

Standard	Indicators	Examples (this list is not exhaustive and own examples are expected to be provided)	Score at point of 1st review (RAG)	Highlight of good practice, innovation and Quality Improvement initiatives	Organisational Plan where the need for Improvements have been identified	Trend	Legislation, Statutory Guidance and other national drivers to support the SMM
1. Well Led - Effective Leadership & Governance	1.1. Evidence that safeguarding leaders in all directorates/areas are visible, approachable and accessible and can be communicated with through different channel	Safeguarding governance and leadership flowcharts and contact details held on intranet/internet other non-digital platforms available to staff and patients	Green	PHW intranet pages share contact details of Named Lead for Safeguarding. A generic Safeguarding email inbox has been created to ensure arrangements in place for accessing timely safeguarding advice. Governance arrangements and flow charts accessible via intranet. Prevent and Safeguarding Policy has been updated in 2023 in addition to Child at Risk, Adult at Risk and VAWDASY Procedures. <a href="https://phw.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/safeguarding-vulnerable-children-and-adults-policies/">https://phw.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/safeguarding-vulnerable-children-and-adults-policies/</a>	PHW's Corporate Safeguarding Intranet pages will be updated annually to ensure information is accurate and up to date to ensure safe, timely, equitable and efficient.		<ul style="list-style-type: none"> <li>Royal College of Nursing (2019). Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff.</li> <li>NHS Improvement (2018). Well Led Framework Assessment.</li> <li>Welsh Government (2019). A Healthier Wales: our Plan for Health and Social Care.</li> <li>NHS Improvement (2018). Well Led Framework Assessment.</li> <li>NHS Wales (2021). Quality and Safety Framework: A Learning Health and Care System.</li> <li>Health and Social Care (Quality and Engagement) (Wales) Act 2020.</li> <li>NHS Wales National Succession Strategy 2017 - 2027.</li> <li>NHS Wales (2021). Annual Planning Framework 2021- 2022.</li> <li>Welsh Government (2015). Well-Being of Future Generations (Wales) Act (2015).</li> <li>Welsh Government (2021). National Clinical Framework: A Learning Health and Care System.</li> <li>Social Services and Well-being (Wales) Act 2014.</li> <li>NHS Wales (2020). Putting Things Right.</li> <li>NHS Wales (2015). Health and Care Standards.</li> <li>Welsh Government (2014) Social Services and Well-being (Wales) Act - Working Together to Safeguard People Vol 3 – Adult Practice Reviews</li> <li>Welsh Government (2014) Social Services and Well-being (Wales) Act - Working Together to Safeguard People Vol 2 – Child Practice Reviews</li> </ul>
	1.2. Evidence that there is leadership capacity and capability to deliver high quality, sustainable care in safeguarding e.g. avoidance of single point of failure, succession planning, recruitment, levels of leadership - including leadership at Board Level	Single points of failure in safeguarding are acknowledged and avoided, upskilling junior members of the team for succession planning	Amber	Non Executive Director represented at Safeguarding Group Named Lead for Safeguarding is single point of failure, this is articulated on the risk register	Arrangements will look at the National Safeguarding Service supporting the Named Lead for Safeguarding when not in work. This relationship will strengthen Safeguarding Arrangements within PHW.		
	1.3. Evidence of a robust and realistic safeguarding strategy with well-defined objectives that are achievable and relevant, which are communicated in annual reports, policy and assurance structures	Safeguarding strategy statement is published online and forms introduction of local policies and training	Grey	A safeguarding strategy is not in place. The corporate Safeguarding work plan is informed by the Safeguarding Maturity Matrix and compliance with this is reported into the Safeguarding Group and published in PHW's safeguarding annual report. The safeguarding intranet pages outline the organisation's expectations with links to Safeguarding policy and procedures.	The National Safeguarding Service have included the development of a National Safeguarding Strategy on their work plan. Once this has been developed and published. PHW will adopt the strategy and align it to organisational safeguarding needs.		
