

Rotherham CCG

Safeguarding Adults

Final Report



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Distribution

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Key Dates

Report Stage	Date
Discussion Draft Issued:	18 December 2015
Exit Meeting:	6 th November 2015
Final Draft Issued:	18 th December 2015
Client Approval Received:	6 th January 2016
Final Report Issued:	7 th January 2016
Final Report Re-Issued	16 th May 2016

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Information and Background

A review has recently been completed in respect of the Safeguarding Adults arrangements in place at the CCG. The review examined the effectiveness of controls in place and was undertaken in accordance with the Public Sector Internal Audit Standards. The review has, therefore, been performed in such a manner as to provide an objective and unbiased opinion.

Lessons from inquiries such as Mid Staffordshire NHS Foundation Trust and Winterbourne View have highlighted the need to make safeguarding integral to care. Prosecutions by the courts, enforcement measures by regulators and adverse media attention all demonstrate the high costs to services, staff and patients where there are failures in safeguarding patients and the public.

Commissioners have responsibility for commissioning high quality health care for all patients in their area, including those patients who are less able to protect themselves from harm, neglect or abuse (as set out in *'Safeguarding Vulnerable People in the reformed NHS - Accountability and Assurance Framework'*, published in March 2013). Prevention of, and effective responses to, neglect, harm and abuse need to be addressed in all aspects of commissioning. Commissioners must work with providers, regulators and multi-agency partners to address concerns in services.

An increasing number of patients with conditions such as dementia, the plurality of service providers and the broader range of settings in which care is provided present new challenges for commissioners in assessing and ensuring the safety of patients. Additionally, the amount of legislation being enacted and guidance being issued on the subject of safeguarding has increased significantly in recent years and CCGs need to be able to ensure that they comply with this legislation. Emphasis is being placed on the need for all organisations involved in safeguarding adults to demonstrate how they are working together to prevent abuse and neglect.

Most recently the Safeguarding Vulnerable People in the NHS Accountability and Assurance guidance was revised and published by NHS England in July 2015. This guidance recognised the additional adult safeguarding duties introduced by the Care Act 2014.

Audit Objectives and Scope

The objective of the review was to evaluate systems the CCG had in place for ensuring that adult safeguarding needs were identified & commissioned and that responsibilities placed upon commissioning organisations for safeguarding adults as set out within legislation and relevant guidance were being complied with.

In order to achieve this objective, controls were evaluated and tested in the following areas:

- i. Commissioning Strategies for safeguarding adults; together with supporting safeguarding procedures;
- ii. Governance arrangements, including the CCG's arrangements for ensuring that roles as specified in legislation/guidance are in place and that it has appropriate resources in place to respond to the safeguarding agenda;
- iii. Systems which ensure that safeguarding is incorporated into contracting & procurement processes, as well as the processes for receiving assurance that providers are complying with safeguarding legislation;
- iv. Processes in place for engaging with patients and the public on safeguarding, including the CCG's involvement in any specific adult safeguarding initiatives in the local community; and
- v. Procedures for identifying, reporting and escalating adult safeguarding risks through the CCG's standard risk management process.

Partnership working with a variety of public sector bodies – most notably the Local Authority – is a critical success factor in many of the areas examined during the review. We have therefore

commented on partnership arrangements where appropriate, in terms of the CCG supporting and challenging the local authority in delivering improvements to safeguarding adults at a local level.

The control arrangements outlined above considered requirements from the following legislation and guidance:

- Safeguarding Adults Assessment and Assurance Framework (DH, 2012)
- Safeguarding Adults: An Aide Memoire for Clinical Commissioning Groups (Sylvia Manson, 2013)
- Safeguarding Vulnerable People in the NHS: Accountability & Assurance Framework (NHS England, 2015)
- The Care Act 2014

Our opinion is limited to the controls examined and samples tested as part of this review, and extends only to the documentation and information provided to us by the CCG.

