

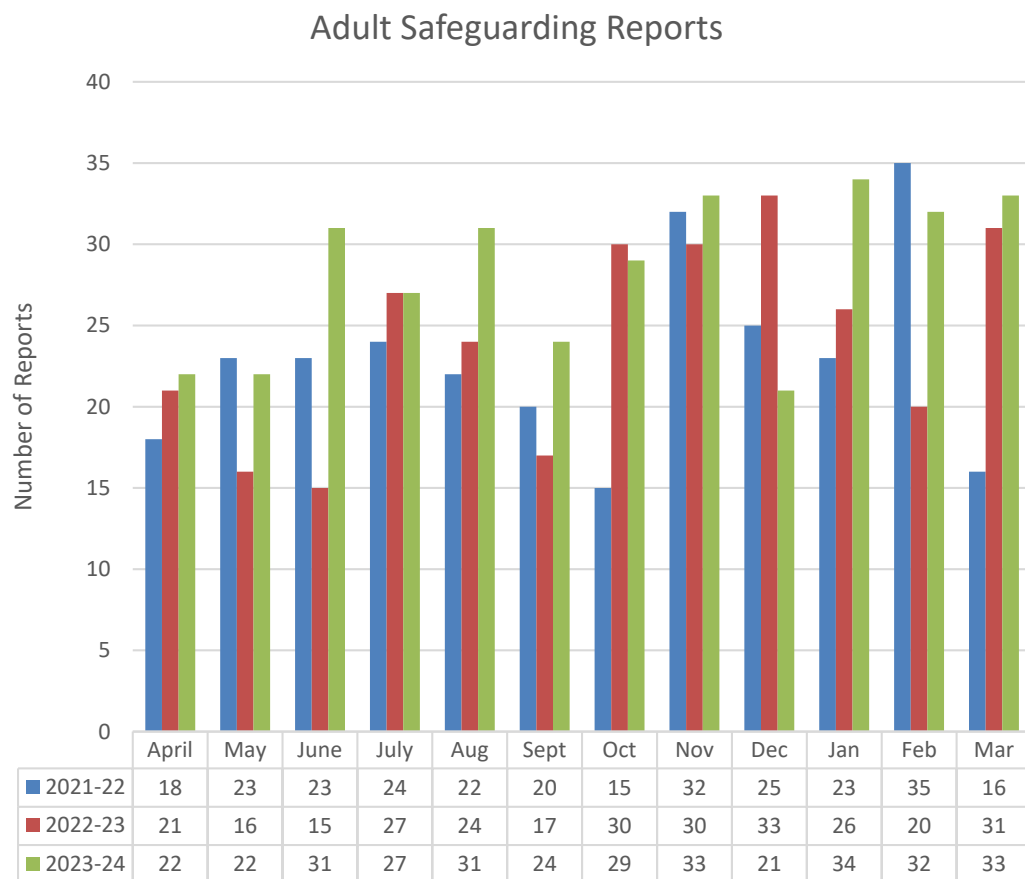


Strategic Safeguarding Working Group

Situation

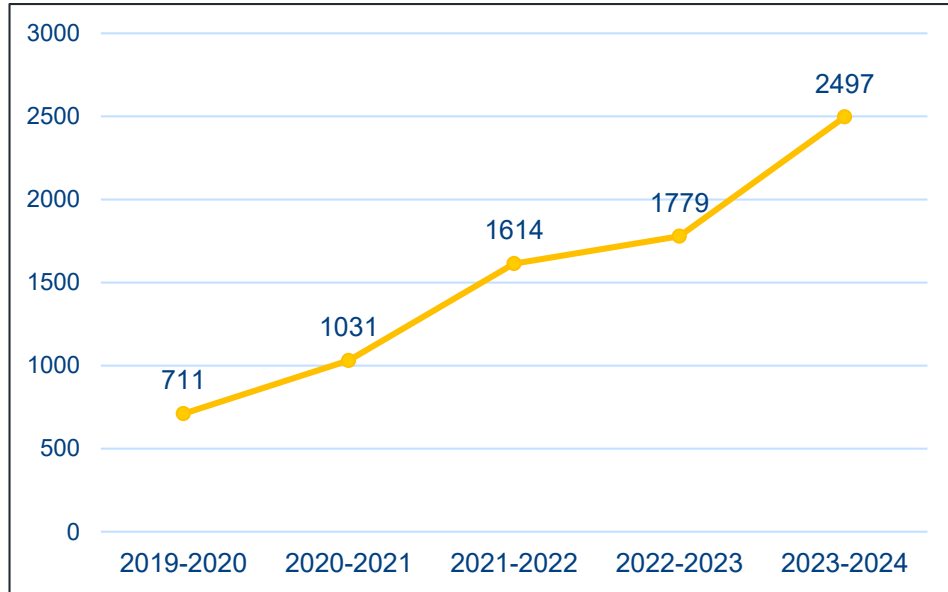
- The most recent meetings were held on 14 March 2024 and 8 May 2024.

