Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	**11 AUGUST 2026**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	1097 Corporate Safeguarding Policy
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sharon Daniel, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Charlotte Westacott, Head of Safeguarding

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Quality, Safety and Experience Committee is asked to approve the following updated policy:

- 1097 – Corporate Safeguarding Policy (Appendix 1).

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the above-mentioned written control documents and therefore that the documents are in line with legislation/regulations, available evidence base and can be implemented within the Health Board. An Equality Impact Assessment (EqIA) has been completed to support the policy and ensure compliance with statutory duties.

- 246 – Managing Allegations and Professional Concerns raised against HDdUHB staff, extension request pending receipt of revised WSP S5 guidance.

Cefndir / Background

The 1097 – Corporate Safeguarding Policy establishes the overarching safeguarding framework across Hywel Dda UHB, setting out roles, responsibilities, governance arrangements, and processes for safeguarding children, young people and adults at risk

It aligns with key legislation and guidance including:

Social Services and Well-being (Wales) Act 2014
Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
Wales Safeguarding Procedures

The policy applies to all staff and individuals working on behalf of the Health Board.
A full review has been undertaken in June 2026 to ensure alignment with updated legislation, national guidance, and organisational governance requirements.

Asesiad / Assessment

The draft policy has been fully consulted on by members of the Strategic Safeguarding Steering Group and Corporate Safeguarding Team and has been through the global consultation process, and a screening Equality Impact Assessment (EqIA) has been undertaken (Appendix 2).

The approved policy will be disseminated to staff via the Strategic Safeguarding Steering Group members and Chairs of Service Safeguarding Delivery Groups as well as via the global email resource.

The policy will be implemented with immediate effect upon approval, by the Head of Safeguarding and Strategic Safeguarding Steering Group members and Chairs of Service Safeguarding Delivery Groups. Confirmation of implementation will be confirmed at the next bimonthly Strategic Safeguarding Steering Group meeting 2026.

Compliance with the policy will be monitored via Service Safeguarding Delivery groups and issues of non-compliance addressed with improvement plans or escalation onto service risk registers.

The updated policy provides a clear and strengthened governance framework for safeguarding across the organisation. Responsibilities are clearly defined from Board level through to all staff.
There is a strong emphasis on:

- Early identification of risk
- Multi-agency working
- Mandatory reporting duties
- Training, supervision and assurance mechanisms

Argymhelliad / Recommendation

The Quality Safety Experience Committee is requested to:

- Approve the Corporate Safeguarding Policy 1097
- Note the completed Equality Impact Assessment and positive equality impacts
- Support continued organisational focus on safeguarding training, compliance and assurance

Request an extension of policy 246 Managing Allegations and Professional Concerns raised against HDdUHB staff.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.22 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol:	Not Applicable.

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Nodau Cynllunio 2026/27 Planning Goals 2026/27	6. Safe, Timely, High Quality Care
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	5. A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing.
Gwybodaeth Ychwanegol: **Further Information:**	

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report
Gweithlu: Workforce:	Not Applicable
Tegwch Iechyd: Health Equity:	Contained within the report
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Contained within the report
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Included with report as appendix 2

Corporate Safeguarding Policy
DRAFT

Policy information

Policy number: 1097
Classification: Corporate
Supersedes: N/A
Version number: 3
Date of Equality Impact Assessment: 22/05/2026

Approval information

Approved by: Quality Safety Experience Committee
Date of approval:11/08/2026
Date made active:
Review date:

Summary of document:

This Corporate Safeguarding Policy establishes the overarching framework for safeguarding across Hywel Dda University Health Board (UHB). It sets out the roles, responsibilities and accountabilities of all staff in relation to safeguarding children, young people and adults at risk.

The policy outlines the systems, processes and governance arrangements through which the UHB will prevent, identify and respond to abuse, neglect and harm. It also defines the assurance mechanisms in place to enable the UHB to demonstrate compliance with its statutory duties, national guidance and best practice, and to ensure continuous improvement in safeguarding practice.

Scope:

This policy applies to all individuals working within or on behalf of the Health Board, including permanent and temporary employees, bank and agency staff, students, contractors, volunteers and trainees. It applies irrespective of role, seniority, or whether the individual has direct or indirect contact with children, young people or adults at risk.

All individuals are required to comply with this policy and associated procedures as part of their contractual, professional and organisational responsibilities.