Summary Findings

Areas of Good Practice

A brief summary of the areas of good practice identified during the course of the review is provided below, and more detailed findings can be found within the full report.

- Safeguarding is a component part of the CCG's five year commissioning plan (2015-19). A Safeguarding Vulnerable Clients Policy is in place and reflects the latest guidance and legislation having been approved by the Audit and Quality Assurance Committee in September 2015.
- There is a clear governance and accountability structure for safeguarding adults which includes monthly updates on safeguarding to the Governing Body. The Operational Risk, Governance and Quality Management Group had operational responsibility for safeguarding. This group has now disbanded and reporting is direct to the Audit and Quality Assurance Quality Sub Committee (AQuA) Committee. The Chief Nurse has executive responsibility for safeguarding and is supported by the Head of Safeguarding and Safeguarding Adults Lead and Named GP for Safeguarding.
- A Safeguarding CQUIN has been included in the two main provider contracts for 2015/16. Information to support the achievement of the milestones within the CQUIN is provided to the CCG for validation on a quarterly basis.
- The CCG is a member of a variety of regional safeguarding forums across the South Yorkshire and Humber region.

Areas for improvement

Areas for improvement below relate specifically to arrangements in place internally within the CCG*.

A total of four risk issues (1 medium and 3 low risk) have been raised in the report and these are summarised below:-

The medium risk issue relates to the development of the safeguarding adults webpage. At the time of the review, the CCG's webpage for Safeguarding Adults required development, following the conclusion of the review it was confirmed that the issues raised in our findings (section 4 refers) had been addressed.

The three low risk issues are summarised below:-

- The terms of reference for the CCG’s Audit and Quality Assurance Committee (AQUA) and its sub groups require clarity with regard to their roles and responsibilities in respect of the CCG discharging its safeguarding duties.
- A review of reporting arrangements for safeguarding adults within the AQUA structure will be considered.
- The CCG requires assurance that staff working on its behalf at a wider level with patient contact are up to date with safeguarding training.

*Although this report includes some detail in respect of the operation of the Local Safeguarding Adults Board as well as the existence of County-wide Safeguarding Procedures, this has been done in order to provide some context. These arrangements have not been the subject of detailed review as the CCG does not have lead responsibility for their operation. They are not, therefore, included in this section and have not been included in the Audit Opinion below, which is limited to internal arrangements the CCG has in place for safeguarding adults.

Audit Opinion

Significant Assurance can be provided that there is a generally sound system of control designed to meet the system’s objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk.

Our opinion is limited to the controls examined and samples tested as part of this review.

Summary of Recommendations

	High	Medium	Low	Total
Agreed Actions	-	1	3	4

The following sections of the report summarise the findings of our review. Each section highlights areas of good practice identified. Where relevant, any control weaknesses identified are outlined, including actions that have been agreed in order to address the associated risks. The matrix used for scoring risks is compliant with the ISO 31000 principles and generic guidelines on risk management. This risk matrix, along with definitions of different opinion levels, is provided at **Appendix A**.

1. Commissioning Strategy for Safeguarding Adults

- ✓ Safeguarding (including both adults and children) is one of the component elements of the CCG's five year commissioning plan (2015/19). The plan highlights the CCG's objectives for the five year period for both adults and children. One of the safeguarding adults specific objectives was the development of a safeguarding dashboard of key performance indicators to be shared with partners and across South Yorkshire and Bassetlaw. We were provided with a copy of a dashboard for quarter one of 2015/16 and identified that the key performance indicators included were subject to a RAG rating to facilitate comparison across the South Yorkshire and Bassetlaw region.
- ✓ The CCG's 'Safeguarding 2015/16 Plan on a page' includes the strategic objectives and expected outcomes for 2015/16 for both adults and children which in turn support the five year commissioning plan as mentioned above.
- ✓ A 'Safeguarding Vulnerable Clients Policy' has recently been revised to reflect the latest legislation and guidance. The policy was formally approved by the CCG's Audit and Quality Assurance Committee (AQUA) in September 2015.

