

# Wolverhampton Safeguarding Together

## Executive Group Terms of Reference

### 1. Summary

The Executive Group will ensure the Safeguarding Partnership, in accordance with statutory guidance and relevant legislation, effectively delivers its safeguarding responsibilities for children and adults in Wolverhampton; underpinned by collaborative working, effective challenge and strong leadership.

Wolverhampton's safeguarding arrangements will be scrutinised using a variety of methods, supported by an Independent Scrutineer.

### 2. Overall aims

- To fulfil the function and responsibilities of the Safeguarding Adult Board under the Care Act 2014 and Working Together to Safeguard Children 2018
- To ensure transition to the new arrangements whilst keeping good practice and building on partnership
- To seek assurance of statutory agencies
- To set the budget and agree expenditure;
- To agree the Partnership's Strategic Plan, its Annual Report and its performance and quality assurance plans
- To seek assurance and oversight on the sub-work of the partnership (Scrutiny and Assurance Group) and provide support, challenge and direction
- To make decisions as to the commissioning of Child Safeguarding Practice Reviews (CSPR) and Safeguarding Adult Reviews (SARS) and agree final sign-off of reports and findings
- To ensure there is focus under each Priority area by setting discreet questions to illicit purposeful outcomes.
- To ensure there is a timely response to new and emerging safeguarding issues and escalations
- To ensure agencies are meeting their statutory responsibilities
- To ensure the views and experiences of children and adults inform the work of the Partnership through engagement and co-production
- To oversee the transition of Serious Case Reviews and Child Death Reviews from the LSCB to the new Safeguarding and Child Death arrangements as appropriate
- To ensure the transition of the Child death Overview panel to the Health and Well Being Board

### **3. Membership**

- NHS Wolverhampton Clinical Commissioning Group Chief Nurse and Director of Quality (chair)
- West Midlands Police Chief Superintendent of Local Policing
- City of Wolverhampton Council Director of Children's and Adult Services

In the absence of the Chair, one of the other key partners will chair the meeting.

Officers in Attendance:

- Interim Scrutiny and Assurance Group Chair
- Safeguarding Partnership Manager

Please see Appendix 1 – WST Organisation Structure

#### **Considerations**

- Independent Scrutineer by invite

### **4. Quorum**

Representation from all three partnership agencies namely Wolverhampton Local Authority, Wolverhampton Clinical Commissioning Group, West Midlands Police.

The attendance of core members will be monitored throughout the year, any concerns around attendance will be escalated to the relevant senior officer.

### **5. Frequency of Meetings**

Whilst the new safeguarding arrangements are in their infancy the Executive Group will meet every six weeks. It is envisaged this frequency will become quarterly as of April 2020.

The Executive reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises. Where urgent matters need to be decided, these can be made by the Chair of the Executive and the Members as required to be quorate. All such actions will be reported back to the full Executive at its next meeting and included in the minutes. Any member of the Executive may request to see the full report and/or information that were considered when the decision was made.

### **6. Responsibilities of members**

As members each individual is required to represent their professional background and the view of their agency and this will support decisions made by the group to ensure that.

Members of the Executive are required to:

1. Read all relevant agenda and support documentation.
2. Engage with other colleagues to report from meetings and collate feedback for agenda items prior to the meeting.
3. Notify Chair or Safeguarding Partnership Manager (previously Safeguarding Board Manager) if unavailable to attend.
4. Nominated representatives must be fully briefed and accountable for decisions made
5. Be accountable for ensuring actions assigned are completed and fully reported upon.

## **7. Disagreements**

Where members of the partnership find themselves to be in disagreement with decisions made resolution is to be sought via a vote. The majority vote will override any disagreement. Each agency will have one vote.

## **8. Risk Management**

The Executive has a responsibility to manage any risks identified that impact on its responsibilities. The Executive will keep a risk register to document the management of risk at each meeting which will clarify the risk, the action, the timeframe and the executive ownership. All risks will be actively managed until the residual risk is deemed tolerable when it will either be closed or tolerated. The Executive Group will decide which risks will be escalated to chief officers.

A WST internal issues and response process will also be followed for escalations and issues raised by agencies. This process will enable a formal route to escalation and will ensure a response is provided by the Executive Group and recorded in the Issues and Response log.

See Appendix : Issues and Response process.

## **9. Agenda Items**

Agenda items should be submitted 10 days in advance of the meeting to the designated officer who will subsequently ratify the next agenda with the Chair. The papers for the meeting will be circulated to enable members five days before the meeting.

Standing agenda items:

- Strengths and Concerns – general discussion
- Partner Issues raised: Item and response

## **10. Distribution of minutes**

Minutes of this group to be distributed to all group members. A copy of the minutes or a summarised report may be submitted to the Chief Officer of each partnership organisation in accordance with organisational oversight of partnership safeguarding activity. Papers may not be copied or distributed further without the written permission of the Chair.

## **11. Designated Officer**

Safeguarding Partnership Manager (previously known as the Safeguarding Board Manager)

## **12. Conflicts of Interest**

All members of the Executive Group must complete a declaration of interest form if there are any conflicts of interest to ensure that they are appropriately managed. If any member becomes aware of a conflict of interest which has, is likely to have or could be perceived to have an adverse effect on any decision, this shall be declared, and the Chair will determine whether the member concerned should withdraw from the meeting whilst the relevant discussion or decision related to the agenda item is in progress. All declarations and conflicts of interest and the action to manage the interest shall be minuted.

