West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Business Plan   2018 -21

Priority 1 We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people									
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
1.1	Board membership and arrangements are fit for purpose and reflect a wide and varied group of stakeholders. The voluntary and community sector (VCS) are engaged and inform the work of the Board.	Review Board membership to ensure it is fit for purpose	Independent Chair & Business Manager	Dec 2018	Membership and arrangements will have been reviewed with rationale articulated for any changes made or for no changes made. Attendance rates acceptable.	Annual review of ToR Attendance rates acceptable	Annual review of ToR Attendance rates acceptable	Completed	**COMPLETED**
1.2		VCS and Healthwatch from each Local Authority is engaged in the work of the Board	Independent Chair & Business Manager	Dec 2018	Included in membership and criteria for meeting attendance agreed Attendance rates acceptable.	Annual review of ToR Attendance rates acceptable	Annual review of ToR Attendance rates acceptable	Meeting with Healthwatch and VCS arranged to Feb 2019 to discuss how they will be represented at the	**AMBER**

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								Board.	
1.3		Review subgroups, membership of them and Terms of Reference	Business Manager	Dec 2018	Clear structure of subgroups with coherent TORs exist, with clearly articulated interfaces for sharing of information and co-production of outcomes Attendance rates acceptable.	Annual review of ToR Attendance rates acceptable	Annual review of ToR Attendance rates acceptable	Awaiting sign off from L,D&D and P&P subgroup TOR before action can be signed off.	AMBER
3.4	The SAB has strong links with LSCB, Safer Communities, Health and Wellbeing boards	Reference in ToR	Business Manager / Independent Chair	Mar 2019	Revised ToR	Annual review of ToR	Annual review of ToR	ToR to be reviewed	Completed
3.5		Board are aware of groups business plans and links with	Business Manager / Independent Chair	Mar 2019	Plans are reviewed and links are highlighted to Board and/or relevant Subgroup to consider joint working arrangements.			Contact made with	AMBER

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		Boards priorities are identified and acted upon			Increase in collaborative work with other boards			Board, SAB Annual report to be presented at H&WB Boards	
1.6	People who use services are able to influence the work of the SAB, including 'seldom heard' groups (including but not limited to; those for whom English is a second language, younger adults, faith groups, churches and the traveller community)	Task and finish group to consider models of service user involvement	Business Manager / Independent Chair	Mar 2019	Task group will have identified a range of models to be tested by the steering group. Participants in the steering group will have been identified (will include VCS) and membership agreed.			Task and finish group arranged for March 2019	GREEN
1.7		Steering group to test and implement models of service user involvement to co-produce the work of the SAB,	Business Manager / Independent Chair/Steering Group	June 2019		The steering group will have tested a selection of models and identified the preferred model and what resources or			GREEN

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		including exploration of a forum and embedding representatives in the subgroups as a possible option				infrastructure will be required to achieve this – this will be provided by delivery of a report and recommendations to the board			GREEN
1.8		Formal proposal to Board on recommending model and how to effectively implement this during next year 2019/20	Business Manager / Independent Chair/Steering Group	Sep 2019		A preferred model for involving service users in co-production around strategic aims of the SAB will have been agreed and work will be underway to embed service user in co-production with the board around the strategic aims of the SAB			GREEN
1.9		Implementation of service user involvement module	Business Manager / Independent Chair/Steering Group	March 2020		Agreed module goes live			GREEN
1.10		Review of service	Business Manager	Dec			Review of model		GREEN

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		user involvement model	/ Independent Chair/Steering Group	**2020**			presented to the board setting out recommendations		GREEN
4.13		The SAB website is kept up to date	Business Manager	**Mar 2019**	Six Monthly check of website information completed and improvement actions set			Audit date scheduled	GREEN
2.14		The Board is assured that accessible safeguarding information is available for all	S/G Lead in each stakeholder agency	**Dec 2018**	Findings of a spot check of a random selection of 'points of access' confirms that accessible information was identified. Feedback to Business Manager by 31/12			Spot check in progress	GREEN
2.15			Business Manager	**Mar 2019**	Highlight report to Board , with recommendations on how to improve accessibility of information				GREEN
1.17	Providers who deliver services are able to influence the work of the SAB	Task and finish group to consider models of provider involvement	Business Manager / Independent Chair	**Mar 2020**		Task group will have identified a range of models to be tested by the steering group. Participants in the steering group will have been identified, this will include representation from the voluntary care			GREEN

