 <p data-bbox="376 208 488 338">GIG CYMRU NHS WALES</p> <p data-bbox="520 208 751 338">Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p data-bbox="975 197 1390 309">Name of Meeting Quality, Safety and Improvement Committee</p> <p data-bbox="1098 315 1390 389">Date of Meeting 19 August 2021</p> <p data-bbox="1145 396 1390 461">Agenda item: 3.1</p>
--	--

<p data-bbox="204 562 300 595">Title:</p> <p data-bbox="204 600 1390 674">Current position of the Public Health Wales <i>Safeguarding Maturity Matrix</i> self-assessment.</p>	
<p data-bbox="204 680 480 714">Executive lead:</p>	<ul data-bbox="579 680 1390 792" style="list-style-type: none"> ▪ Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals
<p data-bbox="204 799 344 833">Author:</p>	<ul data-bbox="579 799 1390 954" style="list-style-type: none"> ▪ Eleri Lloyd Burns, Interim Assistant Director of Quality and Nursing ▪ Donna Newell, Named Lead Professional for Safeguarding
<p data-bbox="204 976 544 1050">Approval/Scrutiny route:</p>	<ul data-bbox="579 976 1390 1095" style="list-style-type: none"> ▪ Executive Director of Quality, Nursing and Allied Health Professionals ▪ Business Executive Team (16 August 21)

<p data-bbox="204 1155 355 1189">Purpose</p> <p data-bbox="204 1193 1390 1312">The purpose of this paper is to provide the Quality, Safety Improvement Committee with an update on the current position of the <i>Safeguarding Maturity Matrix</i> organisational self-assessment.</p>

<p data-bbox="204 1359 536 1393">Recommendation:</p>				
<p data-bbox="236 1397 395 1431">APPROVE</p> <p data-bbox="300 1435 331 1469"><input type="checkbox"/></p>	<p data-bbox="472 1397 647 1431">CONSIDER</p> <p data-bbox="536 1435 568 1469"><input type="checkbox"/></p>	<p data-bbox="703 1397 919 1431">RECOMMEND</p> <p data-bbox="783 1435 815 1469"><input type="checkbox"/></p>	<p data-bbox="983 1397 1094 1431">ADOPT</p> <p data-bbox="1015 1435 1046 1469"><input type="checkbox"/></p>	<p data-bbox="1174 1397 1382 1431">ASSURANCE</p> <p data-bbox="1254 1435 1286 1469">X<input type="checkbox"/></p>
<p data-bbox="204 1480 1206 1514">The Quality, Safety and Improvement Committee is asked to:</p> <ul data-bbox="204 1518 1390 1749" style="list-style-type: none"> ▪ Take assurance on the progress to date in taking forward the Safeguarding Maturity Matrix improvement plan, and that there are appropriate safeguarding arrangements in place within Public Health Wales; ▪ Note our position as an organisation against the SMM standards (2019/20) and next steps. 				

<p data-bbox="204 1812 967 1845">Link to Public Health Wales Strategic Plan</p> <p data-bbox="204 1883 1342 1957">Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.</p> <p data-bbox="204 2002 847 2036">This report contributes to the following:</p>
--

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	No decision is required
Risk and Assurance	
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability Theme 2 - Safe Care Theme 7 - Staff and Resources
Financial implications	None identified
People implications	Nothing specific identified

1. Purpose / Situation

The purpose of this paper is to provide the Quality, Safety and Improvement Committee with an update of the progress made to date with the NHS Wales Safeguarding Maturity Matrix tool in order to:

- Provide assurance that there are appropriate safeguarding arrangements in place within Public Health Wales
- Assess our position as an organisation against the SMM standards
- Identify areas for improvement (and recognise achievements)
- Next steps

2.0 Understand Context

Background to the Safeguarding Maturity Matrix

The NHS Wales Safeguarding Maturity Matrix (SMM) is a self-assessment tool aimed to provide assurance, share best practice, drive improvements and provides a 'Once for Wales' consistent approach to safeguarding across NHS organisations in Wales. The tool was developed in 2018 sponsored by the Chief Nursing Officer and developed as part of the work programme of the NHS Wales Safeguarding Network.

The SMM was designed to enable NHS Wales's organisations to self-assess their safeguarding arrangements against an agreed set of standards, in order to identify strengths as well as areas for development and improvement.