We sought to confirm the extent to which the CCG's strategy and policy was aligned to those developed by the Local Safeguarding Adults Board (LSAB). At the time of our review, discussions with both the Head of Safeguarding and Designated Nurse for Children, Looked after Children and Care Leavers and the Safeguarding Adults and Clinical Quality Lead, together with a review of documentation identified that the Rotherham Safeguarding Adults Strategy 2009-12 developed by Rotherham Metropolitan Borough Council (RMBC) is currently out of date.

- ✓ In recognition of the need strengthen adult safeguarding an independent consultant was commissioned by LSAB to develop a new strategy for the local health and social community. The CCG has contributed to the development of the strategy through attendance at a number of workshops held in August 2015. At the time of our review that draft strategy was awaiting sign off by the LSAB at its next meeting. (*We have subsequently been informed that the LSAB has ratified this new strategy*).
- ✓ Additionally, overarching South Yorkshire Safeguarding Procedures were developed by the five local authorities including RMBC. These procedures have been updated to reflect the latest guidance and legislation and were issued across the region in early October 2015.

However, it was identified that the CCG was engaged in the process only after the draft procedures were developed and the CCG was given tight deadlines to provide comments on the draft procedures. We understand that this was due to contractual challenges faced by the local authority in the development of on line / web based procedures and ICT issues in allowing the timely sharing of word versions with partners. We have been advised that the CCG has requested earlier engagement when the procedures are subject to review and that the local authority agreed to a six month trial and review to allow greater involvement of partners.

- ✓ During the course of the review it was identified that the current referral / recording form for raising safeguarding concerns across South Yorkshire was updated in line with the latest legislation and guidance. The CCG was involved in the consultation process.

2. Governance Arrangements

2.1 Governance Structure

The CCG's governance structure for safeguarding at the time of our review was as follows:



- ✓ The Governing Body receives a monthly Safeguarding Adults update in the Quality and Patient Safety Report produced by the Chief Nurse. This report includes updates from the LSAB, policies and procedures, engagement with primary care, Mental Capacity Act and Deprivation of Liberty Safeguards and wider safeguarding initiatives such as Channel and Prevent (both of which relate to the counter terrorism agenda).
- ✓ We confirmed that the Governing Body had been informed of the challenges in relation to the Safeguarding Adults Board (having only met twice to date in the calendar year at the date of audit testing), resignation of the Chair of the Board (January 2015) and resignation of the Interim Director of Safeguarding Children and Families (July 2014), Chair of Healthwatch Rotherham (October 2014) and Director of Health and Wellbeing (January 2015).
- ✓ The terms of reference for AQUA state that one of its key duties is to 'obtain assurance that high standards of care are being delivered and this will include areas regarding patient safety effectiveness of care and patient experience. (The CCG's definition of Patient Safety includes safeguarding adults and children and domestic violence). AQUA is regularly attended by the Chief Nurse who has executive responsibility for safeguarding. The minutes of AQUA are formally submitted to the Governing Body. Review of AQUA's minutes between July 2014 and September 2015 identified that the committee received one safeguarding review report for confirmation of the recommendations detailed within the report (January 2015) and the Safeguarding Vulnerable Clients Policy for approval (September 2015).
- ✓ Sub AQUA's key responsibilities include the requirement 'to ensure robust integrated governance arrangements are in place for the management of clinical governance, clinical and non-clinical risk management for all commissioning and corporate activities. Sub AQUA's membership includes the Head of Safeguarding and Designated Nurse for Safeguarding Children and Looked after Children and the Safeguarding Adults and Clinical Quality Lead. We reviewed the minutes of sub AQUA for meetings held in February and April 2015 and confirmed that written updates had been received in respect of Safeguarding Adults. Items requiring escalation to AQUA are formally recorded in the minutes of sub AQUA which are submitted to AQUA.

