

Safeguarding Children

*Rotherham Clinical
Commissioning Group*

May 2020
1920/RCCG/08

Final Report





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Distribution

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Key dates

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Introduction and background

We have completed a review in respect of safeguarding children. We examined the effectiveness of controls in place in accordance with the Public Sector Internal Audit Standards. We performed our review to provide an objective and unbiased opinion.

Lessons from inquiries such as Mid Staffordshire NHS Foundation Trust and Winterbourne View, as well as the failures to protect children in Rotherham 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.

The amount of legislation being enacted and guidance being issued on the subject of safeguarding has increased significantly in recent years and Clinical Commissioning Groups (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 children and adults to demonstrate how they are working together to prevent abuse and neglect.

The July 2018 revised *Working Together to Safeguard Children; A guide to inter-agency working to safeguard and promote the welfare of children* describes that, “The Children Act 2004, as amended by the Children and Social Work Act 2017, places new duties on key agencies in a local area. Specifically the police, CCGs and the local authority are under a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area”.

Under the Children Act 2004, as amended by the Children and Social Work Act 2017, Local Safeguarding Children Boards (LSCBs), set up by local authorities, will be replaced. Under the new legislation, the three safeguarding partners (local authorities, chief officers of police, and CCGs) must make arrangements to work together with relevant agencies to safeguard and protect the welfare of children in the area. The child death review partners (local authorities and CCGs) must set up child death review arrangements.

LSCBs must continue to carry out all of their statutory functions until the point at which safeguarding partner arrangements begin to operate in a local area. They must also continue to ensure that the review of each death of a child normally resident in the LSCB area is undertaken by the established Child Death Overview Panel (CDOP), until the point at which new child death review partner arrangements are in place. The new safeguarding and child death review arrangements must be in place by 29 September 2019.

Audit objective

The overall objective of our review was to provide an independent assurance opinion on the systems and processes the CCG has in place for safeguarding children.

Audit opinion

<p>Significant assurance</p>	<p>As a result of this audit engagement we have concluded that, except for the specific weaknesses identified by our audit in the areas examined, the risk management activities and controls are suitably designed, and were operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review.</p> <p>Our opinion is limited to the controls examined and samples tested as part of this review.</p>
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Summary findings

Our review identified that the CCG has the required statutory positions in post with a defined Designated Nurse, Designated Doctor and Named General Practitioner (GP) as outlined in the intercollegiate document *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* (fourth edition January 2019). Roles and responsibilities are clearly defined.

The government launched *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* in July 2018. This guidance requires the three safeguarding partners (local authorities, police and clinical commissioning groups) to make arrangements to work together with relevant agencies to safeguard and protect the welfare of the children in the area. The Rotherham Safeguarding Children Partnership arrangements were published in June 2019 and commenced in September 2019 in line with national requirements.

The CCG governance structure reports safeguarding updates to the CCG's Audit and Quality Assurance Committee and Operational Executive Groups who in turn report to the Governing Body. The governance for the processes for safeguarding children are undertaken through the Rotherham Safeguarding Children Partnership which has CCG representation at each delivery group and executive meeting level.

The CCG has resources available on its intranet site to help staff and the public report and manage safeguarding concerns. The Safeguarding Policy is currently under review. It was planned for it to go to the Operational Executive on the 1 May 2020 then onwards for ratification but this has been delayed. There is a link through from the CCG website to the Rotherham Safeguarding Children Partnership Manual which provides guidance required while the Safeguarding Policy is under review.

There is a clearly defined process for safeguarding children which is managed by the Multi-agency Safeguarding Hub (MASH). This is led by the Local Authority and the Deputy Designated Nurse works very closely with this team and provides information and investigation as required. There are further specific groups that the CCG are involved across the whole safeguarding agenda. Escalation of safeguarding concerns is undertaken through the referral process and the relevant forums are used to discuss concerns as multi-agency groups.

The national recommendations for roles and competencies are clearly identified and the CCG has developed a Safeguarding Adults and Children Training Strategy 2019-2021 which aligns to the national guidance. Training compliance data for April 2020 identified that all levels were 100% compliance with the exception of Level 1 that was 96.61%.