To be read in conjunction with:

508 - Social Services and Well Being Act 2014 (opens in new tab)
868 - All Wales Safeguarding Procedures (opens in new tab)
https://www.safeguarding.wales/ (opens in new tab)
1042- Information Sharing Protocol for the Safeguarding of Children, Young People and Adults within West Wales Procedure (opens in new tab)
592 - "Ask and Act" - Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Policy (opens in new tab)
405 - Safeguarding Children and Young People in Emergency Department/Out of Hours Service Procedure (opens in new tab)
887 - Monitoring Vulnerable People who were not Brought or did not Attend Appointments and no Access Visits (opens in new tab)
1041 - Multi-Agency High-Risk Behaviour Policy and Procedure (Including Self-Neglect/Hoarding) (opens in new tab)
944 - Management of Suspected Injuries in Non-Mobile Children Procedure (opens in new tab)
571 - Managing Historical Allegations of Abuse Procedure (opens in new tab)
476 - Safeguarding Supervision Policy (opens in new tab)
714 - Management and Reporting of Female Genital Mutilation (for Health Professionals) Procedure (opens in new tab)
1040 - Decision Making at Child Protection Conferences and Agency Groupings Procedure (opens in new tab)
563 - Procedural Response for Unexpected Deaths in Childhood Procedure (opens in new tab)
441 - Looked After Children (LAC) Policy (opens in new tab)
610 - Provision to Local Authority and Private Residential Children's Homes Guideline (opens in new tab)
246 - Managing Safeguarding Allegations and Professional Concerns Raised Against Hywel Dda University Health Board Staff Policy (opens in new tab)
311 - Domestic Abuse and Sexual Violence Workplace Policy (opens in new tab)
210 - NHS Wales Disciplinary Policy - How-to Procedures WPF November 2025.pdf (opens in new tab)
201 - NHS Wales Disciplinary Policy and Process.pdf (opens in new tab)

Patient information:

Include links to Patient Information Library

Owning group:

Strategic Safeguarding Steering Group (SSSG) 15/06/2026

Executive Director job title: of Nursing, Quality and Patient Experience

Reviews and updates:

1.0 – New Policy 15.12.2022
2.0 – full review 15/6/2026

Keywords

Glossary of terms

UHB - University Health Board
CLA - Children Looked After
HDdUHB - Hywel Dda University Health Board
CT&S Act – Counter Terrorism and Security Act

Contents

Introduction

Safeguarding and protecting children, young people and adults at risk is a fundamental priority for Hywel Dda University Health Board (UHB). The UHB is committed to ensuring that robust governance arrangements, systems and processes are in place to meet its statutory responsibilities and to comply with relevant Welsh legislation, including the *Social Services and Well-being (Wales) Act 2014*, the *Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015*, and associated national guidance and safeguarding procedures.

Safeguarding is a shared, multi-agency responsibility that requires effective collaboration with partner agencies to protect individuals from abuse, neglect and other forms of harm. It encompasses both preventative and responsive activity, including the early identification of risk, timely and proportionate intervention, and the promotion of wellbeing to reduce the likelihood of harm occurring.

Hywel Dda University Health Board recognises that all staff, irrespective of role or grade, have a duty to safeguard and promote the welfare of children, young people and adults at risk. This includes individuals who may be experiencing or at risk of gender-based violence, domestic abuse and sexual violence. All staff are expected to remain vigilant, demonstrate professional curiosity, and act in accordance with this policy, associated procedures, and professional codes of conduct.

Whilst Local Authorities hold the statutory lead for safeguarding enquiries under Section 126 of the *Social Services and Well-being (Wales) Act 2014*, the UHB has a clear and defined duty to cooperate under Section 162 of the Act. The UHB will work in partnership with statutory and non-statutory agencies to prevent harm, support early intervention, and ensure an effective and coordinated response to safeguarding concerns, allegations and disclosures.

Policy statement

The UHB recognises that effective safeguarding practice encompasses all activity undertaken to promote the safety and wellbeing of children, young people and adults at risk, and to prevent abuse, neglect and exploitation. This includes creating a culture of vigilance, embedding safe systems of work, and ensuring that safeguarding is integral to all aspects of service delivery.

This Corporate Safeguarding Policy sets out the overarching framework for safeguarding across all services within the UHB. It defines the roles, responsibilities and accountabilities of staff in relation to safeguarding children and adults at risk. It also outlines the governance, assurance and reporting mechanisms through which the UHB will monitor compliance, ensure continuous improvement, and demonstrate that it is meeting its statutory safeguarding duties.

Scope

This policy applies to all individuals working within or on behalf of the Health Board, including permanent and temporary employees, bank and agency staff, students, contractors, volunteers and

trainees. It applies irrespective of role, seniority or whether the individual has direct or indirect contact with children, young people or adults at risk.

All individuals are required to comply with this policy and associated procedures as part of their professional and organisational responsibilities.

Aim

The aim of this document is to:

Ensure that all individuals working within the UHB understand the statutory framework for safeguarding and public protection, and are aware of their roles, responsibilities and duties in accordance with relevant legislation, national guidance and professional standards.

Provide a clear framework for safeguarding practice across the organisation, ensuring a consistent and effective approach to the prevention, identification and response to abuse, neglect and harm.

Establish robust governance and assurance arrangements which enable the UHB to demonstrate compliance with its statutory safeguarding responsibilities and provide assurance that appropriate systems are in place to safeguard children, young people and adults at risk.