	1.4. Evidence that safeguarding strategies are aligned to local plans in the wider health and social care economy and services are planned to meet the needs of the relevant population	Safeguarding strategies are formed and aligned with organisational strategies and purpose and shared with other public services such as local partnership forums and Regional Boards	Grey	A safeguarding strategy is not in place. The corporate Safeguarding work plan is informed by the Safeguarding Maturity Matrix and compliance with this is reported into the Safeguarding Group and published in PHW's safeguarding annual report. PHW's safeguarding intranet pages outline the organisation's expectations with links to Safeguarding Policy and Procedures.	The National Safeguarding Service have included the development of a National Safeguarding Strategy on their work plan. Once this has been developed and published. PHW will adopt the strategy and align it to organisational safeguarding needs.		
	1.5. Evidence that strategic planning takes into account the need to safeguard and promotes the welfare of citizens	Quality Impact Assessments and Equality Impact Assessments should ensure that safeguarding vulnerable people is considered in any plans to start, change or discontinue any element of service delivery.	Green	Quality Impact Assessments and Equality Impact Assessments are undertaken for reviews of policy and procedures. Specific sections within the assessments take into consideration the needs of citizens who may need safeguarding. The Quality and Equality Impact Assessments are published on PHW's intranet accompanying the relevant policy/procedure.			
	1.6 Evidence that that learning from audits, incidents, practice reviews is embedded into practice and horizon scanning and service area planning. Evidence that learning from audits, incidents, practice reviews reaches all relevant colleagues, particularly hard to reach frontline practitioners	Systems for learning, delegating and monitoring actions across organisations.	Green	A number of systems are in place to share learning across the organisation. These include PHW's Safeguarding intranet pages, Safeguarding Ambassadors Teams Channel, Presentations at Safeguarding Group and Quality, Safety and Improvement Committee. An example of learning from incidents led to the development of a Safeguarding Operational Procedure in Microbiology.			
	1.7 Evidence that the organisations safeguarding structure has clear responsibilities, roles and systems of accountability to support good safeguarding governance and management	Safeguarding flowcharts that are applicable to all directorates	Green	Safeguarding governance arrangements are included in the Safeguarding Policy and Procedures. Reporting mechanisms are delivered through the Safeguarding Group and Quality and Safety Committee.			
	1.8 The organisations executive board has strategic oversight providing scrutiny of organisational safeguarding risks and safeguarding assurance	Safeguarding is a standing agenda item at executive meetings and the corporate risk register is shared there	Green	Safeguarding risks are reported quarterly into the Safeguarding Group Meeting. Where there is a strategic risk, there will be reported into the Quality, Safety and Improvement Committee which is a sub group of the Board. The safeguarding Maturity Matrix and PHW's Safeguarding annual report are presented at the Quality, Safety and Improvement Committee which provides scrutiny and assurance that PHW has oversight of Safeguarding arrangements within the organisation.			
2.1 There is evidence that services commissioned by the HB or Trust are are monitored and are compliant with all relevant safeguarding legislation, policies and guidance. (Where this is local and not a National commissioning contract)	Evidence of collaborative working between commissioning units and safeguarding teams	Grey	N/A				

2. Confident and Competent Workforce	2.2 Evidence of policy/ procedure for safer recruitment that ensures Disclosure and Barring Services (DBS) are utilised	DBS policy in place and HR partnerships in place	Green	All appointments prior to adverts are assessed for Disclosure and Barring Service (DBS) requirements. Shared services facilitate all new appointments and undertake all required pre employment checks.  PHW continues to explore how a consistent approach to retrospective and ongoing DBS checks could be potentially introduced, however discussions at the Workforce Director Peer Group have yet to provide a practical solution. People and Organisational Development report compliance with DBS quarterly into Safeguarding Group and in the Safeguarding Annual Report. DBS Eligibility Guidance for recruiting managers is accessible on PHW'S People and Organisational Development intranet pages. Section for Safe Recruitment included within overarching Safeguarding Policy.			