## **13. Confidentiality**

Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the committee unless the Chair indicates otherwise. Members, representative or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

## **14. Data Protection Act 2018**

Executive members will give due regard to their responsibilities to comply with Data Protection Act 2018 and General Data Protection Regulation Principles (GDPR)

## **15. Freedom of Information Act 2000**

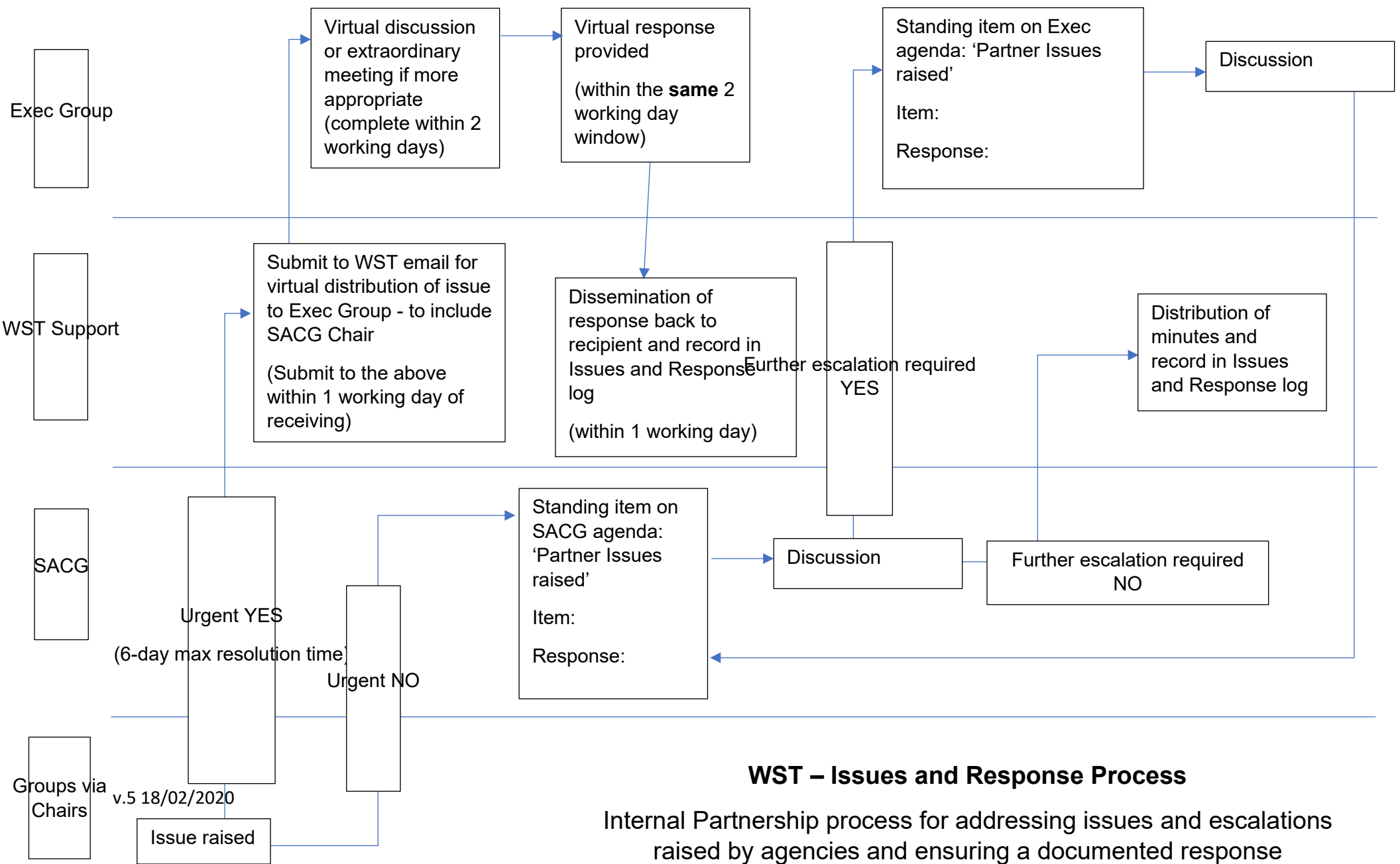
All papers are subject to the Freedom of Information (FOI) Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in

confidence, not for publication'. These papers may not be copied or distributed outside of the executive Group membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

## **16. Review**

After initial endorsement the Executive Group will review these terms of reference in April 2020 and annually thereafter.

**Appendix : Issues and Response process**



**WST – Issues and Response Process**

Internal Partnership process for addressing issues and escalations raised by agencies and ensuring a documented response

v.5 18/02/2020

**Definitions:**

| <b>Terminology</b>    | <b>Definition</b>  |
|-----------------------|--|
| Issue                 | Any item that needs input/discussion/response from the statutory partners at a leadership level or;<br>Any item that needs review/input/discussion/response from SACG  |
| Extraordinary meeting | Any item that requires urgent attention from the Statutory Partners at a leadership level. This could involve, noncompliance with statutory responsibilities where a safeguarding breach has occurred or changes in legislation that would seriously affect multi-agency working, practice, policy or has financial implications to the Partnership. |
| Virtual               | Email  |
| Response              | The 'minuted' or 'virtual' response to the item raised   |
| Urgent                | Any item that needs to be addressed sooner than the next available SACG or EXEC meeting as per the governance at the time or that may require an extraordinary meeting.<br><br><i>This does not include issues that require a statutory response, nor does it supersede national or regional timescales for serious incident reviews.</i>            |
| Item                  | Brief title and description of item raised   |