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						sector and membership agreed			
1.18		Steering Group to test and implement models of provider involvement to co-produce the work of the SAB, including exploration of a linking in with existing provider forums and working with the CQC.	Business Manager / Independent Chair/Steering Group	Sep 2020			The steering group will have tested a selection of models and identified the preferred model and what resources or infrastructure will be required to achieve this – this will be provided by delivery of a report and recommendations to the board		GREEN
1.19		Formal proposal to Board on recommending model and how to effectively implement this	Business Manager / Independent Chair/Steering Group	Dec 2020			A preferred model for involving providers in co-production around strategic aims of the SAB		GREEN

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							will have been agreed and work will be underway to embed provider in co-production with the board around the strategic aims of the SAB		
1.20		Implementation of provider involvement model	Business Manager / Independent Chair/Steering Group	April 2021			Agreed model goes live		GREEN
1.21		Review of provider involvement model	Business Manager / Independent Chair/Steering Group	June 2021			Review of model presented to the board setting out recommendations		GREEN

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Priority 2
We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
1.24	We are assured that partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control	Event on Domestic Abuse for partners to explore issues, understand priorities of the Domestic Abuse Strategy, and identify areas for improvement	SAB, with partners from LSCB, CSP's.	June 2019	Event held, areas for improvement identified and reflected in updated actions for the SAB or relevant subgroups			To be arranged at SAB in March 2019.	GREEN
1.22	We are assured that partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control	All relevant training, guidance and awareness raising activities within partner agencies to include dynamics and impact of coercive control	Learning, Development & Dissemination subgroup	Dec 2019	Partner agencies have moderated all materials and confirmed content is reflective of this			Awaiting outcome of action 1.23.	GREEN
1.23		Domestic Abuse considered and areas for monitoring or improving practise identified.	Performance and Quality	Dec 2018	The subgroup puts mechanisms in place to 'test' the impact of actions 1.22 and 1.24			Will be added to Dashbarod by Q4 18/19	RED

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Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
1.25	We are assured that relevant staff across agencies know how to identify risk of significant harm or escalation in Domestic Abuse and understand the relevance and application of Inherent Jurisdiction in this respect	Use of Safe Lives DASH-RIC to be promoted as best practice for risk assessment in Domestic Abuse and relevant support and training provided to staff	Safeguarding Leads & Principal Social Worker for 3 Local Authorities	June 2019	The workforce will be demonstrating application of appropriate risk assessment tools in practice and referrals being received by MARAC and DARIM will be reflective of this – the board expect to see an increase in referrals to monitor success	Continued increase in referrals	Level of referrals stabilises	Collection template with safeguarding leads for completion 31/12/18	GREEN
1.26		Independent audit will be arranged to review model of risk assessment being promoted and content of training material as assurance. Sample of Safeguarding Concerns for Domestic Abuse to be audited to	Performance and Quality	December 2019	The audit will demonstrate inclusion of relevant knowledge and skills in training, effective use of risk assessment tools, appropriate responses to identified risk and appropriate referral to MARAC and	Recommendations from audit 'tested' for compliance	Recommendations from audit 'tested' for compliance	Awaiting outcome of 1.25	GREEN

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		explore progress and identify remaining strengths and tensions in practice			DARIM, recommendations from audit considered by Board and implemented				GREEN
1.27		Monitoring of level of referrals to Multi Agency Risk Assessment Conference (MARAC)	Performance and Quality	March 2019	There is an increase of non-police agencies referring to MARAC			As per 1.23	GREEN
1.28	We are assured that staff across all agencies recognise and respond appropriately where there are interdependencies in relationships that mean intervention with one person has implications for another, including recognition and response to carers and other complex relationships	All agencies to identify and implement appropriate methods to ensure that staff apply *Think Family/Think Community* approaches in their practice	Safeguarding Leads in all organisations	Dec 2018		Leads will be able to feedback to the Business Manager and Independent Chair what actions their organisation has taken to achieve this and what methods have been implemented and how success will be monitored.		Awaiting responses from Safeguarding Leads, deadline 30/11/18 not met.	RED
1.29		Learning from SARs specific to this context is	Learning, Development & Dissemination	Jun 2019		A learning event (or other mechanism) will have been			AMBER

