

Priority 1 - We will continue to work on outstanding actions from the 2019/20 from the following priorities:

- Priority 1 2019-20, We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect
- Priority 2 2019 -20, The SAB will work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.
- Priority 3 2019-20, We will understand the main risks to our local population in regard to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.
- Priority 4 2019- 20, The SAB will understand from key stakeholders, why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place that is consistent across the partnership where practical.

| Action  | Outcome   | Who          | Target<br>Date | RAG and Progress Update   |
|---|---|--------------|----------------|---|
| To continue to implement a Service User Involvement Strategy for the SAB. | People who use services are able to influence the work of the SAB | VSC Subgroup | March<br>2021  | The strategy was approved by the SAB in June 2019. Parts of the strategy have been implemented, but full implementation is required.  The VCS Subgroup will identify, monitor and implement, or advise on implementation and monitoring, of the priorities of the strategy.  Due to the pandemic Community Questionnaires will be put on hold to 21/22. |



| Review safeguarding management oversight and consider updating the function of 'Safeguarding Adults Management' across the Partnership.             | The SAB are assured that there is sufficient management oversight in regards to safeguarding. There is a decision by the SAB on the 'SAM' function in Local Authorities and this is implemented.             | Pan Berkshire<br>Policy and<br>Procedure<br>Subgroup           | Decemb<br>er 2020 | A best practice SAM function document has been created. Final draft currently with P&P Subgroup for approval  |
|---|--|--|-------------------|---|
| The SAB review the quality of Tissue Viability Management training across the partnership to ensure that it is adequately addressed.                | The SAB are assured that there is adequate training in pressure care across the partnership.   | Learning &<br>Development                                      | Decemb<br>er 2020 | Completed Report endorsed by SAB in September 2020.   |
| The SAB are assured that there is good quality pressure care information in regards for the public.   | Awareness around pressure care improves so that people are better equipped to identify risks and seek appropriate support.   | Communicatio<br>n and Publicity<br>Subgroup                    | March<br>2021     | Identified through the review of Tissue Viability training that pressure care awareness is required.  |
| To review targeted exploitation paper agree how the SAB will address the issues identified.   | There is a clear plan on how to support those most at risk from targeted exploitation.   | SAB  | Decemb<br>er 2020 | Completed Report endorsed by SAB in September 2020.  The pandemic has increased this risk and the need for partners to be aware of people who may be targeted.  Agreed recommendations will be added to the SAB Learning from SAR/Audit Implementation Log. |
| Understand the risks facing provider services that relate to safeguarding and ensure that there are adequate plans in place to mitigate these risks | <ul> <li>Organisational safeguarding policies<br/>and procedures are correct and<br/>followed</li> <li>Contract and quality monitoring is<br/>consistent and effective across the<br/>partnership</li> </ul> | Task and<br>Finish Group<br>led by SAB<br>Independent<br>Chair | March<br>2021     |   |



| • | Relationship with providers are         |  |  |
|---|---|--|--|
|   | establish so they have a 'voice at the  |  |  |
|   | Board' and feed into business planning  |  |  |
| • | Recommendations from SARS in            |  |  |
|   | relation to organisational safeguarding |  |  |
|   | are implemented                         |  |  |
| • | The SAB are clear on the roles of the   |  |  |
|   | ICP's and ICS's regarding this priority |  |  |

| Priority 2 – The SAB will seek to und   | erstand the impact the pandemic has had on   | Adult Safeguardi   | ng locally.       |   |
|---|--|--|-------------------|---|
| Action  | Outcome  | Who  | Target<br>Date    | RAG and Progress Update   |
| Oversee the delivery of safeguarding training across the partnership to ensure that is being delivered appropriately given the current circumstances. | The SAB have a clear understanding on the level of safeguarding training that is being delivered during the pandemic.                            | Learning &<br>Development                                      | March<br>2021     | A training review is due to take place, however due to the pandemic this review has been put on hold. |
| The SAB will review the findings from the ADASS/LGA Insight Project.  | There is an understanding from data analysis how the pandemic impacted on safeguarding locally and how West Berkshire compares with other areas. | Business<br>Manager will<br>provide<br>analysis for<br>the SAB | Decemb<br>er 2020 | Insight report received will be summarised for SAB in December 2020.                                  |