Adult Safeguarding Data and Themes



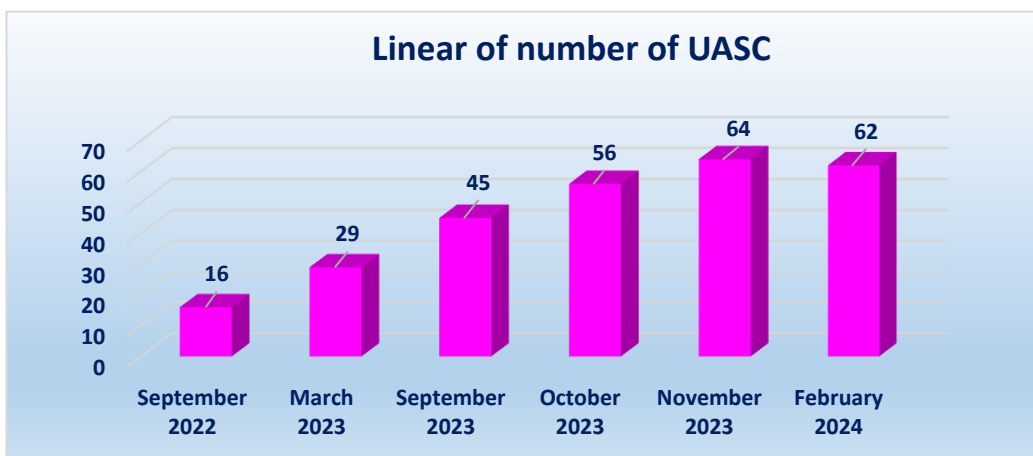
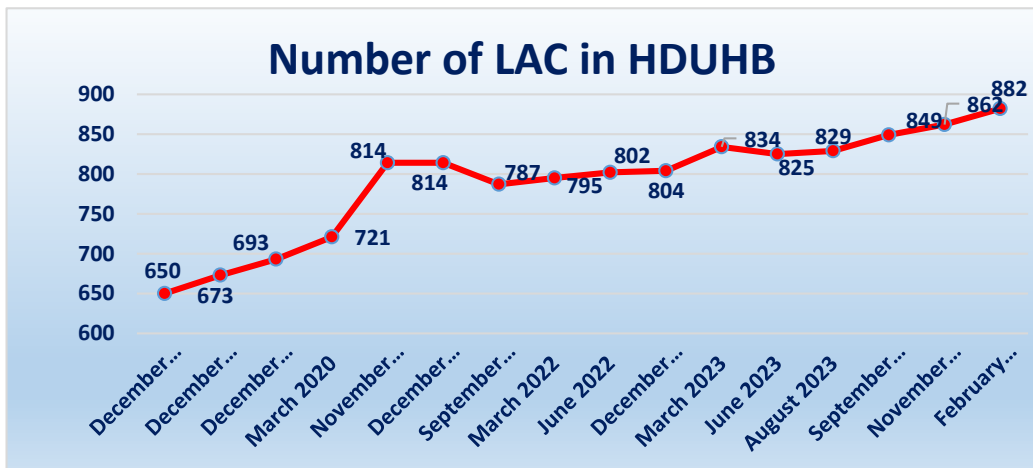
- Reflects the Reports/Referrals made in regard to ‘adults at risk’ who are alleged to have experienced abuse or neglect as a consequence of services delivered or commissioned by the Health Board.
- The number of Safeguarding Reports continue to increase annually. Safeguarding Reports have increased by 17% since the previous year.
- Discharge related reasons for reports have reduced significantly compared to the previous two quarters.

Child Safeguarding



- This graph demonstrates a significant upward trajectory of safeguarding reports / referrals made by the Health Board to Local Authority (LA) Children Services.
- The impact will also be in operational services who may be involved in more child protection conferences and an increase in child protection caseloads.
- This increase has also been reflected in data that social services have shared reporting increases in the number of children's names placed on the child protection register.
- Child mental health is the top theme in reports for 2023-2024; this has been constant for a number of years.
- Parenting capacity is a constant feature in the key themes in all quarters. Mental health and domestic abuse also feature significantly.
- The impact of the increase in safeguarding children activity is being monitored by the Corporate Safeguarding Team. The team are to undertake capacity and demand mapping to identify any gaps in resource.
- Operational services should review the activity in their services and the subsequent impact.