Monitoring of safeguarding within the CCG is about ensuring that the services that it commissions are compliant with the statutory requirements for safeguarding within their services. This is undertaken by an annual self-assessment tool that is completed by the provider trusts and GP practices with contracts in place.

The GP practices have clear contractual Key Performance Indicators (KPIs) relating to safeguarding that are reported to the CCG on a quarterly basis and reviewed through the contract monitoring arrangements.

Provider trusts have safeguarding KPI's that are discussed at their strategic safeguarding meetings which have representation from the CCG Safeguarding Team. Their standards are monitored within contracting and performance as part of quality and assurance. They cover legislative responsibilities, best practice and training requirements and are revised annually.

Reporting for safeguarding is presented to the Audit and Quality Assurance Committee (AQuA). We reviewed the meeting minutes for September 2019, November 2019 and January 2020 and identified that there was evidence of discussions for safeguarding such as the Safeguarding Supervision Policy, the annual report and the self-assessment tool. The AQuA committee reports directly to the Governing Body. There was evidence that the Annual Report for 2018/19 on the CCG website provided a thorough review of activity incorporating relevant information from the provider Trusts and GP practices.

The CCG has recognised risks relating to safeguarding within one Strategic Objective and within an issue on the issues log (December 2019). These are:

- Strategic Objective 4: Safeguarding – work with partners to ensure all children and vulnerable adults are protected from harm with a continued focus on child sexual exploitation (Risk Score 9)
- Issues Log 17: There is a significant increase in children being brought into care from a specific ethnic community (Risk Score 4)

Summary of actions

	High	Medium	Low	Total
Agreed actions	-	-	1	1

Audit scope

Scope area	Audit testing
Governance Structure	We mapped the governance structure for safeguarding children and determined if the roles and responsibilities for safeguarding children are clearly defined.
Processes for safeguarding children	We identified the systems in place for identifying, reporting, monitoring and escalating safeguarding risks for children.
Compliance with legislation for groups and roles	We determined if the legislative requirements and guidance for groups and roles relating to safeguarding children are in place with defined responsibilities.
Partnership working	We reviewed the arrangements in place for partnership working in relation to safeguarding children.
<p>Limitations of scope:</p> <p>The scope of our work was limited to the areas identified in the Terms of Reference. We did not review the CCG's systems in place for safeguarding adults.</p>	

Key findings

The following sections of the report summarise the findings of our review. Our risk assessment process aligns with the ISO 31000 principles and generic guidelines on risk management. The risk matrix we use, along with definitions of different opinion levels, is provided at Appendix B.

Overarching legislative requirements

The Children Act (2004) legislates within Section 11 that (bb) a Clinical Commissioning Group “must make arrangements for ensuring that:

- a) Their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
- b) Any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need”.

1. Governance, groups and partnership working

The intercollegiate document *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* (fourth edition January 2019) clearly defines that Clinical Commissioning Groups (CCGs) must have:

- A Designated Doctor
- A Designated Nurse
- A Named General Practitioner

We identified that Rotherham CCG has identified staff within each of these positions. Roles have direct access to members who sit on the CCG Governing Body (through the Chief Nurse).

The CCG also has a designated doctor for Looked after Children (LAC).

The government launched *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* in July 2018. This paper was supported by two further documents outlining the legislative statutory requirements and transitional guidance for Local Safeguarding Children Boards, local authorities, safeguarding partners, child death review partners, and the Child Safeguarding Practice Review Panel.

The Working Together guidance required the three safeguarding partners (local authorities, police and clinical commissioning groups) to make arrangements to work together with relevant agencies to safeguard and protect the welfare of the children in the area. There was also a requirement for the child death review partners (local authorities and clinical commissioning groups) to set up child death review arrangements. These replaced the Local Safeguarding Children Boards (LSCBs) and Child Death Review Panels (CDOPs).

The CCG governance structure reports safeguarding updates to the CCG’s Audit and Quality Assurance Committee and Operational Executive Groups, who in turn report to the Governing Body. The governance for the processes of safeguarding children are undertaken through the Rotherham Safeguarding Children Partnership which has CCG representation.

