Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children’s Services in Cornwall

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<th>Date of Inspection</th>
<th>10 January – 21 January 2011</th>
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<td>Date of final Report</td>
<td>25 February 2011</td>
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<td>Commissioning PCT</td>
<td>Cornwall &amp; Isles of Scilly PCT</td>
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<td>CQC Inspector name</td>
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<td>Provider Services Included:</td>
<td>Royal Cornwall Hospitals NHS Trust</td>
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<td>Cornwall Partnership Foundation NHS Trust</td>
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<td>Cornwall &amp; Isles of Scilly Community Health Services</td>
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<td>Ian Biggs</td>
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This report relates to the recent integrated inspection of safeguarding and services for looked after children which took place in the above Authority recently.

It provides more detailed evidence and feedback on the findings from the Care Quality Commission’s (CQC) component of the inspection, and links these to the outcomes requirements as set out in the Essential Standards for Quality and Safety.

Thank you for your contribution to the inspection and for accommodating the requests for interviews and focus groups with your staff and those of partner agencies at relatively short notice.

The team provided feedback to your local Director of Children’s Services at the end of fieldwork and the joint inspection report to the authority is now published on the Ofsted website and can be accessed via this link: The joint inspection report.

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| Looked After children Inspection Outcome | Aggregated inspection finding |
| Overall effectiveness of services for looked after children and young people | Adequate |
This report includes findings from the overall inspection report, and provides greater detail about what we found, mapped where relevant to the Essential Standards, in order that your organisation can consider and act upon the specific issues raised.

A copy of this report is being sent to your commissioning PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority/Monitor as appropriate and CQC’s head of national Inspections, who has overall responsibility for this inspection programme.

The Inspection Process

This inspection was conducted alongside the Ofsted-led programme of children’s services inspections. These focus on safeguarding and the care of looked after children within a specific local authority. The two-week inspection process comprises a range of methods for gathering information – document reviews, interviews, focus groups (including where possible with children and young people) and visits – in order to develop a corroborated set of evidence which contributes to the overall framework for the integrated inspection.

CQC contributes to the inspection team and assesses the contribution of health services to safeguarding and the care of Looked after children relating to that authority. Our findings from the inspection contribute to the joint report published by Ofsted and also enrich the information we use to assess providers against the Essential Standards of Quality and Safety. This report sets out specifically the evidence we obtained in relation to these standards and extracts from the published report are included and identified.

CQC used a range of documentary evidence in advance of and during this inspection, and interviewed individuals and focus groups of selected staff and, where possible, children and young people, their parents and carers in order to provide a robust basis for the findings and recommendations.

This document sets out the findings in relation to the organisations listed above, but includes some areas which apply to one or more other NHS bodies where pertinent.

Context:

The Cornwall Children and Young People’s Strategic Partnership was set up initially in 2004 and the Children’s Trust established in 2009. The Trust includes representatives of the NHS Cornwall & Isles of Scilly Primary Care Trust (PCT), Devon and Cornwall Police, the Police Authority, Careers South West (formerly Cornwall and Devon Connexions), community and voluntary organisations, primary and secondary schools and the further education sector. The Independent Chair of the Local Safeguarding Children Board (LSCB) is a member of the Trust as an
observer. The Children’s Trust Board is chaired by the Director of Children, Schools and Families from Cornwall Council and brings together the main organisations working with children, young people and families in Cornwall to develop a Cornwall Inspection of safeguarding and looked after Children and Young People’s Plan and improve services delivered to children and young people.

Commissioning and planning of National Health Services is carried out by the NHS Cornwall and Isles of Scilly PCT. Universal and children’s community nursing services are provided by the Cornwall and Isles of Scilly Community Health Services. The acute hospital services are provided by Royal Cornwall Hospitals NHS Trust and Plymouth Hospital NHS Trust. Mental health and learning disabilities services are provided by the Cornwall Partnership NHS Foundation Trust. Child and Adolescent Mental Health Services (CAMHS) are provided by Cornwall Partnership NHS Foundation Trust, NHS Plymouth and Cornwall Children, Schools and Family Services. Services provided by NHS Plymouth and the Plymouth Hospitals NHS Trust were outside the scope of this inspection.

The safeguarding and looked after children inspection in September 2009 assessed the contribution of services to improving staying safe outcomes for children and young people in Cornwall as inadequate. This resulted in the then Department for Children, Schools and Families (DCSF) issuing a statutory direction requiring the establishment of an improvement board and the production of an improvement plan to address the inspection findings together with key targets set by the DCSF and agreed with the council. The resulting plan covered 15 key priorities for improvement. The board’s action plan covered the key areas for improvement identified in the 2009 inspection. (Ofsted February 2011)

The contribution of CQC in this second inspection was to examine how health partners had responded to the improvement plan and assess their progress, therefore this was not a full inspection against all our published key lines of enquiry.