Objectives

The aim of this document will be achieved by the following objectives:

- To set out how the Health Board will meet its legal and statutory safeguarding responsibilities in accordance with relevant legislation, national guidance and policy frameworks for children and adults at risk.

- To clearly define the roles, responsibilities and accountabilities of all staff in fulfilling their duties to safeguard and promote the welfare of individuals at risk of abuse, neglect or harm.

- To establish consistent standards of safeguarding practice across the organisation, ensuring timely identification, reporting and response to safeguarding concerns.

- To support effective multi-agency working and information sharing in order to promote coordinated safeguarding interventions and improved outcomes for individuals.

- To provide assurance through robust governance, monitoring and reporting arrangements that safeguarding responsibilities are being met and that continuous improvement is embedded within practice.

Legislation and Guidance

Legislation to safeguard people at risk of abuse or neglect or gender-based violence, domestic abuse or sexual violence are contained within various acts and statutory guidance.

The law, policy and guidance changes from time to time, therefore, not is not possible to provide an exhaustive list of relevant documents, but the most current significant are set out as follows:

- Social Services and Well-being (Wales) Act 2014 and the related Codes of Practice; Part 6 (Looked After Children) & Part 7 (Safeguarding Children and Adults at Risk)
- Children Act 1989, Section 47 (child protection investigations)
- Children Act 2004 Sections 25, 27 and 28 (duty to cooperate to safeguard and promote the welfare of children)
- Violence against Women, Domestic Abuse, Sexual Violence (Wales) Act 2015
- Domestic Abuse Act 2021 (definition of domestic abuse)
- S9(3) Domestic Violence and Crimes Act 2004 (duty to participate in a Domestic Homicide Review)
- S5B of the Female Genital Mutilation Act 2003 (amended by Serious Crime Act) [mandatory reporting of FGM in under 18s to the police]
- Counter Terrorism and Security Act 2015 (to address those drawn into, or at risk of being drawn into terrorist and extremist behaviour)
- Mental Capacity Act 2005
- Modern Slavery Act 2015
- Human Rights Act 1998
- Safe Care Standard 2.7 of Health & Care Standards in Wales
- Wales Safeguarding Procedures 2019

Approval of National, Regional and Local Policies

The Head of Safeguarding is responsible for ensuring that all national, regional and local safeguarding policies and procedures adopted or developed within the UHB are subject to appropriate review, governance and formal approval. This will be undertaken in accordance with the UHB Written Control Documentation Policy.

This includes ensuring that such policies are current, aligned with relevant legislation and national guidance, and appropriately ratified through the UHB's established governance and assurance processes prior to implementation.

Statutory Duty to Report a Child or Adult at Risk of Abuse or Neglect

The Social Services and Well-being (Wales) Act 2014, implemented in April 2016, places a statutory duty on relevant partners, including the Health Board, to report to the Local Authority where there are reasonable grounds to suspect that a child or an adult is at risk of abuse, neglect or other forms of harm.

All individuals working within or on behalf of the Health Board have an individual and professional responsibility to take timely, proportionate and appropriate action where they witness incidents, have concerns, or receive information indicating that a child or adult may be at risk. Concerns must be reported without delay in accordance with this policy and associated procedures. While advice and support may be sought from line managers or the Corporate Safeguarding Team, this must not result in any delay in reporting.

For the purposes of this policy:

A child is defined under the Children Act 1989 as any person under the age of 18 years.

A child at risk is defined under the Social Services and Well-being (Wales) Act 2014 as a child who:

- Is experiencing, or is at risk of, abuse, neglect or other kinds of harm; and
- Has needs for care and support (whether or not the Local Authority is meeting any of those needs).

An adult at risk is defined under the Social Services and Well-being (Wales) Act 2014 as an adult who:

- Is experiencing, or is at risk of, abuse or neglect;
- Has needs for care and support (whether or not the Local Authority is meeting any of those needs); and
- As a result of those needs, is unable to protect themselves against the abuse or neglect or the risk of it.

Safeguarding is the responsibility of all individuals working within the Health Board and applies to all children, young people and adults at risk encountered in the course of their work. This includes patients, service users, carers, visitors, children of patients, and others connected to Health Board services.

Staff must remain vigilant, demonstrate professional curiosity, and act in a manner that prioritises the safety, dignity, rights and wellbeing of individuals. Safeguarding practice must be underpinned by the principles of prevention, early intervention, proportionality, partnership, protection, accountability and empowerment.

Reporting and Escalation Process

In line with the Wales Safeguarding Procedures, all staff must adhere to the following principles when responding to safeguarding concerns:

- Recognise: Be alert to signs, indicators or disclosures of abuse, neglect or harm.
- Respond: Take all concerns seriously. Listen, reassure, and do not promise confidentiality.

- Report: Make an immediate safeguarding report to the Local Authority where there are reasonable grounds for concern. This must be done without delay.
- Record: Ensure that all concerns, actions and decisions are clearly, accurately and contemporaneously documented in line with organisational record-keeping standards.
- Refer/Consult: Seek advice from the Corporate Safeguarding Team or line manager where necessary; however, this must not delay formal reporting.

