

Draft Calderdale Safeguarding Adult Board Business Plan 2017-2018

Version	Update and by whom	Date signed off
1	JC DRAFT	
2	Business Group	7.6. 16
3	Communication & Engagement Sub Group – JC	28.9.17
3	L&I SG - SB	29.11.17
4	Business Group (P&Q/C&E)	12.12.17

Progress Key	Red	Tasks or outcomes have not been met or timescale slipped.
	Amber	Timescales have slipped but tasks and outcomes remain on course to be met.
	Green	Tasks and outcomes are completed.
	Blue	Tasks or outcomes are on track

Acronyms:

SAR	Safeguarding Adult Review	Ind Chair	Independent Chair	L&I	Learning & Improvement
MA	Multi Agency	P&QA	Performance & Quality Assurance	Sg	Sub Group
C&E	Communication & Engagement	BG	Business Group	BM	Business Manager

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1 Empowerment: People are supported and encouraged to make their own decisions and informed consent.						
No	Outcome	Action	Time	Reporting	Evidence & Progress	RAG
1.1	• Data detailing levels of involvement of adults at risk in the safeguarding process is available to the CSAB.	Complete an audit of cases regarding Making Safeguarding Personal	June 2018	P&QA sg	Audit and analysis of cases completed Sept 2017. Need another audit to look at MSP.	A
1.2 a	• Information about the safeguarding process (including pathways) is available in a format accessible to adults with care and support needs. (is accessible, easy to read and publically available.			C&E sg	Leaflet produced 'How to Report Abuse. On website . Accessibility options available. Printed and distributed.	G
1.2 b		Recommendation from the SAB (Elm View) that Care Homes produce safeguarding flowchart. SAB To produce template for Care Homes		C&Esg Shelley Watson		A
1.2 c		Poster and leaflet on how to report abuse being developed by South West Yorkshire NHS Trust and will be shared with partners when available.		C&Esg Paul Cartwright		A
1.3 a	• A means of engaging with Service Users is established	Conduct mapping exercise to detail WHO to engage with, WHERE and WHAT about - with timescales. Board Members to act on this with their own service users as required.	March 2018	C&E sg Chair		A
1.3 b		Work towards a service user group in the future but not until we know exactly what is needed.	March 2018	C&E sg Chair		A
1.3 c		Helen Wright at Health Watch Calderdale agreed to discuss with the safeguarding adults board what focus they want engagement to take over the next year, so that the	March 2018	Helen Wright		A

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		sub-group can develop specific plans for delivering this.				
1.3 d		P&QA: Plan to triangulate audit results with the adult at risk.	March 2018	P&QA	Audit to evidence the views and wishes of those involved in this process.	A
1.4	• Police provide evidence where adults with care and support needs have reported or been supported to report a crime.	Police to provide an agreed dataset.	March 2018	P&QA	Data is presented and available at the Performance & Quality meeting.	A

2	PREVENTION: It is better to take action before harm occurs. Communities are safer.					
No	Outcome	Action	Time	Reporting	Evidence	RAG
2.1	• CSAB to receive assurance through Self Assessment that partners comply with (DBS) and Safer Recruitment procedures	To review all self-assessments at a Challenge Event.	March 2018	P&QA sg	Challenge Event – 8 February 2018.	A
2.2	• We will produce a range of multi-agency safeguarding guidance including guidance on safeguarding and pressure ulcers, covert medication, self neglect, joint investigations with police, large scale investigations.	Pressure Ulcers: LT & JC Covert Medication: complete Self-Neglect: LT Joint Investigations: GS / DS	Mar 2018	Task and Finish Groups BG	Covert Medication on website. & 7 min guide.	B
2.3	• The CSAB is assured that there is a multi agency process to spot early signs of a failing care home & have processes to prevent further deterioration	Protocol to be written and agreed across the partnership.	Mar 2018	SAR sub group	The Review of Elm View SCR provided assurance that this is happening, however it needs to be in writing. Executive Group will write this.	B
2.4	The CSAB will clarify the Safeguarding Process in Calderdale including standard forms and agendas for use at every part of the safeguarding process.		June 2018	C&E sg L&I sg	SA1 - 11, forms already in place, AHSC reviewing forms with multi-agencies in light of new procedures. AHSC to then disseminate to all agencies. New Procedures implementation plan.	B

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2.5 a	Domiciliary Care safeguarding process and standards are in line with Care Act 2015	Contracts and commissioning team too check the standards and safeguarding assurance from Home Care providers	June 2018	Business Group	<p>We have the same monitoring processes and procedures in place for home care and ISFs (individual service funds).</p> <p>From a contracts quality perspective, my (Shelley Watson) team carries out site visits, review visits, receive routine contract reports, self-audits and receive safeguarding alerts through gateway which are then recorded to ensure any themes/trends are addressed with providers.</p> <p>Any new concerns are raised through the monthly ops group. The majority of the agenda is taken up by care homes but that's purely owing to the fact that this is where the risk is. We have recently had a couple of home care providers who have been discussed at the ops group to agree and take forward actions.</p>	B
2.5 b		Consider use of Safeguarding Self-Assessment for Home Care Providers	December 2018	Business Group		B