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		disseminated to the workforce and a simple survey has been undertaken (e.g. Survey Monkey) to measure what proportion of the workforce this has reached	subgroup			delivered including these elements and a survey will evidence the message has reached an acceptable (to be agreed by the Independent Chair) proportion of the workforce across partner agencies. If success criteria are not achieved, this will inform review of how to more effectively disseminate information			
3.31	We are assured that local safeguarding arrangements for people who have Mental Health issues are effective	Review and monitor current governance structures and accountability for safeguarding in local mental health services	Local Authority Safeguarding Leads	**Mar 2019**	A report on the governance structures within each area will have been provided to the Board, with analysis of the strengths and any tensions. This			Governance report presented in June 2018 Board, will be	**GREEN**

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					will be used for the Board to consider in conjunction with the outcomes of the independent audit (below)			presented on a six monthly basis. LA safeguarding leads to report by 31/3/19.	
3.32		Independent audit of a random selection of Safeguarding Concerns in the three CMHT areas to be undertaken to measure compliance with policies and procedures and effectiveness of safeguarding interventions in a multiagency context	Performance and Quality	Jan 2020		A report on the outcomes of this audit will have been provided to the Board with analysis and recommendations. This will be used for the Board to consider in conjunction with the outcomes of the review of governance structure (above)		Awaiting completion of 3.31	GREEN

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3.33	We are assured that partners work together to respond to Modern Slavery and Human Trafficking issues	Modern Slavery and Human Trafficking strategic pathway agreed and published	Business Manager	June 2020			The strategic pathway is in place, has been published and is in an accessible format to all stakeholders and the workforce	Currently in draft with the P&P Group	GREEN
3.34		Strategic pathway is referenced and promoted via training and other learning materials/events	Learning, Development & Dissemination subgroup	Dec 2020			There is auditable evidence of this in place		GREEN
3.35		Audit template to be developed and agreed for audit of relevant cases for local implementation	Safeguarding Leads, 3 Local Authorities	Dec 2020			A consistent audit template is in use across the three local authority areas and a copy of the template has been provided to the Business Manager		GREEN
3.36		Relevant cases to be audited to	Safeguarding Leads in Local	Dec 2020			A sample of cases across the AOR		GREEN

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	**Priority 2** **We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community**
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		confirm whether strategic pathway is being followed and best practice adhered to locally	Authorities, TVP				has been audited and both good practice and tensions identified and collated thematically. The outcome of this will inform further work in this area.		
1.37	Organisations have in place policies and processes to manage allegations against persons in position of trust	Framework for the *Management of Allegations against Persons in Position of Trust – is published*	Policy and Procedures – Berkshire wide	Dec 2018	Framework endorsed by Board in 2017/18 is published.			Awaiting publication	GREEN
1.38	We are assured that local arrangements to support and minimise risks for people who self-neglect are effective including; clear policies and procedures, recognition of risk, management of	Review to be undertaken to inform the SAB with an objective perspective on current status	Commissioned Independent Auditor	Dec 2018	Review will be completed and submitted with clear recommendations			Endorsed by Board in December 2018	COMPLETED

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1.39	complex cases and outcomes for individuals	All agencies to proactively engage with independent review to enable this work to be concluded in a timely manner	Safeguarding Leads all agencies	**Sept 2018**	Reviewer will be provided with access to all information required in a timely manner to enable completion of the work			Informati on received	**COMPLETE D**
1.40		Recommendations from review to be implemented and compliance and outcomes to be audited	All subgroups in context of each groups TORs	**Mar 2019**	Audit tool devised (or current audit tools amended) to measure success on recommendations	Continue measurement	Continue measurement	Added to Learning from SAR/Audi t Impleme ntation Plan	**COMPLETE D**