The SMM is an evolving concept, first introduced as the Safeguarding Quality Outcomes Framework in 2012. A successful pilot held in 2018 saw individual organisations complete their self-assessments before coming together to discuss their results as well as their self-assessment improvement plans.

Five key elements were developed:-

- Governance and Rights Based Approach
- Safe Care
- ACE Informed
- Learning Culture
- Multiagency Partnership working

Each area of the Matrix is supported by eight indicators which should be considered in order to decide which score fits with the position of the organisation for the reporting period. The score to be assigned is described as a maturity level. Each NHS organisation undertakes their self-assessment on an annual basis. As part of this work, improvement plans were submitted (*not the detail of the self-assessment) to the National

Safeguarding team, who review the themes to capture opportunities to develop tools and propose all Wales approaches to strengthen arrangements at an organisational and system level.

The scoring of each key element is made based on the ability to evidence achievement against the indicators.

SMM Scoring system

The five elements currently included within the SMM are noted below (and are subject to review):

	Basic score (1)	Early Progress (score 2)	Results (score 3)	Maturity (score 4)	Exemplar :Others learning from our achievements Score: 5
1 Governance and Rights based approach	<25% indicators can be evidenced	>25% indicators evidenced	>50% indicators evidenced	>75% of indicators evidenced.	<ul style="list-style-type: none"> ✓ Clear schemes of delegation and transparent governance arrangements in place. Strong and effective Safeguarding leadership driving a culture of continuous learning and improvements. ✓ Culture of Human Rights, Children’s rights, dignity and respect throughout the organisation
2 Safe Care	<25% indicators	>25% indicators evidenced	>50% indicators evidenced	>75% of indicators evidenced.	<ul style="list-style-type: none"> ✓ There is a safe and competent workforce to provide prudent care across all services
3 ACE Informed	<25% indicators	>25% indicators evidenced	>50% indicators evidenced	>75% of indicators evidenced.	<ul style="list-style-type: none"> ✓ arrangements are in place to consider and mitigate the impact on people living in an environment where they are exposed to Adverse Childhood Experiences (ACEs)
4 Learning Culture	<25% indicators	>25% indicators evidenced	>50% indicators evidenced	>75% of indicators evidenced.	<ul style="list-style-type: none"> ✓ Embedded learning culture, committed to learning lessons from reviews and ‘concerns raised’.
5 Partnership working	<25% indicators	>25% indicators evidenced	>50% indicators evidenced	>75% of indicators evidenced.	<ul style="list-style-type: none"> ✓ Highly developed effective multi agency partnerships to safeguard adults and children. Evidence of improvement, innovation and use of best practice in multiagency working.

3.0 Assessment

The organisations within NHS Wales complete a self-assessment against the five key elements of the SMM and, (where appropriate) identify areas for improvement. Facilitated peer review sessions have also been held to support transparency and sharing of best practice across organisations.

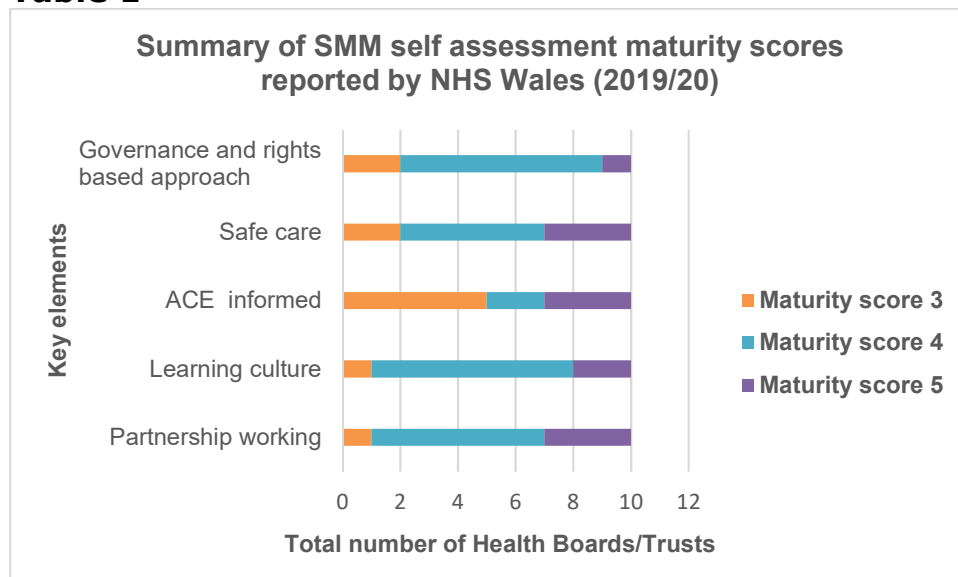
The use of the SMM as an assurance tool varies within organisations, with some organisations utilising the five key elements as reporting information to committees, while other organisations incorporate the themes into the reporting of the Health Care standards 2.7 (Safeguarding).

