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Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

**Name of Meeting**  
Quality, Safety and  
Improvement Committee  
**Date of Meeting**  
19 October 2022  
**Agenda item:**  
4.6.1

## Safeguarding Maturity Matrix Update

|                                 |  |
|---------------------------------|--|
| <b>Executive lead:</b>          | Rhiannon Beaumont-Wood<br>Executive Director of Quality, Nursing and Allied Health Professionals   |
| <b>Author:</b>                  | Donna Newell Named Lead for Safeguarding   |
| <b>Approval/Scrutiny route:</b> | Angela Cook, Deputy Director of Quality, Nursing and Allied Health Professionals<br>Rhiannon Beaumont-Wood<br>Executive Director of Quality, Nursing and Allied Health Professionals<br>Business Executive Team- 04 October 2022 |

### Purpose

- The purpose of this paper is to provide the Quality, Safety and Improvement Committee with an update on the Safeguarding Maturity Matrix self-assessment and improvement plan submission.
- In addition to provide a midway update on arrangements in place and progress on the delivery and implementation of safeguarding plans to enable Public Health Wales to fulfil its statutory responsibilities.

### Recommendation:

|                                     |                                      |                                       |                                   |  |
|-------------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|--|
| APPROVE<br><input type="checkbox"/> | CONSIDER<br><input type="checkbox"/> | RECOMMEND<br><input type="checkbox"/> | ADOPT<br><input type="checkbox"/> | ASSURANCE<br><input checked="" type="checkbox"/> |
|-------------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|--|

- **Note** the submission of the Safeguarding Maturity Matrix self-assessment and improvement plan.
- **Receive assurance** on the arrangements in place within the organisation including the SMM improvement plan, to promote the welfare of children, young people and adults at risk are in place and are monitored.

**Link to Public Health Wales [Strategic Plan](#)**

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

|  |  |
|--|--|
| <b>Strategic Priority/Well-being Objective</b> | All Strategic Priorities/Well-being Objectives |
| <b>Strategic Priority/Well-being Objective</b> | All Strategic Priorities/Well-being Objectives |
| <b>Strategic Priority/Well-being Objective</b> | All Strategic Priorities/Well-being Objectives |

**Summary impact analysis**

|  |  |
|--|--|
| <b>Equality and Health Impact Assessment</b> | Not Required   |
| <b>Risk and Assurance</b>                    | This relates to the Quality risk on the CRR  |
| <b>Health and Care Standards</b>             | This report supports and/or takes into account the <a href="#">Health and Care Standards for NHS Wales</a> Quality Themes<br><br>Theme 2 - Safe Care<br>Governance, Leadership and Accountability<br>Theme 7 - Staff and Resources |
| <b>Financial implications</b>                | Nil  |
| <b>People implications</b>                   | Nil  |

## 1. Purpose / situation

The purpose of this paper is to update the Quality, Safety and Improvement Committee:-

1) on the recent submission of the self-assessment of the 20-23 Safeguarding Maturity Matrix submission which forms part of the assurance on organisational safeguarding arrangements.

2) provide a brief update on some of the key business being progressed and monitored by the cross organisational safeguarding group chaired by the Executive Director of Quality, Nursing and Allied Health Professionals in providing support to the Business Executive Team in meeting organisational statutory responsibilities.

## 2. Background

The NHS Safeguarding Maturity Matrix (SMM) is a NHS Wales self-assessment tool aimed to provide organisational assurance that safeguarding duties are being met and identify areas for further improvements. It also allows for the sharing of practice between organisations, driving improvements and provides consistency greater opportunity for consistency across NHS Wales. The tool was developed collaboratively led by the National Safeguarding Team through the NHS Wales Safeguarding network.

A successful pilot held in 2018 saw NHS Wales organisations complete their self-assessments collaborating, to discuss their results and share their self-assessed improvement plans for peer support.

Five key themes were developed within the SMM. The 5 themes are:

- ❖ Governance and Rights Based Approach
- ❖ Safe Care
- ❖ Adverse Childhood Experiences Informed
- ❖ Learning Culture
- ❖ Multiagency Partnership working

Each standard requires a score to be assigned described as a maturity level. Table 1 outlines the SMM scoring system

Table 1

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

Each NHS organisation undertakes their self-assessment on an annual basis. As part of this work, improvement plans are submitted to the National Safeguarding Team who review the suggested improvement areas to identify opportunities to develop an All-Wales approach and strengthen arrangements at an organisational and system level for Safeguarding in Wales.