Looked After Children (LAC)



- As the linear data shows below there has been a significant increase since December 2019 and this accelerated during the pandemic. Since November 2020 the numbers appear to have plateaued at the higher levels with no significant reduction.
- Since May 2022 the Health Board (HB) have experienced a significant increase in Unaccompanied Asylum Seekers placed by the 3 LA's under the National Transfer Scheme. Hywel Dda currently have 61. Only 2 have stayed within the Hywel Dda footprint in Pembrokeshire.
- Continue to monitor the cost pressure to the LAC service budget to meet the needs of unaccompanied asylum seeking children placed under the Transfer Scheme which could cause a budget deficit.

Violence against Women, Domestic abuse and Sexual Violence (VAWDASV) Update

- **Building happier, safer, stronger lives - Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Strategy 2023 – 2027** published
 - Emphasis on improving response for Older persons, and Children and Young People.
 - Tackling sexual harassment, gender-based harassment and misogynistic attitudes in public spaces, workplaces, and in society.
 - Increased measures to include survivors voice in planning and delivery of services.
 - Need to hold perpetrators to account.

Activity

- Domestic abuse incident notifications for Dyfed Powys Police where there are children remain high. Risk 1362 inability to manage and share domestic incident notifications.
- The Health Board continues to participate in Domestic Abuse multi-agency daily discussions for standard and medium risk domestic incidents .
- There has been a significant increase in Quarter 2 and 3 for high risk referrals to the Multi Agency Risk Assessment Conference by UHB employees.
- The impact of the increase in VAWDASV related activity is being monitored and capacity and demand mapping to identify any gaps in resource is underway.

Domestic Homicide Reviews

Two published Mid and West Wales Domestic Homicide Reviews (DHRs) were received.

Ceredigion Domestic Homicide Review Death of Betty in May 2019

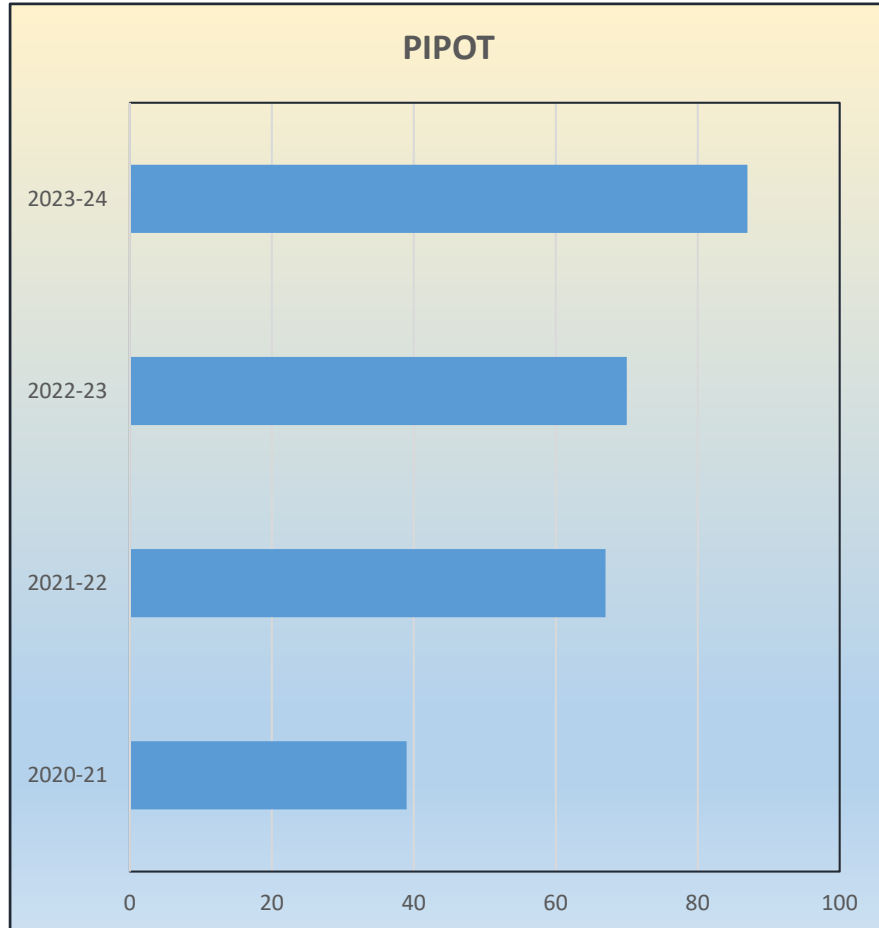
- Late 70's at time of her death. Husband pleaded guilty to manslaughter
- Review highlighted Lack of awareness and information sharing within the GP practice about domestic abuse.
- The need for awareness raising about domestic abuse services that are available for older people in the region and the avenues through which the services may be accessed.
- Ageist attitudes towards older people can contribute towards domestic abuse not being accurately identified by professionals, practitioners should not stereotype or make judgments in relation to older people and should explore all potential experiences of older people in transparent and open-minded ways.