	2.3 Evidence of policy/ procedure for colleagues to report concerns/ allegations regarding practitioners	In addition to the duty to report concerns about practitioners, are raised to the corporate safeguarding team and recorded on the concerns management system/internal management system	Green	Managing Allegations of Abuse by Staff Procedure in place. In the last year employees of PHW have not been subject to Procedures in line with Part 5 of the Wales Safeguarding Procedures.		<ul style="list-style-type: none"> <li>• HM Government (1989). Children Act.</li> <li>• HM Government (2004). Children Act.</li> <li>• Welsh Government (2006). Safeguarding Children: Working Together Under the Children Act 2004.</li> <li>• NHS Wales (2020). Putting Things Right.</li> <li>• All Wales Raising Concerns (Whistleblowing) Policy NHS Wales (2020).</li> <li>• Welsh Government (2019). Wales Safeguarding Procedures.</li> <li>• NHS Wales (2015). Health and Care Standards.</li> <li>• Royal College of Nursing (2019). Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. NHS Wales (2021).</li> <li>• Royal College of Nursing (2018). Adult Safeguarding: Roles and Competencies for Health Care Staff.</li> <li>• Quality and Safety Framework: A Learning Health and Care System.</li> <li>• NHS Wales (2019). Core skills training framework NHS Wales.</li> <li>• NHS Wales (2015). Health and Care Standards.</li> <li>• Social Services and Well-being (Wales) Act 2014.</li> <li>• Together for Mental Health Delivery Plan: 2019-22</li> <li>• Home Office and Safe Lives (2019). Responding to colleagues experiencing domestic abuse.</li> <li>• Equality and Human Right Commission and Chartered Institute of Personnel and Development (2020). Managing And Supporting Employees Experiencing Domestic Abuse.</li> <li>• National safeguarding training, learning and development standards 2022</li> <li>• HM Government (2006). Safeguarding Vulnerable Groups Act</li> <li>• Domestic Abuse Act 2021</li> </ul>	
	2.4 Evidence that safeguarding training compliance is able to be monitored for new starters, existing staff, bank & agency staff, independent contractors and volunteers? Outsourced or visiting professionals.	ESR reporting in place and in line with intercollegiate documents and it includes safeguarding training for medical and dental practitioners. Target for all training compliance is 85% as per Welsh National safeguarding training, learning and development standards	Green	A training Needs Analysis has identified that staff are aligned with correct level of Safeguarding training in line with the intercollegiate document and the National Training Framework. PHW has a compliance target for all statutory/mandatory training of 95% the target, the organisation has achieved training compliance with the Welsh National Safeguarding Standards of 85% and above with the exception of Group 2 VAWDASV which is 69.92% and Safeguarding Children Level 2 which is 80.48%.	A training needs analysis has highlighted the need for Level 3 Safeguarding Training to be delivered for staff who require the competence in line with the intercollegiate Document. Delivery of level 3 Safeguarding training will be delivered to PHW employees commencing in August 2023. The competency has been updated in ESR and will be reported quarterly into the Safeguarding group to track improving compliance.		
	2.5 Evidence that risk in safeguarding training compliance is managed and action plans are in place to address non compliance	Risk register for training compliance	Green	A monthly report is issued by workforce to the executive team with a view to improve compliance within each directorate.	An annual forecast to improving compliance with Group 2 VAWDASV training has been presented at Safeguarding Group. Arrangements for PHW employees accessing virtual training for this level are being explored to further improve compliance.		
	2.6 Evidence of safeguarding supervision arrangements, including policy, training and schedules for safeguarding supervision	Safeguarding supervision risks/ exceptions are brought to directorate and executive meetings	Green	Safeguarding supervision has been included in PHW's supervision Framework for Health Care Professionals and Health Care Support workers to strengthen supervision arrangements across PHW.	Monthly drop in Safeguarding Sessions will be implemented and facilitated for staff who have contact with service users.		