Once the seven Health Boards and three NHS Trusts have completed the self-assessments they are submitted to the National Safeguarding Team. Facilitated peer review sessions are then organised with Heads of Safeguarding from across Wales to support openness, learning, the sharing of best practice and to identify areas for improvement.

### 3. Description/Assessment

Due to the timing of the required submission the SMM improvement plan has already been submitted to the National Safeguarding Team on the 2 September 2022. The approach taken to support this year's self-assessment, was via an SMM workshop held on the 14<sup>th</sup> of July 2022 with key representatives from across PHW who attend the Safeguarding Group. The purpose of the workshop was to discuss and jointly complete the self-assessment providing greater objectivity and to agree the proposed SMM improvement plan. The 2022/2023 SMM Improvement plan was submitted to the National Safeguarding Team on the 2 September 2022 as part of the established all Wales process.

Appendix 1 details the 2022-2023 SMM Improvement Plan that was submitted.

Table 2 highlights the maturity scores for PHW against the SMM domains over the last 3 reporting years.

Our overall our self-assessment score has reduced by 1 point for the reporting period 2022-2023. Whilst disappointing the objectivity introduced this year by the safeguarding group involvement in the organisational scoring meant that further scrutiny was applied to the domains. The reduction in the score occurred within the standard of safe care. The specific area identified as requiring further attention is in relation to Disclosure and Barring processes. This is an area which has been problematic across NHS Wales as there is no agreed position and funding for updating of DBS checks for existing staff other than when an opportunity if a person moves to a new role within the organisation. It is of note that the score around Adverse Childhood Experiences has improved this year. It is anticipated that the learning organisation domain could be improved through the implementation of some of the elements of quality as an organisational strategy, however other opportunities to increase learning are being progressed.

Table 2

|  | 2019-2020 | 2021-2022 | 2022-2023 |
|--|-----------|-----------|-----------|
| Governance and Rights based approach   | 4         | 4         | 4         |
| Safe Care                              | 4         | 4         | <b>3</b>  |
| Adverse Childhood Experiences Informed | 3         | 3         | 4         |

|                       |    |    |           |
|-----------------------|----|----|-----------|
| Learning Organisation | 4  | 4  | 3         |
| Multi agency working  | 4  | 4  | 4         |
| <b>Total Score</b>    | 19 | 19 | <b>18</b> |

## Progress on the 2020-2021 Safeguarding Improvement Plan

14 areas for improvement were identified within the previous 2020-2021 SMM and have all been progressed and monitored via the Safeguarding group and the QNAP's operational plan.

Key achievements to date include:

- The terms of reference for the Safeguarding Group were reviewed, approved and implemented
- The Safeguarding Policy and Procedures were reviewed and approved through QSIC and are accessible to employees of PHW via the intranet
- A new Non-Executive Director of the Board was identified as per the Children Act (2004) for Safeguarding Children within PHW and has agreed to regularly attend the Safeguarding Group Meeting
- Safeguarding training compliance continued to improve with more face-to-face sessions being delivered with positive feedback reported
- Work commenced on developing a Quality Assurance Dashboard to report Safeguarding Key Performance Indicators
- The Violence Against Women Domestic Abuse and Sexual Violence Group 2 Training compliance improved and was reported in PHW Safeguarding Annual Report to have increased from 54% in 2020-2021 to 76.4% to 2021-2022
- Safeguarding Supervision has been offered and provided face to face to some groups of staff who work directly with children/infants.
- The Consent Form for participants who lack capacity has been implemented within the Abdominal Aortic Aneurysm Screening programme
- Work has commenced for the incorporation of safeguarding measures to be included within the Public Health Wales digital platforms.
- A benchmarking exercise with engagement from directorates relating to the Right Way Matrix identifying how PHW considers Children's Rights within the organisation has been undertaken
- A session to engage The Young Ambassadors with the Right Way Matrix was delivered at the residential course in May 2022

Outstanding actions for improvement have been carried forward to the 2022-2023 SMM improvement plan.

