see action plan detail of each organisation as below)					
	Surrey and Borders Partnership NHS Foundation Trust	A) <b>Surrey and Borders Partnership NHS Foundation Trust</b> Forensic outreach and liaison service (FOLS) should ensure that risk assessments are of a good quality, and that transfers of care are undertaken to a high standard.	1) Created a local procedure that standardises FOLS risk assessment processes and levels 2) Created a local supervision checklist to ensure compliance and consistency. 3) Created a band 7 pathway lead post who takes care of transfers of care from secure settings into the community	1) Forensic Outreach Liaison Service Manager 2) Forensic Outreach Liaison Service Manager 3) Forensic Outreach Liaison Service Manager	1) Nov 2020 2) Nov 2020 3) 2018	Local procedure written into Operational Policy, risk assessment documentation contained on Systmone. All Historical Clinical Risk Management (HCR 20) assessments are completed by two clinicians on the completion of the HCR 20 they are presented to the and signed off by the MDT. All level one assessments are presented and discussed at the Multidisciplinary (MDT) meeting – again these are signed off by MDT. A spreadsheet of in date risk assessments is maintained and is monitored at the business meeting. Supervision checklist and records, new service model (now Forensic Outreach and Liaison Service) and new band 7 pathway lead post recruited to. There is a consultancy approach for all teams to manage patients on life licence and for staff to be clearer with risks and individuals vulnerability at the point of transfer. Transfer policies have been updated, and internal risk assessments and/or transfer meetings are made through multidisciplinary (MDT) teams rather than individual assessment. Additional assurances provided by ongoing audits such as CPA discharge Dynamic risk assessments and improvements made to the recovery pathway.	Supervision, 3 x weekly risk meetings, monthly pathways meeting and weekly MDT meeting, referrals meeting with Provider Collaborative Caseload checklist.
	South West London St Georges Mental Health NHS Trust	B) <b>Sutton community services</b> should ensure that the internal investigation action plan is evidenced with a particular emphasis on assurance that referrals are only accepted with sufficient information, and that where appropriate, there is liaison with probation in relation to specific cases.	1) Services within Sutton were the first to implement and embed a new model of integrated care as part of our Community transformation. In 22/23 services in Sutton began to work in partnership with community-based provider organisations to deliver a more holistic assessment and interventions-based model of care with the introduction of clinical pathways to improved access, recovery and patient experience. 2) The Screening system which has been updated, reviewed and is now fully established, will identify complex cases including those on Treatment Orders and take them to the Multi Disciplinary Team Meeting/Daily Integrated Allocation Meeting for further discussion 3) Those patients referred on a Treatment Order that have been screened by the team will link with agencies including Probation and will be contacted by the Assessment Team for further information gathering and to attend the Daily Integrated Allocation Meeting. 4) Once allocation to the appropriate team is done a comprehensive assessment and risk assessment will be completed. 5) People referred/transferred to our service from another health organisation will also be triaged through our Assessment Teams and allocated to appropriate team with comprehensive assessment completed 6) All staff in SPA/Assessment Teams will receive Enhanced Triage and Assessment training. 7) Community Service Line will hold a learning events	Clinical Manager, Sutton	31/07/2022 (Completed) Ongoing programme of work	Screening Documents Comprehensive Assessment Tool Evidence of Daily Intergrated Allocations Meeting (DIAM) Staff Training on Enhanced Triage Lead Social Supervision Awareness Training Learning events held every two months for staff to learn from serious incidents	Quality Governance Group Community Service Line Quality governance Group Borough Quality Governance Group
	South West London St Georges Mental Health NHS Trust	C) <b>Sutton community services</b> should review their new zoning and pathway protocols, to test how individuals such as Mr D would be managed within those systems in order to provide assurance.	1) Full review of Zoning and Pathways has been undertaken. 2) A simulation exercise will be undertaken to determine the efficiency of the pathway, this will include developing a case study which will be presented to the team as a referral and team discussion to take place from referral details to care co-ordination to ensure new pathway is effective and team can reflect and learn from process. 3) All new referrals of patients on Community Treatment Order (CTO) will be Zoned as a minimum of Amber.	Clinical Manager, Sutton Community Head of Nursing	31/07/2022 - Completed	Up to Date Zoning Policy/Guidance Simulation Completed successfully Daily Zoning meetings in SPA team Pathways documentation - Transfer of Care Evidence of case study and completed Simulation Exercise	Quality Governance Group Community Service Line Quality Governance Group Borough Quality Governance Group
	Royal College of Psychiatrists	D) <b>Royal College of Psychiatrists</b> should review the implementation of their protocols for patient and carer representatives, in order to ensure that the system is working well.	1) Continue meetings of the patient and carer oversight group. The group is chaired by the chief executive with representation the College Senior Management Team, a psychiatrist and patient and carer representatives. 2) The College safeguarding leads to meet every month to discuss emerging issues. 3) To continue to carry out an annual survey of patient and carer representatives to understand their experience of working with the College and to see if they are receiving adequate support. 4) To continue to assign all patients and carers working with the RCPsych a member of staff as their College contact to ensure they receive appropriate support in their role	Director, College Centre for Quality Improvement (CCQI)	1) Set up in spring 2019 2) Meetings began in spring 2019 3) First survey completed in spring 2021 and repeated in spring 2022 and spring 2023 4) College contact role introduced in 2019 and HR monitor to ensure all roles have a college contact assigned	Minutes from oversight group meetings Patient and carer survey report	Oversight group (6 meetings a year) Safeguarding panel (monthly meetings)
2	SW London Probation & SWLSTG	<b>South West London Probation Local Delivery Unit and NHS mental health services</b> to draw up a collaborative protocol.  This protocol should include the current procedures for information exchange and individual case liaison, but should also include: • Points of escalation to manage poor communication or increased risk • An understanding of key meetings and roles • Shared training • Regular reviews	1) Meeting to take place between NHS Head of Nursing and Head of Probation to review existing protocols and ensure they meet current need. 2) to discuss training needs across both organisations to ensure respective structures, roles and responsibilities are understood. Future training plan to be developed, with training plan for both Mental Health Services and Probation Services receiving awareness training and future review meetings to be set.	Head of Nursing and Quality SWLSTG Head of Service, Sutton Probation.	Protocol in place. Training to be completed by April 2024.	Protocol shared and in place. Training sessions have been planned. Roll out will commence in October 2023 and will be over 6 months, with 3 training session being provided to the probation services by SWLSTG Advanced Clinical Practitioners (ACPs) and 3 training sessions being provided to Trust teams by the probation services as an introduction.	Initial meeting took place on 13/07/22. Protocol reviewed, and training schedule discussed. Next review meeting on 6/09/22 to confirm training schedule is to commence in October 2022. Alternate training to be offered by Probation and Mental Health each month, to ensure staff in both organisations have a clear understanding of roles, responsibilities, how to ensure effective partnership working is in place and to highlight cases where there might be learning to be gained. This training will cover staff in both organisations across Sutton, Merton, Wandsworth, Kingston and Richmond Boroughs.
	SW London Probation & SWLSTG		Head of Nursing to actively engage with Probation services to establish the arrangements in order to progress the Collaborative protocol	Community Head of Nursing	31/10/2022 - Completed	A Collaborative protocol	Quality Governance Group Community Service Line Quality governance Group Borough Quality governance Group