	2.7 Policies and processes in place for colleagues to raise concerns about safeguarding issues pertaining to themselves or their colleagues e.g. domestic abuse, mental health	Staff wellbeing support widely available and includes safeguarding issues	Green	Safeguarding Policy updated to include NICE guidance for Self Harm: assessment, management and preventing occurrence. Staff wellbeing considered at every safeguarding incident. Staff wellbeing widely accessible in PHW. Managers Toolkit for Domestic Abuse developed and accessible via PHW'S People and Organisational Development intranet pages. support:https://nhs.wales365.sharepoint.com/sites/PHW_POD/SitePages/Employee-Wellbeing(1).aspx			
	2.8 Evidence that information regarding new legislation, policy and guidance is cascaded across the organisation	Awareness raising of the new offence of non-fatal strangulation or suffocation of another person.	Green	Group 2 VAWDASV Training has been updated at an All Wales level in line with recent legislation. This has been adapted to PHW's needs and delivered with an aim of improving compliance to 85% in the next year. Safeguarding policy and procedures have been updated to include the Domestic Abuse Act.	In line with the Duty of Quality, policies, procedures and guidance will be updated with any new and relevant information and disseminated across the organisation through multiple sources.		
	3. Person Centred	3.1. There is evidence that safeguarding training reflects the Social Services Well-being (Wales) Act (2014) and has significant reference to person centered planning and patient involvement	A training programme that is relevant and up to date	Green	Group 2 VAWDASV Training has been updated at an All Wales level in line with recent legislation. This has been adapted to PHW's needs and delivered with an aim of improving compliance to 85% in the next year.	Level 3 safeguarding Training has been implemented for PHW employees who meet the competency in line with the recommendations of the intercollegiate document. The compliance with the Improvement implemented will be reported quarterly at Safeguarding Group. Work undertaken by the National Safeguarding Service relating to Level 3 Safeguarding training will further strengthen how this is reported and captured within the organisation.	

<p>3.2. There are mechanisms to monitor safeguarding reports in order to audit quality, numbers, trends and themes of safeguarding data</p>	<p>Evidence of dashboards or scorecards to understand and monitor safeguarding activity, themes and outcomes.</p>	<p>Green</p>	<p>A dashboard has been developed with the Data Analyst using Microsoft BI an interactive data visualisation software product. All Safeguarding advice calls, reports to the Local Authorities and RL Data Safeguarding incidents are analysed using the software to identify themes and trends. These will be reported at the quarterly Safeguarding Group Meeting and bi annually into the Clinical Governance Meeting. Analysis of the data has led to identifying a theme that members of the public raise concerns around their experiences in NHS Wales Health Boards and Trusts having a negative impact on their Mental Health through PHW's complaints inbox. this has led to staff being trained on Mental Health First Aid.</p>	<p>To establish stronger links with patient experience teams in NHS Wales Health Boards and Trusts where concerns are raised.</p>	
<p>3.3. Evidence that organisations are aware of Adverse Childhood Experiences and can demonstrate examples of trauma informed care delivery</p>	<p>ACE awareness is included in safeguarding training</p>	<p>Green</p>	<p>Public Health Wales holds key information in several registries which include:</p> <ul style="list-style-type: none"> <li>•Child death review</li> <li>•Child measurement programme</li> <li>•Realtime suicide surveillance</li> </ul> <p>The evidence from these will be analysed, reported and shared widely internally and externally and contribute to influencing policy and decision making associated with safeguarding.</p> <p>2 designated Public Health Consultants responsible for these registries who report findings, offer recommendations and support with relevant learning both internally and externally. The Knowledge and Data directorate within PHW are currently developing a website to improve functionality and accessibility to enable data and reports to be readily available to NHS professionals, stakeholders and the general public.</p>		<ul style="list-style-type: none"> <li>• Social Services Well-being (Wales) Act (2014).</li> <li>• Welsh Government (2019). Wales Safeguarding Procedures.</li> <li>• NHS Wales (2015). Health and Care Standards.</li> <li>• Welsh Government (2015). Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act.</li> <li>• Welsh Government (1993). Welsh Language Act</li> <li>• Taking Wales Forward (Welsh Government) 2016-2021.