### **3.1 Safeguarding Group Meeting Mid-Year Update**

Public Health Wales (PHW) as part of its Governance arrangements in supporting the lead Executive Director and Business Executive has an established internal Safeguarding group, chaired by the Executive Director of Quality, Nursing and Allied Health Professionals. The Group's membership consists of representatives from across PHW directorates as well as more recently a non-executive Director is established to ensure the delivery of the Safeguarding improvement plan is progressed and to seek assurance and share learning in enabling PHW to meet the required statutory requirements and national guidance. The Group seeks assurance that all safeguarding commitments and responsibilities for both adults and children are met. Highlights from this meeting are cascaded to senior managers via minutes and targeted communications.

The Safeguarding Group are committed to supporting the organisation in understanding safeguarding, embedding it into 'everyday business' and improving outcomes.

The Safeguarding Group was paused for a period during COVID and in resetting the direction and recruiting to the Head of Safeguarding post has convened twice between April 2022-September 2022. The intention going forward will be to resume the quarterly rhythm of these meetings. During this time, work has been underway to further strengthen the development of appropriate systems, processes and approaches including audit, safeguarding risk management and mitigation, policies and procedures to ensure safe practice in relation to the delivery of effective safeguarding arrangements across PHW. This in turn provides evidence and information for assurance reporting purposes. In addition, the group supported the self-assessment process for the Safeguarding Maturity matrix submission.

The Safeguarding Group work plan has been revised with tracking included against key deliverables providing greater accountability and oversight and aligning to key priorities.

In addition to the progress identified earlier in this paper, specific work has been completed by the group over the last 6 months and includes:

- The production and publication of the Public Health Wales 2021/22 Annual Safeguarding Report.
- The creation of a safeguarding risk register providing improved visibility of safeguarding risks and mitigations in place.
- Review of safeguarding data management processes to ensure that more robust systems are in place relating to safeguarding incidents being reported

- The Revision of a standard agenda with additional items included to improve the monitoring of organisational compliance with safeguarding training and Disclosure and Barring checks within PHW.
- Improved visibility of safeguarding key performance indicators in line with relevant legislation via safeguarding dashboard ( prototype in development)
- Strengthening the opportunity for shared learning during the meeting in readiness of duty of quality and duty of candour to ensure that safeguarding and learning from safeguarding incidents is embedded into the organisation.
- Oversight and Completion of the Safeguarding Maturity Matrix (SMM) with remedial actions and the creation of an improvement plan (as above) to ensure key deliverables are achieved in the designated timeframes
- Review of safeguarding supervision arrangements and identified the need for an alternative model to be taken forward.

### 3.2 Well-being of Future Generations (Wales) Act 2015



Improvements within Safeguarding will contribute to the long-term needs by focusing on continuous improvement to drive quality within safeguarding.



Safeguarding focuses on prevention and early intervention to prevent abuse and neglect in the long term. Strengthening Safeguarding Organisational awareness will contribute to concerns being identified early which will support PHW in meeting their statutory responsibilities.



Safeguarding being everybody’s responsibility contributes to well-being objectives and well-being goals.



Safeguarding requires collaboration which will support PHW to meet its well-being objectives.





The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

#### 4. Recommendation

The Quality, Safety and Improvement Committee is asked to:

- **Note** the submission of the Safeguarding Maturity Matrix self-assessment and improvement plan.
- **Receive assurance** on the arrangements in place within the organisation including the SMM improvement plan, to promote the welfare of children, young people and adults at risk are in place and are monitored.



# Safeguarding Maturity Matrix Self-Assessment and Improvement plan for Public Health Wales 2022-2023

# Safeguarding Maturity Matrix Improvement Plan 2022/23

## Version 1 (for submission to the National Safeguarding Team)

**Insert Health Board/NHS Trust Name: Public Health Wales**

| Standard                                       | Maturity Score | Current Position<br>Where an improvement need has been identified   | Proposed Action to Improve  |
|--|----------------|---|---|
| <b>1. Governance and Rights Based Approach</b> | 4              | <ol style="list-style-type: none"> <li>Public Health Wales (PHW) will continue to strengthen the role of the Safeguarding Ambassadors within the organisation to increase organisational awareness and proactive activities associated with safeguarding.</li> <li>To develop PHW's digital platform hosted on the intranet which will enable the Named Lead for Safeguarding to review, update and improve the content of the Safeguarding pages. This will</li> </ol> | <ol style="list-style-type: none"> <li>To recruit further Safeguarding Ambassadors within PHW to ensure that each Directorate/Division is represented to strengthen Safeguarding resilience within the organisation and increase the understanding that Safeguarding is everybody's responsibility and to increase capacity to access to timely support.</li> <li>The Named Lead for Safeguarding as part of the wider developments for the organisational intranet page will work to improve the Safeguarding information which</li> </ol> |



ensure that Safeguarding resources are easily accessible for all employees of PHW