| SAB Meeting to focus on Safeguarding people at risk of multiple exclusion. To agree how to address the concerns about individuals who do not meet safeguarding or care management pathways. | There are appropriate pathways in place to safeguard those individuals who are at risk of multiple exclusion from care management or safeguarding pathways so that risks are managed wherever possible.   | SAB                               | Decemb<br>er 2020 | The SAB understand there has been an increase inappropriate referrals, as there are limited pathways for individuals that are Homeless, Drug and Alcohol users and/or Self-Neglect. |
|---|---|-----------------------------------|-------------------|---|
| SAB will monitor safeguarding processes during the pandemic with regular questions answered by statutory partners safeguarding leads.   | <ul> <li>The SAB have assurance from statutory partners that Safeguarding practices have been effective during the pandemic. So that the SAB know: <ul> <li>How safeguarding interventions have continued during pandemic?</li> <li>What the challenges are to safeguarding interventions and how these have been overcome.</li> <li>How partners are assured that safeguarding interventions have been appropriate.</li> <li>Highlight any concerns.</li> <li>How partners are supporting staff with their wellbeing.</li> </ul> </li> </ul> | Safeguarding<br>Leads<br>Subgroup | Ongoing           | Each statutory partner is required to respond to the following assurance questions on a quarterly basis.  |
| Understand the impact of the pandemic has had on carers and agree an approach to mitigate identified safeguarding risks.  | The SAB are aware of the impact the pandemic has had on carers and has a plan in place to address the identified safeguarding risks.  | VCS Subgroup                      | Decemb<br>er 2020 | Update report from KK on unknown carers campaign to come to SAB.  |
| Seek assurance that revised hospital discharge pathways in response to the pandemic, address safeguarding appropriately.  | Patient safety is a priority within hospital discharge, where unsafe discharges have been identified, lessons are learnt and implemented.   | SAB                               | Decemb<br>er 2020 | Context behind these concerns to be sought from SB and a letter will be sent from the SAB Chair, to seek assurance.   |



| SAB reflect on the ethnicity    | Have an understanding on the             | P&Q Subgroup | March | Bring a highlight report comparing what is known about the     |
|---------------------------------|--|--------------|-------|--|
| inequalities highlighted by the | disproportionate impact the pandemic has |              | 2021  | disproportionate impact the pandemic has had on communities    |
| pandemic and how this impact on | had on communities and what learning can |              |       | and how this can inform the SAB about appropriate access to    |
| Safeguarding.                   | be taken in regard to safeguarding.      |              |       | services which can be used when considering future priorities. |

| Priority 3 – The SAB will continue to  | carry out the following business as usual task  | ks in order to con                                | ply with its      | s statutory obligations.  |
|--|---|---|-------------------|---|
| Action   | Outcome   | Who   | Target<br>Date    | RAG and Progress Update   |
| Publish a SAB newsletter on a 3-monthly basis.   | Communication between the SAB and agencies improved and learning in regard to safeguarding is disseminated.           | SAB Business<br>Manager                           | Ongoing           | Topics for next newsletter have been identified.  |
| Publish SAB Annual Report for 2019/20  | SAB Annual report is published as per its statutory requirements.   | SAB   | January<br>2021   | Timetable in place  |
| Re-establish S42 Audits across the Local Authorities.                                    | LA's are completing S42 audits and peer review audits are being completed as per the SAB Quality Assurance Framework. | Local Authorities/ Performance & Quality Subgroup | Decemb<br>er 2020 |   |
| Complete SARS as per statutory requirements.   | SARS are completed as per Care Act requirements that promotes learning.   | SAR Panel   | Ongoing           |   |
| Task and Finish Group to agree actions for the SAB from the recommendations for Michelle | The SAB have a clear plan to address the recommendations within the Michelle SAR.                                     | Task and<br>Finish Group                          | Februar<br>y 2021 | <ul> <li>Look at RiPHA work</li> <li>Invite all LA transitions leads including W&amp;M</li> <li>Look at an external speaker to assist with T&amp;F Group</li> </ul> |