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1.42	We have considered a range of options for undertaking SARs	A range of (new) models of undertaking SARs will have been considered, including how and when they could be used. Recommendations provided back to the SAB	Safeguarding Adults Review Panel	June 2019	A range of options will have been considered with evidence as to the rationale for including them or not including them in an agreed list of options. Going forwards, panel minutes will evidence consideration of the most proportionate and effective model in the context of each SAR commissioned, with clear rationale applied	Annual review of SAR models	Annual review of SAR models	Meeting to be held with Pan Berks SAR leads.	GREEN
4.43	Learning from SARs is shared and agencies embed this in their practice	SARs will be published in a timely manner with learning, recommendations and Action Plans shared with	Safeguarding Adults Review Panel	Upon sign off of SAR	There will be evidence of timely sign off a publication of SARs to prevent delay in sharing and embedding of learning. Appropriate timescales to be set by Adults Safeguarding review panel			Endorsement of Learning from SAR/Audit Impleme	Completed

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		partner agencies and sub groups effectively and efficiently to support effective dissemination						ntation Plan	
4.44		Learning from SARS will be logged and monitored on the Boards Learning from SAR/Audit Implementation plan	Business Manager	On Endorsement of SAR	All learning will be tracked and success measures monitored.			Endorsement of Learning from SAR/Audit Implementation Plan	COMPLETED
1.45		Evaluation template for training to include questions to evaluate how practitioners have taken on and embedded learning	Learning, Development & Dissemination subgroup	March 2019	Each agency to have provided evidence that their evaluation template for training includes a mechanism for identifying how delegates are going to use and embed their learning – subgroup to consider how success will be measured				AMBER

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1.47		Learning from SARs completed by other boards	Business Manager/ Subgroup Chair Meeting	Ongoing	The Board are aware of published SARS and consider if recommendations made are appropriate for the West of Berkshire and implement			Awaiting RIPHA National Library	GREEN
4.48		The Learning from SAR and Audits Implementation Plan is used to monitor response to findings by partner agencies upon publication of SARs	Performance and Quality	Quarterly	Quarterly report is provided to the board providing an auditable account of how SARs are being responded to dynamically			Highlight report to be taken to each board.	GREEN
2.49	Training plans reflect the priorities in the Business Plan	Review training plans to ensure they address agreed priorities	Learning, Development & Dissemination subgroup	Dec 2018	Each agency will have provided feedback to the subgroup on how their training plans have been reviewed and what assurances there are that they address agreed priorities. This will be shared with the Independent Chair				RED
2.50		Deliver core training at all levels of organisations to support the sector	Safeguarding Lead each organisation	Dec 2018	Each lead will confirm to the subgroup that core training is being delivered at all levels of the organisation

The subgroup will define core training and acceptable training levels | | | | RED |
| **1.51** | We are assured that effective supervision is taking place within agencies | Audit template to be designed, which includes a range of measurable | Performance and Quality Subgroup | Dec 2018 | An audit template has been agreed, which has been signed off by board | Annual review of audit tool | Annual review of audit tool | Audit template approved however | AMBER |

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Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		outcomes on the delivery and effectiveness of supervision, leadership and case oversight in Adult Safeguarding			and is ready to be used in agencies			currently being redrafted by safeguarding leads.	
1.52		Audit to be undertaken within each organisation using agreed tool to look at effectiveness and type of supervision being delivered (e.g. reflective, informal, ad-hoc, peer, clinical, group, observational), frequency and effectiveness (including that safeguarding is being considered), and strengths and tensions. Findings	Safeguarding Leads all agencies	June 2019	Audit has been undertaken in each organisation and a report received for each, including strengths, tensions and recommendations fed back to subgroup	Ongoing monitoring of the effectiveness of supervision, with specific priority identified and improvements recommended.	Ongoing monitoring of the effectiveness of supervision, with specific priority identified and improvements recommended.	Audit due to start April 2019.	GREEN