To date Public Health Wales has reported its overall position against the SMM within the Safeguarding Annual Report, which is reported to the Executive and QSIC on an annual basis.

We are currently in the process of completing our 2020/21 self-assessment of the SMM with a submission date of our Improvement Plan due in October 2021.

Table 1 displays a breakdown of self-assessment maturity scores reported by NHS Wales against the five key elements (2019/2020)

Table 1



4.0 Current SMM self-assessment for Public Health Wales

Appendix 1 offers a comprehensive breakdown of the 2019/2020 SMM self-assessment, with detailed response against each indicator and areas for improvement (2020/2021).

Table 2 identifies a brief overview of PHW self-assessment scores against five key elements of the SMM for 2019-2020.

Table 2

Element:	Maturity Score
1) Governance and Rights based approach	4
2) Safe Care	4
3) ACE Informed	3
4) Learning Organisation	4
5) Multi agency working	3

Progress against the current improvement plan (2019/2020) was impacted by the significant mobilisation to the COVID-19 response, including the mobilisation of the Safeguarding lead and Safeguarding Ambassadors.

Within our last successive SMM submissions, we identified areas for improvement that may not have progressed due to operational and workforce issues during the past 12 months whilst responding to the continued response to a global pandemic.

Despite workforce challenges, we can report notable achievements for 2019/20, such as:

- Identified Non-Executive Director with responsibility for safeguarding
- Good progress has been made against the SMM
- All staff requiring a Disclosure and Barring Service check received appropriate checks prior to appointments
- Training compliance remains above Welsh Government targets
- Process in place to report safeguarding incidents onto Datix
- Development of an improved consent and mental capacity policy/procedure together with appropriate training
- Commenced the VAWDASV Group 2 Training
- Safeguarding Supervision become more widely available
- Safeguarding Ambassadors have been introduced
- Public Health Wales continued to engage with external stakeholders

Key areas for improvement

There are key areas of improvement that will be prioritised and taken forward over the forthcoming months (see **table 3.0** below)

Table 3.0

Improvement action required against each KEY ELEMENT
1. Governance and rights based approach (Maturity score : 4)
<ul style="list-style-type: none"> 1) Support and strengthen the role of the Safeguarding Ambassadors 2) Children’s Rights tool kit and base line assessment 3) Update the Prevent Policy 4) Strengthen opportunities to triangulate PTR information and improve potential interdependences to prevent and/or early intervention 5) Safeguarding Key Performance Indicators to be included as part of wider Quality Assurance arrangements, reported into the Performance and Assurance dash board
2. Safe care (SMM score 4)
<ul style="list-style-type: none"> 1) Continue to develop the consent training package for delivery to PHW staff who work directly with participants in screening programmes. 2) Ensure the Chaperone policy is fully implemented and applied in areas where intimate examinations are required. 3) Re-commence Group Safeguarding Supervision.
3. ACE informed (SMM score 3)
<ul style="list-style-type: none"> 1) Continue to ensure ACE awareness is integrated in all face to face Safeguarding training, including the NHS Wales Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) training. 2) Work with People and Organisational Development and the screening divisions to re-introduce Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) group 2 training, whilst limiting the impact on service delivery 3) Review uptake of Group 6 training 4) Engagement with the ACE Hub to identify opportunities to further embed ACE informed approach
4. Learning Culture (SMM score 4)
<ul style="list-style-type: none"> 1) Datix Safeguarding Incident reporting page to include specific section on capturing feedback/ learning (once for Wales Safeguarding module) 2) Embed the Safeguarding Ambassadors and provide support and training to help improve a learning culture
5. Multiagency Partnership Working (SMM score 3)
<ul style="list-style-type: none"> 1) Scope arrangement to engage with the national modern slavery agenda. 2) Explore approach and options to working with Regional Safeguarding Boards 3) Share the annual Safeguarding Report with Regional Safeguarding Boards 4) Raise awareness of the Code of Practice Ethical Employment in Supply Chains via the Safeguarding Group 5) Identify any other key national safeguarding partnerships/networks we should engage with