The transitional guidance required that the Safeguarding Partners developed arrangements and published these to the Secretary of State for Education by June 2019. The Rotherham Safeguarding Children Partnership met this requirement and released their Multi-Agency Arrangements for Safeguarding Children in June 2019. The new arrangements were commenced from September 2019 in line with national requirements.

The Rotherham Safeguarding Children Partnership triumvirate is made up of Rotherham CCG, Rotherham Metropolitan Borough Council and South Yorkshire Police. There is an independent paid chair whose purpose is to provide scrutiny and challenge. The child death reviews follow a slightly different process as these do not include the police (unless identified as necessary) and are undertaken by the Local Authority and CCG. This structure meets the national and legislative requirements for safeguarding children.

The structure is described below:



We can confirm that:

- All groups have defined membership which includes the relevant partners at specific groups (such as education and provider trusts).
- All groups have defined key responsibilities.
- All groups have defined meeting frequencies.
- There is a defined reporting frequency from the delivery groups into the Executive Group.
- The independent chair has clear responsibilities.
- Effectiveness and assurance is led by the Performance and Quality Delivery Group and includes partner organisations safeguarding self-assessments, performance management framework and multi-agency auditing.
- The CCG has representation at each of the groups and are actively involved.
- There is open communication and discussions held, if required, outside meeting timeframes if an urgent issue arises.

We noted that the Rotherham Safeguarding Children Partnership appears to have changed its website address and a search engine search does not produce a valid page. We have informed the lead of the Rotherham Safeguarding Partnership. The link within the CCG site is the correct one and therefore we have not raised a finding against this as it is not specific to the remit of the CCG.

2. Processes for Safeguarding Children

Policies, Procedures and Guidance

The CCG has resources available on its intranet site to help staff and the public report and manage safeguarding concerns.

The Policy and Legislation section signposts the reader to a link that goes to the Rotherham Safeguarding Children Partnership Manual. This contains a wealth of information including procedures where there are concerns, referring children, assessment, early help, child protection, specific circumstances, concerns about a parent or carer, policies and protocols, practice guidance, learning and improvement and child death.

The CCG site also includes guidance (referrals, forms, flowcharts and top tips) for topic such as Child Sexual Exploitation, Looked after children, Physical Abuse, the Mental Capacity Act, Self-Harm, Suicide, Hate Crime and Safe Sleeping for Babies.

We have been informed that the Safeguarding Policy is currently being updated. The planned ratification in May 2020 has been delayed so this will go as soon as possible. We have been informed that this will reflect the information provided in the Rotherham Safeguarding Children Partnership Manual. As described above, this is accessible via a link on the CCG website.

The CCG has provided a Safeguarding Children and Adults Policy and Guidance template which is required for GPs to use and personalise to their practice.

The process for identifying safeguarding concerns is clearly identified through the guidance and the flow charts provided help guide the reader through the process. There are contact numbers, email addresses and a page with useful safeguarding contacts names and numbers.

For safeguarding children, referrals are received from either the Single Point of Access (SPA) team or through the Multi-agency Safeguarding Hub (MASH). Referrals to MASH are led by the

Local Authority and the CCG input as required through discussions and completion of MASH forms. This is undertaken by the Deputy Designated Officer for safeguarding children who is very engaged and actively involved in this process. The Deputy Designated Nurse also attends associated meetings such as the Multi-agency Domestic Assessment meetings (MADA). The CCG are also a member of the Multi-agency Review Panel (MARP) where strategic review of complex cases requiring innovative jointly agreed solutions to safeguard children and young people is undertaken.

Escalation of safeguarding concerns is undertaken through the referral process and the above forums are used to discuss concerns as a multi-agency group. If there are professional differences, the Rotherham Safeguarding Children Partnership have developed process guidance to manage this through a four stage process with final escalation to the Practice Review Group.