1. **General – leadership and management**

1.1 The Cornwall and Isles of Scilly Primary Care Trust are making good effort to identify the health needs of children and young people who are looked after and live in Cornwall. The Public Health Directorate for Cornwall and Isles of Scilly have completed a health equity audit to look at the needs of children and young people in care. The audit clearly demonstrates the link between national performance and priorities and those in Cornwall. The aim is to provide by 1 April 2011, a comprehensive demographic description of the population of children and young people in care in Cornwall and the Isles of Scilly that will inform a set of recommendations, with a deadline of 1st June 2011 for the completion of an action plan.

1.2 Following a recent revision in commissioning, there is a needs based joint adult and young persons commissioning strategy, with particular emphasis on mental health provision. Ongoing changes to commissioning were taking place at the time of the inspection and it is, therefore, not possible to make a judgement on the effectiveness of the planned service delivery. Performance
monitoring information from the previous services show that the services are mainly in line with national outcomes.

2. **Outcome 1 Involving Users**

2.1 There is good evidence of involving young people in the development of services. Young people and service uses have been involved in the evaluation and needs assessment for the re-commissioning of the adult and young persons substance misuse services. The new specifications mirror the views of young people.

3. **Outcome 4 Care and welfare of people who use services**

3.1 The arrangements to safeguard children and young people when they access emergency care at the Accident and Emergency Department at Royal Cornwall Hospital are good. On arrival at the unit their contact details are checked on the trust’s IT system. The IT system has a flag on any child or young person that has a child protection plan in place or is looked after. The IT system also identifies any previous attendance at the A&E department and a copy of that attendance is attached to the casualty card. When a child or young person is discharged, an automatic letter is generated that is sent to the child or young person’s general practitioner and health visitor or school nurse. The Paediatric Liaison Health Visitor reviews all attendances for children and young people to A&E to review the reason for attendance and treatment given. The RCHT named nurse for safeguarding visits the A&E department daily to review any referrals to the department for children, schools and families and to give feedback or support. There are regular monthly meetings to look at safeguarding issues in A&E that include the paediatric liaison health visitor, the substance misuse liaison nurse practitioner and other key staff.

3.2 The accident and emergency specialist drug and substance misuse community psychiatric nurse practitioner provides a service to young people who access the A&E department following intoxication or self harm. The service is relatively new and as yet there has been no evaluation of the service or outcome data collated to show impact.

3.3 The arrangements to monitor frequency of attendance by children and young people at minor injuries units across the county are very good. The Cornwall and Isles of Scilly Community Health Services have in place a comprehensive protocol that is used by staff to support the identification and referral of any concerns about the frequency of attendance by a child or young person. The service are able to demonstrate a proactive approach that has led to referrals to school nurses for following up of suspicious injuries, bullying, domestic violence, sexual health issues, as well as to the Children and Young People and Families Social Care for domestic violence, children known to have a child protection plan and suspicious or unexplained injuries.

3.4 The provision of sexual health and relationship advice and contraceptive services provided to young people in Cornwall is adequate and improving.
The numbers of young people who have conceived has shown a consistent downward trend over the past three quarters. The drive to reduce teenage conceptions is a key feature of both the Children and Young People’s plan and the PCT’s strategic priorities. There is now extensive provision of the C-Card scheme with over 135 distribution points across Cornwall. There has been a significant increase in the number of private pharmacists who have approached the PCT asking to participate in the scheme. School nurses now hold, in each of the mainstream secondary schools, weekly ‘drop-in’ clinics, where sexual health support and advice is provided. There is joint funding of a mobile young people’s information advice and guidance service delivered from a “bus” that visits hard to reach communities and local “hot spot”s where there are high rates of conception. The bus is staffed with trained youth workers and is especially popular with young men. The local Brook service offers a range of young people’s clinics and these extend in to some schools and colleges. There is good access to emergency contraception, with 8 of the 11 minor injury units able to prescribe. Young people wanting to access a termination of pregnancy do so through either the Contraception Advice and Sexual Health Service (CASH), their general practitioner or through one of the specialist young people’s clinics. The PCT are currently examining the contract for termination services to look at provider compliance on the quality of the pre and post termination counselling and contraceptive provision.

