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Target Audience:

People who need to know about this document in detail	
People who need to have a broad understanding of this document	Board Members, Management Board, Senior Leaders, Quality and Safety Committee, Health, Safety and Fire Sub Committee
People who need to know that this document exists	All employees within the UHB, both in CTMUHB & non CTMUHB properties and any organisation working within CTMUHB boundaries.

Equality Impact Assessment Date & Outcome	Date:
Welsh Language Standard	Outcome:
Date of approval by Equality Team:	No
Aligns to the following Wellbeing of Future Generation Act Objective	(00/00/0000)
	Co-create with staff and partners a learning and growing culture



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

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1. PURPOSE

To ensure that all staff who work within Cwm Taf Morgannwg University Health Board (CTMUHB) understand their responsibilities in relation to safeguarding children and adults at risk and in need of public protection.

This document will guide CTMUHB Staff in understanding their statutory duties. It discharges these duties by working within regional partnership arrangements and complying with both UK Government and Welsh Government legislation, Codes of Practice and National Safeguarding Procedures.

The focus of this policy will be to protect children and adults at risk of abuse, harm or neglect. This will also include working proactively to prevent harm, abuse or neglect to children and adults who could become at risk.

2. POLICY STATEMENT

This framework will support CTMUHB in discharging its statutory duties, complying with national legislation frameworks, underpinning good practice in all aspects of safeguarding. This will provide assurances to CTMUHB that it is fulfilling the statutory duties of the Social Services and Wellbeing (Wales) Act 2014, Working together to Safeguard People and are working to National standards set out within the Wales Safeguarding Procedures.

3. PRINCIPLES

To enable the UHB to fulfil these duties safely and competently it has the following Strategic Objectives:

- To ensure there are effective measures in place to safeguard people and protect children and adults at risk.
- To ensure there is effective inter-agency co-operation in planning and delivering services and sharing information.

4. SCOPE

This policy applies to **ALL** staff, including bank, agency, students, contractors, volunteers and trainees, who work within Cwm Taf Morgannwg University Health Board. Everyone has a 'duty to report' safeguarding concerns regardless of a persons status, profession or authority.

Safeguarding involves working collaborately with our partner agencies to protect children and adults at risk of abuse, neglect or other kinds of harm. Actively preventing them from becoming at risk of abuse, neglect and exploitation.

Public Protection aims to prevent harm to vulnerable groups within society. Any individual can require safeguarding at any point in their life.

What is Abuse?

The Social Services and Wellbeing Wales (Act) 2014 (SSWBA) defines abuse as physical harm or threat of physical pain or injury. Abuse can also be verbal, psychological, emotional, sexual or financial and which may occur in any setting.

What is neglect?

Neglect is defined as a failure to meet a persons basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the persons wellbeing.

What is exploitation?

Exploitation, in its widest definition, means getting someone to do something that they do not want to do for personal gain. Within the context of safeguarding the term exploitation is used to encapsulate all situations whereby a persons vulnerability is exploited, resulting in some form of abuse or harm to be caused to them. This includes sexual, criminal and financial exploitation.

Definition of Terms

4.1 Children

A child is defined by the Children Act 1989 as anyone less than 18 years of age.

A 'child at risk' is defined in the Social Services & Wellbeing (Wales) Act 2014 as a child who:

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

Safeguarding children is the responsibility of everyone working in the Health Board. This includes children who are patients/clients or who are visitors to the Health Board as well as the children of any adults who are patients/clients.

4.2 Procedural Response to the Unexpected Deaths in Childhood PRUDiC

This guidance sets out a minimum standard for the multi-agency response to the unexpected death of a child or young person up to the age of 18 years. The procedures should be implemented in **ALL** unexpected child deaths. Full guidance is accessible through CTMUHB intranet pages under the category of Safeguarding and Public Protection.

4.3 Non- Accidental Injury (NAI)/Suspected Physical Abuse (See appendix 4)

Non-accidental injury (NAI) can be any abuse inflicted on a child by a caregiver that is not consistent with the account of its occurrence. This includes injuries that result from deliberate actions against a child or a failure to prevent injury.

Non-accidental injury can be a term used to refer to many different types of injury of abuse. For example; bone fractures, skull fractures, smothering, poisoning, bruising, burn, torn frenulum and infant death (N.B. this is not an exhaustive list). Either with no explanation or with an explanation that medical professionals do not accept.

An injury, should never be interpreted in isolation! It must always be assessed in the context of the child's medical and social history. Therefore any concerns should be **reported** immediately to MASH and ensure robust information sharing throughout the safeguarding process. A Health representative should **always** attend any strategy meeting to ensure all available information is shared.

