

## Safeguarding Strategy Board

### Terms of Reference

#### 1. Purpose

The Safeguarding Strategy Board reports to the Quality, Safety & Patient Experience Committee and is responsible for ensuring that Safeguarding is a strategic objective within the Trust providing strong leadership and divisional accountability by making Safeguarding integral to care.

#### 2. Duties

- To ensure that safeguarding standards are monitored and reporting mechanisms are properly established and working throughout the Trust so assurance can be given to the board
- To provide an annual assurance report to the Board of Directors on all issues relating to Safeguarding.
- To ensure systems and processes are in place to detect, prevent and respond to **concerns about abuse or neglect** and ensure that lessons learnt from incidents are disseminated across the Trust.
- To approve policies and procedures relating to safeguarding issues and ensure that these are impact assessed to meet the requirements of specific vulnerable groups
- To ensure that we meet our statutory requirements responding to external enquiry/ recommendations in relation to safeguarding.
- To ensure that the Trust is reporting effectively to external agencies when we have safeguarding concerns.
- To review all high level reports / recommendations and national documents relating to safeguarding and provide a response to the Quality, Safety & Patient Experience Committee. Where an action plan is required monitor the implementation of this within divisions and the improvements made through a standing agenda item.
- To review patient experience feedback from a variety of sources to inform future direction and ensure that the patients voice is heard

- Ensure that improved communication occurs from team to team through incident discussion and monitoring so that the trust is more responsive to safeguarding issues that may be linked across the Trust and /or require trustwide action and shared learning
- To receive details of safeguarding **DATIX Incidents, LSCB & LSAB Serious Case Reviews, Local Safeguarding Children Board (LSCB) multi agency case reviews, Practice Learning Reviews (PLR), Domestic Abuse Homicide reviews and incidents** reported to the Strategic Executive Incident System (STEIS) and the National Patient Safety Agency (NPSA) and ensure that there is trustwide shared learning to improve practice and prevent events such as these reoccurring
- To receive relevant updates from the LSCB and LSAB main boards and relevant sub groups as appropriate
- To ensure that a robust 'Transition' process from Children's to Adults services is in place throughout the Trust
- Discuss and resolve issues relating to vulnerable adults and children so improving their care pathway and ensuring improved outcomes
- Lead a corporate approach to any required change
- **To ensure that the safeguarding of children, young people and vulnerable adults is recognised as a corporate issue**

### 3. Membership

Name	Role
Alison Kelly	<b>Executive lead and Chair:</b> Director of Nursing & Quality
Sian Williams	Deputy Director of Nursing and Quality
Sally Goode	Acting Risk & Governance Co-ordinator
Karen Milne	Named Midwife/Professional Safeguarding Children & Lead Domestic Abuse
Rosie Lyden	Adult Safeguarding & learning disability Co-ordinator
Jane Evans Carmel Healey Julie Fogarty	Heads of Nursing and Pathway managers: To represent Urgent Care including AED To represent Planned Care including Theatre To represent Midwifery
Dee Appleton-Cairns	Deputy Director of HR
David Semple	To represent Planned Care including access

Ravi Jayaram	To represent Urgent Care – Lead clinician for Children across the Trust
Howie Isaac	Consultant Community Paediatrician
Alison Swanton	Therapy Services rep
Anne Murphy	Children Services Development Lead Nurse
Gavin Butler	Senior Manager Adult Safeguarding, Cheshire West & Chester
Lee Calvert	MCA/DOLS Manager, Adult Safeguarding, Cheshire West & Chester

Co-opted member – Jackie Hughes, Business Performance/Pathway Manager, Paediatrics

## 5. Frequency of Meetings

The Group will meet bi-monthly, although additional ad-hoc meetings may be arranged where necessary to deal with any issue which requires an early response.

Emergency meetings are subject to:

- Consent of the Chairperson
- When a written request from a group member is received

## 6. Quorum

A quorum shall consist of a minimum of 4 members. 1 of which must be the Director of Nursing & Quality or the Deputy Director of Nursing and Quality. There must be at least one representative from each of the 2 Divisions. Other members unable to attend should endeavour to send a representative able to contribute to the business of the meeting.

## 7. Record of attendance

The minutes of the meeting will record the names of the members attending and apologies for absence.

## 8. Minutes

The minutes shall be formally approved by the group at its next meeting and will be received by the Quality, Safety & Patient Experience Committee.

As part of the monitoring process these Terms of Reference will be reviewed every two years and/or if there are any changes in legislation or directions which affect the purpose of the group.

November 2013