Pembrokeshire Domestic Homicide Review Death of Judith December 2020

- Age 68 years at time of death. Son convicted of murder.
- Review highlighted that there is a lack of awareness within communities and by professionals of the complexity of familiar abuse and patterns of perpetrator behaviour experienced by older persons, especially those who are the most vulnerable, such as those with care needs.
- The Covid-19 pandemic increased opportunities for the victims of abuse to be further isolated, and abusive behaviour to escalate. It also limited social contacts and opportunities for those experiencing abuse to ask for help. In this case, it was a factor in the delay in discovering the homicide.
- The significant impact of poor mental health, substance misuse and co-dependency on abusive relationships.

- **All actions for both reviews are complete with the exception of scale up of Identification and Referral to Increase Safety (IRIS) in primary care clusters. No funding has been secured. While GPs are able to access HB delivered Ask and Act training, uptake remains low.**
- **Without training either delivered by IRIS, or through Act and Act, it is likely the recognition and identification of domestic abuse will remain poor, with many missed opportunities to intervene for those experiencing abuse.**
- **Risk drafted for risk register.**

Safeguarding Allegations about Practitioners and those in a Position of Trust (PIPOT)



- The graph demonstrates an increase in PIPOT reports involving HB employees / temporary staff commissioned by the HB in our services.
- The Head of Safeguarding and Lead Safeguarding Practitioners support the management of all these referrals under Section 5 of the Wales Safeguarding Procedures 2019 in support of the relevant Line Manager and HR advisor.
- All concerns are subject to risk assessment and on closure under safeguarding procedures, may result in further action under HB procedures.
- To note all employees are offered support in line with the process set out in the Managing Safeguarding Allegations and Professional Concerns raised against Hywel Dda University Health Board Staff Policy (246).
- Heads of service report themes and learning at Service Safeguarding Delivery Groups.

Exception Reports from Services

Community and Primary Care

- Risk number 1744- Pembrokeshire reported community nursing staffing is poor and is an ongoing problem and on the Risk Register.

Acute Services

- Safeguarding reports about acute services with standards of care themes have seen an increase (includes concerns relating to pressure damage, falls, medications)
- Operational pressures across most sites continues to impact on training compliance with all sites reporting compliance less than 85%, although there has been overall improvement in all areas, particularly across nursing. Medical and surgical clinician training compliance continues to be of concern and has been escalated to relevant leads and communicated to teams.
- Risk Number 1398 – Child Safeguarding Risk within the Glangwili Hospital (GGH) Emergency Department remains on Service Risk Register. Improvement work has been positive to date, therefore risk reduced. The positive impact of the Emergency Department (ED) safeguarding role in GGH with learning shared across sites.

Women, Children and Public Health Nursing

- Risk number 1733 - There are currently insufficient staff to deliver the Health Visiting Service across the Health Board remains with oversight and monitoring underway.
- Risk Register 1460 – Difficulty in recruiting qualified school nurses resulting in reduced workforce. There are particular challenges to recruitment in the Ceredigion region, and oversight and monitoring is underway.

Mental Health and Learning Disabilities (MHL); Estates and Facilities; Therapies and Health Sciences

- Compliance rates in level 3 safeguarding and Ask and Act training for some services is below the Health Board expected level. Sustained attention is being given to all areas of safeguarding training.

Risks and Mitigation

Summary

- Services and Service Safeguarding Delivery Groups identify and mitigate risks with gaps in safeguarding training compliance. There are more complex cases emerging and there have been non-compliance incidents. Service areas that sit below the 85% compliance are recorded on the relevant service risk register.
- Service Safeguarding Delivery Groups continue to identify themes in safeguarding incidents and evidence improvement.