3.5 The Healthy Child Programme starts in midwifery services. The majority of midwives are based in either the birth centre, GP surgeries/health centres or the community based children’s centres. The arrangements to identify and safeguard the unborn child in Cornwall are adequate. The midwifery service aims to book all women before they are ten weeks and six days pregnant. During the booking, a woman is screened for domestic violence and for any concerns around substance misuse or the woman’s emotional wellbeing, with referrals through the perinatal mental health pathway or to the substance misuse midwife. The Royal Cornwall Hospitals NHS Trust midwifery services cares for teenagers who are pregnant as part of the midwives generic case load and will refer to local support groups where appropriate and available, including the family nurse partnership. If a midwife identifies any concerns around the potential safety of the unborn child, then referrals can be made to the department for children, schools and families service once the pregnancy reaches twenty weeks in gestation. The named midwife is copied into the referral and will monitor the case to ensure that the initial conference is scheduled in advance to avoid the child being born without a child protection plan in place. Details of the case are also held on the labour ward in case of early delivery.

3.6 There is good support offered to young teenage mothers through the work of the Family Nurse Partnership and also through the Young Mums Will Achieve (YMWA) project. The YMWA project was set up to try and address the very low numbers of young mothers who were engaged with education, training and employment. The project was set up in consultation with young parents and consists of a thirteen week programme which the young people attend two days a week. The project has a very high retention and success rate and
a further eighty young people are enrolled to start on the project due to commence in February 2011.

3.7 The Family Nurse Partnership (FNP) pilot programme is working with 88 first time young parents. This work, through the children centres, is supporting first time teenage parents (who may also be in education). The FNP is able to demonstrate good outcomes, however, at the time of the inspection, the future of the service remains unclear.

3.8 A peri-natal mental health pathway has been developed and staff have received training on the impact of substance misuse and poor mental health and the impact this has on families. These vulnerabilities are now more frequently identified in the initial assessment when midwives are booking women at early pregnancy. The impact of the implementation, along with the identification of high risk cases and number of treatment plans initiated, is yet to be completed. There is recognition by commissioners that, as a result of the pathway, further postnatal support groups are required.

3.9 The redesign of health visiting and school nursing services, (which was nearing completion at the time of the inspection), is aiming to ensure sufficient resources to deliver the full Healthy Child Programme. Following a comprehensive needs analysis of caseloads, geographical based working is being introduced to ensure that capacity in the areas of higher needs are appropriately managed. It is too early to measure the impact of this and full co-location of staff with other agencies is not yet achieved. There has been a significant increase in the capacity of school nursing services across all schools including the special schools, supporting children with complex health needs. However, as yet, no measure of the outcome of this increase in resources has taken place. The evaluation and review of the implementation of the service redesign and the impact on delivery of the healthy child programme is scheduled for April 2011.

3.10 Advice and treatment given to young people around substance misuse is adequate. There is a clear link between the Joint Strategic Needs Assessment and other needs based assessment and returns data with service provision. There is a well established dedicated young people’s alcohol health promotion officer in place working effectively with schools and colleges. YZUP (wise up) offers support, information and advice to young people under the age of 18 about drugs and alcohol. They can also give advice to people concerned about young people’s drug and alcohol use, the service is well accessed by young people. The Blitz project (workshops in school addressing alcohol and sexual health issues) was delivered in 23 secondary schools with the aim of helping young people make informed choices. Training sessions have been held for pharmacists on giving brief intervention advice linked to alcohol that have taken place across the county. Feedback from young people who attended has been used to modify the programme. Whilst there is good analysis of the trends in substance misuse by young people in Cornwall, it is less clear how this is being used to inform service delivery.
3.11 Access to CAMHS services has improved following a recent financial investment, however there is a lack of performance monitoring information submitted during the inspection to show how this is impacted on actual and potential service users. CAMHS specification from July 2010 is now for a countywide 0-18 years provision, with multi disciplinary working at a joint tier 2/3. The single assessment process (SAP) is now established and starting to work well. Services for Looked after children (LAC) and those in transition, as well as the learning disabilities service are established. There is a ‘mainstream team’ in place providing tier 2 services as well as a 24 hour, 7 day week on-call emergency service. Targeted mental health services are provided within schools. The tier 4 provision is contracted across the county and on a per case basis based on individual needs. There is no evidence to show that there is a lack of capacity within the service.

3.12 Good support to families and carers of children and young people who have complex needs is essential if they are to avoid family breakdown. Services to children and young people with learning disabilities in Cornwall are good. The learning disability service is provided by a well resourced multi disciplinary team, with a clear referral pathway in place. All new referrals are triaged and put into categories that reflect need, with no new child or young person waiting in excess of 28 days. The team work in special schools and from clinics across the County. All learning disability nurses are attached to one of the special schools in the county. There is a pathway for diagnosing and assessing children and young people for autism. There are 3 residential homes that currently offer short break respite care to children who have high complex health need, as well as severe challenging behaviour. The homes offer direct work with families and well as guidance and support to other agencies. The work of the respite homes is well regarded and has good outcomes, with many young people able to step down and access the council’s standard short break provision.