</li> <li>• Public Health Wales (2015). Adverse Childhood Experiences and their impact on health-harming behaviours.</li> <li>• National Strategy on Violence against Women.</li> <li>• Domestic Abuse and Sexual Violence 2016 - 2021.</li> <li>• Domestic Abuse Act 2022 England &amp; Wales.</li> <li>• Mental Capacity Act (2005).</li> <li>• Mental Capacity Act 2005 Code of Practice.</li> <li>• Mental Capacity (Amendment) Act 2019.</li> <li>• NHS Wales (2021). Quality and Safety Framework: A Learning Health and Care System.</li> <li>• Welsh Government (2021). National Clinical Framework: A Learning Health and Care System.</li> <li>• Health and Social Care (Quality and Engagement) (Wales) Act 2020.</li> <li>• Welsh Government (2015). Well-Being of Future Generations (Wales) Act (2015).</li> </ul>
<p>3.4. Evidence that the VAWDASV Wales National Strategy is embedded into care provision through policy, process, training and audit</p>	<p>HB or Trust VAWDASV policy available on intranet/internet (for staff, volunteers and the public) and is embedded into training.</p>	<p>Green</p>	<p>VAWDASV is incorporated into PHW's overarching Safeguarding Policy an accompanying VAWDASV Procedure provides guidance to employees on how to report to indicators of VAWDASV. Training for Group 2 VAWDAV is delivered virtually and an action plan is on place to improve compliance over the next year. The FGM Clinical Pathway is accessible to all staff on the Safeguarding Sharepoint. Data relating to disclosures are reported quarterly into Safeguarding Group.</p>	<p>To improve compliance with Group2 VAWDASV Training in the next year. Current compliance is at 69.92%</p>	<ul style="list-style-type: none"> <li>• The Transition and Handover Guidance (Welsh Government) 2022.</li> <li>• Welsh Government (2021). Health and Social Care in Wales: Covid-19 Looking Forward.</li> <li>• The Children Act 1989.</li> <li>• The Children Act 2004</li> </ul>
<p>3.5. Evidence that there is policy, procedure and horizon scanning pertaining to Mental Capacity Amendment Act and Liberty Protection Safeguards</p>	<p>MCA is standing agenda item on safeguarding executive level meeting, it has a designated operational, managerial and exec lead</p>	<p>Green</p>	<p>Bespoke training for Mental Capacity has been delivered to screening staff in PHW. A procedure for gaining consent has been developed for screening staff in line with the Mental Capacity Act. This has been ratified by the Board.</p>		<ul style="list-style-type: none"> <li>• Violence against women, domestic abuse and sexual violence: strategy 2022 to 2026</li> </ul>
<p>3.6. Evidence that feedback from people who use services is used to monitor and improve the quality of services</p>	<p>Evaluations are planned in areas e.g. for looked after</p>	<p>Green</p>	<p>All individuals who use PHW services, functions or programmes have the opportunity to feedback on their interaction. This is via specific feedback processes within programmes, Civica or the Putting Things Right process. Staff involved in any safeguarding incident are encouraged to share learning via the safeguarding Group and a service user story was presented to Quality, Safety and Improvement Committee in Spring 2023.</p>		
<p>3.7. Evidence that there is all language inclusion (including Welsh and British Sign Language) in safeguarding for persons where English is not their first language</p>	<p>There is a policy/practice guidance/SOP available to staff to access translation services such as Language Line or in person translation services</p>	<p>Green</p>	<p>Access to translation service through language line is available to service users whose first language is not English. Safeguarding, Prevent Policy and Safeguarding Procedures have been translated into Welsh language.</p>		
<p>3.8. Evidence that safeguarding is considered in the use of face to face and digital approaches to support transformative models of care</p>	<p>There is a policy/practice guidance/SOP available to staff to support them in their safeguarding duties whilst utilising new technologies e.g. digital consultations</p>	<p>Amber</p>	<p>We are unable to demonstrate evidence to support this standard</p>	<p>Development of policy and practice guidance needed to support staff in safeguarding duties whilst using new technologies.</p>	

	3.9. The voice of the victim/ survivor and the voice of children is clear in safeguarding policy, process and training	Survivor stories are used to inform current policies, practice and training	Green	A service user experience has been used to shape a Safeguarding Standard Operational Procedure for Microbiology.	To continue using Safeguarding case studies specific to Public Health Wales in the Safeguarding Group Meeting and Safeguarding Ambassadors quarterly meetings to raise awareness of Safeguarding within the organisation to support learning. Level 3 Safeguarding and Group 2 VAWDASV packages will include survivor stories.	