Summary of progress on the 2019/20 Improvement plan

In summary the assessment for 2019/20 demonstrates that many of the example indicators are already being achieved. As previously stated progress on the improvement plan has been negatively impacted by staff being mobilised to the response and reactive interventions to mitigate safeguarding risks which arose during the acute phase of the pandemic were implemented.

However, some improvement actions have been completed, while some are in progress and some are due to start. The previous Safeguarding lead retired in April and the new post holder started in July. This will allow us to now put focus and pace in driving forward with the improvement actions as identified in this plan.

Success to date (2020/21)

- The terms of reference for the Safeguarding Group were reviewed, approved and implemented.
- Safeguarding training compliance continued to progress well, despite the challenges brought about by Covid 19
- Developed 3 KPI identified and agreed
- Compliance with group 2 Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Training improved once we offered sessions through virtual platform (TEAMS)
- Needs led Safeguarding Supervision which was prioritised on needs of the organisational response
- Commenced a review of the organisation's approach to gaining and recording consent to treatment within screening services. The review was initiated by concerns from families and considered the position of non-registered health care workers as decision makers. Processes were initially reviewed to ensure compliance with the Mental Capacity Act. PHW then worked alongside Welsh Risk Pool and Welsh Health Legal to review options to pilot a novel approach to address this issue. Final work to be shared with NHS Wales safeguarding network as example of quality improvement in action. Consideration of submission as article/ awards during 2021
- Further work with the Safeguarding Ambassadors have commenced.
- Safeguarding Support provided to the National Contact Centre

5.0 Next Steps

- Prepare self-assessment for the SMM (2020/21) and identify areas for improvement (that will be included to the work identified in **Table 3.0**) and produce an updated comprehensive work plan for the organisation.
- Self-assessment will be led by the Named lead Safeguarding and implementation overseen by the Safeguarding Group chaired by the Executive Director of Quality, Nursing and Allied Health Professionals and exception report to the Business Executive Team.
- Approval and sign off of 2020/2021 self-assessment through the Business Executive Team and report (through exception) to the Quality Safety and Improvement Committee
- Consider adapting approach used for the self-assessment of Health and care standards to incorporate the SMM.

6.0 Recommendations

The Quality, Safety and Improvement Committee is asked to:

- **Take assurance** on the progress to date in taking forward the Safeguarding Maturity Matrix improvement plan, and that there are appropriate safeguarding arrangements in place within Public Health Wales;
- **Note** our position as an organisation against the Safeguarding Maturity Matrix standards (2019/20) and next steps.

Appendix 1

Safeguarding Maturity Matrix Improvement Plan 2020
Version 1 (for submission to National Safeguarding Team)
Period under review: 31st March 2019 to 31st April, 2020