3. To continue working with Directorates within PHW and the Young Ambassadors (YA) to ensure that 'The Right Way: A Children's Rights Approach' is embedded within the organisation at every level and considered in decision making.
4. Work with Corporate Analytics Manager to develop a Directorate Assurance Safeguarding Dashboard that is populated with organisational Safeguarding Performance Indicators to support

staff can access on the intranet informed by the views of staff.

3. The initial benchmarking work with the Young Ambassadors has been completed with an overall organisational position established. The Right Way Matrix was used at a residential programme whereby the Young Ambassadors were able to provide their opinions and views on how Children's Rights can be embedded within PHW. This work will now shape the ongoing project and recommendations made on how Childrens Rights will be embedded within PHW.
4. A set of Key performance indicators (KPI's) have been agreed by The Safeguarding Group. Working with the analytics team monthly data will be

|                            |          |   |  |
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|                            |          | <p>Clinical Governance Quality Improvement and Assurance work.</p> <ol style="list-style-type: none"> <li>5. Further improvement required with the current safeguarding policy incorporating a more holistic approach to safeguarding. An overarching Safeguarding policy will now be produced and replace the current Safeguarding policy.</li> <li>6. PHW will strengthen awareness, accountability, and ownership of Safeguarding responsibilities within the directorates and divisions.</li> </ol> | <p>available to report within the organisational dashboard.</p> <ol style="list-style-type: none"> <li>5. Engage with the Safeguarding Group and Safeguarding Ambassadors to review and develop an overarching Safeguarding policy. Present the new policy for ratification through Quality Safety &amp; Improvement committee (QSIC). Report policy compliance annually through Clinical Governance Meetings.</li> <li>6. Engage with Directorate business managers to ensure that Safeguarding is considered within Senior Management Team Meetings, raising awareness and to drive improvements.</li> </ol> |
| <p><b>2. Safe Care</b></p> | <p>3</p> | <ol style="list-style-type: none"> <li>1. Increasing recruiting managers understanding of the requirements for Disclosure &amp; Barring Service (DBS) when appointing new staff</li> </ol>  | <ol style="list-style-type: none"> <li>1. Link with the Regional Outreach Advisor for Disclosure and Barring Service (Wales) to arrange DBS training sessions in PHW. These</li> </ol>   |

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|--|--|--|--|
|  |  | <p>to roles within PHW has been identified as an area for improvement.</p> <p>2. Auditing current job descriptions &amp; roles requiring DBS check within PHW has been identified as an area for improvement and greater assurance.</p> <p>3. To continue improvement work in implementing a Consent Form for Screening services for participants who lack capacity across Breast Test Wales and Diabetic Eye Screening. This will ensure that participants attending screening who lack mental capacity have timely best interest decisions made to support access to screening services.</p> | <p>will be advertised on the intranet for all recruiting managers. Training sessions will also be digitally recorded and made available for all staff to access and view on PHW's intranet pages.</p> <p>2. An audit will be undertaken in relation to current job descriptions and requirements for DBS check for PHW roles.</p> <p>3. Consent Training to be delivered to Breast Test Wales and Diabetic Eye Screening teams with the subsequent implementation of the new Screening Consent Form. Ongoing evaluation of the implementation of the Screening Consent Form will be completed using quality improvement methodology.</p> |
|  |  |  |  |