4.4 Adults at Risk

An 'adult at risk' is defined in the Social Services & Wellbeing (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 result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. This may include:

- Those who have learning difficulties
- Mental health including dementia
- Person with support or care needs
- Physically frail or chronic illness
- Physical or sensory disability
- Misuse of drugs or alcohol

An adult at risk of abuse can be dependent on a varied number of circumstances. Referring to Wales Safeguarding Procedures and seeking advice from the Multi Agency Safeguarding Hub (MASH) or the corporate safeguarding team can support effective and timely decision making.

4.5 Statutory Duty to Report

From April 2016 the Social Services & Wellbeing (Wales) Act 2014 introduced the statutory duty for all who work for the UHB as a 'relevant partner' to report to the Local Authority any concerns for a child or an adult who may be at risk.

All those working in any capacity for CTMUHB must take positive and decisive action when witnessing incidents, have concerns or receiving information which alleges abuse of inappropriate delivery of care for a child or an adult deemed as vulnerable or at risk. Advice can be obtained directly from their line manager, MASH Health, Safeguarding Specialists or the Corporate safeguarding team.

4.6 Deprivation of Liberty Safeguards (DoLS)

DoLS ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and in the person's best interests. Representation and the right to challenge a deprivation are other safeguards that are part of DoLS. This includes where detention under the Mental Health Act 1983 is not appropriate at that time.

Mental Capacity Act (MCA): Staff are required to understand the implications of the Mental Capacity Act 2005 and the Mental Capacity (Amendment) Act 2019 how to implement it in their clinical practice.

4.7 Liberty Protection Safeguards (LPS)

The Liberty Protection Safeguards will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements.

The Liberty Protection Safeguards were introduced in the Mental Capacity (Amendment) Act 2019 and will replace the Deprivation of Liberty Safeguards (DoLS) system. The Liberty Protection Safeguards will deliver improved outcomes for people who are or who need to be deprived of their liberty. The Liberty Protection Safeguards have been designed to put the rights and wishes of those people at the centre of all decision-making on deprivation of liberty.

4.8 Multi Agency Public Protection Arrangements (MAPPA)

The Criminal Justice Act 2003 underpins MAPPA. This is designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other

bodies involved with those offenders, to work together in partnership to manage and risk assess these individuals.

4.9 Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

The Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 definitions are:

- Gender Based Violence – Violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation;
- Female Genital Mutilation (FGM) - is the partial or total removal of external female genitalia for non-medical reasons. It is illegal in the UK and is considered child abuse.
- Forced Marriage - Forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage (whether or not legally binding);

Domestic Abuse means, abuse where the victim of it is or has been associated with the abuser. This can be committed by an intimate partner, ex-partner, spouse, civil partner or family relative. This is in line with the Home Office’s definition of domestic abuse as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can be physical, sexual, psychological, emotional or financial abuse.

The Domestic Abuse Act 2021 defines behaviour as “abusive” if it consists of any of the following;

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse (see subsection (4));
- (e) psychological, emotional or other abuse;

Children are often the victims of domestic abuse, as they can see or hear the abuse related to either the victim, perpetrator or both. Is reliant on the victim or perpetrator to provide care and support.

Domestic abuse adversely affects the health and wellbeing of the population within the CTMUHB footprint. Identifying abuse and violence and supporting early intervention can be effective in the prevention of escalation, and can support timely and appropriate support.

Health board professionals will be able to identify violence, domestic abuse and sexual violence and must be confident to ask about these issues as set out in the Ask and Act Guidance (2017). **"Ask and Act"** is a process of targeted enquiry to be practiced across all public services to identify violence against women, domestic abuse and sexual violence.

Health board professionals will be able to identify high risk victims and understand their responsibilities to notify and refer into the Multi agency Risk Assessment conference (MARAC). Details of how to refer to MARAC are available on the Health Boards safeguarding intranet pages.

It is recognised that colleagues within CTMUHB may be experiencing domestic abuse, it is important that this is recognised and colleagues are signposted to appropriate support and advice.

LIVE FEAR FREE HELPLINE – 0808 8010 800 TEXT – 0786 007 7333

4.10 FEMALE GENITAL MUTILATION (FGM)

FGM comprises all procedures that involve partial or total removal of the external genitalia, or other injury to the female genital organs for non-medical reasons.