	3.10 There is evidence that systems are in place to help children, young people and their carers have a positive experience of transitioning and handover to adults services	That every child and young person transferring from children to adult services will have a documented Transition and Handover Plan (THP), or equivalent.	Grey	NA	NA	
4. Learning Culture	4.1. Evidence that safeguarding policies are aligned to national guidance, are up to date and have been formally agreed by the Board and are updated to reflect continued learning from reviews etc.	VAWDASV policies are reviewed to meet any updates to the review of the National Training Framework (VAWDASV) & Domestic Abuse Act 2022 England & Wales	Green	The Prevent Policy have been updated in the last year and formally agreed by the Board through the Quality, Safety and Improvement Committee. The Safeguarding Policy and suite of procedures have been updated and endorsed by the The Leadership Team and will be presented Quality, Safety and Improvement Committee on October 12th. The Safeguarding policy and procedures have been updated to include Domestic Abuse Act 2022.		
	4.2. Evidence that the All Wales Raising Concerns policy is embedded in the organisation to report concerns about safe practice and the organisations culture promoting honesty, openness and candour	RL DATIX and/or relevant concerns management system is regularly audited to highlight any safeguarding concerns that are being raised via "Raising Concerns"	Green	Concerns are raised within PHW through The All-Wales Procedure for NHS Staff to raise concerns this provides an alternative arrangement for staff to raise concerns, and to ensure that they have the right protection in line with the Public Interest Disclosure Act 1998. A concern about a risk, malpractice or wrongdoing is raised when it is thought that harm has been caused or potential to cause harm. Examples could include: <ul style="list-style-type: none"> <li>•Concerns about unsafe service-user experience</li> <li>•Poor clinical practice or other malpractice which may harm service users</li> <li>•Failure to safeguard service-users</li> <li>•Maladministration of medications</li> <li>•Concerns regarding the training and capability of staff</li> <li>•Unsafe working conditions</li> <li>•Lack of policies</li> </ul> The All-Wales procedure is supported by guidance notes which set out Public Health Wales' arrangements for raising and progressing a concern. These include simple action cards for managers, senior managers and others.		<ul style="list-style-type: none"> <li>• Welsh Government (2014). Social Services Well-being (Wales) Act (2014).</li> <li>• NHS Wales (2020). All Wales Raising Concerns (Whistleblowing) Policy.</li> <li>• NHS Wales (2021). Quality and Safety Framework: A Learning Health and Care System.</li> <li>• NHS Wales (2015). Health and Care Standards.</li> </ul>
	4.3. Evidence of clear and effective processes for managing safeguarding risks, complaints, litigation and incidents and that they are recorded, reported and investigated	RL DATIX and/or relevant concerns management system is used to report and reports are run quarterly to include in safeguarding board/committee meetings	Green	All Safeguarding Incidents and advice are reported on Datix, and reported bi annually into the Quality, Safety and Improvement Committee and Clinical Governance meeting. Themes and trends relating to the incidents are reported annually within PHW's Corporate Annual Report.	An interactive Safeguarding Dashboard has been developed to report Safeguarding Incidents using Microsoft Power BI an interactive data software product.	
