Hampshire and
Isle of Wight Healthcare
NHS Foundation Trust

Trust Headquarters
7 Sterne Road
Tatchbury Mount
Calmore
Southampton
SO40 2RZ

[redacted]

25 November 2025

Mr Robert Simpson
HM Assistant Coroner
Hampshire, Portsmouth and Southampton Coroners Service
Castle Hill
The Castle
Winchester
SO23 8UL

[redacted]

Dear Mr Simpson

Please find enclosed the Trust's response to the Regulation 28 report issued following the inquest into the death of Naomi Aylott.

I am grateful for your considered observations regarding this case and trust our response helps you understand the steps we are taking to address these areas and that you will not hesitate to contact me should you have any further queries.

Yours sincerely

[redacted]

[redacted]
Chief Executive

Enc.

1. *I am concerned that Naomi was never seen face to face by her care coordinator over the 3 – 4 month period that she was under the care of the CMHT. I heard evidence that the Andover CMHT, in particular, was impacted by a change in the way that primary care networks (PCNs) refer patients to secondary services. Due to Naomi's GP surgery being within a particular PCN she was referred to the Andover CMHT even though she lived in Four Marks, a 40-50 minute drive from Andover. This is much further than would have been the case had Naomi come under the care of the Winchester CMHT. The Andover CMHT has not been able to arrange as many face to face appointments with care co-ordinators due to the time they would have to spend travelling. Naomi's care was not referred to the Winchester CMHT originally nor was it transferred from the Andover to the Winchester CMHT after the referral was accepted.*

   Although many patients prefer technology-based consultations—and research supports their effectiveness as a therapeutic delivery method—a blended approach that combines face-to-face and remote contact is generally considered the most effective way to manage risk.

   In situations where patients live a considerable distance from the team base, remote consultations have become more common. This shift is driven both by pressures on staff time and by the inconvenience patients face when they have a lengthy journey to their outpatient appointments, which leads them to favour remote options.

   The Andover CMHT in particular, does cover a large geographical area and we recognise that this poses a logistical challenge for patients to be seen face to face. This has arisen as a result of the catchment area being defined by the externally allocated Primary Care Networks. We accept that this is not ideal and are actively taking steps to address this so that patients living in more rural parts of the area, as Naomi was, can instead be seen by staff based at a Winchester clinic. I expect these new ways of working to be fully implemented by January 2026.

2. *I am concerned that within the Andover CMHT the training around risk assessments and the auditing of compliance with risk assessment policy is not adequate. In relation to Naomi I heard evidence that the completion of formal risk assessments was not carried out in accordance with the CMHT policy. I heard evidence that Andover CMHT had undergone risk assessment training at around the time they were involved in Naomi's care. Despite this no formal risk assessments were completed. In addition I heard that the process for auditing risk assessment compliance had not identified this failure in respect of Naomi's care. I also heard evidence that the Andover CMHT had requested further training from the Hampshire and Isle of Wight Trust but that this had not taken place.*

   Whilst staff in the CMHT were reviewing Naomi's risks on an ongoing basis, we accept that the risk assessment documentation was not updated to reflect this.

   Regarding training, the witness at the inquest has clarified that they inadvertently gave you incorrect information when giving their evidence. They had stated that the risk training provided to the CMHT coincided with the care provided to Naomi, when in fact it was delivered afterwards as part of the improvement work undertaken with the team following Naomi's death.

By way of some context, risk management, for a mental health registrant, will have been an integral part of core training. Student nurses' skills in risk assessment will be assessed within every student placement undertaken and form a core competency that must be met and signed off prior to successful completion of nurse training.

There is an onus on registrants to take responsibility for remaining competent in their area of practice as clearly set out in the Nursing and Midwifery Council's Code of Conduct. Trust staff are supported by relevant policies and guidelines on risk management and also have access to supervision and the wider multidisciplinary processes which are additional key components in supporting staff with the management of risk.

To ensure that they are as confident as possible in this field, a formal programme of risk management training has recently been developed for staff working in mental health services. This will standardise the offering across the organisation and will act as a refresher for staff. The roll out will commence in quarter 4 of 2025/26 with a 'train the trainers' approach, followed by a full programme of training delivery starting in quarter 1 of 2026/27.

The main focus of the training will be the need to move away from stratification of risk into 'low, medium and high', which has historically been widely embedded in mental health language, as this is considered to be ineffective in its determination of risk. The training programme will cover the evidence base for this different approach, which is in keeping with the NHS England guidance *'Staying Safe from Suicide: Best practice guidance for safety assessment, formulation and management (April 2025)*. There will also be an emphasis on involving 'trusted others', whilst needing to balance this with the patient's right to confidentiality.

There will be time dedicated to practical exercises to ensure there are chances for practitioners to consider what a formulation may look like, what the 5 P's (Precipitating, Predisposing, Perpetuating, Protective and Presenting Factors) are and how they build the narrative around the nature of someone's risk/safety picture. The training will also look at what safety planning should incorporate and again work from the foundation that this is done in collaboration with the patient and ideally their family/carers.

There is also recognition that in order to support this training programme, our electronic patient record system will need updating such that it supports the recording of staff observations around risk using this new approach.

Pending the roll out of our new risk management training programme, community mental health teams (including Andover) have received bespoke risk management training sessions delivered on a team-by-team basis at their local team base.