1 Safeguarding Policy

Finding: The CCG' Safeguarding Policy is currently under review and was expected to be presented to Operational Executive on the 1 May 2020 then onwards for ratification but this has been delayed. As we have been unable to use this to assess monitoring compliance, the revised policy needs to ensure that it reflects current practice. The CCG website directs the reader to the Rotherham Safeguarding Children Partnership information as current mitigation.

Risk: If there is no clear guidance for staff undertaking safeguarding children in practice then incorrect procedures could be followed leading to safety risks.

Low
(Impact x Likelihood)
2 x 2

Action: CCG to complete the review of the Safeguarding Policy and submit for approval by the Operational Executive and ratification by AQuA and the Governing Body.

Responsible officer: Catherine Hall, Deputy Chief Nurse/Designated Nurse Safeguarding and Looked After Children.

Implementation date: 31 July 2020

Management response: The Safeguarding Policy was due to go to OE on Friday 1 May 2020, To AQuA 5 May and then to Governing Body. Unfortunately we are having some real challenges with home working and sorting out the hyperlinks wit RSCP and RSAB and internally. So it will be delayed and miss the deadline for OE.

Training

The national recommendations for roles and competencies are clearly identified (*Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, July 2018*) and the CCG has developed a Safeguarding Adults and Children Training Strategy 2019-2021. Training levels are identified as six groups which directly aligns to the national guidance. The strategy clearly identifies the staff groups, level of training and minimum hours over a three year period. These are described at Appendix A.

Training for Level 1 Safeguarding Children is undertaken initially through induction and then through the CCG Mandatory and Statutory Training (MaST) process. Non-compliance is

reported through the MaST figures to the operational executive and line managers for action. We were provided with training compliance for CCG staff up to the end of April 2020 and this is described in the table below. All levels of training are at 100% with the exception of Level 1 training that is at 96.61%.

Training Level	Compliance (April 2020)
Safeguarding Children Level 1	96.61%
Safeguarding Children Level 2	100%
Safeguarding Children Level 3	100%
Safeguarding Children Level 4	100%
Safeguarding Children Level 5	100%
Board Training	Undertaken within 3 year timeframe (6 September 2017)

Monitoring of safeguarding compliance

The CCG has shown full and active engagement with the Rotherham Safeguarding Children Partnership who are responsible for monitoring wider compliance with the processes for safeguarding children and identifying learning from incidents.

Monitoring of safeguarding within the CCG itself is regarding ensuring that the services that it commissions are compliant with the statutory requirements for safeguarding within their services. The main services that the CCG commission are through provider Trusts (predominately The Rotherham Foundation Trust and Rotherham Doncaster and South Humber NHS Foundation Trust) and the 29 GP practices with contracts in place.

As the CCG Safeguarding Policy is currently in the process of being updated, we have been unable to identify the defined monitoring within this. The following is information that we have been informed is occurring in practice.

The CCG has developed a self-assessment tool that is required to be completed annually by the providers and GP practices. This is linked to a financial penalty if not completed. The tool is to be completed online moving forward and requires narrative and the uploading of evidence for the following standards:

- STANDARD 1 - Senior Leadership and management have commitment to the importance of safeguarding and promoting children and adult welfare.
- STANDARD 2 – There is a clear statement of the agency’s responsibility towards keeping children and adults safe and this is available to all staff.
- STANDARD 3 – There is a clear line of accountability within the organisation for safeguarding children and adults.

- STANDARD 4 – Service improvement and development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children, adults and families / carers.
- STANDARD 5 – There is effective workforce development for staff and children in relation to safeguarding & promoting the welfare of children, adults and families depending on the agency's primary functions.
- STANDARD 6 – Safer recruitment procedures including vetting procedures and those for managing allegations of abuse are in place.
- STANDARD 7 – There is effective multi-agency working to safeguard & promote the welfare of children, adults and families.
- STANDARD 8 – There is effective information sharing.