| Learning from SAR/Audit             | All recommendations from SARS and audits     | All          | Ongoing | A highlight report will be submitted to each SAB. The plan is split |
|-------------------------------------|--|--------------|---------|---|
| implementation Plan                 | are added to the Implementation plan and     |              |         | into themes, each SAB will focus on a theme from the plan.          |
|                                     | tracked by the SAB                           |              |         |   |
| SAB ToR to be reviewed and          | Up to date ToR in place.                     | Business     | Decemb  | Outstanding action from SAB pre pandemic                            |
| updated as appropriate.             |  | Manager/SAB  | er 2020 |   |
| Dashboard in place to understand    | Dashboard presented to the SAB in a          | Performance  | Ongoing | Devise a highlight report for SAB, which provides quarterly data    |
| safeguarding activity across the    | quarterly basis.                             | & Quality    |         | highlights on risks identified on the risk and mitigation log.      |
| partnership.                        |  | Subgroup     |         |   |
| SAB Quality Assurance Framework     | The SAB has an effective quality assurance   | Business     | Decemb  | Current QA process is not being implemented, need to ensure         |
| to be reviewed and changes          | process in place that provides assurance to  | Manager/     | er 2020 | that framework is achievable and offers adequate assurance to       |
| implemented.                        | the SAB in regard to safeguarding across     | Performance  |         | the SAB.  |
|                                     | the partnership.                             | & Quality    |         |   |
|                                     |  | Subgroup     |         |   |
| Maintain and improve SAB Website    | The SAB has an up to date and useful         | Business     | Ongoing |   |
|                                     | website.                                     | Manager      |         |   |
| Bitesize learning sessions are      | Bitesize learning sessions are focused on    | Learning and | Ongoing | Timetable in place, looking at holding a virtual session on         |
| conducted on a quarterly basis.     | key themes identified through SAR            | Development  |         | Financial Abuse in November 2020.                                   |
|                                     | Learning.                                    | Subgroup     |         |   |
|                                     |  |              |         | Hoarding training for care workers has been commissioned for        |
|                                     |  |              |         | October 2020  |
| Agree and publish safeguarding      | There is a clear escalation process that can | Safeguarding | Decemb  | Covid escalation plan is in place will be reviewed.                 |
| escalation plan for the partnership | be used if there are any blockages in the    | Leads        | er 2020 |   |
|                                     | safeguarding process.                        | Subgroup     |         |   |

| RAG Criteria | RAG Status | Scenario | Boards Responsibility |
|--------------|------------|----------|-----------------------|
|              |            |          |                       |



|                     | Red             | The implementation plan is not in place or there are delays which mean     | To understand issues impacts on action and agree how to |
|---------------------|-----------------|--|---|
| Drograss            | itea            | the action will not be achieved in timescale.                              | mitigate the risk, by using risk mitigation log.        |
| Progress<br>against | Amber           | The implementation plan is in place there is a risk that the deadline will | To Note   |
| Business Plan       | Ailibei         | not be met.  | 10 Note   |
| business Plan       | Cross/Completed | The action has been completed or there is an implementation plan in        | To Note   |
|                     | Green/Completed | place and the timescale is expected to be met.                             | To Note   |

#### **Amendments to the Business Plan**

Alongside this Business plan the Board also hold a risk and mitigation log and learning from SAR/Audit Implementation 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.

Please note that due to the pandemic, the Business Plan has been set for a six-month period only and will focus on specific tasks based on outstanding actions from the 2019/20 Business Plan and learning from SARS, in order to allow time for the SAB to understand the impact the pandemic has on safeguarding allow for priorities to be set as appropriate.

## **Future actions**

Due to the pandemic and the impact this has on capacity across the partnership the following actions have been deferred and will be considered for the 21/22 Business Plan.

| Action                             | Outcome                                  | Who        | Target | RAG and Progress Update   |
|------------------------------------|--|------------|--------|---|
|                                    |  |            | Date   |   |
| To review the effectiveness of the | There is a standardised approach to risk | Performanc | TBC    | Safeguarding Leads were asked to keep track of MARM's when      |
| Multi- Agency Risk Assessment      | management across the partnership and it | e and      |        | implemented in July 2020.                                       |
| Framework (MARM), introduced by    | is effective.                            | Quality    |        |   |
| the SAB in July 2020.              |  | Subgroup   |        |   |
| Review and update Safeguarding     | Safeguarding Training to be reviewed to  | Learning & | TBC    | Proposal has been approved by SAB, implementation is required.  |
| Training across the partnership.   | ensure that it addresses SAB Priorities. | Developme  |        |   |
|                                    |  | nt         |        |   |
| Independent audit into             | The SAB will understand why              | Performanc | TBC    | Was an action set out by the SAB in the 18/19 Annual report     |
| safeguarding recording processes   | safeguarding data is inconsistent across | e and      |        | however due to the pandemic the results from an audit would not |
| across Local Authorities, to       |  |            |        |   |

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| identify and resolve | the partnership and why local trends | Quality  | be reflective of everyday practice and therefore it has been agreed |
|----------------------|--------------------------------------|----------|---|
| inconstancies.       | differ from national trends.         | Subgroup | that this piece of work would be undertaken after the pandemic.     |