	4.4. Evidence that trends, strengths or risk identified from safeguarding data e.g. increase in domestic abuse is incorporated into HB / Trust safeguarding strategies	Safeguarding data is shared at safeguarding board meetings	Green	PHW publishes an Annual Safeguarding Report that is shared with Regional Safeguarding Boards demonstrating Safeguarding Activity providing assurance both internally and externally.		
	4.5 There is evidence of the dissemination of learning to front line team members identified through safeguarding incidents, practice reviews, etc.	Newsletters, bulletins, briefings etc	Green	There are a number of sources for disseminating learning to frontline staff, this is distributed through Safeguarding Supervision, Safeguarding Ambassadors, Safeguarding is included within a monthly newsletter around Risks and Concerns.	Development of a quarterly specific Safeguarding Newsletter to strengthen the dissemination of Safeguarding learning across the organisation. This will be shared through multiple platforms to ensure wide circulation.	
5. Multi Agency	5.1. Evidence of appropriate participation in Regional Safeguarding Boards and Subgroups and that participation generates continuous improvements in service delivery and practice across the safeguarding community	Inclusion in multiagency action trackers following Practice Review	Green	The National Safeguarding Service are fully engaged with the Safeguarding Boards. PHW corporate safeguarding is a corresponding member to all the Regional Safeguarding Boards in Wales and receives the minutes. Decisions are made on whether any information shared needs to be shared more widely within the organisation.		<ul style="list-style-type: none"> <li>• Welsh Government (2014). Social Services Well-being (Wales) Act (2014). Section 134.</li> <li>• NHS Wales (2015). Health and Care Standards.</li> </ul>

Partnerships	5.2. Evidence that the organisation actively engages in the responsibilities of Multi Agency Public Protection Arrangements (MAPPA) and Multi Agency Risk Assessment Conferences (MARAC)	MARAC process in place and Health are actively engaged in MARAC's routinely, including input from and feedback to G.P.s	Grey	Public Health Wales does not routinely engage with MAPPA and MARAC meetings. However, 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 5 years.			<ul style="list-style-type: none"> <li>NHS Wales (2015). Health and Care Standards.</li> <li>Home Office - Criminal Exploitation of children and vulnerable adults: County Lines guidance 2018</li> <li>The legal and policy framework for Contextual Safeguarding approaches 2018. <ul style="list-style-type: none"> <li>Female Genital Mutilation Act 2003.</li> <li>Modern Slavery Act 2015.</li> </ul> </li> <li>Safeguarding Children and Young People from Sexual Exploitation <ul style="list-style-type: none"> <li>Working Together Under The Children Act 2004.</li> </ul> </li> <li>Welsh Government (2015). Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act.</li> <li>Welsh Government (2015). Well-Being of Future Generations (Wales) Act (2015).</li> <li>NHS Wales (2021). Annual Planning Framework 2021- 2022.</li> <li>NHS Wales (2021). Emerging Drivers of Vulnerability to Health Inequity in the Context of COVID-19: Perspectives and response from the Voluntary and Community Sector in Wales.</li> <li>NHS Wales (2021). Annual Planning Framework 2021- 2022.</li> <li>Welsh Government (2019). A Healthier Wales: our Plan for Health and Social Care.</li> <li>Welsh Government (2019). National Action Plan Preventing and Responding to Child Sexual Abuse</li> </ul>
	5.3. Evidence of meaningful partnership working with third sector partners and advocacy services? E.g. charities, independent providers, IMCA	There is evidence of collaboration with advocacy services e.g. IMCA, IDVA	Green	Access to Advocacy services are on a case to case basis commissioned externally. The mechanisms for referral are communicated through PHW's intranet.			
	5.4. Evidence that the organisation actively contributes to local and national multi-agency approaches such as VAWDSASV, Modern Slavery, PREVENT, Honour Based Abuse	Safeguarding colleagues attend and input into the regional VAWDSASV steering group	Grey	N/A			
	5.5 There is evidence that the organisation is working towards protecting people of all ages from exploitation	Exploitation is included into training packages	Green	Exploitation is included in training packages and has been included in the Safeguarding Standard Operation Procedure for Microbiology.			