Provider Trusts

Provider organisations have safeguarding KPI's that are discussed at their strategic safeguarding meetings which includes representation from the CCG Safeguarding Team. The CCG Safeguarding Team revises provider safeguarding standards annually. These standards are monitored within contracting and performance as part of quality and assurance. They cover legislative responsibilities, best practice and training requirements. The provider Trusts are required to complete the annual self-assessment tool and an annual report. We have been informed that the provider Trusts have submitted these and they are now in the process stage of peer review for partners to professionally challenge submissions. The CCG assists the provider Trusts as required with any serious incident investigations and also provide information back to them from partnership delivery group meetings regarding learning. Referrals are received through MASH and managed accordingly with input from the CCG and relevant provider trust.

GP Practices

The GP practices have KPIs set out in their contract with the CCG which are reported on a quarterly basis. The safeguarding related indicators for 2019/20 are based around the following key areas:

- Training Compliance (for each level)
- Safeguarding Supervision
- Medical Examinations
- Looked after Children – Completion of Health Assessments
- Number of Looked After Children Placed Out of Area
- Local Authority Designated Officer (Lado) information
- Referrals to Children's Social Care and Section 47 Enquiries
- Early Help Assessment Forms
- Child Sexual Exploitation

- Safeguarding Significant Concerns
- System Assurance (staffing)

Within the CCG Quality Contract, Standard 10 Patient Safety, Safeguarding Deliverable 13, there is a requirement for each GP surgery to publish an annual safeguarding self-assessment. The completion rate for 2018/19 was 97% with one practice not submitting their assessment. However this practice was in the process of merging with another practice. Following completion of the tool the safeguarding team review and make comments and then a meeting is held with the Head of Quality and Named GP for Safeguarding where comments are collated. A letter is then sent to the practice with feedback and recommendations from the Named GP for Safeguarding. Supervision is offered along with key learning points to take forward. We have seen sample letters and completed self-assessment tool.

There is also work undertaken following the self-assessment to collate and identify key themes. An example of the collated generic feedback provided to GP's in January 2020 is as follows:

"All practices were able to identify Leads and Deputies, highlighting that the staff were well aware of their roles and responsibilities.

Majority of practices articulated their working relationships with Multi-Agency Safeguarding Hub (MASH) and that their individual Safeguarding Annual Report had been shared internally.

There was good use of hyperlinks within submissions to link to evidence.

Some GP surgeries did not use the opportunity to make the document their own – which is a real pity as this would have allowed the practice to demonstrate their commitment and that they embrace safeguarding as a priority.

The vast majority of GP surgeries utilised up to date terminology e.g. Disclosure and Barring Service (DBS), Was Not Brought (WNB); it is a worry that some practices still refer to old terminology e.g. Criminal Record Bureau (CRB), Did Not Attend (DNA) suggesting that changes have not been made to practice".

Reporting of safeguarding compliance

We were informed that reporting for safeguarding is presented to the Audit and Quality Assurance Committee (AQuA). A review of the Terms of Reference (October 2019) found that while they do not specifically identify safeguarding they are responsible for the following:

"Quality & Safety:

There is an effective and consistent process within commissioning for quality and safety across Clinical Commissioning Group and high standards of care and treatment are delivered. This will include areas regarding patient safety, effectiveness of care and patient experience".

We found regular discussion and presentation of safeguarding information to AQuA. For example:

September 2019

- Update regarding the Safeguarding Supervision Policy and request for extension to deadline.

November 2019

- Revised self-assessment tool discussed.
- Safeguarding annual report 2018/19 discussed.
- Level 1 safeguarding training updated, booklet agreed and recommended for ratification at the Governing Body.

January 2020

- Approval for the Safeguarding Supervision Policy and recommendation for ratification at the Governing Body.
- Provider Trust CQC report discussed which included findings relating to safeguarding.

We found that a monthly report for Patient Safety and Quality is presented to the Governing Body which includes a regular update section about “Safeguarding Vulnerable Clients” that provides information sharing news and publications. The minutes from AQuA are submitted to the Governing Body alternate months following their meetings.

CCG Annual Report

The CCG produces an annual report which is published on their website. We have reviewed the report from 2018/19 and found it to be a thorough review of activity incorporating relevant information from the provider Trusts and GP practices. There are clear ‘next steps’ incorporated into the topics within the document and an update on the strategic objectives for 2018/19 and planned objectives for 2019/20. The CCG is in the process of developing the annual report for 2019/20.