Where there is an immediate risk of serious harm, staff must take urgent action, including contacting emergency services as appropriate.

The Health Board will ensure that staff are supported to fulfil their responsibilities through access to safeguarding training, supervision, clear procedures and specialist advice from the Corporate Safeguarding Team.

Failure to adhere to safeguarding responsibilities, including failure to report concerns, may result in disciplinary action and could place individuals at continued risk of harm. 201 - NHS Wales Disciplinary Policy and Process.pdf

Multi-Agency Partnership Working

Hywel Dda University Health Board (UHB) recognises that safeguarding is a shared responsibility and that effective protection of children, young people and adults at risk requires strong, collaborative working across organisations and professional boundaries.

The UHB is committed to working in partnership with statutory and non-statutory agencies, including Local Authorities, Police, education providers, third sector organisations and other health partners, to prevent, identify and respond to abuse, neglect and exploitation.

In accordance with the Social Services and Well-being (Wales) Act 2014 and the Wales Safeguarding Procedures, the UHB will:

- Cooperate and collaborate with partner agencies to safeguard individuals and promote their wellbeing
- Share relevant information in a timely, lawful and proportionate manner to support safeguarding decision-making and risk management
- Contribute effectively to multi-agency safeguarding processes, including strategy discussions, case conferences, core groups, adult protection processes and other statutory forums
- Participate in Safeguarding Boards and associated sub-groups, contributing to regional and national safeguarding priorities
- Support and engage in multi-agency reviews, including SUSR's, ensuring that learning is identified, embedded and monitored

All staff are expected to work collaboratively with partner agencies, demonstrating professional respect, clear communication and shared decision-making in the best interests of the individual. Staff must

ensure that their contributions to multi-agency working are timely, accurate and focused on achieving improved safeguarding outcomes.

The UHB will ensure that staff are supported to undertake their multi-agency responsibilities through appropriate training, supervision and access to specialist safeguarding advice.

Failure to effectively engage in multi-agency partnership working may place individuals at risk of harm and will be addressed through the UHB's governance and performance management frameworks.

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) and Ask and Act

Hywel Dda University Health Board (UHB) is committed to promoting the health, safety and wellbeing of its patients, service users and staff. The UHB recognises that violence against women, domestic abuse and sexual violence (VAWDASV) are significant public health issues and criminal offences that have a profound impact on individuals, families and communities.

The UHB has statutory duties under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 to prevent, protect and support individuals affected by VAWDASV. This includes a responsibility to ensure that staff are appropriately trained and supported to identify, respond to and refer individuals who may be experiencing, or at risk of, abuse.

In accordance with the Welsh Government Ask and Act framework, the UHB requires relevant staff to:

- Ask – routinely and sensitively enquire about VAWDASV in appropriate settings.
- Act – respond effectively to disclosures, ensuring timely support and referral to specialist services.

All staff must ensure that enquiries are made in a safe and private environment, that individuals are listened to and believed, and that appropriate safeguarding actions are taken in line with this policy and the Wales Safeguarding Procedures.

Further responsibilities and operational guidance for staff are set out in the UHB Ask and Act – VAWDASV Policy and associated procedures.

The UHB also acknowledges its responsibilities as an employer. It recognises that members of the workforce may be affected by domestic abuse, either as victims or, in some cases, as alleged or confirmed perpetrators. The UHB will ensure that appropriate support, management and actions are taken in line with the Domestic Abuse and Sexual Violence Workplace Policy, including providing a confidential, supportive response to affected staff and addressing risks within the workplace.

Definition of Domestic Abuse

For the purposes of this policy, domestic abuse is defined in accordance with the Domestic Abuse Act 2021.

Domestic abuse is any behaviour between individuals aged 16 or over who are personally connected that is abusive in nature. Behaviour is considered abusive if it includes, but is not limited to:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional or other abuse

This may involve a single incident or a pattern of behaviour.

Individuals are considered personally connected if they are, or have been:

- Married or civil partners
- In an intimate personal relationship
- Parents of the same child or in a parental relationship
- Relatives

The Act also recognises that children are victims of domestic abuse where they see, hear, or experience the effects of abuse between connected individuals.

The UHB requires all staff to:

- Recognise VAWDASV as a safeguarding concern and respond in accordance with statutory duties and organisational procedures
- Undertake relevant training to meet Ask and Act requirements
- Ensure timely report and/or referral to safeguarding and specialist support services
- Maintain accurate and contemporaneous record keeping
- Work in partnership with relevant agencies to support individuals and manage risk

Failure to comply with these responsibilities may result in disciplinary action and place individuals at continued risk of harm. 201 - NHS Wales Disciplinary Policy and Process.pdf

Children Looked After

Children and young people who are looked after are among the most socially excluded groups in society and are known to have significantly greater health needs compared to their peers from similar socio-economic backgrounds.