Key element 1: Governance and rights based approach		Maturity Score: 4
Indicators for key element	Current Position (against indicators)	Proposed Action to Improve
<p>1) The organisation has a clear Scheme of Delegation for Safeguarding with an Executive member and an Independent Member/ Non-Executive Director who has responsibility for Safeguarding.</p> <p>2) The organisation has a Sub-Committee of the Board with strategic oversight, scrutiny of organisational safeguarding risks and safeguarding assurance.</p> <p>3) This is supported by a cross organisational arrangement for monitoring and ensuring efficiency of safeguarding arrangements across all services and function areas.</p> <p>4) Safeguarding policies, aligned to national guidance, are in place and have been formally agreed by the Board (or a Sub-Committee of the Board in line with the Scheme of Delegation).</p>	<p>1) There are clear lines of accountability for safeguarding within the organisation. There is an Executive Director with accountability for safeguarding and a non-executive Director with the lead for Safeguarding.</p> <p>2) There is an organisational Safeguarding Group, which has representatives from across Directorates. This group has terms of reference and reports by exception to the Quality Safety and Improvement Committee (QSIC) and produces an annual Safeguarding Report.</p> <p>3) Assurance systems and processes for organisational safeguarding arrangements have remained in place throughout the pandemic.</p> <ul style="list-style-type: none"> ▪ Safeguarding Policy and Procedures ▪ Named Lead professional for Safeguarding in Post providing leadership, advice and support <p>4) The Prevent Policy requires updating but we are awaiting the outcome of an all Wales NHS policy which has been a part of the work plan for the All Wales NHS Prevent Group.</p>	<p>2) Stand up paused Safeguarding Group meetings and engage membership to review and reissue Terms of Reference. Completed</p> <p>3) Safeguarding Key Performance Indicators will be included in the Quality Assurance arrangements, feeding into the organisational Performance and Assurance dash board. Work commenced</p> <p>3) Review and update the Safeguarding section of the PHW intranet. Ongoing Work with People OD and COVID-19 response to ensure appropriate training and support information is available to support staff who are working in roles which are public facing, ensuring this meets the needs of the current context. Progressed as part of supporting the Response, but further work to review ongoing training needs.</p> <p>4) Update the Prevent Policy in Line with the All Wales NHS Prevent Group, as soon as this becomes available. Interim Policy work commenced</p>

<p>5) Mandatory training is completed by all staff on Equality, Diversity, Human Rights and Child Rights.</p> <p>6) The organisation has a process by which concerns (including complaints and incidents) in relation to safeguarding can be raised, recorded, reported and investigated appropriately.</p> <p>7) Adults and children can communicate in the language of their choice and there is access to independent advocacy and translation services.</p> <p>8) The organisation is an active member of the NHS Wales Safeguarding Network and its sub groups.</p> <p>9) There is a designated person acting as liaison with the Children’s and the Older People’s Commissioners for Wales.</p>	<p>5)PHW has a compliance target for all statutory/ mandatory training of 95%, the organisation achieved as of 31 March 2020: 88% L1 Children, 82% L2 Children, 88% L1 Adults 86% L2 Adults Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) 87% G1, 39% G2 (postponed due to PHW response to Covid 19).</p> <p>6)A monthly report is issued by workforce to the executive team with a view to improve compliance within each directorate</p> <p>6) PHW have a process and policy for Putting Things Right and quarterly Reports are presented quarterly to Quality Safety and Improvement Committee.</p> <p>7) Public Health Wales a provide translation or language line by request. In relation to advocacy this is achieved through a commissioning process on a case by case basis.</p> <p>8) PHW are fully committed and is a member of the NHS Safeguarding Network and its sub groups, supporting improvements identified in the annual work plan. PHW has introduced a Safeguarding Ambassador role to increase organisational resilience Ambassadors are a group of staff volunteers who assist the Named Lead for Safeguarding, by ensuring safeguarding information is disseminated, and can act as a point of contact and supporting colleagues and people who use our services functions and programmes.</p> <p>9) The Chair of Public Health Wales (PHW) regularly liaises with the children’s and older person’s commissioners</p>	<p>5) Work with the People and Organisational Development department to explore how safeguarding training can be completed during the induction period. Some work was done to support people who were recruited into the Response, however further work will need to be completed on this more generally.</p> <p>5) Develop virtual training in a COVID safe way. Completed</p> <p>5) Some of the issues around training compliance fluctuation between financial years is due to the uptake of new appointments. PHW will strengthen the requirements to undertake statutory mandatory training on induction. PHW will work with the Business Managers and Safeguarding Ambassadors to promote the uptake of all safeguarding training. Ongoing.</p> <p>6) Strengthen opportunities to triangulate PTR information and improve potential interdependences to prevent and/or early intervention to act on safeguarding concerns. Work commenced</p> <p>7) Develop clear guidelines for staff in relation to accessing independent advocacy. Not yet commenced further work to determine what is appropriate.</p> <p>8) The named Lead for Safeguarding will further engage with the NHS Wales Safeguarding Network in order to contribute to the ongoing work plan. Ongoing.</p> <p>8) Work with the Safeguarding Ambassadors to promote training in their work area. Empower managers to ensure their staff complete this training in a timely manner. Re-established Ongoing</p> <p>9)Ensure that the Children’s Rights tool kit and base line assessment is commenced and planned to be completed as soon as the organisations response level allows. To be recommenced</p>
--	--	--