Recommendation

For the Quality, Safety and Experience Committee to take assurance from the report provided.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Safeguarding Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mrs Sharon Daniel Interim Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Olwen Morgan Assistant Director of Nursing

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

Learning from joint inspections of child protection arrangements in other University Health Boards in Wales, notes that Health Inspectorate Wales (HIW) expect Health Boards and Trusts to have in place a corporate Safeguarding Strategy.

This paper presents the Health Board's draft Safeguarding Strategy for approval by Quality, Safety and Experience Committee (QSEC).

Cefndir / Background

Safeguarding means protecting people from harm including physical, emotional, sexual, financial harm and neglect. It is underpinned by legislation and guidance in the Social Services and Well-being (Wales) Act 2014, the Children's Act 1989, Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 and safeguarding policy in the Wales Safeguarding Procedures (2019).

The Health and Social Care (Quality Engagement Act (Wales) Act 2020 strengthens the existing duty of quality on NHS bodies and created a duty of candour. The revised health and care quality standards set out the high-level standards that people in Wales can expect when accessing health services. The introduction of the duty of quality provides an opportunity to directly align the standards not only with the duty but with wider quality management practice in Safeguarding.

Asesiad / Assessment

A Safeguarding Strategy for Hywel Dda University Health Board has been drafted with the aim of aligning the safeguarding strategic priorities with the Health and Care Quality Standards (2023) and the HB strategic planning objectives.

The aim of this document is to provide a clear statement of the organisational safeguarding priorities for employees to ensure that people at risk of abuse and neglect are safeguarded.

The Strategy has been drafted in accordance with the Written Control Document Procedure (190) and has been subject to consultation via Safeguarding Delivery Groups, Strategic Safeguarding Working Group and global consultation.

The draft strategy presented to QSEC has been endorsed by the Strategic Safeguarding Working Group on 8 May 2024.

Argymhelliad / Recommendation

- For QSEC to approve the HB Safeguarding Strategy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<p>A Healthier Mid and West Wales https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/healthier-mid-and-west-wales-folder/documents/a-healthier-mid-and-west-wales-strategy/</p> <p>Children Act 2004 https://www.legislation.gov.uk/en/ukpga/2004/31/contents</p> <p>Health and Care Quality Standards (2023) https://www.gov.wales/sites/default/files/publications/2023-04/duty-of-quality-statutory-guidance-2023_0.pdf</p> <p>Health and Social Care (Quality Engagement Act (Wales) Act 2020 https://www.legislation.gov.uk/asc/2020/1/contents</p> <p>Social Services and wellbeing (Wales) Act 2014 https://nhs.wales365.sharepoint.com/sites/HDD_Corporate_Governance/SitePages/Policy%20pages/Clinical%20policies/Safeguarding/508--.aspx</p> <p>Violence Against Women, Domestic Abuse and Sexual Violence Act 2015 https://www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Wales Safeguarding Procedures 2019 https://safeguarding.wales/</p>
Rhestr Termau: Glossary of Terms:	Within paper
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiad: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	<p>Safeguarding Delivery Groups</p> <p>Global Consultation</p> <p>Strategic Safeguarding Working Group</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No
Ansawdd / Gofal Claf: Quality / Patient Care:	No
Gweithlu: Workforce:	No
Risg: Risk:	No
Cyfreithiol: Legal:	No

Enw Da: Reputational:	No
Gyfrinachedd: Privacy:	No
Cydraddoldeb: Equality:	Not applicable

Safeguarding Strategy

DRAFT FOR APPROVAL

Policy information

Policy number: 1250

Classification:
Corporate

Supersedes:
Not applicable

Version number:
1

Date of Equality Impact Assessment:
Detail date of EqIA

Approval information

Approved by: QSEC

Date of approval: *Enter approval date*

Date made active: *Enter date made active (completion by policy team)*

Review date: *Enter review date (normally three years from approval date)*

Summary of document:

To provide a clear statement of the organisational safeguarding priorities for employees and contractors to ensure that people at risk of abuse and neglect are safeguarded.

Scope:

This strategy applies to all Health Board employees and contracted services. Our workforce have a responsibility to ensure that safeguarding practice is robust, evidence based and complies with statutory requirements.