3.13 Access to services for children and young people with disability and developmental delay have recently increased following recent investment. This enables them to extend their work in special schools, child development centres and the community. There is a new team that work out of a special school and offer outreach therapy services to pre identified communities. Children and young people within these communities will benefit from the facilities in the school during after-school and holiday sessions. The team will consist of dieticians, occupational therapists and physiotherapists.

4. **Outcome 6 Co-operating with others**

4.1 There are good arrangements in place to ensure that children and young people who come into care have their health needs assessed and that these are regularly reviewed with comprehensive and accurate care plans in place. Eighty seven percent of children and young people were sent an invitation to attend their initial health review within 28 days of becoming looked after with 75% of reviews actually taking place within 28 days. This figure improves to 94% within 42 days. The designated doctor for looked after children carries out all the initial health assessments when children and young people come
into care as well as the first annual health review. Current arrangements for the annual health reviews for children and young people over 5 are for these reviews to be carried out by either a looked after child named nurse or, if appropriate, a school nurse. There are strict protocols in place governing when universal services should refer a child back into the looked after child health team for their review. There are significant delays in children and young people receiving their annual health review on time. The looked after child health team are working to identify barriers in the current process that may be contributing to any delay in children receiving their health assessments. They are working closely with department for children, schools and families to ensure that health assessments are requested in a timely manner which allow health assessments to be undertaken within the statutory time scales.

4.2 Immunisation data is currently held on the Child Health Computer system. A print out of immunisation status is checked at each health assessment and outstanding immunisations highlighted on the Health Action Plan. Six monthly audits of the immunisation status of the looked after children population are undertaken and any outstanding immunisations are highlighted to the child's social worker, carer and GP.

4.3 Clarification that a child is registered with a dentist is requested by the Independent Reviewing Officer at each Child in Care Review and continues to be monitored for all children in care including those in pre-adoptive placements. Whether or not a child has attended the dentist for dental check-up is asked at each looked after child health assessment. For children and young people who are experiencing difficulty in accessing a dentist there is an agreement that dental care can be accessed via the community dental service. If dental health needs are identified at the initial health assessment a direct referral may be made to the community dental service.

4.4 There are good arrangements in place to ensure that children and young people who are looked after and placed outside of Cornwall receive their annual health reviews. The designated nurse holds the cases for all children and young people who are placed out of Cornwall. She is notified of any movement in their placement. The designated nurse negotiates with the most relevant health professional to arrange their annual health review and there are arrangements in place to quality assure all reviews that take place externally.

4.5 The health partners have put in place arrangements to ensure that the children in care team are notified of any attendance at A&E by a child or young person who is looked after. The team are notified verbally and in writing and the conversation is documented in the casualty notes. There has been no audit of the new process to show effective implementation of the process.

4.6 The named nurses for looked after children are geographically aligned to mirror the local authority children’s teams. They hold the cases for the children and young people who live within those boundaries and also have
close liaison with the local authority children’s homes within their patch. The nurses will visit the residential homes to support healthcare on an individual named child basis or to promote and provide health education on topics around healthy eating, smoking cessation, sexual health and relationship advice.

4.7 The dedicated children in care mental health and emotional wellbeing service is commissioned by the local authority and is provided by the Cornwall Partnerships NHS Foundation Trust. The service provides a highly valued step down service form CAMHS tier 3. The staff in the Children in Care Psychology service have positive and effective working relationships, partially due to their co-location, with social care. This is helping to ensure that there are no delays in referrals, consultations or advice. The service has completed a comprehensive training programme with educational staff for them to start to use Strength and Difficulties Questionnaire (SDQ) within schools. There are effective two way referral pathways between comprehensive and targeted CAMHS services.

4.8 Services in Cornwall are using SDQs to inform care planning for children and young people who are looked after. Where appropriate, all new looked after children and young people will have a SDQ completed as part of their initial health assessment. Current data shows 87% are completed within the first four weeks of a child or young person becoming looked after. Depending on the completed SDQ score a referral will be made to mental health and emotional wellbeing services. Both social workers and staff from the health children in care and adoption service can refer to the dedicated children in care psychology service and CAMHS.

4.9 The designated nurse has input into the training programme for school nurses and health visitors on learning outcomes as they relate to children in care and their annual health reviews.