Key element 2.Safe Care		Maturity Score: 4
Indicators for key element	Current Position (against indicators)	Proposed Action to Improve
<p>1) Safe recruitment process and the organisation is compliant with the DBS requirements</p> <p>2) A policy to manage professional abuse allegations and the NHS Wales Procedure (whistle-blowing) formally adopted</p> <p>3) All staff are made aware of, and have access to all policies relating to Safeguarding</p> <p>4) Training Programme agreed within the organisation, consistent with the Intercollegiate Documents</p> <p>5) Staff working with children and families are supported by regular Safeguarding Supervision and peer review</p> <p>6) The Female Genital Mutilation (FGM) Pathway is in place</p> <p>7) There is clear guidance and procedures are in place to refer all preventable hospital acquired Grade 3 and 4 pressure ulcers</p> <p>8) The Mental Capacity Act is integral to the organisation's safeguarding processes, including consideration of the wishes of 16 and 17 years old</p>	<p>1) A safe recruitment process is in place, which takes into account the risks to children and adults at risk. All appointments prior to adverts are assessed for Disclosure and Barring Service (DBS) requirements. Shared services facilitate all new appointments and undertake all required re-employment checks.</p> <p>2) Policies are in place for whistle blowing and professional abuse issues.</p> <p>3) All policies, including the Safeguarding Policies, are posted on the PHW Intranet, these are easily accessible for all staff with intranet access. There are also a set of safeguarding decision making tools available on the Corporate Safeguarding Intranet pages.</p> <p>4) PHW has a training plan based on the Inter Collegiate Document (ICD). Online training has only been available since February due to Covid 19.</p> <p>5) Safeguarding Supervision is available to staff groups who are involved with enquiries and is undertaken in line with the All Wales Safeguarding Supervision Guidance. The National Safeguarding Team (NST) also provides external Safeguarding Supervision.</p> <p>6) The female Genital Mutilation (FGM) pathway has been accepted by PHW and is available for use. Information is returned on a quarterly basis through the NHS Wales Safeguarding Network.</p> <p>8) PHW has the Mental Capacity Act (MCA) requirements built into safeguarding process. PHW is currently developing screening specific consent procedures with an associated training package</p>	<p>1) Investigate the possibility of retrospective and ongoing DBS checks and become an exemplar in this area. Currently discussions are undergoing with the Workforce Director Peer Group who have yet to identify a practical solution. Ongoing</p> <p>3) Ensure the Chaperone policy is fully implemented and applied in areas where intimate examinations are required. Consider if this is an area of audit which could be developed and taken forward. Not yet started</p> <p>5) Re-commence Group Safeguarding Supervision and other models. Recommended dates to be arranged. To be progressed</p> <p>5) Work will be undertaken with relevant screening programmes and the Head of Nursing in Screening Division to utilise a virtual platform to enable Covid-19 safe Safeguarding Supervision. The use of Microsoft Teams will be explored to support access to supervision Needs led supervision provided during the Response, Dates to be arranged for 2021. To be progressed (To include the wider organisational needs, e.g. Health Protection, Research)</p> <p>8) Continue to develop the consent procedure training package for delivery to all staff in PHW who work directly with participants in Screening programmes. Consent Procedure to be piloted in Screening Division</p>