6. Responsive, Resilient and Purposeful	6.1. Evidence that changes in safeguarding activity & practice due to NHS pressures/cost of living crisis/covid legacy are being evaluated to evidence improvements and guide service delivery changes in the future	Where people have received Health Assessments/virtual appointments, an audit is planned to evaluate the effectiveness and preference of the people involved to inform future care provision	Amber	Pre operative Consultations with nurses in BTW is offered virtually. This enables a meaningful discussion about their treatment plan and provides an opportunity to consider safeguarding if any indicators are identifiable. This has not been formally evaluated, however feedback from the women has been positive.			
	6.2. There are robust Business Continuity Plans in place relating to safeguarding activity and delivery in the event of future extraordinary events e.g. pandemic	Business Continuity Plans have been developed and signed off by the executive board in consultation with the corporate safeguarding team	Green	Public Health Wales has a Business Continuity Strategy which enables the organisation to continue to perform its functions, particularly 'prioritised activities', in the event of an emergency or disruption and effectively manage a response through to resolution. This was approved by Board on 18th May 2021.  Its purpose is to:  a) Enable the organisation to continue to perform its functions, particularly 'prioritised activities', in the event of an emergency or business disruption. b) Effectively manage a response through to resolution and subsequent recovery. c) Improve resilience. d) Safeguard employees, service users and stakeholders e) Ensuring the organisation can meet statutory obligations and policy objectives.	The Public Health Wales Business Continuity Strategy (along with the supporting BC Incident Management Process and template toolkits for BIA, Plan and Exercise) is due to be reviewed and updated as part of the regular planning and review cycle within Emergency Preparedness, Resilience & Response.  <a href="https://nhs.wales365.sharepoint.com/sites/PHW_BusinessContinuity/SitePages/Business-Continuity.aspx">https://nhs.wales365.sharepoint.com/sites/PHW_BusinessContinuity/SitePages/Business-Continuity.aspx</a>		<ul style="list-style-type: none"> <li>Welsh Government (2015). Well-Being of Future Generations (Wales) Act (2015).</li> <li>NHS Wales (2021). Annual Planning Framework 2021- 2022.</li> <li>NHS Wales (2021). Quality and Safety Framework: A Learning Health and Care System. <ul style="list-style-type: none"> <li>Welsh Government (2021). Together for Mental Health.</li> </ul> </li> <li>Welsh Government (2015). Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act.</li> <li>Welsh Government (2021). Health and Social Care in Wales: Covid-19 Looking Forward</li> <li>NHS Wales (2019). A Healthier Wales: our Plan for Health and Social Care.</li> </ul>
	6.3. Evidence of planning to address hidden harms that have occurred due to the pandemic legacy and/or the cost of living crisis e.g. domestic abuse, sexual abuse, ACEs	Training has been adapted to highlight the importance of professional curiosity and the impact of the cost of living crisis on abuse and hidden harms	Green	Training has been adapted to include the impact of hidden harms on Safeguarding.			
	6.4. Evidence of policy/ process for safeguarding training for colleagues and support staff such as volunteers, that may not usually see persons at risk to recognise signs of abuse and fulfil their duty to report	Capacity and consent awareness training is in place for volunteers working with at risk adults to ensure that their best interests are protected	Green	Research is a key work stream within PHW. We have worked with external contractors who are involved in research projects and developed flow charts on what to do if a Safeguarding Concern is identified.			
	6.5. Evidence that any harm from an 'overwhelmed NHS and social care system' is considered in safeguarding processes such as supervision, debriefs and post incident support	An evidence based method of responding and supporting colleagues following a significant incident is in place.	Green	Employees involved in Safeguarding incidents within PHW have support through the Named Lead for Safeguarding. The provision of one to one safeguarding supervision following incidents is provided using a reflective cycle. Safeguarding Supervision is available to staff and is undertaken in line with the All Wales Safeguarding Supervision Guidance. The NST also provides external Safeguarding Supervision.			