The practice of FGM is recognised internationally as a violation of the human rights of girls and women (WHO, 2023). Key facts include;

- FGM is mostly carried out on young girls between infancy and age 15 years.
- More than 200 million girls and women alive today have undergone FGM in 30 countries in Africa, the Middle East and Asia where FGM is practiced.
- FGM can result in long term consequences for female health

It is illegal for a British National or permanent resident to have FGM, or to help someone trying to do this. If you are concerned that a person you are working with (or their children) may be at risk of FGM this **must** be reported to social services.

4.11 CARE EXPERIENCED CHILDREN/LOOKED AFTER CHILDREN

Children and young people who are looked after by the Local Authorities are among the most socially excluded groups within society. They have significantly increased health needs in comparison to children who are not looked after. CTMUHB has a legal responsibility under the Social services and Wellbeing (Wales) Act 2014 in relation to planning, commissioning and delivery of health services to meet the needs of this vulnerable cohort.

Health Board staff have an opportunity to support their health needs by being vigilant to risks associated with care experienced children. **Effective information sharing**, including when necessary appropriate **referrals**, can act as a protection against any identified risks and reduce inequalities.

Children can be Looked After up until the age of 18 (Children Act 1989). Where this is can be in a variety of places including foster carers residential homes, with parent's relatives, or unregulated placements. When treating children and young people in the absence of parental **consent**, it is important to ensure that any consent sought is provided from the person acting as the legal parent for this child.

4.12 CONTEST/PREVENT/CHANNEL

CTMUHB and employees have a duty to report concerns in relation to those young people or adults who they believe are involved or have potential to being drawn into terrorism (Counter Terrorism and Security Act 2015).

CONTEST is the government strategy that looks at four work streams, to;

Prevent - To stop people becoming terrorists or supporting terrorism

Pursue - To stop attacks, this is the police responsibility

Protect - CTMUHB will support this in strengthening protection by ensuring that the environment and people are aware of risks and through secure work practices.

Prepare - To mitigate the impact of a terrorist attack.

Prevent strategy aims to prevent people either supporting or becoming involved with terrorism. This will include the early identification of vulnerable individuals that may be exploited for terrorist activities and are in need of safeguarding. CTMUHB will be aware of the duty to report and the reporting process with available referral forms currently placed on the Health Board's intranet.

Channel forms part of the Prevent strategy; it is a multi-agency approach to identifying individuals at risk, assess the nature and extent and develop a support and intervention plan.

4.11 MODERN SLAVERY AND TRAFFICKING

Defined as the recruitment movement harbouring or receiving children, women or men through the use of force, coercion and abuse of vulnerability, deception or other means through the purpose of exploitation (2017).

Modern slavery impacts on both the physical and emotional health of an individual, they will have very little access to health resources therefore early identification and intervention can hugely impact on victims. CTMUHB staff in both primary and secondary settings need to be aware of this crime and its existence within the local community.

5. LEGISLATION & NHS REQUIREMENTS

CTMUHB has to comply with the relevant legislation, external standards and good practice guidance:

- Social Services & Well-being (Wales) Act 2014 and the related Codes of Practice; Part 6 [Looked After Children] & Part 7 [Safeguarding Children & Adults at Risk]
- Children Act 1989 and 2004
- Mental Capacity Act 2005 and amended in the Mental Health Act 2007

- Mental Capacity (Amendment) Act 2019
- Modern Slavery Act 2005
- s325 Criminal Justice Act 2003 [Multi-Agency Public Protection Arrangement (MAPPA) Duty to Co-operate Agency]
- Violence Against Women, Domestic Abuse, Sexual Violence (Wales) Act 2015
- s5B of the Female Genital Mutilation Act 2003 (amended by Serious Crime Act 2015) [mandatory reporting of FGM in under 18s to the police]
- Counter Terrorism & Security Act 2015 [to address those drawn into, or at risk of being drawn into terrorist and extremist behaviour]
- Domestic Abuse Act 2021
- Human Rights Act 1998
- Data Protection Act 1998 / GDPR
- Sexual Offences Act 2003
- Mental Health Act 1983
- The United Nations Convention on the Rights of the Child (UNCRC)
- Duty of Quality Act (2023)
- Duty of Candour (2023)

6. PROCEDURES

6.1 Safeguarding Children and Adults Wales Safeguarding Procedures



<https://safeguarding.wales/> (app available)

The Procedures describe in detail how they will support staff and detail actions to be taken at all stages of the child and adult protection process. They are available via the Health Board Intranet on the Safeguarding & Public Protection site.