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		to be reported back to Performance and Quality Subgroup.							GREEN
1.53 a		Results of audits discussed and key themes for learning identified.	Performance & Quality	Dec 2019		Key learning identified and shared with LD&D Subgroup			GREEN
1.53 b		Learning from this exercise to be shared with agencies to encourage use of a diverse range of effective models	Learning, Development & Dissemination subgroup	June 2020		The sub group has reported to the board on what methods of dissemination have been used to share the findings of this audit with stakeholders	The subgroup seek feedback to how useful the information shared with stakeholders has been.		GREEN
1.54	Staff and volunteers are supported to improve their skills and confidence	Develop opportunities for peer support both within and across agencies	Learning, Development & Dissemination subgroup	June 2019	Implementation plan to board including success targets	Update report to board on outcomes of peer support		SAB RAMP Roadshow to be developed	AMBER
1.55		Develop opportunities for	Learning, Development &	June 2019	Quarterly Adult Safeguarding Forums established and agenda focuses on reflective learning.				AMBER

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		practitioners to discuss and reflect on cases, including use of quarterly Adult Safeguarding forums for managers and practitioners	Dissemination subgroup		Key areas of reflective learning are identified. There will be a published programme of events in place. Regular 'testing' of methods used completed to assure the subgroups that learning methods are effective.				
1.56		Develop standardised eLearning and bite sized sessions for VCS	Learning, Development & Dissemination subgroup	Sept 2019	Standardised e-learning will be in place, publicised and accessible to VCS. Bite sized sessions on a range of relevant issues will have been made accessible to the VCS. Regular 'testing' of methods used completed to assure the subgroups that learning methods are effective.				GREEN
1.57		Develop and promote learning opportunities for volunteers	Reading Voluntary Action, Involve Wokingham, Volunteer Centre West Berkshire and the Learning, Development & Dissemination subgroup	Mar 2020	Inclusion of volunteers will be considered and implemented where appropriate for all learning opportunities created by the subgroup	Mechanisms for peer support within and across agencies will be in place and opportunities will be publicised and being accessed Regular 'testing' of methods used completed to assure the subgroups that learning methods are effective.			GREEN
1.58		Joint Children's and Adults Safeguarding	Learning, Development & Dissemination	Jan 2019	Learning opportunities for volunteers will be in place across the three locality areas and will have been publicised				GREEN

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1.59		Conference on theme of Prevention and Early Intervention	subgroup Joint safeguarding conference group	March 2019	The subgroup will review the conference and report back to the SAB highlighted key successes and recommendations for future conferences.				GREEN
4.60		Deliver Safeguarding Adults Train the Trainer programme	Learning, Development & Dissemination subgroup	March 2019	Training delivered which includes key priorities identified in plan, feedback is positive and level of attendance exceeds or matches the previous session.				RED
4.61		Report on training activity for 2017-18 for SAB annual report	Learning, Development & Dissemination subgroup	Dec 2018	Report delivered recommendations will steer future business planning			Data received	COMPLETED
1.62	Adult safeguarding services are person led and outcomes focused because people are encouraged and supported to make their own decisions				Training material will have been moderated to ensure Making Safeguarding Personal is embedded but that Duty of Care, Public Interest Duty and Information Sharing are adequately covered Making Safeguarding Personal is embedded in the culture of Adult Safeguarding, from the point of recognising indicators of abuse or neglect where this is appropriate People are involved in safeguarding interventions from the earliest opportunity ('Nothing about me, without me') and they, or their representative (where appropriate) are active participants in decision-making				
		Ensure that adult safeguarding	Learning, Development &	March 2019	Audit of training content completed				RED

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		training is based on Making Safeguarding Personal principles balanced with understanding of Duty of Care and Public Interest Duty	Dissemination subgroup		and subgroup are satisfied that the criteria has been met, or where is has not been changes have been made.				
1.65	We provide feedback to those who raise a safeguarding concern	Training emphasises the importance of providing feedback to the referrer	Learning, Development & Dissemination subgroup	Mar 2019	All agencies understand when feedback should be provided and are active participants in seeking out feedback, subgroup will create and implement monitoring process to ensure occurring and highlight issues to the board.			To link in with training audit action 1.62	RED
1.66		Compliance with	Performance and	Mar	Audit evidences that				RED