The term “Children Looked After” (CLA) is defined within the Children Act (1989) and refers to children and young people up to the age of 18 for whom a local authority provides accommodation or care for a

continuous period exceeding 24 hours. These children may be placed in a variety of settings, including with foster carers, in residential homes, or with parents or extended family members under a range of legal arrangements.

Hywel Dda University Health Board (UHB) has implemented the 441 - Looked After Children (LAC) Policy to ensure that it fulfils its statutory responsibilities. This policy supports the effective planning, commissioning, and delivery of services to meet the identified health needs of looked after children and young people.

Contest, Prevent, Channel Panel

Hywel Dda University Health Board (UHB) has a statutory duty under the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism. This duty, known as the Prevent Duty which is supported by updated statutory guidance for England and Wales and brought into force on 31 December 2023, forms part of the Health Board's wider safeguarding responsibilities. CONTEST (2023) is the UK Government's counter-terrorism strategy and is structured around four key pillars:

- Prevent – to stop people becoming terrorists or supporting terrorism
- Pursue – to detect and stop terrorist activity (led by policing and security services)
- Protect – to strengthen protection against terrorist attacks
- Prepare – to mitigate the impact of terrorist incidents

The Prevent strand is of direct relevance to the Health Board and aligns with safeguarding principles. It aims to:

- Address the causes of radicalisation and respond to the ideological challenge of terrorism
- Safeguard and support individuals at risk of radicalisation through early identification and intervention
- Support the disengagement and rehabilitation of individuals involved in terrorism

Prevent is a safeguarding duty and not a criminal justice process. It applies to all forms of terrorism and does not target any single community. The UHB recognises that individuals vulnerable to radicalisation may present within healthcare settings and, as such, this risk must be considered within safeguarding practice. All staff have a responsibility to remain alert to indicators of radicalisation and to report concerns appropriately, in line with safeguarding procedures.

Channel Process

Channel is a key component of the Prevent strategy and is a statutory, multi-agency process established under the Counter-Terrorism and Security Act 2015. It provides a framework for:

Identifying individuals at risk of being drawn into terrorism

Assessing the nature and extent of that risk

Developing and implementing a coordinated, multi-agency support plan

The Channel Duty Guidance (2023, with subsequent updates in 2025) places a legal requirement on local authorities to establish and chair Channel Panels, with specified partners, including Health Boards, required to cooperate and provide appropriate information and support (Schedule 7. CT&S Act 2015).

Individuals are typically referred to Channel via police Prevent teams, and the process is designed to provide early, voluntary support to those at risk of radicalisation.

UHB Roles and Responsibilities

The UHB will ensure that:

Staff are appropriately trained and supported to recognise and respond to concerns relating to radicalisation in line with the Prevent Duty

Concerns are reported promptly through established safeguarding and Prevent reporting pathways

Information sharing is undertaken in accordance with legal, professional and organisational requirements

Healthcare staff should also have regard to the Prevent Duty guidance for healthcare professionals (updated 2024), which outlines roles in identifying and responding to radicalisation risk.

The Public Health Directorate is responsible for representing the UHB at local and regional CONTEST governance structures.

The Corporate Safeguarding Team acts as the central point of contact for Prevent-related safeguarding concerns and for engagement with Local Authority-led Channel Panels. The team is responsible for:

- Coordinating requests for information to support Channel processes
- Contributing to risk assessment and information sharing
- Attending and representing the UHB at Channel Panel meetings
- Providing advice and guidance to staff on Prevent and safeguarding responsibilities

Policy Application

All staff must:

- Recognise radicalisation as a safeguarding concern
- Act promptly on concerns and follow Prevent reporting processes
- Complete required Prevent training in line with organisational requirements
- Work collaboratively with partner agencies to support individuals at risk

Failure to comply with these responsibilities may result in disciplinary action and could place individuals and communities at increased risk of harm.

Modern Slavery and Trafficking

Hywel Dda University Health Board (UHB) recognises that modern slavery and human trafficking are serious criminal offences and significant violations of human rights. The *Modern Slavery Act 2015* encompasses offences of slavery, servitude, forced or compulsory labour, and human trafficking.

Human trafficking involves the recruitment, movement or harbouring of individuals through force, coercion, deception or abuse of vulnerability for the purpose of exploitation. Exploitation may include, but is not limited to, sexual exploitation, forced labour, domestic servitude, criminal exploitation and organ harvesting. Victims may be adults or children and may present across all healthcare settings.

The UHB acknowledges that modern slavery has significant and often complex health consequences at both an individual and population level. These may include physical injury, untreated chronic conditions, sexual health concerns, substance misuse, and significant mental health needs arising from trauma, abuse and exploitation.