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3	Proportionality: The least intrusive response appropriate to the risk presented. Outcomes are positive and personalised for individuals who are at risk of abuse and neglect					
No	Outcome	Action	Timescale	Reporting	Evidence	RAG
3.1	Safeguarding concerns are monitored, including how many go onto further safeguarding activity.	An agreed Performance Framework and Analysis is available for Board.	March 2018	P&QA	Produced at each SAB.	G
3.2	A Schedule of audits will be agreed and prioritised according to local need. Including what the impact of safeguarding response is and Making Safeguarding Personal.	Discuss and agree a Schedule of Audits for 2018-2019 and review activity for 2017-2018.	March 2018	P%QA	On agenda for January 2018 to discuss and produce a Schedule of Audits.	A
3.3	• CSAB Performance Report includes comparative data.	For Business Improvement Team to seek statistical neighbour.	April 2018	P&QA	To discuss at January 2018 Performance & Quality meeting.	A
3.4	• We will implement and report on person centred outcomes for people going through the safeguarding process. We will ask people as a matter of routine what outcomes they want at the start and during the safeguarding process. We will publish data on the extent to which their stated outcomes are met.	Develop a process to ask adults at risk about the outcomes they want from the safeguarding process and evaluate the extent to which these outcomes are reached.	March 2018	P&QA	SAT to provide assistance of process being followed and discuss in January 2018 Performance & Quality meeting with audit.	A
3.5	Agreement by the SAB on whether a Threshold document is needed	Consider whether regional work on Safeguarding Decision Support Tool is appropriate	April 2018	BG		B

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4 Protection: Support and representation for those in greatest need.						
No	Outcome	Action	Timescale	Reporting	Evidence	RAG
4.1	• Performance data tracks the safeguarding journey (from early intervention to outcomes) of adult at risk.	An agreed Performance Framework is available for the Board.	March 2018	P&QA	Produced at each SAB. Aim to produce new informed dataset with rationale in April 2018	A
4.2	• Learning from SARs is implemented and tested to ensure it improves practices and improves outcomes for adults at risk	SAR awareness/ explanation to be included in all basic awareness training. Request evidence of impact from SAR challenge events and findings from audit overseen by P&Q group	Dec 2017 March 2018	L&I L&I SAR Group P&Q Group*	Establishment of trainers group/meeting to assure SAB that all partners are delivering coherent and consistent training including SAR process explanation. Ensure SAR briefings are produced and disseminated and undertake multi-agency audit*	B
4.3	• The CSAB will ensure that safeguarding training delivered is quality assured, provides a consistent message and is evaluated to demonstrate effectiveness.	Development of a QA framework – within the LIF Adoption and introduction of logic model – impact assessment	Oct 2017	L&I	Production and adoption of LIF – see LIF document Dissemination of Logic model impact assessment to partner agencies via SAB	G
4.4	• Performance Management Quality Assurance Framework is developed and implemented.	PMQA Officer to write and to be agreed by Performance & Quality Sub-group	March 2018	P%QA	To be produced and agreed at January 2018 Performance & Quality meeting (reword this in January 2018).	A

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5 Partnership: Local solutions through services working with their communities: Communities have a part to play in preventing, detecting and reporting neglect and abuse.						
No	Outcome	Action	Time scale	Reporting	Evidence	RAG
5.1	Learning & Improvement Framework (LIF) agreed and in place	Identify and demonstrate different ways of learning, disseminate across partnership	Oct 2017	L&I	LIF developed in line with requirements of the Care Act 2015	G
5.1a	Training Needs Analysis informs multi agency training programme	Partners complete the TNA*; TNA analysed and findings inform the multi-agency training programme* Currently being remodelled to be meaningful	Jan 2018	L&I Group & partner agencies	2017-2018 multi-agency training programme is developed to reflect the SAB priorities and the areas identified by the TNA	R
5.2	CSAB / CSCB Secretariat Merger is complete; CSAB activity is progressive and impacting positively on the safeguarding partnership			BG	Monitored and Reviewed. Feedback from Board and individual board members positive. Sub group Chairs feel supported and work is more structured. Manager speaking at Regional events for CSAB.	G
5.3	Safeguarding Week offers training and awareness raising sessions involving professionals, adults at risk, their carers and the public.	Develop a planning group to coordinate a broad range of safeguarding training /information events reflecting the needs of the workforce and current trends	Oct 2017 then annually	L&I / Safeguarding Week Planning Group	Successful delivery of Safeguarding Week 2017. See forthcoming detailed evaluation document	G
5.4	A joint website for safeguarding children and adults in Calderdale is set up that is easily accessible and user friendly	December 2017 delivery. C&E to manage content of website in terms of campaigns, new requests for uploading information etc.	December 2017	C&E	Website is in development and will be reviewed by the sub group prior to its launch.	B
		C&E to Review website formally every 6 months and on agenda for first 12 months every meeting.	May 2018	C&E	Ongoing activity once the website has been launched.	B

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5.5a	Evidence that Service Users and Carers are represented, listened to, included & helped to shape SAB & partner agency activity.	Multi Agency Schedule of Audits to consider how to get this evidence.	June 2018	C&E sg		A
5.5b		Request for help from VAC to ask service users if they do feel represented, listened to?	Jan 2018	C&E sg	VAC informed the sub group that they were unable to provide support or representation due to capacity issues. It was agreed to keep them informed of developments and activity so they can get involved when appropriate.	G
5.5c		Develop 'How to distribute information' pathway to include to both public and all professionals.	March 2018	C&E sg		

6	Accountability: Accountability and transparency in delivering safeguarding:					
No	Outcome	Action	Timescale	Reporting	Evidence	RAG
6.1	• Regional policy and procedures are in place, which are both Care Act and Making Safeguarding Personal compliant.	Due for sign off Dec/ Jan 2017. Implementation for Jan – April 2018	March 2018	BG		B
6.3	• CSAB Annual Report explains what it has done and how its partners have helped keep people safe in Calderdale.		November 2017	BG	Completed and shared with Board Members, HWBB, Scrutiny, OPCC and Leader and Chief Exec of Council.	G

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