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
		providing feedback at the point of decision (whether to proceed to Sec 42 enquiry) and at conclusion, to be measured via all (existing) internal and independent audit processes	Quality	**2019**	feedback is being provided to referrers as appropriate, and in a timely manner, subgroup to set timely manner.				
1.67	Independent providers deliver safe, high quality services and the Board is assured that safeguarding processes are adhered to in line with Care Act requirements	Assurances will be provided to the Board that safeguarding processes are robust and fit for purpose in independent provision, including Home Care.	DASS and other commissioners	**Mar 2019**	The annual self-assessment audit will be submitted in a timely manner and will provide an evidence base	The annual self-assessment audit will be submitted in a timely manner and will provide an evidence base	The annual self-assessment audit will be submitted in a timely manner and will provide an evidence base	Self-Assessment Deadline Jan 2019	**GREEN**
1.68	We are assured that all stakeholders are following the *Berkshire Pressure Ulcer Pathway* to ensure effective delivery of care and robust consideration of safeguarding concerns	Recommendations from audit conducted in 2017/18 will be published	CCG Safeguarding Lead / Business Manager	**Dec 2018**	Findings will have been shared with all relevant agencies			Report endorsed by Board June 2018 Task and Finish	**GREEN**

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	in this context							Group in place to address learning.	(green)
1.69		Recommendations from that review will be implemented	Pressure Care Task and Finish Group – managed by Performance and Quality	March 2019	Task and Finish Group to present progress to the Board in March 2019			T&F Group in place led by CCG.	No Longer applicable
1.70		Review audit will be undertaken to measure progress in respect of compliance and effectiveness and extended to also include consideration of Grade 2 pressure wounds as well.	Performance and Quality	June 2019	There will be improved compliance with application of the pathway and the strengths and tensions around its impact on effective delivery of care and consideration of safeguarding concerns will be understood to inform any further strategic work			Await steer from task and finish group.	Amber

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status

Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
3.71	We have verified that the workforce is accessing and using the Pan Berkshire policies and procedures	Survey Monkey will be used to obtain subjective feedback from the	Business Manager	Sept 2019	An acceptable (to be agreed by Independent Chair) proportion of the				GREEN

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Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	following their launch	workforce as to whether they are accessing the policies & procedures and to capture their perspective on the strengths and tensions			workforce will be accessing the policies and procedures				
3.72		Website hits will have been analysed to provide an objective perspective on how often and from where the documents are being accessed	Business Manager	Sept 2019	Analysis will evidence the website is being accessed proportionately across the AOR and that website hits are at an expected/acceptable level				GREEN
1.73		Internal and Independent audits of Adult Safeguarding work will include consideration of whether Pan Berkshire policies and procedures are being correctly	Performance and Quality		Audit will evidence Pan Berkshire policies and procedures being appropriately applied in practice			To be included within any audits that take place.	GREEN

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Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		implemented							
1.74	We understand what the data tells us about where the risks are and who are the most vulnerable groups	Audit outcomes are analysed and the Board takes required actions to address identified areas of concern across partner agencies.	Performance and Quality and Safeguarding Leads	Quarterly	Audit outcomes are known, are informing relevant action plans and strategic focus and are being fed into training to ensure required actions are embedded in culture			All audit outcome are added to learning from sar/audit plan.	COMPLETED
1.75		Dashboard is monitored and developed to ensure Board is informed of the KPI data	Performance and Quality	Quarterly	The Dashboard is monitored dynamically and the Board is provided with accurate and timely data				GREEN
1.76		Develop understanding of the local level of risk for victims of FGM by reviewing local and national FGM data	Performance and Quality	Mar 2019	The local level of risk is known, in order to inform future strategic work and any key messages are disseminated in a timely manner, including in training where required				RED
1.77		Develop understanding of local level of risk for victims of	Performance and Quality	Mar 2019	The local level of risk is known, in order to inform future strategic work and				AMBER

