

Strategic Safeguarding Committee (SSC)

November 2016

Terms of Reference (TOR)

1. Authority

- 1.1** The Strategic Safeguarding Committee (SSC) is a formally constituted Committee within the Trust's integrated governance structure and reports to the Clinical Governance Committee as part of this framework.
- 1.2** The SSC has delegated authority to oversee and monitor the Safeguarding of Adults, Children and Young People and Domestic Violence and Abuse arrangements for the Trust and to ensure that all safeguarding functions are embedded in the governance structures of the organisation.

2. Purpose of the Safeguarding Committee

- 2.1** The SSC has delegated authority for establishing and implementing the strategic direction of safeguarding activity across the Trust in relation to safeguarding children and young people, adults at risk and victims of domestic violence and abuse. To provide assurance that legal requirements and national guidance are incorporated into trust processes.
- 2.2** The SSC should develop, implement and monitor the integrated Safeguarding Adults, Children and Young People Strategy alongside agreed trust wide safeguarding objectives, which should be reported to the Trust Board annually.
- 2.3** The SSC has delegated authority to oversee and monitor all activities related to safeguarding to ensure safe high quality care is delivered, whilst managing risks to an acceptable level.
- 2.4** To co-ordinate and promote partnership working for the purpose of safeguarding and promoting the welfare of adults, children and young people at risk; agreeing the underpin policies and strategies.

3. Responsibilities

- 3.1** To advise the Clinical Governance Committee and in turn the Trust Board on how its statutory obligations in relation to adults and children at risk are met.
- 3.2** To ensure that national and local guidance is cascaded implemented and monitored.
- 3.3** To ensure that there are appropriate safeguarding structures are in operation across the Trust that interlink with other governance structures.
- 3.4** To ensure that there are appropriate domestic violence and abuse structures are in operation across the Trust that interlink with other governance structures.
- 3.5** To ensure that the workforce within Birmingham and Solihull NHS Foundation Trust is suitably equipped with the knowledge, skills and competencies to fulfill their safeguarding responsibilities.

- 3.6** To oversee the development and implementation of appropriate Safeguarding and Domestic Violence and Abuse policies and procedures, ensure they are embedded across the organisation.
- 3.7** To work collaboratively with the Trust's Governance Team, to ensure all risks relevant to safeguarding are captured, registered and reported as part of the risk management process within the Trust.
- 3.8** To support and where necessary oversee all serious case reviews, domestic homicide reviews and incidents related to Safeguarding and Domestic Violence and Abuse and members are asked to present assurance to the committee that local actions and lessons have been embedded into corporate and operational practice.
- 3.9** To ensure that there are sufficient resources available to meet the safeguarding requirements for the Trust.
- 3.10** To ensure statutory safeguarding obligations for safeguarding are met relating to the Care Quality Commission's core regulations for outcome 7 as per CQC Registration and the lead Clinical Commissioning Group's Safeguarding Assurance Strategy & Performance Framework and Children's Act Section 11 Audit.
- 3.11** Promote good interagency working and oversee interagency function by monitoring the working arrangements with Local Safeguarding Boards, sub groups and any other strategic partnerships forums.

4. Membership

- 4.1** The Executive Director of Nursing will chair the SSC and the deputy is the Deputy Director of Nursing.
- 4.2** The other members must include the following:
- Named Doctors for Safeguarding (adults and children)
 - Nominated Associate Director
 - Associate Director of Governance
 - Nominated Clinical Director
 - Head of Safeguarding
 - Lead Clinical Commissioning Group Safeguarding Leads for both Adults and Children
 - Nominated operational managers to represent all local clinical governance forums

5. Quorum

- 5.1** No business will be transacted at the meeting unless the Chair or deputy Chair is present along with representation from the Trust safeguarding team and at least 4 nominated operational managers.

6. Frequency of Committee Meetings

- 6.1** Meeting will be held Bi-monthly. Administrative support for the meeting will be the responsibility of the Safeguarding Administration Officer. Minutes of the meeting should be circulated promptly to all members of the Committee within 2 weeks of the meeting.

7. Governance and Accountability

- 7.1** The Committee is accountable for its work to the Trust's Clinical Governance Committee.
- 7.2** The Clinical Commissioning Group Members are accountable to their own organisation.
- 7.3** Members will be required to attend a minimum of 80% of all meetings and will be required to send a deputy when absent.
- 7.4** Members are required to present and lead on safeguarding business within their local clinical governance committee. This will include providing leadership and membership to task and finish workstreams as appropriate.
- 7.5** An Annual Report on Safeguarding Activity will be presented to the Clinical Governance Committee and the Trust Board.

8. Review

- 8.1** These Terms of Reference will be reviewed in 12 months.

Appendix 1: Trust Safeguarding Governance flow chart: September 2016

Trust Safeguarding Governance Arrangements – September 2016