No.	Findings	Risk and Score (Impact x Likelihood)	Agreed Action
1.	We reviewed the terms of reference for the committees within the governance structure for safeguarding. As noted above safeguarding adults and children is a standing agenda item at the Operational Risk, Governance and Quality Management Group (Sub AQUA). It was noted however, that Safeguarding Adults was not explicitly stated within the group's responsibilities or within the standing agenda items.	Lack of clarity around the accountability arrangements for safeguarding adults in the governance structure. Low 2 x 2	The terms of reference for the Operational Risk, Governance and Quality Management Group will be amended to reflect its responsibilities in respect to safeguarding. Responsible officer: Sue Cassin, Chief Nurse Implementation date: 31 st March 2016
		Management Response: Agreed. Post audit note: This has been superseded as Sub AQUA ceased to exist in early 2016. Updates now go directly to AQUA.	

We sought to determine the effectiveness of the CCG as a member of the LSAB. It was identified that the LSAB had only met twice (January and May 2015) during the calendar year at the date of audit testing (September-October 2015). Additionally it was identified that the 'Rotherham Adults Operational Sub Group had only met twice in this period in April and June 2015. It was noted that over six months had elapsed since the sub group last met at its meeting in June 2015.

We did note that the CCG had raised the issue of the lack of planned LSAB and its sub group meetings (since January 2015) with RMBC in April 2015 with no formal response. However, a subsequent Safeguarding Adults Board meeting was held in May 2015.

- ✓ As previously acknowledged, the local authority recognised the need to enhance and strengthen safeguarding adult policy and approach. Following the resignation in May 2015 of the then chair of the LSAB and in response to the findings of a peer review commissioned by the local authority, an away day was held for the Safeguarding Adults Board (including the CCG) in July 2015 with the specific purpose of producing an action plan to address the recommendations of the review. Recommendations included the appointment of an independent chair, the need for a Board Manager, the development of a strategy, work plan and annual report to guide the LSAB and its sub group, the lack of direction and guidance for the sub group and consideration of whether one sub group was sufficient to support the Board.

It should be noted that during this period there have been a number of changes within RMBC including the Director of Adult Services and Neighbourhoods leaving in March 2015, with

Interims being appointed to the roles of Director of Adult Social Services and Head of Adult Services for a six month period commencing in April 2015.

- ✓ A new board chair was appointed in July 2015 and commenced in post in September 2015. It has been identified that the Chair has met with each member organisation of the LSAB separately including the CCG. The re-launched LSAB held its first meeting in early November 2015, which was attended by the CCG (Chief Nurse and the Named GP for Safeguarding). It was agreed that meetings will be held on a bi-monthly basis until the Board was fully established and embedded, followed by quarterly meetings.

It is anticipated that a Board Manager will be recruited to provide a support structure to the LSAB. (An Interim Board Manager is in place)

2.2 Staffing arrangements (including the provision of training to ensure that staff are equipped to fulfil their roles).

- ✓ The Chief Nurse has executive responsibility for safeguarding. There is one safeguarding team which includes both adults and children's safeguarding leads.
- ✓ The Chief Nurse is supported by the Head of Safeguarding and Designated Nurse for Safeguarding Children and Looked After Children and the Safeguarding Adults Lead and Clinical Quality Officer (this role is a split role within the quality team).
- ✓ There is a named GP for Safeguarding (including adults and children) contracted for 1 day per week (2 sessions) which is in line with current guidance. This role has included providing an overview of safeguarding to trainee GP's, reviewing legislation and guidance and disseminating summaries to member practices, attendance at the Practice Managers Forum to provide a GP view on agenda items, providing training to GP's at Protected Learning Time events, acting as a point of contact for GP's for adult safeguarding issues, providing advice and support on information sharing and records management. A training presentation is being developed for other contracted services such as Pharmacists, Dentists and Optometrists on safeguarding adults with examples of cases. The named doctor has also been involved in developing support packages for adult survivors of child sexual exploitation and communicating names of individuals who may need additional support to member practices where appropriate.
- ✓ An amendment to all CCG staff job descriptions was issued during the year which required staff to accept revisions in relation to safeguarding children and safeguarding adults legislation (Care Act 2014).
- ✓ We confirmed that CCG staff are up to date with safeguarding training. It was agreed with the HR department that all CCG staff would receive Prevent training during 2015/16 which would be the mandatory training update in respect of safeguarding.