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Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		Modern Slavery by reviewing local and national Modern Slavery data			any key messages are disseminated in a timely manner, including in training where required				AMBER
1.78	Feedback from people having experienced intervention via a Sec 42 Enquiry is used to inform practice development and the strategic aims of the SAB	Ensure feedback is routinely obtained from all people subject to a Sec 42 enquiry via mandatory review of desired outcomes expressed at outset	Safeguarding Leads in the 3 Local Authorities	Mar 2019	There is evidence that desired outcomes expressed at the start of the intervention are being reviewed with the individual or their representative at the end of an intervention			Safeguarding Leads to summarise data collection methods no response received.	RED
1.79		Provide mechanism for collating and analysing this feedback to inform practice development and strategic focus	Performance and Quality	March 2019	There is a mechanism in place to collate this feedback and to extract themes for feedback to the board			Waiting completion of 1.78	RED
1.80		Ensure feedback obtained is being shared across partners and is informing learning	Learning, Development & Dissemination subgroup	June 2019	There is evidence that themes have been shared with stakeholders and relevant knowledge				AMBER

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Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		events and training			and information is embedded in training and culture				
1.81	The Board is assured that local arrangements to support and minimise risks are effective	A thematic audit programme will be agreed, based on areas of risk and learning from SARs. Audits will use an agreed template and review interventions in a multiagency context and be undertaken consistently across the AOR. Note. For efficiency, this action may incorporate other references to audit in this business plan i.e. audits are designed to cover multiple actions	Performance and Quality	Mar 2019	A consistent method for auditing multiagency work across the three Local Authority areas will be in place. Findings are being fed into the board and there is evidence of learning being disseminated across organisations and into the work of the subgroups

Audits carried over 17/18:
Tissue Viability
Dementia
Abuse in own home | | | Audit schedule will be planned as part of the Learning from SAR/Audit Implementation Plan. | **COMPLETED** |
| 1.82 | The Board is assured that | Local guidance | Safeguarding | Dec | Relevant documents | | | Awaiting | **AMBER** |

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Priority 4	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	Adult Safeguarding interventions are compliant with the MCA 2005 and that the principles of MSP are adhered to, including; appropriate involvement of advocacy to ensure person-centred responses	documents and tools to be reviewed to ensure they promote compliance with formal assessment of capacity to consent to a safeguarding intervention, where required	Leads 3 Local Authorities	2018	will support compliant formal assessment of mental capacity and direct the workforce to evidence rationale for decisions reached			response from Safeguarding Leads	
1.83		Audit of completed Safeguarding cases to include analysis whether decisions that service users lack capacity to consent, demonstrate compliance with application of the diagnostic and functional tests	Performance and Quality	Mar 2019	Audit will evidence that the workforce is correctly applying the MCA and decisions that a person lacks capacity to consent to a safeguarding intervention (or associated decisions) have an auditable and lawful rationale recorded				GREEN
1.84		Compliance to be raised amongst the workforce about how and when to	Safeguarding Leads, Principal Social Workers and Learning,	Jun 2019	There will be a clear understanding of when access to advocacy must be			Compliance is increasing reported	GREEN

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		involve advocacy and how to ensure this is effective	Development & Dissemination subgroup		facilitated and what its role is. Audit will demonstrate application of this in practice			on Dashboard and as part of section 42 audits.	GREEN
1.85	The Board has a comprehensive and effective Quality Assurance Framework	Review, update and implement current SAB Quality Assurance Framework	Business Manager, Performance and Quality	March 2020		There will be a revised Quality Assurance Framework in place that partners have completed and	Annual review of SAB Quality Assurance Framework, completion of assessment for all		GREEN

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Priority 4		We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly							
Ref	**Outcome**	**Action**	**By Who**	**By When**	**Success Criteria 2018-19**	**Success Criteria 2019-20**	**Success Criteria 2020-21**	**Progress Update**	**Current RAG Status**
						summarised to the Board.	partners, key themes and actions presented to the Board.		

