Cumbria Partnership NHS
NHS Foundation Trust

Voreda
Learning Network and Trust HQ
Portland Place
PENRITH
CA11 7QQ
Tel No: [redacted]

Direct Line: [redacted]
Fax No: [redacted]

Your ref: 2013-20/DP
Our ref: SUI 2012 206702

01 September 2014

Private and Confidential – addressee only
Mr I Smith LL.B
HM Senior Coroner South and East Cumbria
Central Police Station
Market Street
Barrow-in-Furness
Cumbria
LA14 2LE

Dear Mr Smith

The late Helena Farrell
Inquest concluding 30 June 2014

Further to my previous letter of 17 July 2014, acknowledging receipt of the Regulation 28 letter, I have now considered the Matters of Concern and the actions the Trust is required to undertake.

I detail below, the current Trust position and progress.

In relation to:

1 The CAMHS (Child and Adolescent Mental Health Service) referral system

The referral system has been significantly redesigned, as evidenced in the internal action plan at **Appendix 1** (enclosed), points 5 and 6. The timescales for response to referrals deemed urgent is now 48 hours and any breaches are electronically flagged and investigated. Achievement of this demanding target has been consistently high.

Pressures within all tiers of CAMHS (1-4) in Cumbria, with increasing numbers of young people presenting with more acute needs, is reflective of the National picture.

Locally, agencies recognise that there are gaps in early intervention mental health and emotional resilience support for young people, across both statutory and voluntary sectors. This situation continues to put pressure on the Tier 3 service provided by CPFT. The Tier 3 service is still seen by some referrers as the 'only option' for young people under emotional pressure. This results in many inappropriate referrals to Tier 3 CAMHS and frustration for service users, who may face delays in accessing the limited alternative services which are available.

The Trust is working with commissioners and partners to develop Tier 2 preventative services and is currently contracting with qualified Third Sector providers to address increased waiting times in some areas.

Additional work and education is underway with referrers to enable better understanding of the options for alternative care and intervention.

2 CAMHS staffing levels, skills and experience

The Trust, with commissioners, has fully implemented the recommendations of the independent, external review of CAMHS in 2012 which has resulted in the staffing levels across the service increasing from 45 to 63, with improved skill mixes and clear development plans. Significant training has been identified, planned and delivery has commenced. Suicide prevention training was prioritised and delivered as shown in the action plan, point 10.

Staff turnover is challenging in some areas, with a lack of skilled and trained staff available to fill the permanent positions available. The interim position of deployment of agency staff does not always provide the level of continuity of care required.

3 Recognition and action, following escalation of incidents

This is covered within the training provided and re-enforced through the supervision processes in the action plan

4 The Serious and Untoward Incident (SUI) report Recommendations

The recommendations contained in the action plan developed (Appendix 1) from the SUI Report, have been accepted and implemented in full.

5 The LSCB (Local Safeguarding Children's Board) Serious Case Review

The Trust has worked with the LSCB partners to develop the partnership response to the questions raised (**Appendix 2**) in the Serious Case Review and will play a full part in implementation. Lessons learned are integrated into the work of the Trust, especially within the Children and Families Care Group,

through their robust management and governance arrangements. These are supported by regular review and audit and external inspection.

The Trust fully recognises that the programme of work is challenging and long term. The Trust regrets that the systems in place at the time of Helena Farrell's referral were not sufficiently robust, but considerable work has been undertaken since, to strengthen arrangements, improve quality and review progress. These matters continue to receive significant internal scrutiny and the Trust is committed to ensuring that children and young people's safety is the top priority, both now and in the future.

This comprises the Trust's response to the Regulation 28 letter issued in relation to this matter. I hope that this is clear and of assistance.

Please may I request that any further correspondence on this matter is sent to Dr Sara Munro, Director of Quality and Nursing in the first instance. Dr Munro's contact details are set out above.

Yours sincerely

[redacted]

Mrs Claire Molloy
Chief Executive