4.10 The arrangements to ensure young people who leave care are provided with a detailed summary of their health history are inadequate. Current arrangements are for a letter to be issued to the young person that they keep and pass on to any services with whom they engage. The looked after child health team recognise this as an area for development and are scoping how they can improve the health information input into the pathway plan for a young person as well as improving the final health summary when a young person leaves care.

4.11 The provision of sexual health and relationship advice for young people who are looked after is adequate. Young people who are looked after are encouraged to access universal services. The reducing pregnancy teenage support worker is working with the designated nurse for looked after children to refine and produce information specifically targeted towards young people who are looked after that can be used to support discussion at either the annual health reviews or in other contacts through foster carers or residential children’s homes.
4.12 There are opportunities for the looked after designated nurse and named staff for looked after children to work in partnership with local authority children’s services to deliver training to foster carers around child development, healthy care, etc. These sessions have lapsed over the past year but are due to recommence during 2011.

4.13 Cornwall Partnership Foundation NHS Trust has good arrangements in place to identify the needs of children with parents who have mental health needs and access trust’s services. The triage process is audited annually and compliance with trust protocols by practitioners is shown to be good.

4.14 Cornwall Partnership Foundation NHS Trust was able to demonstrate good attendance at case conferences and strategy meetings to discuss child protection. The trust recently carried out an audit on attendance at case conference as well as the quality of reports submitted. The trust found that the quality of reports submitted had been variable but this had been addressed by feedback, training and a revision to the template report that comes from the local authority. The named nurses across the health economy meet regularly and carry out random checks on the quality of reports submitted for case conferences.

4.15 The learning disability service provided by Cornwall Partnerships Foundation NHS Trust has good partnership links with the child and adolescent mental health services. These links ensure that children and young people who access learning disability services are able to access CAMHS seamlessly.

4.16 The learning disability team have in place a transition protocol that is the early stages of being ratified and are currently seeking a sponsor in adult services. There is already flexibility and joint working with adult learning disability services on referrals received for young people aged 17. However, the transition protocol would mean that young people would not have to have their needs reassessed at 18 and a more integrated move into adult services could be achieved.

4.17 The substance misuse team are not engaged fully with the department for children, schools and families. Staff within the substance misuse team have made requests to department for children, schools and families to ask that practitioners who are working with young people or their families be invited to attend initial case conferences where appropriate. However, there remains a barrier to this happening and this has the potential to limit information sharing on an individual case basis.

4.18 There is good progress being made in sharing the notifications of police attendance to an incident of domestic violence where there are children present with health partners. There is further work required within community services to ensure a protocol is in place that explains what response or intervention is required by health practitioners once they receive a notification of an incident and this is being addressed.

5. **Outcome 7 Safeguarding**
5.1 Designated professionals are a vital source of professional advice on safeguarding children. The current arrangements for the designated doctor and nurse for Cornwall PCT are adequate, though administrative support is stretched. The designated nurse is employed full time. The designated doctor is currently working 0.35WTE until the end of March 2011 to fulfil the duties of the post and to scope future requirements.

5.2 The designated and named professionals in Cornwall PCT offer good support to general practitioners in helping them to fulfil their role in safeguarding children and young people. The named professionals have provided basic safeguarding awareness training to all general practices across Cornwall. The named doctor is working on improving the number of general practices that have an identified safeguarding lead and there are plans to audit compliance against this requirement during 2011.

5.3 The designated nurse was part of an audit on GP attendance at core group meetings for child protection that looked at GP attendance and submission of reports for conference. The audit found poor attendance though 80% of the records scrutinised showed that the GP had submitted a report. The designated nurse is using these findings to inform her future work plan.

5.4 There is good partnership working through membership of the multi agency quality assurance and safeguarding children’s unit. The designated professionals sit within the Safeguarding Children Unit which is a department focusing on safeguarding of children and young people, inclusive of those who are subject to a child protection plan or placed within the care system. Since the establishment of the unit in early 2010, there has been improved relationships and communication across the services.

5.5 The quality assurance and safeguarding unit also provides access to specialist medical examinations for children who may have experienced abuse or neglect, including provision of forensic sexual abuse examinations. These examinations take place at the Greenaway Suite which is based at the Royal Cornwall Hospital.

5.6 The line management and arrangements for safeguarding supervision for the named nurse and named doctor in the Cornwall Community Health Services are appropriate. The named nurse for Cornwall Community Health Services is new in post and is employed on a full time basis. The named doctor for safeguarding is employed for 2 sessions. The safeguarding named professionals are supported by a further one full time specialist nurse post that supports the 0-19 years family health service and a further 2.6WTE posts that are filled by four senior nurses who carry out safeguarding supervision with practitioners working in the 0-19 years service. The team have access to adequate administrative support.