Routine audit of compliance has also been standardised across our organisation's community mental health teams with the introduction of a revised Quality Assurance Tool in November 2025, which has been designed to specifically target the quality of risk assessments being completed. This is a Trust-wide approach and is much more sensitive to identifying shortfalls across our Mental Health Services and allowing remedial action to be taken.

3. *I am concerned that the Andover CMHT do not appear to have considered how to keep a person's family involved in their care (when there is the appropriate consent to do so) when meetings with the care co-ordinator take place over the phone and not face to face.*

We understand the particular concerns identified here with regards to how to involve families when care is delivered remotely, and we accept that this ought to have been better considered in Naomi's case. This challenge also arises when patients attend face to face appointments in a clinic setting as they often will do so alone, without accompanying family.

To provide some context, in the Trust's mental health services alone, there were over half a million patient contacts in the community in the 12 months to the end of October 2025. There is evidence of positive family engagement in many of these services but despite our best efforts, and the ability to evidence significant programmes of work seeking to improve carer engagement, there will be occasions where individual experiences fall short of our expected standards. These instances are deeply regrettable and are treated as opportunities for reflection and learning.

Below is a summary of some of the work we have undertaken in this area which we will continue to embed and monitor. We have also had external scrutiny from our internal auditors which is also summarised.

<u>Collaboration with Partners and other Organisations</u>

We work collaboratively and in partnership with a number of carer organisations and partners such as Hampshire Carers together. A number of these carers organisations and carers and families have been engaged in the process to develop a new strategy for our newly formed organisation which was launched in June 2025.

<u>Triangle of Care</u>

The Triangle of Care is an initiative promoted by the NHS, developed by the Carers Trust, to foster a therapeutic alliance between the service user, their family or carers, and the professional staff involved in their care. It emphasizes partnership, communication, and shared responsibility to promote safety, support recovery, and sustain the wellbeing of both the service user and their carer. Having rolled out the programme to legacy Southern Health staff over a number of years, we are now introducing the Triangle of Care framework to our staff in Isle of Wight and legacy Solent teams (who merged with Southern Health last year to become Hampshire and Isle of Wight Healthcare). Much of this training is co-delivered with carers, carers leads and a former service user with their carer. The training has recently been updated in coproduction with carers.

The introduction of ESTHER coaching has further enhanced and reinforced the Triangle of Care principles. ESTHER Improvement Coaches are specially trained dedicated members of staff who support the development of other staff to create a culture of continuous improvement to ensure person-centred care. User involvement is integral to the model, building a network around the patient including family, friends, and key staff. Currently we have in excess of 90 staff members as ambassadors.

Carers Champions (Carers Leads)

To support our focused work with carers and families there are Carers Champions in each team, and additional Carers Champions considered as “honorary” Carers Champions across the Trust. There were 165 Carers Champions at the end of the 24/25 financial year and 56 Honorary Carers Champions. (Honorary Carers Champions are the ambassadors and influencers for all things carer-related).

Carers communication/information plans

Our new Carer Information Plan officially launched in May 2025, and is available for all services, replacing the previous Carer Communication Plan. Carers were involved in the development of our new plans and the response has been overwhelmingly positive.

This isn’t just a system update but instead is a meaningful shift in how we recognise, value, and support carers across our Trust. Now live in our electronic patient record, RiO, the Carer Information Plan helps staff easily record key details about the carers involved in a service user’s life, making sure their voices are heard and their contributions are acknowledged.

What makes this plan special is its focus on what really matters. It goes beyond basic information to include communication preferences, the kind of support carers provide, and personal insights like routines, hobbies, and known triggers of the service user. These details help us deliver care that is truly person and family-centred, strengthening the partnership between carers and care teams.

We have also built this plan with privacy and protection in mind. It includes clear consent protocols and separates information appropriately, ensuring we meet GDPR requirements while staying true to the principles of the Triangle of Care.

Feedback has been really positive - staff have told us the plan makes it easier to connect with carers and tailor support. Carers have shared how valued and included they feel with many saying it is the first time their role has been properly recognised in this way.

Independent assessment of Trust performance in this area

In recognition of the importance of carer engagement, the Trust last year commissioned an independent audit of this area. Specifically, the purpose of the audit was to review the adequacy of the Trust’s arrangements for involving and listening to carers in order that the Trust learns from their feedback and experiences. This was undertaken by our Internal Auditors—an external professional organisation specialising in governance and assurance.

Received in January 2025, the independent audit report found *‘there are comprehensive guidance and robust processes developed to ensure the national Carers Strategy and Triangle of Care guidance are followed across the Trust. A Carers Plan is in place to track ongoing actions and initiatives related to supporting carers. Triangle of Care standards are well communicated to all staff through training and engagement events. A robust governance structure has been established (prior to merger) to ensure effective oversight on the Carers Plan and carers’ feedback, which is collected through various channels, including surveys, engagement events, and meetings.* On this basis it found the control design to be ‘Substantial’.

The audit report goes on to find*: 'The control effectiveness is Moderate as the Trust has been monitoring the Carers Plan and improvement initiatives properly with sufficient evidence available to prove their delivery progress. However, while the Trust uses OpenRio to record patient and carer information, it does not currently capture all essential data, which could limit its ability to monitor carers identification and support provided. Moreover, new roles and responsibilities of the Carers team are still being defined post-merger.*

The data issue has been remedied with the information now captured on our data insights visualisation platform. Furthermore, the Trust is now nearly 1 year post merger, resulting in greater alignment in the Carers function across the new organisation with further work ongoing in this regard.