In accordance with the *Modern Slavery Act 2015* and the associated *Modern Slavery Statutory Guidance for England and Wales (Section 49)*, the UHB has a responsibility to:

- Identify and respond to potential victims of modern slavery and human trafficking within all healthcare settings
- Ensure that staff are appropriately trained to recognise indicators of exploitation and vulnerability
- Provide immediate and ongoing healthcare, taking a trauma-informed and person-centred approach
- Refer concerns in line with safeguarding procedures and, where appropriate, the National Referral Mechanism (NRM)
- Work collaboratively with partner agencies to ensure effective safeguarding, protection and support

Modern slavery is a safeguarding issue. All staff have a duty to remain vigilant to potential indicators of exploitation and to take prompt and appropriate action where concerns arise. Concerns must be reported without delay in accordance with this policy and the Wales Safeguarding Procedures.

All staff must:

- Recognise modern slavery and human trafficking as forms of abuse and exploitation
- Act promptly on any concerns and follow safeguarding and referral pathways
- Seek advice from the Corporate Safeguarding Team where required, without delaying reporting
- Ensure accurate, clear and contemporaneous record keeping
- Work in partnership with relevant agencies to safeguard and support victims

Information Sharing

Effective information sharing is essential to safeguarding practice and is a key enabler in protecting children, young people and adults at risk of abuse, neglect or harm. Hywel Dda University Health Board (UHB) is committed to ensuring that information is shared appropriately, lawfully and proportionately to support safeguarding activity.

The *Data Protection Act 2018* and the UK General Data Protection Regulation (UK GDPR) do not prevent the sharing of information for safeguarding purposes. These frameworks provide a lawful basis for the processing and sharing of personal information where it is necessary to protect individuals from harm. Information governance requirements must not be used as a barrier to appropriate and timely information sharing.

The UHB adheres to the 1042 - Information Sharing Protocol for the Safeguarding of Children, Young People and Adults within West Wales Procedure which provides a framework to support staff in making informed decisions about when and how to share information. The protocol aims to ensure that staff have the confidence to share relevant information where it is necessary to protect individuals or prevent abuse, neglect or other forms of harm.

Personal information may be shared without consent where there is a legal obligation or where it is justified in the public interest. This includes circumstances where:

- There is a risk of significant harm to a child;
- There is a risk of serious harm to an adult at risk;
- Sharing information is necessary to prevent or detect abuse or neglect;
- Seeking consent would place the individual or others at increased risk.

In such circumstances, the public interest test is likely to be met. Decisions to share information without consent must be based on professional judgement, considering the specific circumstances of each case. The information shared must be:

- **Necessary** for the purpose it is being shared
- **Proportionate** to the level of risk and concern
- **Relevant and accurate**
- **Shared in a timely manner** with appropriate agencies

Where there is uncertainty, staff should seek advice from their line manager, the Corporate Safeguarding Team, or the Information Governance Team. However, seeking advice must not result in any delay in sharing information where there is a risk of harm.

All information sharing decisions, including the rationale for sharing or not sharing information, must be clearly and contemporaneously recorded in accordance with organisational record-keeping standards. Employees should seek advice from the Information Governance Team.

Professionals Accompanying Children and Young People to Healthcare Appointments

Children and young people should, wherever possible, attend healthcare appointments accompanied by a person with parental responsibility or an individual who has delegated authority to make decisions regarding their care and treatment.

Healthcare professionals should remain alert to circumstances where a child is repeatedly presented for assessment, treatment or healthcare appointments by individuals who do not hold parental responsibility and where there is no clear evidence of parental knowledge, consent or involvement. Whilst there may be legitimate reasons for such arrangements, repeated attendance in these circumstances may indicate potential safeguarding concerns, including disguised compliance, parental disengagement, inappropriate delegation of care, private fostering arrangements, or other vulnerabilities.

Where concerns arise, practitioners should, establish the identity and relationship of the accompanying adult to the child and seek clarification regarding parental responsibility and whether parental consent has been obtained where appropriate. Consider the child's age and exercise professional curiosity to consider whether the circumstances indicate potential safeguarding risks.

Staff should ensure that concerns are documented clearly within the clinical record and seek advice from the Corporate Safeguarding Team where necessary, consideration to make a safeguarding report should be given in accordance with the Wales Safeguarding Procedures.

The absence of parental knowledge or involvement does not automatically indicate a safeguarding concern. However, practitioners must be able to demonstrate that appropriate enquiries have been made and that decisions have been based on the child's best interests, welfare and safety

Training and Education

Safeguarding and public protection training is essential to safeguard our patients and the public from harm.

Mandatory training in respect of safeguarding children, adults and violence against women, domestic abuse and sexual violence is accessible on both a single and multi-agency basis.

Mandatory safeguarding training compliance will be monitored by senior service managers and exceptions reported to the Strategic Safeguarding Working Group.

Reporting Framework

The Strategic Safeguarding Steering Group (SSSG) provides strategic oversight and assurance to the Quality, Safety Intelligence Group in relation to the UHB’s legal and statutory responsibilities for safeguarding children, young people and adults at risk. The SSSG is responsible for monitoring organisational performance, reviewing risks, and ensuring that effective systems and processes are in place to support compliance with safeguarding legislation, national guidance and policy requirements.