Safeguarding training packages are provided to the CCG and two main providers in Rotherham under contract with RMBC. Basic safeguarding training is provided to members of staff via an e-learning package. More detailed training packages are referred to as silver, gold and platinum and these packages were procured for the health and social care community by external providers by RMBC. It was identified that these packages ceased to be provided in July 2015 until March 2016 as they were not Care Act compliant. RMBC had engaged with one external provider to procure the packages, however the training package provided was considered to be inadequate and RMBC are now in the process of re-procuring the training packages. The lack of training packages being available to staff for a significant period of time inevitably results in a risk that the numbers of members of staff will be out of date with required level of training. This has been mitigated by CCG staff receiving Prevent Training as mandatory training (as stated above).

The local authority provided training to all partner agencies on safeguarding, the Care Act and Making Safeguarding Personal prior to implementation of the new multi-agency procedures which the CCG attended.

No.	Findings	Risk and Score (Impact x Likelihood)	Agreed Action
2.	<p>We sought to determine whether the CCG regularly received assurances on the extent to which relevant staff at the Commissioning Support Unit were up to date with safeguarding training. We would expect this information to be routinely provided to the CCG in management information received from the Commissioning Support Unit on a regular basis. Whilst this information may be received at the CCG, it is not being disseminated to Executive Directors such as the Chief Nurse or the Safeguarding Adults and Clinical Quality Lead for assurance purposes.</p> <p><i>The CHC service ceased to be provided by the Support Commissioning Unit with effect from 1st December 2015. Members of staff are employed by Rotherham CCG with elements of the CHC service being hosted by Doncaster and Barnsley CCG's.</i></p>	<p>Staff with patient contact are not up to date with the required level of training and could result in a negative impact on the CCG's reputation.</p> <p>Staff are not aware of the latest guidance and best practice.</p> <p style="text-align: center;">Low 2 x 2</p>	<p>The Chief Nurse will seek assurance that staff who operate on behalf of the CCG at a wider level with patient contact are up to date with the required level of training as a matter of priority.</p> <p>Responsible officer: Sue Cassin, Chief Nurse</p> <p>Implementation date: 31st March 2016</p>
		<p>Management Response: Agreed.</p> <p>Post audit note: The CCG undertook a review of all employed staff (included CHC staff) with regard to level of safeguarding training needed and dates of updates.</p>	

3. Safeguarding is incorporated into contracting and procurement processes

- ✓ Safeguarding standards have been incorporated into the 2015/16 contracts with both providers, The Rotherham Foundation NHS Trust (TRFT) and Rotherham, Doncaster and South Humber Mental Health Services NHS Trust (RDASH). We confirmed that a CQUIN on safeguarding has been included in the contract with both providers which includes standards on policies and procedures, governance, multi-agency working, recruitment and employment and training.
- ✓ Both providers submit evidence in support of achievement of the standards to the CCG for validation on a quarterly basis. We were provided with evidence to support quarter one performance from both providers. The CCG meets with TRFT on a quarterly basis to review the evidence submitted and resolve any queries arising. For RDASH queries are forwarded to the contract team to be discussed and resolved at the quarterly Quality and Performance meeting.
- ✓ The CCG's Safeguarding Adults Lead is also a member of the TRFT monthly strategic Safeguarding Group where safeguarding issues are discussed.
- ✓ The CCG has a programme of clinically led visits with each provider and members of the safeguarding team attend on a regular basis. Review of quality visits reports did not

specifically identify any safeguarding concerns but we did note an action in relation to RDaSH helping staff understand the use of Deprivation of Liberty Safeguards (DoLS) in one area.