Key element 3 ACE informed		Maturity Score : 3
Indicators for key element	Current Position (against indicators)	Proposed Action to Improve
<p>1) ACE indicators and impact are incorporated into mandatory safeguarding adults and safeguarding children training.</p> <p>2)The organisation has a local Violence against Women, Domestic Abuse and Sexual Violence strategy specifying objectives, timescales and actions under the requirements of the Act. This has been jointly prepared with the local authority.</p> <p>3) Children and young people attending sexual health services are routinely screened for sexual exploitation.</p> <p>4) The organisation can evidence that children are referred when there are Child Sexual Exploitation (CSE) and Child Sexual Abuse concerns and that an appropriate health professional attends CSE strategy meetings.</p> <p>5) The All Wales Domestic Abuse Routine Enquiry is carried out and monitored within Maternity Services and Health Visiting Services.</p> <p>6) All staff working in Adult Mental Health Services receive training in safeguarding issues and there is a policy in place in relation to children visiting patients in a mental health setting.</p> <p>7) Staff treating adults with mental health concerns consider the risk to children and there are established communication systems in place between mental health and substance misuse services.</p> <p>8)Advice and information on drugs and alcohol services for young people and families is accessible to staff and patients</p>	<p>1) Adverse Childhood Experiences (ACE) indicators are incorporated into face-to-face safeguarding training sessions.</p> <p>2) PHW has VAWDASV Training Strategy which has been sent to Welsh Government.</p> <p>2)VAWDASV training commenced during 2019 but was paused during February (2020) due to the organisational response to Covid-19</p> <p>4) PHW has a clear pathway for raising all safeguarding concerns, including Child Sexual Exploitation (CSE) and Child Sexual Abuse (CSA) and the Named Lead for Safeguarding would attend any strategy meetings if required.</p> <p>8)PHW (Policy and Research Directorate) are the national lead on the ACE Agenda undertaking significant research.</p>	<p>1) Continue to ensure ACE awareness is integrated in all face to face Safeguarding training, including the NHS Wales VAWDASV training. Ongoing</p> <p>2) Develop a method to provide Group 2 VAWDASV training in a Covid 19 Safe manner. Completed</p> <p>2) Work will be undertaken with People and Organisational Development and the screening and other divisions to re-introduce this training, whilst limiting the impact on service delivery. In progress</p>

Key element 4: Learning Culture		Maturity Score: 4
Example Indicators	Current Position	Proposed Action to Improve
<p>1) The organisation actively contributes to the child practice, adult practice and domestic homicide review</p> <p>2) The recommendations for health from practice reviews are acknowledged and changes to safeguarding systems are made as required</p> <p>3)As a member of the Regional Safeguarding Board, the organisation monitors and challenges arrangements in implementing reviews</p> <p>4)Best practice, learning and new systems or processes implemented following practice reviews are shared via NHS Wales Network</p> <p>5) Mechanism in place to support staff before, during and after a practice review learning event.</p> <p>6) There are opportunities for feedback from vulnerable adults, children and their families in all service areas.</p> <p>7) Information gained from safeguarding concerns and user involvement are used to support learning through audits and improve service delivery</p>	<p>2) The Named Lead for Safeguarding would engage with any Child Practice Review (CPR), Adult Practice Review (APR) or Domestic Homicide Review (DHR) if requested. The National Safeguarding Team provide significant input into all these reviews both as reviewers and as Chairs.</p> <p>3)PHW are corresponding members of all the Regional Safeguarding Boards</p> <p>5) All safeguarding concerns including near misses, raised by PHW staff are captured through the Datix system.</p> <p>6) Learning outcomes to be actioned through at the Safeguarding Group as appropriate and are incorporated within supervision /or training.</p> <p>7) The Annual Quality Statement does not currently include safeguarding issues as this is not a current requirement of Welsh Government.</p>	<p>2) Share learning and incorporate into training and development opportunities from CPR, APR and DHR with staff across the whole organisation. To commence The Safeguarding Group will have a standing agenda item for practice reviews to enable Safeguarding Lead and NST representative feedback key points/ learning from the various Regional Safeguarding Boards. Commenced</p> <p>5)Datix Safeguarding Incident reporting page to include specific section on capturing feedback/ learning. Feedback/ learning to be shared wider via Safeguarding Group. This will be achieved through the Once for Wales Datix system module, being developed in conjunction with the NHS Wales Safeguarding Network. Commenced</p> <p>7)Dependent on the Annual Quality Statement Welsh Health Circular requirements for 2020/21 the inclusion of safeguarding issues in the publication will be considered. To be progressed</p>

