

Our Ref: JW/ML

Trust Management
1st Floor Admin
Hellesdon Hospital
Drayton High Road
Hellesdon
Norwich
NR6 5BE

Private and Confidential

Mr Nigel Parsley
Senior Coroner for Suffolk
The Coroners Court and offices
Beacon House
Whitehouse Road
Ipswich
IP1 5PB

25 June 2019

Dear Mr Parsley

Re: Ms Kerry Hunter

I write in response to your prevention of future deaths report dated 25 April 2019 following the conclusion of the inquest into the death of Ms Kerry Hunter. I know you will share a copy of this response with Kerry's family and I would like to express my condolences for their loss. Kerry's death is a tragedy and it is essential the Trust takes all opportunity to learn.

The report referenced the work the Trust is doing to develop the treatment provided to those who suffer from a personality disorder. It noted the evidence provided at the inquest that people eligible for this treatment would be required to transfer to the Trust's Integrated Delivery Team in order to be referred to this service.

Currently care for people with personality disorder is provided by the Trust's community mental health teams and integrated delivery teams, where clinical psychologists either carry out therapy directly or supervise care coordinators. Some psychologists are trained in Dialectical Behaviour Therapy (DBT) methods but there are no teams that operate as a full DBT model. When a full DBT package of treatment is required, service users are referred to independent or external NHS services funded by Clinical Commissioning Groups. There is an independent sector unit in Norfolk and others around the country. There are no specific outpatient external/private DBT providers.

The plan for the new Personality Disorder Service involves eight elements:

1. Clinically-led personality disorder leadership team supporting a change in culture and clinical practice at a senior level modelling consistency, accountability and leadership.
2. Improved access and assessment that involves a needs-based screening process which works alongside diagnostic criteria to ensure people access the part of the pathway which will deliver the most benefit and prevent unnecessary admissions to hospital.
3. Specialist personality disorder therapy teams comprising nurses, psychologists, psychiatrists, occupational therapists and social workers within local teams, delivering targeted interventions to those with the most complex needs and providing advice & consultation to their colleagues and the wider system.
4. A breadth of training ranging from Knowledge and Understanding Framework (KUF) training for all staff, through to full Dialectical Behaviour Therapy training for the specialist teams.

5. 72 hour inpatient protocol providing purposeful, formulation-driven, recovery-focused care packages concentrated on self-regulation and discharge. Linked to the screening process in order to ensure only those with a need access this level of intervention.
6. Needs-based interventions involving a framework of delivery that works with diagnosis to enable better management of people with personality disorder in standard community and inpatient pathways.
7. Crisis support through integrated working with local crisis teams and crisis cafes/hubs to deliver the needs-based model including personality disorder-specific training. Supporting teams with positive care planning to better support people in the community and improve their health outcomes.
8. Peer Support Workers to model hope and recovery, providing a vital link between statutory and third sector services and supporting the individual throughout the pathway with a focus on life beyond service engagement.

The strategy has started with the recruitment into the post of personality disorder strategy lead, who will be supported by an implementation team covering the next twelve months.

Where someone with a complex presentation is seeking recovery, they will be encouraged to engage with the specialist personality disorder therapy teams because of their enhanced skills and knowledge. However, it is recognised that people will have contact with other services that the Trust provides. This includes our acute hospital liaison services and Wellbeing service. We are clear, in line with national guidance and best practice, that the presentation or diagnosis of a personality disorder is not a diagnosis of exclusion which is why training will be aimed at all staff and access available to specialist advice. These services will continue to be available based upon the presenting needs of the service user.

As we implement the service we will have regular review points to assess the impact both in terms of outcomes but also in respect of areas such as the access route. This will help inform adjustments in order to provide an effective service.

Thank you for providing this report to the Trust.

Yours sincerely



Jonathan Warren
Chief Executive