Risk Register

We have reviewed the risk register and issues log that was presented at the Governing Body meeting in December 2019. The CCG has recognised safeguarding within one Strategic Objective and then there was one further issue identified. These are described below.

Objective 4: Safeguarding – work with partners to ensure all children and vulnerable adults are protected from harm with a continued focus on child sexual exploitation

Risk score 3 x 3 = 9

Key enablers:

- Multi Agency Safeguarding Hub
- Membership of Borough wide safeguarding groups
- Levels of safeguarding training in Primary Care and other commissioned services
- Named GP and Adult Safeguarding Lead, safeguarding champions in all GP practices
- Designated Doctor and Designated Nurse for Safeguarding children all staff trained in safeguarding.

Issues Log 17: There is a significant increase in children being brought into care from a specific ethnic community.

Risk Score = 4

Impact: The impact on health services will be significant and challenging to resource.

Mitigation: Continuing to work with Local Authority to understand how many children are in public law processes. The issue for 'health' is in providing Medics to undertake a possible influx of Initial Health Assessments (IHA) couple with the increased workload within the health community – specifically 0 – 19 service and substance misuse services.

Follow up

The follow-up of all actions identified within this review will be undertaken via the CCG's "live follow-up" of recommendations, as each individual implementation date is due, we will work with the CCG to evaluate progress made in respect of the issues raised.

Training Requirements for Safeguarding Children

Level	Staff group	Training requirements (Children) over three year period
Level 1	All staff working in healthcare services.	Two hours minimum. To include key safeguarding child protection information, including about vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns.
Level 2	All non-clinical staff who have any contact (however small) with children, young people and/or parents/carers or any adult who may pose a risk to children.	Four hours minimum. To include the update and training required at level 1 and undertake refresher training at level 1 in addition to level 2.
Level 3	Clinical staff working with children, young people and/or their parents and/or any adult who could pose a risk to children and who could potentially contribute to assessing, planning, intervening, and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection /safeguarding concerns or not).	Eight hours minimum. Applies to core knowledge skills and competencies. 12-16 hours minimum. For staff requiring role specific additional knowledge, skills and competencies. Level 3 training will negate the need to undertake refresher training at levels 1 and 2.
Level 4	Specialist roles – named professionals	24 hours minimum. To include non-clinical knowledge and encompass a blended learning approach. Training at level 4 will negate the need to undertake refreshers training at levels 1-3.
Level 5	Specialist roles – designated professionals	24 hours minimum. To include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals work. Training at level 5 will negate the need to undertake refresher training at levels 1-4.
Board Level	For chief executives officers, trust and health board executive and non-executive directors/members, commissioning body directors.	A tailored package to be delivered which encompasses level 1 knowledge, skills and competencies as well as board level specific.

Calculate the risk score by multiplying the consequence score by the likelihood score.

Risk Matrix		Likelihood				
		(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost certain
Consequence	(1) Negligible	1	2	3	4	5
	(2) Minor	2	4	6	8	10
	(3) Moderate	3	6	9	12	15
	(4) Major	4	8	12	16	20
	(5) Extreme	5	10	15	20	25

1-5	Low
6-11	Medium
12-15	High
16-20	Very High
25	Extreme

The audit opinion has been determined in relation to the objectives of the system being reviewed. It takes into consideration the volume and classification of the risks identified during the review.

Audit opinions	
Substantial assurance	As a result of this audit engagement we have concluded that, in the areas examined, the risk management activities and controls are suitably designed, and were operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review.
Significant assurance	As a result of this audit engagement we have concluded that, except for the specific weaknesses identified by our audit in the areas examined, the risk management activities and controls are suitably designed, and were operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review.
Limited assurance	As a result of this audit engagement we have concluded that, in the areas examined, the risk management activities and controls are not suitably designed, or were not operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review.
Weak assurance	As a result of this audit engagement we have concluded that, in the areas examined, there are fundamental weaknesses in the design and operation of risk management activities and controls such that it is inadequate and likely to fail.