To be read in conjunction with:

[1097 – Corporate Safeguarding Policy](#) (opens in new tab)

[508 - Social Services and Well Being Act 2014](#) (opens in new tab)

[868 - All Wales Safeguarding Procedures <https://www.safeguarding.wales/>](#) (opens in new tab)

[592 - "Ask and Act" - Violence against Women, Domestic Abuse and Sexual Violence \(VAWDASV\) Policy](#) (opens in new tab)

[311 - Domestic Abuse and Sexual Violence Workplace Policy](#) (opens in new tab)

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Strategic Safeguarding Working Group

Date signed off by owning group

Executive Director job title:

Director of Nursing, Quality and Experience

Reviews and updates:

Version 1 – new document

Keywords

Safeguarding, Children at Risk, Adults at Risk

Glossary of terms

UHB - University Health Board

VAWDASV - Violence against women, domestic abuse and sexual violence

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Introduction

Safeguarding means protecting people from harm including physical, emotional, sexual, financial harm and neglect.

The Social Services and Well-being (Wales) Act 2014, the Children's Act 1989, and the Welsh Government statutory guidance on safeguarding under the 2014 Act is the legal framework for Safeguarding in Wales. The Wales Safeguarding Procedures (2019) details the processes, roles and responsibilities for practitioners to ensure they safeguard children and adults who are at risk of abuse and neglect. The procedures provide guidance for anyone working with children or adults in Wales, whether in a paid or unpaid role, in the statutory, third (voluntary) or private sector, in health, social care, education, police, justice or other services.

The Health Board has legal and statutory duties under the Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 to ensure Health Board employees will be able to identify violence against women, domestic abuse and sexual violence, and be confident to ask about these issues in a private setting and to ensure an appropriate response and referral to specialist services as appropriate.

The Health and Social Care (Quality Engagement Act (Wales) Act 2020 strengthens the existing duty of quality on NHS bodies and created a duty of candour. The revised health and care quality standards set out the high-level standards that people in Wales can expect when accessing health services. They comprise six domains of quality (safe, timely, effective, efficient, equitable and person centred) supported by six quality enablers (leadership, workforce, culture, information, learning, improvement and research and whole systems approach). The introduction of the duty of quality provides an opportunity to directly align the standards not only with the duty but with wider quality management practice in Safeguarding.

The Health Board strategy for a Healthier Mid and West Wales informs the UHB strategic safeguarding objectives.



Our safeguarding strategic priorities will align with the Health and Care Quality Standards (2023) and UHB strategic planning objectives.

Strategy statement

Hywel Dda University Health Board is committed to safeguarding children, young people and adults-at-risk across all services. The welfare of our populations who come into contact with our health services, either directly or indirectly, is paramount.

Scope

This strategy applies to all Health Board employees and contracted services. Our workforce have a responsibility to ensure that safeguarding practice is robust, evidence based and complies with statutory requirements.

Aim

The aim of this document is to:

- Provide a clear statement of the organisational safeguarding priorities for employees to ensure that people at risk of abuse and neglect are safeguarded.

Objectives

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

- Mapping against the six domains of quality, supported by six quality enablers to demonstrate a system-wide way of working to provide safe, timely, effective, efficient, equitable and person-centred health care in the context of a learning culture in safeguarding.

Our Safeguarding Priorities

While Safeguarding is everybody's responsibility and all employees of the Health Board and contracted services have a responsibility to safeguard children and adults at risk of abuse or neglect; it is also a collective responsibility. We have a statutory duty to co-operate with our partners in order to safeguard people at risk of abuse or neglect.

Our priorities are set out as follows.



Safe

We will promote a culture of safety in our services and will improve prevention of abuse and neglect and early intervention responses

- ◆ People's health, safety and welfare are actively promoted and protected
- ◆ We do not ignore signs of abuse or neglect. We have a 'no wrong door' approach to safeguarding that means we will listen to all safeguarding concerns about adults and children who are at risk.
- ◆ We will promote a culture of safety where concerns can be raised across all areas of the Health Board.
- ◆ Our staff will feel psychologically safe to raise concerns and try out new ideas and approaches.
- ◆ We will support our staff to assess and analyse risk and use evidenced based assessments and pathways.
- ◆ Risks will be identified and monitored and where possible, risks to safety are reduced or prevented.
- ◆ We will support our staff to demonstrate professional curiosity, professional challenge and escalation when necessary.

Timely

We will ensure people have access to the high-quality Safeguarding advice and guidance and children and adults are safeguarded when they need protection.

- ◆ We will provide responsive and clear safeguarding information, training, supervision to support and help all our staff.
- ◆ We will provide staff with access to expert quality advice and guidance.
- ◆ We will share information legally, safely, and appropriately to keep children, young people and adults at risk safe.
- ◆ We will enable our staff to identify and respond to safeguarding concerns within time frames in line with the Wales Safeguarding Procedures.

