SAFEGUARDING COMMITTEE
TERMS OF REFERENCE

ROLE

1. The role of the Safeguarding Committee is to:

   • Advise the Executive Team on the most appropriate policy and operational framework for safeguarding within CQC;
   • Ensure that safeguarding children and adults is embedded into CQC’s work on registration, inspection and monitoring;
   • Ensure alignment and consistency of CQC’s approach across all regulated health and care services;
   • Provide strategic oversight for all aspects of safeguarding work across the organisation and ensure our policies and procedures are up to date and effective in protecting people who use services from potential or actual harm;
   • Provide assurance that the agreed policies, procedures and standards for CQC’s work on safeguarding are being adhered to by CQC staff;
   • Initiate improvements in CQC working practices, systems and procedures to support effective safeguarding practice in CQC’s statutory and regulatory roles to protect people from potential or actual harm;
   • Identify, respond and escalate, as appropriate, organisational risk within CQC related to safeguarding;
   • Raise the profile of children and adults’ safeguarding in all CQC’s work and promote proactive communications and raise awareness both internally and externally;
   • To monitor and evaluate performance, including scrutiny of performance data, understanding what is driving performance levels and making recommendations to improve performance.

RESPONSIBILITIES

2. Safeguarding is a collective responsibility across CQC and each directorate is accountable for its performance. Within this, the responsibilities of the Committee are:

   • To ensure implementation of the CQC safeguarding protocol, monitor the effectiveness and impact of the protocol both internally and externally and recommend and implement improvements where needed;
   • Use the CQC governance structures to ensure that safeguarding issues are considered and addressed at the appropriate level;
• To ensure that appropriate data is collected about safeguarding children and adults’ activity in a way that supports CQC’s statutory and regulatory roles;
• To ensure that the training programmes are in place to enable CQC staff to fulfil their duties and responsibilities in relation to safeguarding;
• To ensure that CQC’s regulatory role within multi-agency children and adults’ safeguarding procedures is clearly understood internally and externally;
• To ensure that CQC responds appropriately to changes in relevant legislation;
• To provide input in to the State of Care report (on trends in safeguarding in the sectors) and the Annual Report (on CQC internal performance);
• To ensure that constructive links have been maintained with relevant stakeholders and external agencies, including Ofsted, DH, ADASS, ADCS, NHS England and representatives of care providers.

EVALUATION

3. The criteria for the success of the Committee will be

• Quality assurance and monitoring confirms a consistent approach within CQC to the identification, decision-making, recording and management of safeguarding cases within regulated services;
• Quality assurance and monitoring confirms that the safeguarding protocol is being implemented consistently internally and externally;
• There is evidence that the safeguarding of children and adults is embedded into CQC’s work on registration, inspection and monitoring shown through improved protection practice;
• Effective working relationships with key stakeholders, commissioners and providers of care;
• Positive feedback from people who use regulated services and/or their carers about CQC’s role in safeguarding adults and children.

4. A review of the function of the Committee will be carried out to measure the Committee’s impact and the benefit derived in assuring improved alignment, shared understanding and increased safeguarding benefits to people in regulated health and care services. As safeguarding considerations become further embedded into organisational culture, the need for the Committee to meet in its current format should be reviewed, with particular consideration being given to the potential for Committee business to be carried out through smaller, focused project boards.

ACCOUNTABILITY

5. The Safeguarding Committee is accountable to the Executive Team.
6. The Chair of the Safeguarding Committee will be accountable for ensuring the recommendations to the Executive Team reflect appropriate consideration of:

   a. Equality, Diversity and Human Rights
   b. Staff Development
   c. User Involvement
   d. Resources (including IT)
   e. Value for Money
   f. Evaluation
   g. Public Reporting
   h. Environmental
   i. Legal
   j. Corporate priority
   k. Risks/interdependencies

CONSTITUTION

Membership

7. The membership of the Safeguarding Committee comprises:

   • Sally Warren, Chair, Deputy Chief Inspector, Adult Social Care (London)
   • Rebecca Bauers, Head of Inspection
   • Teresa Kippax, National Adviser - Safeguarding
   • Janice Waters, National Adviser - Safeguarding
   • Sue McMillan, Deputy Chief Inspector, General Practice (North), Children, Health and Justice
   • Nigel Thompson, Head of Children’s Health and Justice
   • Tracey Forester, Director of Academy, Customer Support Services
   • Caroline Hacker, Head of Mental Health Policy
   • Sam Booth, Head of National Analytics
   • Mark Edmonds, Director of Planning, Performance and Programmes
   • Pauline Carpenter, Head of Mental Health Act Operations
   • Carolyn Jenkinson, Head of Hospital Inspection: East Mids / Ann Ford, Head of Hospital Inspection: North [Sharing lead for acute / community]
   • Deborah Cotton-Soares, Head of Registration (London and South) / John McEachern, Registration Manager [Sharing lead for Registration]

8. Members should nominate a deputy to attend should they be unable to attend a meeting. Members are expected to be a safeguarding ‘champion’ within their own directorate, working to ensure that safeguarding considerations are embedded throughout the directorate. Attendance will be recorded by the Secretariat.
Quorum

9. The quorum for a meeting is a minimum of four members, one of which should be the Chair. The Chair will nominate a deputy to act as chair should they be unable to attend a meeting.

In attendance

10. Other officers may be invited to attend for discussion of items relevant to their responsibilities.

Frequency

11. The Safeguarding Committee will meet quarterly. Additional meetings may be called by the Chair if necessary.

Support

12. Secretariat support is provided by the Corporate Secretariat.

GOVERNANCE

13. The Safeguarding Committee is a sub-committee of the Executive Team and makes recommendations to that body.

14. Following each Committee meeting the Committee Chair will present a written report to the next appropriate meeting of the Executive Team informing it of the Committee’s actions and detailing any recommendations.

15. The Safeguarding Committee operates within CQC’s Scheme of Delegation.