Reference Key	Priority Level	Deadline Date
1	High	6 Months or under
2	Medium	6-18 months
3	Low	Over 18 months
4	Business As Usual Task	

RAG Criteria	RAG Status	Scenario	Boards Responsibility
Progress against Business Plan	**Red**	The implementation plan is not in place or there are delays which means the action will not be achieved in timescale.	To understand issues impacts on action and agree how to mitigate the risk, by using risk mitigation log.
	Amber	The implementation plan is in place there is a risk that the deadline will not be met.	To Note
	Green/Completed	The action has been completed or there is an implementation plan in place and the timescale is expected to be met.	To Note

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Amendments to the Business Plan
In order to ensure that the plan is reflective of current priorities and incorporates ongoing learning, amendments will be made to the business plan. Any amendments will be approved by the Board.

Subgroups
All subgroup are required to set an action plan to deliver the outcomes within the business plan, providing clear measures for success. Subgroup chairs and West Berkshire lead for the Policies and Procedures group, will meet on a quarterly basis, with the Independent Chair and Business Manager; to discuss business plan progress and to ensure that the Subgroups are working together effectively.

Performance and Quality
- To set an action plan to deliver the outcomes within the business plan
- Provide an interface with the Pan Berkshire 'Policy and Procedure' group
- Develop a range of mechanisms for measuring outcomes in respect of assuring the SAB about the effectiveness of safeguarding activity in practice, including implementation of Action Plans from SARs and trends being identified through data reporting
- Oversee performance and data quality of all safeguarding activity across the area
- Develop and maintain a framework, which ensures there are effective and accountable quality performance indicators and monitoring systems in place
- Produce regular reports to the SAB, which ensures a consistent approach and good quality of safeguarding provision is maintained across all partner agencies
- Consider trends in safeguarding activity and share these with the SAB and the other subgroups for them to support relevant work, as required

Learning, Development & Dissemination
- Ensure there is a skilled workforce to help protect adults at risk and ensure there is awareness across all organisations, including independent and voluntary sectors
- Develop the training competency framework, ensuring this remains up to date and is informed by practice
- Ensure learning from SARs is embedded in training and that a range of methods are used to disseminate the learning to organisations and the workforce

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- Ensure organisations and the workforce are kept informed on the work of the SAB, awareness around relevant information and issues is maintained and that promotional learning messages are delivered ('soft touch learning')

Safeguarding Adults Review Panel
- Develop a range of options/models for undertaking SARs
- Consider all requests for SARs
- Where it is agreed a SAR is required to agree the most effective and proportionate type of SAR to commission
- Commission, manager and monitor any reviews
- Keep the SAB informed of any reviews
- Share Action Plans from reviews with SAB and with relevant

Policy and Procedures – Berkshire wide
The Policy and Procedures Sub Group has the responsibility for undertaking the development and review of Policy and Procedures by:
- Considering suggested changes to the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Approving draft/update Board Safeguarding policies/guidance and procedures which will be sent to the four Boards for final ratification and adoption;
- Addressing gaps in the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Considering the implications of changes to national policy guidance and legislation;
- Considering recommendations arising from local and national serious case reviews, domestic homicide reviews and Safeguarding Adults Reviews;
- Ensuring Making Safeguarding Personal is embedded in the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Ensuring the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures" is subject to appropriate equality impact assessment;
- Presenting policy and procedures to the four SABs in Berkshire for agreement and adoption;
- Making recommendations to the four Safeguarding Adults Boards in Berkshire for hosting, ongoing maintenance and updating of the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Sharing information and good practice and promoting, where appropriate, joint development of common procedures.
The lead for the Berkshire SAB will be responsible for:
- Co-ordination of local policies and procedures updates when the Policy and Procedures Subgroup introduce/update a policy or procedure
- Ensure local standards, policies and procedures are in place and are updated at least annually, both in line with Pan Berkshire developments and wider legislative or guidance changes

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- Ensure the importance of safeguarding adults is included in other policy documents, e.g. Domestic Abuse, Safeguarding Children etc.

Task and Finish Groups

In order to achieve the actions within the plan the following Task and Finish Groups will be established these will be led by the appropriate subgroup as listed.

Ref	Action	Lead Subgroup
1.6	Task and finish group to consider models of service user involvement	Performance and Quality
1.7	Task and finish group to consider models of provider involvement	Performance and Quality