Effective

We will promote a culture of safety in our services and contribute to measuring our safeguarding performance

- ◆ We will work with our staff to assess our effectiveness.
- ◆ We will be active and accountable members of the Regional Safeguarding Boards.
- ◆ We will demonstrate our accountability through transparent governance arrangements.
- ◆ We will work with other agencies to ensure appropriate prevention and early intervention pathways are in place.
- ◆ We will share our good practice and learning to help others improve their practice.
- ◆ We will ask for feedback and learn and improve from patient and staff safeguarding experiences.
- ◆ We will learn from local, regional and national reviews to embed best practice standards.

Efficient

We will ensure: ‘Safeguarding is Everybody’s Business’ and a collective responsibility.

- ◆ We will maximize our resources to work in partnership with our statutory partners to improve outcomes for people at risk of abuse and neglect.

- ◆ We will work with other agencies to support and develop our staff.

Equitable

We will promote the best health and wellbeing for our communities and ensure that when we work with children or adults at risk of harm, their welfare is always paramount.

- ◆ We will promote inclusive and anti-discriminatory practice to support our diverse population.
- ◆ We will treat everyone fairly, with integrity, dignity, and respect, whatever their background and beliefs.
- ◆ We will provide clear information to patients and their families when we have safeguarding concerns.
- ◆ We will involve patients in how we respond to their safeguarding concerns.

Person Centred

We will put people at the heart of everything we do and be open and honest when safeguarding concerns have arisen and take the time to explain those concerns clearly.

- ◆ We will routinely ask all our patients if they are safe if anyone is harming them and if they need our help.
- ◆ We will always listen to the voice of children and adults at risk of abuse and neglect and always seek their views.

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the health board complies with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

Nominated Director – Director of Nursing, Quality and Patient Experience

The Director of Nursing, Quality and Patient Experience has delegated responsibility for ensuring the safeguarding of children in accordance with Section 28 of the Children Act (2004), and also holds responsibility for Safeguarding under the Social Services & Well-being (Wales) Act 2014.

Head of Safeguarding

The Head of Safeguarding will ensure that all national, regional and local policies are approved in accordance with the UHB Written Control Documentation Policy. They will ensure the provision of

mandatory safeguarding training and supervision in the UHB by the corporate safeguarding team and the availability of advice and support to UHB employees.

Senior Management

The Senior Management Team within each of the UHB Directorates have overall responsibility for implementing this strategy and providing assurance of compliance with safeguarding legislation and policy. Senior Managers must ensure the provision of services to ensure prevention of abuse, neglect and other kinds of harm and provide early intervention.

They must also ensure that team members participate positively in statutory reviews as requested, including attending learning events and that lessons learned are shared and action plans completed and reported on.

Senior managers must ensure that performance reports are completed and submitted to Service Safeguarding Delivery Groups, highlighting assurance of compliance with legislation and guidance, training standards, lessons learned and exceptions, risk and mitigation.

Department, Service or Ward Management

Department, service or ward managers are responsible for ensuring their staff have completed mandatory safeguarding training and that they are able to identify and respond to abuse and neglect. Managers must ensure staff understand their statutory duty to report and respond to incidents of non-compliance with safeguarding procedures.

They must ensure that staff are aware that their conduct both within the workplace and their personal lives could give rise to safeguarding concerns.

All Staff

All employees must take positive and decisive action when witnessing incidents, experiencing concerns or receiving information alleging abuse or inappropriate care of a child or adult at risk. Employees can obtain advice and support about concerns they may have from their line manager, the Safeguarding Lead or the Corporate Safeguarding Team.

Employees also have a responsibility to comply with their relevant professional Code of Conduct which will include the standards of behaviour expected outside of work.

All employees must comply with their statutory and mandatory training requirements, including Safeguarding Adults and Safeguarding Children training and VAWDASV training.

Corporate Safeguarding Team

The Corporate Safeguarding Team provide advice and support to UHB employees and provide the single point of contact for statutory partners in the safeguarding process. They provide training to ensure staff are able to meet their mandatory skills and competence in safeguarding.