CCG Safeguarding Delivery Groups are established as operational forums to support the implementation of safeguarding standards across the organisation. These groups are responsible for:

- Promoting consistent, high-quality safeguarding practice across clinical and non-clinical services
- Monitoring compliance with safeguarding policies, procedures and statutory requirements
- Identifying, managing and escalating risks, issues and exceptions relating to safeguarding
- Supporting continuous improvement through audit, training compliance and learning from incidents and reviews
- Facilitating effective multi-agency working and partnership arrangements

Safeguarding Delivery Groups are accountable for reporting performance, risks and assurance to the SSSG in line with the UHB's governance framework.

Where a Service or CCG does not have a dedicated Safeguarding Delivery Group, there remains a requirement to ensure that safeguarding is appropriately embedded within existing governance structures. This includes the routine consideration of safeguarding matters, risks and exceptions within established governance, quality or safety meetings, with clear evidence of oversight and action planning.

The UHB governance and performance reporting framework, including the relationship with regional and national safeguarding structures, is outlined in Appendix 1. Responsibilities

Chief Executive

As the Accountable Officer, the Chief Executive has overall responsibility for ensuring that the Health Board has appropriate Written Control Documents (WCDs) in place. These must comply with relevant legislation, national guidance and mandatory requirements, and support the delivery of services that are safe, effective, evidence-based and sustainable.

The Chief Executive is ultimately accountable for ensuring that the organisation meets its statutory safeguarding responsibilities and that effective governance and assurance arrangements are in place.

Nominated Director – Director of Nursing, Quality and Patient Experience

The Director of Nursing, Quality and Patient Experience holds executive responsibility for safeguarding across the UHB. This includes delegated responsibility for safeguarding children in accordance with Section 28 of the *Children Act 2004*, and for safeguarding adults under the *Social Services and Well-being (Wales) Act 2014*.

The Director provides strategic leadership, ensuring that robust systems, policies and assurance mechanisms are in place to enable the UHB to meet its safeguarding duties and promote a culture of safety and accountability.

Head of Safeguarding

The Head of Safeguarding is responsible for providing professional leadership and strategic oversight of safeguarding across the UHB. This includes ensuring that:

- All national, regional and local safeguarding policies and procedures are developed, reviewed and approved in accordance with the UHB Written Control Documentation Policy
- Effective safeguarding systems, processes and frameworks are in place and aligned with legislative and national requirements
- Mandatory safeguarding training is delivered and monitored to ensure compliance across the organisation
- Specialist advice, guidance and support is available to staff in relation to safeguarding concerns
- Assurance is provided through appropriate governance, reporting and audit mechanisms

Senior Management
Senior Management Teams within each Directorate are responsible for the implementation of this Policy and for providing assurance of compliance with safeguarding legislation, national guidance and organisational requirements.

Senior Managers must ensure that:

- Services are designed and delivered to promote the prevention of abuse, neglect and harm, with a focus on early identification and intervention
- Safeguarding is embedded within local governance arrangements, with clear oversight of performance, risks and compliance
- Staff are supported to participate in statutory safeguarding reviews, investigations and multi-agency processes as required
- Learning from incidents, reviews and audits is disseminated, embedded into practice, and monitored through action plans
- Regular performance reports are submitted to Service Safeguarding Delivery Groups, including information on compliance, training, risks, exceptions and mitigation

Department, Service or Ward Management

Department, Service or Ward Managers are responsible for the operational implementation of safeguarding within their areas of responsibility. They must ensure that:

- All staff complete and maintain required safeguarding training in line with organisational standards
- Staff are competent and supported to recognise and respond appropriately to safeguarding concerns
- Staff understand and fulfil their statutory duty to report concerns, and that any non-compliance is identified and addressed promptly
- Safeguarding is routinely discussed within team meetings, supervision and local governance processes

- Staff are aware that their conduct, both within and outside of the workplace, may give rise to safeguarding concerns and must meet expected professional standards

Managers must also ensure that safeguarding concerns, risks and incidents are appropriately escalated and that accurate records are maintained.

Responsibilities of All Staff

All individuals working within or on behalf of the UHB have a duty to safeguard and promote the welfare of children, young people and adults at risk. This responsibility applies irrespective of role, grade or level of contact with service users.

All staff must take timely, appropriate and decisive action where they witness incidents, have concerns, or receive information indicating potential abuse, neglect or inappropriate care. Concerns must be reported without delay in accordance with this policy and associated procedures. Staff may seek advice and support from their line manager, Safeguarding Lead or the Corporate Safeguarding Team; however, this must not result in any delay in acting.

All staff are required to:

- Comply with relevant legislation, national guidance, organisational policies and safeguarding procedures
- Act in accordance with their applicable **Code of Conduct**, including maintaining appropriate standards of behaviour both within and outside of the workplace where this may impact on their professional role
- Maintain a high level of vigilance and demonstrate professional curiosity in identifying safeguarding concerns
- Ensure that all safeguarding concerns, actions and decisions are accurately and contemporaneously recorded
- Participate in safeguarding supervision where appropriate to their role

All staff must also comply with mandatory and statutory training requirements, including **Safeguarding Children, Safeguarding Adults and Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)** training, in line with organisational expectations. Staff are responsible for maintaining their own competence and ensuring that training is completed and kept up to date.