- ✓ 97% of member practices have completed a safeguarding self-assessment which was submitted to the CCG. The CCG provided peer challenge in the completion of the document and the member practices are working towards issues identified in the self-assessment.
- ✓ A Practice Managers Forum is held on a bi-monthly basis with the Safeguarding Team having a regular slot at the forum. It has received presentations on safeguarding adults and Female Genital Mutilation from the Safeguarding Team.
- ✓ The safeguarding team has completed visits to member practices with safeguarding concerns as a result of the self-assessment and queries are regularly received by the safeguarding team.
- ✓ RMBC informs the CCG of serious concerns at care homes and the CCG will be invited to discuss serious concerns at a home. The CCG also receives care home alerts issued by RMBC. This information is used as intelligence by the CCG CHC staff when making individual purchases for care beds.
- ✓ A care home specification for older people is in place between the CCG and RMBC. This specification includes monitoring arrangements which consist of both announced and unannounced quality visits. Quality visit reports are provided to the CCG for information. The care home information received is used to inform the Care Home update in the monthly Quality and Patient Safety Report received by the Governing Body.

4. Engagement with patients and the public and wider partnership working

- ✓ The Quality Team held a market stall at the CCG's Annual General Meeting and safeguarding adults was featured, although unsurprisingly all the engagement from the public centred on children's safeguarding issues.
- ✓ There are a number of local and regional safeguarding forums in place of which the CCG is a member:
 - Yorkshire and Humber Safeguarding Network (Children's and Adults) formed in April 2015 following the changes in area team boundaries and meets on a quarterly basis.
 - Yorkshire and Humber Adults Safeguarding Network, which previously met on a monthly basis and now meets on a bi-monthly with the introduction of the above regional network and is attended by the Safeguarding Adults / Clinical Quality Lead.
 - Yorkshire and Humber Prevent Forum meets on a bi-monthly basis and is attended by the CCG's the Prevent Lead (Safeguarding Adults & Clinical Quality Officer).
 - South Yorkshire Mental Capacity Act (MCA)/ Safeguarding Police Forum meet on a quarterly basis and is attended by the CCG's MCA lead who is the Safeguarding Adults Lead & Clinical Quality Officer.
 - Yorkshire and Humber MCA and Deprivation of Liberty Safeguards (DoLS) forum which meets monthly and is attended by the CCG's MCA Lead.
 - NHS England South Yorkshire and Bassetlaw Safeguarding Forum (Children's and Adults) which meets on a quarterly basis and is attended by either the Head of Safeguarding and Designated Nurse for Safeguarding Children, Looked after Children and Care Leavers or Safeguarding Adults & Clinical Quality Officer.
- ✓ The CCG's webpage for safeguarding includes links to a separate webpage for Prevent and 'Top tips' for both adults and children. It was confirmed that this guidance has been updated in line with the latest guidance and legislation. This guidance is for member practices and other contractors such as dentists, optometrists, and pharmacists.

We sought to establish the extent to which the CCG had been involved in any activities to engage with the public in relation to safeguarding and the extent to which the outcomes of the engagement had been considered in developing the safeguarding strategy. It was identified that current engagement activity is focussed around child sexual exploitation and wider engagement across communities is a development issue for both the CCG and LSAB.

No.	Findings	Risk and Score (Impact x Likelihood)	Agreed Action
3.	<p>We examined the CCG’s website during the course of our review and identified an overarching safeguarding webpage.</p> <p>This is underpinned by separate web pages for both adults and children and it was identified that the adult’s page was blank with no information on safeguarding included. This is one the key mechanisms by which the public can access information in respect of safeguarding. We would typically expect to see the CCG’s website provide the public with useful information on safeguarding, including what to do and who to contact when reporting safeguarding concerns. It should also set out what its responsibilities are in respect of safeguarding in an ‘easy to understand’ manner.</p> <p><i>We were subsequently advised that following the conclusion of the review the website had been updated to include the information identified in our findings. We have reviewed the Safeguarding Adults webpage and confirmed that webpage now includes information on Safeguarding Adults, FGM, MCA and Domestic Violence.</i></p>	<p>Public does not know how to raise a safeguarding concern or seek assistance in identifying a safeguarding concern.</p> <p>Medium 3 x 3</p>	<p>The CCG will ensure that the safeguarding adults webpage is populated at the earliest opportunity with the minimum information identified in our findings.</p> <p>Responsible officer: Sue Cassin, Chief Nurse</p> <p>Implementation date: 31st March 2016</p> <p>Management Response: This action has been completed.</p>