5.7 The named nurse will offer support and advice to practitioners who are involved in child protection or child in need cases. She will accompany staff who are asked to appear at Court for hearings around child protection cases.
and will offer guidance in writing reports. The named nurse is not routinely copied into referrals to local authority children’s services but does receive copies of all invitations to child protection conferences and copies of any minutes. She uses these to randomly select and quality assure referrals, attendance at conference and any reports prepared for conference.

5.8 The Royal Cornwall Hospitals NHS Trust has in place a named nurse who is employed full time and is line managed by the Matron for Children’s Services. The named nurse currently meets with the Divisional Director of Women’s and Children’s Services on a quarterly basis and this does not comply with the requirement in Working Together for “the named professional to work closely with the board safeguarding children lead.” The named doctor for the trust is employed for 3 sessions per week and is line managed by the Director of Paediatrics. The named professionals in the trust are supported by a team of safeguarding link personnel who meet on a bi monthly basis. The link meetings were previously not given sufficient priority and numbers attending were low. However, the terms of reference were updated in the latter half of 2010 and each clinical area is now represented. The latest two meetings of the link group showed 90% attendance. Performance in the role of safeguarding link worker is not part of the individual’s job plan and their performance in the role is not formally commented on by the named nurse during the annual performance review. The trust has a named midwife who is the clinical midwifery lead. At the time of the inspection, the named midwife role was not explicitly defined in her job description. The named midwife meets monthly with the midwifery team leaders to discuss any major safeguarding issues and is the main point of contact for any safeguarding concerns. The named midwife sits on the trust’s safeguarding children operational group.

5.9 There are good arrangements in place at the Royal Cornwall Hospitals NHS to monitor the quality of referrals to the department for children, schools and families. All referrals are copied to the named nurse who reviews each referral to ensure that it is appropriate and contains all the relevant information. The named nurse visits all key sites across the main hospital on a daily basis and visits the West Cornwall Hospital on request, and at a minimum twice a month, to ensure that she remains visible to staff and promotes the requirement to safeguard children.

5.10 The team of designated and named professionals for looked after children have sufficient capacity to fulfil the duties of the roles as outlined in Working Together. The designated nurse for looked after children is employed substantively at 0.6WTE, though she is currently working full time in recognition of the strategic development work required. She is supported in her role by 3 part time named nurses for child protection who work a total of 1.8WTE across the three roles. The designated doctor for looked after children is a consultant paediatrician who also acts as the medical advisor for adoption panel. There is sufficient administrative resource to support the work of the looked after children health team.
5.11 The named nurse resource for the Cornwall Partnership Foundation NHS Trust is currently under redesign. Current arrangements are that the designated nurse for adults provides cover for the named nurse function within the trust during this transitional period. Although the designated nurse for adults has no direct line management within the Cornwall Partnership NHS Foundation Trust during this period, there is a strong relationship with the executive board lead for safeguarding and regular meetings take place. The named doctor for the trust is the medical director and is also the executive lead for safeguarding. The named doctor has 1 session allocated to the role and discharges the function of named doctor through chairing the trust’s Safeguarding Children Forum and as a panel member considering any individual management reviews as well as providing support and advice to operational staff within the trust. The named doctor is line managed by the Chief Executive of the trust and will seek advice or assistance on any safeguarding matters from the PCT’s designated doctor.

5.12 The Cornwall PCT Community Health Services, Cornwall Partnership Foundation NHS Trust and Royal Cornwall Hospitals NHS Trust are part of the cross health audit taking place into the quality of referrals to child protection. The audit has concluded and the findings are being evaluated. Health partners described an improving response by the local authority when child protection referrals were made. There is a clear and effective process to escalate concerns when health professionals are concerned about the response from the local authority.

5.13 There is evidence to show a good partnership approach, across health partners in implementing the recommendations of serious case reviews. An example of a collaborative approach is the requirement of all NHS providers in Cornwall to have in place a policy for following up children and young people who do not attend health appointments. The Cornwall PCT Community Health Services, Cornwall Partnerships Foundation NHS Trust and Royal Cornwall Hospitals are all required to submit an update to the South West Strategic Health Authority on the progress made on implementing their organisational Do Not Attend Policy.

5.14 The Cornwall PCT Community Health Service policy on vulnerable children who do not attend any medical appointment has been written and is awaiting final ratification from the Trust Board.