|                               |          |  |   |
|-------------------------------|----------|--|---|
|                               |          | <p>4. An organisational review and Safeguarding Training Needs Analysis has been completed which identified in line with the Safeguarding Training Framework, Intercollegiate Documents and National Training Framework for Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) that further work is required. This will be reflected in the Statutory and Mandatory Training Policy for PHW.</p> | <p>4. The Named Lead for Safeguarding will work with the Learning and Development Officer to review positions within Electronic Staff Record (ESR) to identify and ensure relevant competencies are allocated to staff roles in relation to the levels of Safeguarding Training required for each role. This work will initially have an adverse impact on Safeguarding Training Compliance potentially reducing overall compliance. A subsequent recovery plan will be required to restore compliance across the organisation, and this will be monitored by the Safeguarding group and Named Lead for Safeguarding.</p> |
| <p><b>3. ACE Informed</b></p> | <p>3</p> | <p>1. A self-assessment identified the need to report compliance internally against Group 6 National Training Framework Violence Against Women, Domestic Abuse and Sexual Violence.</p>  | <p>1. PHW Board was informed of this training requirement to meet and comply with this standard. The training competency to achieve improved compliance is associated with an individual's Electronic</p>   |

|  |  |  |   |
|--|--|--|---|
|  |  | <p>2. Improving line managers understanding of their responsibilities to support their staff/ employees who are victims/ survivors/perpetrators of Domestic abuse is another area identified for improvement.</p> <p>3. Liaising with the Women’s Network within PHW, the group has recommended the development of a high-level organisational statement outlining our overall</p> | <p>Staff Record (ESR). This will be reported and monitored quarterly into Safeguarding Group Meeting.</p> <p>2. A manager’s toolkit has been developed by the People &amp; OD with oversight from the Safeguarding Group Meeting. This will provide resources to support managers to fulfil their responsibilities in these areas. To assist our work in this area, we have recently joined the <a href="#">Employers Initiative on Domestic Abuse</a>, a growing network of organisations, working together to bring about systemic change to the way in which domestic abuse is viewed and managed within the UK.</p> <p>3. In partnership with the Estates service, Communications team Women’s Network, Safeguarding Ambassadors and Named Lead for Safeguarding we will develop an</p> |
|  |  |  |   |



|                                   |          |   |   |
|-----------------------------------|----------|---|---|
|                                   |          | <p>position and commitment to supporting staff who are experiencing Domestic Abuse. We as an organisation will provide a safe haven/environment to support staff experiencing Domestic Abuse.</p>   | <p>organisational statement outlining that the workplace will be a safe place/haven for PHW employees experiencing Domestic Abuse. We will provide opportunities for affected staff to access support from the police and third sector organisations.</p>   |
| <p><b>4. Learning Culture</b></p> | <p>4</p> | <ol style="list-style-type: none"> <li>1. To adapt current training packages to provide a virtual safeguarding training offer and to demonstrate learning outcomes have been achieved through the development of suitable evaluation tools.</li> <li>2. Public Health Wales holds key information in several registries which include:</li> </ol> | <ol style="list-style-type: none"> <li>1. Microsoft forms have been developed to provide electronic feedback during Safeguarding supervision and training sessions. This will provide insight into the learning experience and the achievement of learning objectives. This feedback will be utilised for ongoing quality improvement to further develop training programmes and supervision session content.</li> <li>2. Information to identify key learning associated with the reviews will be shared at lunch and learns across Public Health</li> </ol> |

|  |          |  |  |
|--|----------|--|--|
|  |          | <ul style="list-style-type: none"> <li>• Child death review</li> <li>• Child measurement programme</li> <li>• Real-time 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>Wales to raise awareness on safeguarding.</p> <p>3. 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> |
| <p><b>5. Multiagency Partnership Working</b></p> | <p>4</p> | <p>1. To continue to strengthen Multi Agency Partnership Working by being a corresponding member at each Regional Safeguarding Board.</p>  | <p>1. To provide PHW annual Safeguarding Report to all Regional Safeguarding Boards, offering to present &amp; discuss the report if required.</p>   |

|                                  |           |   |  |
|----------------------------------|-----------|---|--|
|                                  |           | <p>2. Work with Welsh Ambulance Service (WAST), Police and Health boards across Wales to identify themes and trends relating to</p> <ul style="list-style-type: none"> <li>• Child death review</li> <li>• Child measurement programme</li> <li>• Real-time suicide surveillance</li> </ul> | <p>To have PHW representation at each Regional Safeguarding Board meetings at least once annually.</p> <p>2. To continue to strengthen multiagency partnership working arrangements with partner agencies to build on disseminating and sharing data collected, associated analysis and collaborating / inputting into learning identified within the reviews.</p> |
| <p><b>Overall SMM score:</b></p> | <p>18</p> |   |  |