5. Risk Escalation Processes

- ✓ We reviewed the CCG’s risk register as at the end of July 2015 and identified three risks in relation to safeguarding including:
 - Failure to ensure that vulnerable children and adults at risk have effective safeguarding processes (scored as 20 and rated amber, now rescored as 12 and rated yellow)
 - Capacity within TRFT safeguarding team including adults and children (scored 16 and rated yellow and now scored 12 and rated yellow)
 - Child Sexual Exploitation (CSE) – RMBC may not be able to effectively work with NHSR CCG to deliver the partnership agenda as their resources will be targeted to dealing with CSE (scored at 20 rated as amber, now scored as 15 remains amber)

We confirmed that the risk register had been regularly submitted to AQUA during the period examined.

The CCG is made aware of all Domestic Homicide Reviews by RMBC and contributes to Individual Management Reviews where required to do so. The full report when complete would be considered by the CCG through its governance structure.

- ✓ An information sharing protocol in place within each provider contract which highlights the information to be shared with the CCG as the commissioner of secondary care services.
- ✓ The CCG receives all Serious Incident Reports from each provider and these are discussed at the Serious Incident Committee which meets on a bi-monthly basis. We reviewed the minutes of this committee between January and September 2015 and did not identify any safeguarding incidents being reported. The minutes of the Serious Incident Committee are reported to AQUA and items escalated where appropriate.

No.	Findings	Risk and Score (Impact x Likelihood)	Agreed Action
4.	<p>We sought to confirm that risks associated with CCG concerns regarding safeguarding arrangements in partner agencies were specifically highlighted and brought to the attention of AQUA. Review of AQUA minutes between July 2014 and September 2015 did not identify the issues being highlighted to the committee.</p> <p>We acknowledge that the ongoing concerns have been highlighted to the Governing Body regularly; however, AQUA has the remit for Quality and makes specific reference to safeguarding adults, children and domestic violence.</p>	<p>AQUA is not sufficiently aware of the issues associated with Safeguarding Adults arrangements in Rotherham.</p> <p style="text-align: center;">Low 2 x 2</p>	<p>The Chief Nurse will consider reviewing the reporting for safeguarding issues within the governance structure and consider providing summary reports to AQUA in the future.</p> <p>Responsible officer: Sue Cassin, Chief Nurse</p> <p>Implementation date: 31st March 2016</p> <p>Management Response: Agreed.</p> <p>Post Audit Note: All updates now go to AQUA meetings as sub AQUA no longer exists.</p>

Score	Impact	Likelihood
1	Negligible	Rare
2	Low	Unlikely
3	Medium	Possible
4	Very High	Likely
5	Extreme	Almost Certain

		Impact				
		1	2	3	4	5
Likelihood	1	L	L	L	L	L
	2	L	L	L	M	M
	3	L	L	M	M	H
	4	L	M	M	H	H
	5	L	M	H	H	H

Audit Opinions

Full Assurance can be provided that the system of internal control has been effectively designed to meet the system's objectives, and controls are consistently applied in all areas reviewed.

Significant Assurance can be provided that there is a generally sound system of control designed to meet the system's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk.

Limited Assurance can be provided as weaknesses in the design or inconsistent application of controls put the achievement of the system's objectives at risk in the areas reviewed.

No Assurance can be provided as weaknesses in control, or consistent non-compliance with key controls, could result [*have resulted*] in failure to achieve the system's objectives in the areas reviewed.