Norfolk and Suffolk
NHS Foundation Trust

**NSFT Trust Management**
Norfolk and Suffolk Foundation Trust
County Hall
Martineau Lane
Norwich
NR1 2DH

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

29 January 2024

Dear Mr Parsley,

I write to update in respect of the Prevention of Future Deaths (PFD) report made in the case of Kerry Hunter in April 2019.

I have discussed this with our Trust lead for personality disorder and complex needs who has provided the updates below.

In response to the initial PFD questions:

***"Details of new policies and procedures of clarity of information given to people with BPD"***

Through service user involvement, we are co-producing as much of our patient-facing information about our pathways and interventions as possible. We have "Working Together Groups" and other avenues for gaining service user feedback and ideas around unmet needs, service improvement, information and policies. We are currently reviewing our personality disorders and complex emotional need (PD/CEN) strategy for release in April 2024 after service user and carer consultation. There is also a system-wide "Pathway Integration Meeting" in place which any provider can attend which improves system knowledge about what support and intervention is available in different provider organisations.

***"Training and development of staff in NSFT in relation to BPD"***

The trust continues to roll out a comprehensive training programme for NSFT staff in relation to PD/CEN. The main training for staff is our Knowledge and Understanding Framework, which is entirely co-produced and co-delivered.  We also have a two-day dialectical behaviour therapy (DBT) skills course which any member of staff can attend.

| Course | Numbers trained to date |
|---|---|
| Crisis Plus | 22 |
| DBT Practitioner level | 145 |
| MBT Practitioner | 13 |
| DBT skills level | 999 |
| ADDRESS | 471 |
| MBT skills | 195 |
| SCM basic | 9 |
| KUF | 345 |
| Carers for PD Awareness | 18 |

In addition, staff in CFYP, Adult and Older Adult services have been able to train in evidence-based therapies like Mentalisation-Based Therapy (MBT) and Dialectical Behaviour Therapy (DBT). This has been supported by CCG funding and latterly by NHSE funding. As a result, most clinical areas for working age adults and youth have a full programme of at least one evidence-based therapy, and a tiered approach depending on severity and complexity. We are currently developing a specific offer for older adults with complex emotional need, supported by specific training.

***"Formal risk assessment and completion of requisite documentation in cases of people with BPD"***
We deliver STORM skills training (self harm and suicide prevention training) as our main training on risk and safety planning for clinical staff. This was piloted in Suffolk CFYP and is now being rolled out trust wide. Like other trusts, in response to national guidance, we are moving away from actuarial approaches to risk and instead focus on collaborative risk formulation and safety planning. STORM training includes specific training on safety planning, and our Dialog+ care planning tool is used to collaboratively create a safety plan for every adult and working age adult under our care. Our Youth teams have formed their own safety planning documentation which is co-produced with our young service users. Every service user will receive a co-produced safety plan.

**Concern around stepping up and down: In the PFD in relation to Kerry Hunter, it was stated that "*those with BPD would have to agree to be transferred for treatment from the Integrated Delivery Team to the new service and it was noted by the expert witness, [redacted] that many service users will have had significant previous contact with mental health services".***
We have upskilled and increased the staffing resource within community teams so that service users now have improved to access evidence-based treatment. This means that service users do not have to be referred on to a specialist service or face transitions of care in order to access specialist treatment. Where teams have not been able to support a full programme of an evidence-based therapy (like DBT), there are partial programmes in place. Within primary care, we are supporting our Mental Health Practitioners (MHPs) to offer evidence-informed approaches, and we are working to expand the availability of psychological therapy to close the gap between primary and secondary care. We recognise that transitions of care can be difficult for our service users, and seek to have a "no wrong door" approach across the system, so that service users can access the right care, wherever they initially present.

**Modifications for ASD/ neurodevelopmental presentations with respect to therapies like CBT** :
Service users with comorbid ASD and Personality Disorder need adjustments of the standard intervention protocols we use. We are recruiting to one specialist post to provide for people with these comorbidities in South and West Norfolk, and we have set up a working group in psychology to guide us as to evidence and

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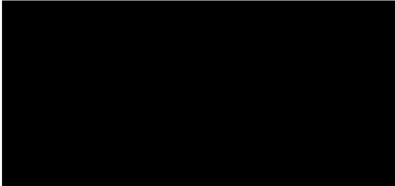
best practice in relation to modifying our therapeutic offer. This comorbidity will be recognised as an area of increased focus within our revised PD/CEN strategy.

I hope that this information offers you reassurance on the areas raised.

Yours sincerely



Deputy Chief Executive & Chief People Officer

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