References

A Healthier Mid and West Wales <https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/healthier-mid-and-west-wales-folder/documents/a-healthier-mid-and-west-wales-strategy/>

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

Health and Care Quality Standards (2023) https://www.gov.wales/sites/default/files/publications/2023-04/duty-of-quality-statutory-guidance-2023_0.pdf

Health and Social Care (Quality Engagement Act (Wales) Act 2020
<https://www.legislation.gov.uk/asc/2020/1/contents>

Social Services and wellbeing (Wales) Act 2014
https://nhs.wales365.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 <https://safeguarding.wales/>

Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to have an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed
- Ensure that the Project/Policy owner has signed off the Screening Template
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

Date of commencement of Screening Assessment:	09/04/2024
Screening conducted by (name and email address):	Mandy Nichols-Davies Mandy.nichols-davies@wales.nhs.uk
Title of programme, policy or project being screened:	HDdUHB Safeguarding Strategy

Description of the programme/policy/project being screened (including key aims and objectives)

The aim of the strategy is to:

- Provide a clear statement of the organisational safeguarding priorities for employees and contractors to ensure that people at risk of abuse and neglect are safeguarded.

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

- Mapping against the six domains of quality, supported by six quality enablers to demonstrate a system-wide way of working to provide safe, timely, effective, efficient, equitable and person-centred health care in the context of a learning culture in safeguarding.

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

The requirement for Health Boards and Trusts in NHS Wales to have a Safeguarding Strategy has been identified in several Joint Inspections of Child Protection Arrangements in Wales.

The strategy applies Health Board wide and is relevant for our population receiving or in need of health care services. Our workforce have a responsibility to ensure that safeguarding practice is robust, evidence based and complies with statutory requirements.

A Healthier Mid and West Wales <https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/healthier-mid-and-west-wales-folder/documents/a-healthier-mid-and-west-wales-strategy/>
Children Act 2004 <https://www.legislation.gov.uk/en/ukpga/2004/31/contents>

Health and Care Quality Standards (2023)

https://www.gov.wales/sites/default/files/publications/2023-04/duty-of-quality-statutory-guidance-2023_0.pdf

Health and Social Care (Quality Engagement Act (Wales) Act 2020

<https://www.legislation.gov.uk/asc/2020/1/contents>

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 <https://safeguarding.wales/>

Assess which protected characteristics will potentially be affected by the proposal:

Group	Positive Impact	Negative Impact	No Impact
<p>Age Is it likely to affect older and younger people in different ways or affect one age group and not another?</p>			✓
<p>Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>			✓
<p>Gender Reassignment Consider the potential impact on individuals who either:</p> <ul style="list-style-type: none"> • 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 			✓
<p>Marriage / Civil Partnership This also covers those who are not married or in a civil partnership.</p>			✓
<p>Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave</p>			✓
<p>Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.</p>			✓
<p>Religion or Belief The term 'religion' includes a religious or philosophical belief.</p>			✓
<p>Sex Consider whether those affected are mostly male or female and where it applies to both</p>			✓

equally does it affect one differently to the other?			
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			✓

Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
<p>Armed Forces Community Consider 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.’</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance</p>			✓
<p>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.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty</p>			✓
<p>Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>			✓

Summary of Potential Impacts Identified

Positive Impacts

The aim safeguarding legislation and guidance is to improve person-centred outcomes for adults at risk of abuse and neglect and children at risk.

In line with Part 2 6. (2) of the Social Services and Well-Being (Wales) Act 2014 the rights and best interests of the child should be paramount to the approach and have regard to the child's views, wishes and feelings; have regard to the importance of promoting and respecting the dignity of the individual; have regard to the characteristics, culture and beliefs of the child and their family (including, for example, language) whilst recognising the paramountcy of safeguarding the individual; have regard to the importance of providing appropriate support to enable the child to participate in decisions that affect him or her to the extent that is appropriate in the circumstances, particularly where the child's ability to communicate is limited for any reason.

In line with Part 2 6.(2) of the Social Services and Well-Being (Wales) Act 2014 the rights of the adult and their best interests should be paramount; as far as is reasonably practicable, ascertain and have regard to the individual's views, wishes and feelings; have regard to the importance of promoting and respecting the dignity of the individual; have regard to the characteristics, culture and beliefs of the individual (including, for example, language) whilst recognising the paramountcy of safeguarding the individual; have regard to the importance of providing appropriate support to enable the individual to participate in decisions that affect him or her to the extent that is appropriate in the circumstances, particularly where the individual's ability to communicate is limited for any reason.

Negative Impacts

No negative impacts identified.

Has the screening identified any negative impacts?		No
If yes, a full Equality Impact Assessment will need to be undertaken.		

If No negative impacts were identified, please give full justification here

Safeguarding legislation and guidance is based on the principles of equality and human rights regardless of protected characteristics.

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