Failure to fulfil safeguarding responsibilities or to comply with this policy and associated requirements may result in disciplinary action and could place individuals at risk of harm.

Corporate Safeguarding Team

The Corporate Safeguarding Team provides specialist advice and support to UHB employees and operates as the single point of contact for statutory partners within the safeguarding process. The team is responsible for the delivery of safeguarding training to ensure that staff achieve and maintain the required levels of mandatory competence. In addition, the team provides safeguarding supervision to

support professional practice, works collaboratively with partner agencies, and contributes to multi-agency meetings to facilitate effective information sharing and coordinated safeguarding responses.

References

Children Act 1989 https://www.legislation.gov.uk/ukpga/1989/41/section/47

Children Act 2004 https://www.legislation.gov.uk/en/ukpga/2004/31/contents

Counter Terrorism & Security Act 2015 https://www.legislation.gov.uk/ukpga/2015/6/contents/enacted

Data Protection Act 2018 https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted

Domestic Abuse Act 2021 https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted

Domestic Violence, Crime and Victims Act 2004 https://www.legislation.gov.uk/ukpga/2004/28/section/9

Female Genital Mutilation Act 2003 https://www.legislation.gov.uk/ukpga/2003/31/section/5B

Health and Care Standards 2016 https://gov.wales/health-and-care-standards

Mental Capacity Act 2005 https://www.legislation.gov.uk/ukpga/2005/9/part/1

Modern Slavery Act 2015 https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted

Social Services and wellbeing (Wales) Act 2014
https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Safeguarding/508--.aspx

Violence Against Women, Domestic Abuse and Sexual Violence Act 2015
https://www.legislation.gov.uk/anaw/2015/3/contents/enacted

Wales Safeguarding Procedures 2019 Safeguarding Wales

Appendix 1 – Safeguarding and Performance Reporting Framework

Allied Health & Health Sciences IGG

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Sharon Daniel EDoN Nursing, Quality and Patient Experience Corporate Directorate
Service Area	Safeguarding

Title of Procedure, Project, Proposal, Policy being screened:	Corporate Safeguarding Policy 1097

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This policy establishes the overarching safeguarding framework across Hywel Dda UHB, setting out responsibilities, governance arrangements and processes for preventing, identifying and responding to abuse, neglect and harm affecting children, young people and adults at risk.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Corporate Safeguarding Policy
Relevant legislation (SSWB Act 2014, VAWDASV Act 2015, etc.)
Wales Safeguarding Procedures
Professional expertise from Corporate Safeguarding Team

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	X	Negative Impact		No Impact	
Justification of impact identified: Policy explicitly targets safeguarding of children and older adults at risk and strengthens early identification and response mechanisms.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	X	Negative Impact		No Impact	
Justification of impact identified: Enhances safeguarding for individuals with physical, learning and mental health vulnerabilities who may be at increased risk of abuse or neglect.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: Policy applies equally to all individuals and does not disadvantage people undergoing or who have undergone gender reassignment.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	
Justification of impact identified: Characteristic only applies to employment; no differential impact identified.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	X	Negative Impact		No Impact	X
Justification of impact identified: Supports safeguarding responses for pregnant individuals, particularly within VAWDASV and domestic abuse contexts.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	X	Negative Impact		No Impact	

Justification of impact identified:
Policy includes safeguarding of individuals exposed to modern slavery, trafficking, and exploitation, supporting diverse populations

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified:
Policy is applied equitably regardless of religion or belief, while maintaining dignity and respect.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified:
Strengthens organisational response to domestic abuse and gender-based violence, which disproportionately affects women and girls.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	X	Negative Impact		No Impact	X

Justification of impact identified:
Policy applies equally to all individuals regardless of sexual orientation.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified:
No differential impact identified; policy applies equally to all service users and staff.

Socio Economic Duty
Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:
more-equal-wales-socio-economic-duty

Positive Impact	X	Negative Impact		No Impact	

Justification of impact identified:
Strengthens identification of vulnerability linked to deprivation, neglect, and exploitation.

Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact	X	Negative Impact		No Impact	
Justification of impact identified: Supports equitable safeguarding access; opportunity to ensure bilingual provision in safeguarding processes.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Charlotte Westacott
	Title	Head of Safeguarding
	Contact details	Charlotte.Westacott@wales.nhs.uk
	Date	22 May 2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Charlotte Westacott
	Title	Head of Safeguarding
	Contact details	Charlotte.Westacott@wales.nhs.uk
	Date	22 May 2026
Guidance has been provided by Diversity & Inclusion Team:	Name	
	Title	
	Contact details	
	Date	
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.