Key element 5: Multi agency Partnership working		Maturity Score : 3
Indicators for key element	Current Position (against indicators)	Proposed Action to Improve
<p>1) Clear referral process to Social Services, in line with national guidance, with evidence of regular audit and implementation of findings.</p> <p>2) Evidence of appropriate participation in the Regional Safeguarding Boards and Regional Subgroups.</p> <p>3) Arrangements in place to fulfil the statutory requirements for Looked After Children resident in the Health Board</p> <p>4) The organisation contributes to Multi Agency Public Protection Arrangements (MAPPA) and Multi Agency Risk Assessment Conferences (MARAC).</p> <p>5) The organisation contributes to the Procedural Response to Unexpected Deaths in Childhood (PRUDiC) process</p> <p>6) The organisation actively contributes to the multi-agency approach to Modern Slavery Regional working.</p> <p>7) The organisation actively contributes to the multi-agency approach to the duty of PREVENT through Regional working.</p> <p>8) There is evidence of appropriate participation at Public Service Boards in line with the Well Being of Future Generations (Wales) Act</p>	<p>1) Clear referral pathway in place for all safeguarding referrals in line with Wales Safeguarding Procedures. No sample audits undertaken as each referral is reviewed individually due to the small numbers received.</p> <p>2) The National Safeguarding Team are fully engaged with the Safeguarding Boards and Chair some of the sub-groups.</p> <p>4) PHW would participate in Multi Agency Public Protection Arrangements (MAPPA) or Multi Agency Risk Assessment Conference (MARAC) if required, however this has not occurred in the last 4 years.</p> <p>5) PHW has been instrumental in developing the Procedural Response for Unexpected Death in Childhood (PRUDiC). However, due to the nature of PHW it is unlikely that there would be a situation where the organisation would be involved; however PHW would fully engage if required.</p> <p>6) The National Safeguarding Team are involved at a national level in the Modern Slavery Agenda and PHW has signed up to the Code of practice: Ethical employment in supply chains.</p> <p>7) PHW has a PREVENT Executive Lead, in addition the NST and the Named Lead Safeguarding are integral members of the All Wales Prevent Group (which last met in December 2019). WRAP training is embedded with PHW Training strategy.</p>	<p>1) Scope the possibility of attendance at national modern slavery forum. To be progressed</p> <p>2) Contact Regional Safeguarding Boards and reinforce corresponding membership arrangements ,offer to present PHW Safeguarding Annual report Letter drafted</p> <p>2) The Executive Director for Safeguarding and other members of the Board will continue to engage with the National Safeguarding Board and Welsh Government. e.g. CNO Regular meetings now introduced with WG Policy leads Regular meetings with Safeguarding Policy leads now commenced</p> <p>4) Engage with key departments in PHW to identify areas of work which would benefit further collaboration to improve awareness and action in the context of the work and services in PHW i.e. ACE hub and the Violence Prevention unit. In progress</p> <p>6) To raise awareness of the Code of Practice Ethical Employment in Supply Chains via the Safeguarding Group To be progressed</p> <p>8) Identify any other key national safeguarding partnerships which Public Health Wales should engage with. Ongoing</p> <p>Continue to engage with the NHS Wales Review of DoLS, MCA & LPS Network Task & Finish Group. In progress</p>

SMM Scoring system

The five elements currently included within the SMM are noted below (and are subject to review):

	Current reporting				
	Basic score (1)	Early Progress (score 2)	Results (score 3)	Maturity (score 4)	Exemplar :Others learning from our achievements Score: 5
1 Governance and Rights based approach	<25% indicators can be evidenced	>25% indicators evidenced	>50% indicators evidenced	>75% of indicators evidenced.	<ul style="list-style-type: none"> ✓ Clear schemes of delegation and transparent governance arrangements in place. Strong and effective Safeguarding leadership driving a culture of continuous learning and improvements. ✓ Culture of Human Rights, Children’s rights, dignity and respect throughout the organisation
2 Safe Care	<25% indicators	>25% indicators evidenced	>50% indicators evidenced	>75% of indicators evidenced.	<ul style="list-style-type: none"> ✓ There is a safe and competent workforce to provide prudent care across all services
3 ACE Informed	<25% indicators	>25% indicators evidenced	>50% indicators evidenced	>75% of indicators evidenced.	<ul style="list-style-type: none"> ✓ arrangements are in place to consider and mitigate the impact on people living in an environment where they are exposed to Adverse Childhood Experiences (ACEs)
4 Learning Culture	<25% indicators	>25% indicators evidenced	>50% indicators evidenced	>75% of indicators evidenced.	<ul style="list-style-type: none"> ✓ Embedded learning culture, committed to learning lessons from reviews and ‘concerns raised’.
5 Partnership working	<25% indicators	>25% indicators evidenced	>50% indicators evidenced	>75% of indicators evidenced.	<ul style="list-style-type: none"> ✓ Highly developed effective multi agency partnerships to safeguard adults and children. Evidence of improvement, innovation and use of best practice in multiagency working.