5.15 The Cornwall Partnership Foundation NHS Trust has recently introduced a ‘Do Not Attend’ policy for service users within CAMHS to ensure that children and young people are not inappropriately discharged and that a full risk assessment takes place before a child or young person is removed from the service following non attendance at clinics. Implementation of the policy has not yet been audited.

5.16 The Royal Cornwall Hospitals NHS Trust has completed a draft of a revised Do Not Attend Policy that is now going through governance. It is envisaged that the new DNA policy will be implemented as from 1st April 2011 and there is an intention to audit compliance with the policy during 2011/2012.
5.17 The arrangements for the Child Death Overview Panel are good. The CDOP have been successful in identifying themes and trends that may have contributed to a child death. Following an infant death from asphyxia from a nappy sack, through its enquiries, the CDOP were aware of other incidents nationally where similar deaths had occurred. Subsequently there has been a campaign to raise awareness of both frontline practitioners and parents both locally and across the country”.

6. **Outcome 14 Staffing support**

6.1 The provision of safeguarding training and safeguarding supervision within the Cornwall Primary Care Trust Community Health Service is good. Supervision is provided by dedicated staff that have all received the appropriate training and hold senior posts.

6.2 Safeguarding training in Cornwall Partnership Foundation NHS Trust is adequate. Current training statistics show 97.67% of staff received Level 1 training and 70.1% of staff have received their Level 2 training. Only 56.8% of eligible staff received multi agency Level 3 safeguarding training. The trust has mitigated this risk by providing in-house multi disciplinary Level 3 training.

6.3 Safeguarding supervision within Cornwall Partnership Foundation NHS Trust is good. It takes place as part of the formal supervision practice which is mandatory for all practitioners. The trust has bought in external training to ensure that practitioners who provide supervision have been appropriately trained in safeguarding supervision. If an individual practitioner requires additional supervision on a complex case then this is available from the named nurse on request.

6.4 The Royal Cornwall Hospitals NHS Trust report good performance in the number of eligible staff that accessed safeguarding training. Reported figures show 100% of staff have received Level 1 training, 83% of staff have received their level 2 training and 70% of staff have received their level 3 training.

6.5 The arrangements for staff who work for the Royal Cornwall Hospitals NHS Trust to receive safeguarding supervision are currently inadequate. There is, however, a safeguarding supervision policy that is in the final stages of preparation. The named nurse has recently organised a dedicated training session that will take place in February 2011. This training session is to equip staff with the skills to carry out safeguarding children supervision. Once trained, the trust will have a comprehensive resource to promote access to safeguarding supervision and the newly introduced policy will allow for monitoring and reporting on its uptake.

6.6 It is noted that there are insufficient places on the Level 3 multi agency safeguarding training provided by the Cornwall Children Safeguarding Board. The CLSCB are aware of the deficit and have taken some steps to try and address the issue by condensing the training from four days to two, however, there are still issues of capacity for health partners.
6.7 There is good collaborative working across health partners in Cornwall to ensure a co-ordinated approach to safeguard training. The named nurses are currently meeting as part of a task and finish group to examine the content of safeguarding training to ensure that it reflects the changes in the newly released intercollegiate guidance and to ensure consistency across the county.

6.8 The CLSCB and NHS CIOS have provided good multi agency training for practitioners on substance misuse and hidden harm, including update sessions on the use of the SUST tool (Substance Use Screening Tool). The SUST assists staff working within tier 2 services, to provide and effective response to the needs of young people who are involved in substance misuse. SUST acts as a good checklist for staff giving them confidence in dealing with and giving appropriate responses to young people, as part of either an holistic or stand alone assessment.

7. **Outcome 16 Audit and monitoring**

7.1 The governance arrangements used by the Cornwall Primary Care Trust to monitor safeguarding of children across health services in Cornwall are adequate. Each of the three NHS provider organisations has an organisational Safeguarding Children Forum that meets bi monthly. The terms of reference for all the groups have a standard core element that incorporates strategic imperatives that is supplemented by an organisation’s local requirement. The meetings have standing agenda items that are regularly reviewed by the designated nurse. The minutes from these fora are submitted to the Children and Adults Safeguarding Executive Group. The Children and Adults Safeguarding Executive Group monitors safeguarding across the health community in Cornwall and has an independent chair. The executive group meets quarterly and its minutes are sent to the Cornwall and Isles of Scilly Children Safeguarding Board as well as the trust boards for all commissioner and provider organisations. In addition to the executive group there is also a wider Health Safeguarding Forum which is attended by all named and designated professionals as well as delegates from private providers, independent contractors and the ambulance trust.

7.2 The arrangements for governance of safeguarding within Cornwall Partnership Foundation NHS Trust are adequate. The trust has a Safeguarding Children Forum that meets bi monthly and is attended by heads of service and nominated safeguarding leads. The meeting is chaired by the named doctor and minutes are presented at the trust board meetings. The audit programme, actions from serious case reviews and individual management reviews, serious incidents and national learning are all reviewed at this meeting. The safeguarding children forum are developing a dashboard to monitor performance around safeguarding practice, thought this is at an early stage.

7.3 There is an adequate programme of audit on safeguarding practice within the Cornwall Partnership Foundation NHS Trust. The trust are in the final
process of auditing implementation of the “Think child, think parent, think family” approach and early indications are positive, though there still remains a need to strengthen recognising the contribution of child carers to the assessment and ongoing treatment of adult parents.

7.4 There is close scrutiny of the CAMHS by commissioners from the local authority and the primary care trust as well as the strategic health authority. The most recent data shows that within CPFNHST CAMHS the conversion rate from referral to treatment is now showing a consistent upward trend as staffing levels have increased. The Do Not Attend rate for first appointment has continued to improve. Waiting times have also consistently improved with 96% of patients now seen within 28 days from 28% who were seen within 28 days at the start of 2010.

7.5 There is a recently established CAMHS partnership improvement board, which is starting to effectively monitor the effectiveness and performance monitoring of the whole countywide CAMHS provision.

7.6 There is no performance monitoring of looked after children who are using core CAMHS, or who have been referred into the NHS core CAMHS from the local authority run services. Recent change in the electronic patient information system will now allowed for this data to be captured and plans are in place for the outcomes for young people to be monitored.

7.7 The board assurance and governance structure for safeguarding children within the Royal Cornwall Hospitals NHS Trust are adequate, though there are some concerns around the line management and reporting arrangements of the named nurse. The named nurse currently only meets with the board lead on a quarterly basis. The trust board lead is the Divisional Director of Women’s & Children’s Services. There is a requirement within Working Together for the named nurse to work closely with the board safeguarding children lead. The named doctor chairs the safeguarding operational group that reports in to the trust governance committee which is a formal sub committee of the trust board. The named nurse submits a regular monthly and quarterly report that is considered by the clinical governance committee as well as the safeguarding annual report. However, the last annual report was delayed because of time constraints experienced by the named nurse.

7.8 There is a programme of audit on safeguarding practice within the Royal Cornwall Hospitals NHS Trust. The trust have separate records on blue paper for children where there are safeguarding issues, a recent audit showed significant non compliance. The named nurse is working with ward managers and the named doctor to promote best practice, reiterate the policy and is scheduled to repeat the audit later this year. Further audits include the multi agency audit into the planning for child protection around the unborn baby which has led to a more joined up approach including the ratification of information held by the named midwife and the children and families service on cases of concern.

8. Recommendations
Within 3 months (from report)

that the NHS Cornwall and Isles of Scilly PCT and the NHS trusts should ensure that the Healthy Child Programme is fully implemented (Ofsted February 2011)

that the Royal Cornwall Hospitals NHS Trust should review resourcing of the named safeguarding midwife, and ensure that the named midwife role is explicitly defined in job descriptions. The trust should review reporting arrangements to ensure that the named nurse works closely with the trust board’s executive lead for children’s safeguarding, to ensure that all services are aware of their responsibilities (Ofsted February 2011)

eNSure that the Royal Cornwall Hospitals NHS Trust reviews the named link safeguarding role and function to ensure its effectiveness in supporting safeguarding for children (Ofsted February 2011)

that the Royal Cornwall Hospitals NHS Trust should fully implement its policy on safeguarding supervision, and ensure appropriate monitoring and reporting of the effectiveness of supervision. (Ofsted February 2011)

NHS Cornwall and Isles of Scilly PCT and the council should ensure that the emotional wellbeing and mental health of looked after young people who are accessing mental health services, including access to services in accident and emergency services, are effectively monitored to ensure that the best outcomes for the young person are achieved (Ofsted February 2011)

NHS Cornwall and Isles of Scilly PCT and the council should ensure that health care partners are fully involved in pathway planning for provide care leavers and provide appropriate health information when they leave care (Ofsted February 2011)

NHS Cornwall and Isles of Scilly PCT and the council should ensure that children and young people who are looked after receive timely annual health reviews. In addition ensure that there is good identification and planning of health needs as part of the pathway planning process.

Next steps

An action plan is required from the commissioning PCT within 20 working days of receipt of this report. Please submit the action plan to your SHA copied to CQC through childrens-services-inspection@cqc.org.uk and it will be followed up through the regional team.