6.2 Cwm Taf Morgannwg Safeguarding Board Policies & Procedures

All multi-agency safeguarding policies and procedures are approved By the Safeguarding Board. They are available via their website at:

[Professionals | Safeguarding, Cwm Taf Morgannwg \(cwmtafmorgannwgsafeguardingboard.co.uk\)](http://Professionals|Safeguarding,CwmTafMorgannwg(cwmtafmorgannwgsafeguardingboard.co.uk))

6.3 Individual Roles & Responsibilities to Safeguard Children & Adults at Risk all staff must know who to contact to express concerns and how to report those concerns to the Local Authority (see appendix 1&2)

If it is believed the child or adult is/or may be at risk, this must be **reported immediately by telephone** to the relevant Local Authority in the Multi-Agency Safeguarding Hub (**MASH**). If there is **immediate risk** then the police should also be contacted along with MASH.

The telephone report must be **confirmed in writing** within 24 hours using the C1/A1 Forms (available on SharePoint). The reporting of concerns should be discussed with the child's parents and the child as appropriate to their age and understanding. All efforts should be made to obtain consent, however it is not needed for a child protection referral. It is important to ensure that the **voice**

of the child is heard and their views and wishes are captured. Any referral form should be submitted to;

CTHBMASHReferrals@wales.nhs.uk

Consent is required for an adult at risk referral, this should be obtained from the adult where possible. Should the Adult at risk lack capacity then a discussion attempt should be made with the family or next of Kin. The **exception** to this is if such a discussion would place the child/adult at greater risk of harm.

A referral **can be** made **without consent** where there is an identified overriding public interest. This should be clear within the referral document, along with the identified concern.

If you have not been notified of the **outcome** of your report within **10 working days** you must contact the Local Authority again. If you are **not satisfied** with the response from the Local Authority you must discuss this with the Health Board's Safeguarding Team. **[See Appendix 1 & 2]**

All staff must discuss any **uncertainty** about concerns or **differences of opinion** with the Health Board's Safeguarding Team. If they are **unavailable** the concern must be discussed with the relevant Local Authority in the Multi-Agency Safeguarding Hub (**MASH**).

After this discussion a **decision** must be made as to whether or not the child or adult meets the definitions of a child or adult at risk. If it is believed that the child or adult is **not at risk** consider if they would benefit from additional services and with their **consent** and make the appropriate referrals to Early Help Services.

6.4 PROFESSIONAL CURIOSITY



This is a where a professional explores and understands what is happening to a child or adult a risk rather than making assumptions, or taking a single source of information and accepting it at face value.

In terms of safeguarding, it is exploring every possible indicator of abuse or neglect and to assess its impact on child or adult at risk. Applying professional curiosity can inform decision making, add valuable insight into safeguarding discussion actions and outcomes.

Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. It means:

- testing out your professional hypothesis and not making assumptions
- triangulating information from different sources to gain a better understanding of individuals and family functioning
- getting an understanding of individuals' and families' past history which in turn, may help you think about what may happen in the future
- obtaining multiple sources of information and not accepting a single set of details you are given at face value
- having an awareness of your own personal bias and how that affects how you see those you are working with
- being respectfully nosy

Top Tips

- Question your own assumptions about how individuals/families function and watch out for over optimism
- Recognise your own feelings (for example tiredness, feeling rushed or illness) and how this might impact on your view of a child/adult/family on a given day
- Think about why someone may not be telling you the whole truth • Demonstrate a willingness to have challenging conversations
- Address any professional anxiety about how hostile or resistant individual/families might react to being asked direct or difficult questions
- Remain open minded and expect the unexpected
- Appreciate that respectful scepticism/nosiness and challenge are healthy. It is good practice and ok to question what you are told
- Recognise when individuals/adult repeatedly do not do what they said they would and name this and discuss with them
- Understand the cumulative impact of multiple or combined risk factors, e.g. domestic abuse, drug/alcohol misuse, mental health)
- Ensure that your practice is reflective and that you have access

6.5 PROFESSIONAL CHALLENGE

Professional challenge is an integral part of safeguarding, where there are any identified concerns, it is possible they can be resolved by discussion and negotiation between practitioners. Occasionally this can be difficult within hierarchical teams, often found in health settings. For example, should a concern be raised and following a discussion with a senior colleague who does not share the same concern.

If the person who had the initial concern remains worried, it is essential that they are empowered to act on this concern. Health colleagues can be supported through their Line Manager, contacting MASH or the Corporate Safeguarding team, who can advise appropriately and if required take the safeguarding concern forward.

6.6 ESCALATING CONCERNS

This is the process of escalating safeguarding concerns further through the formal organisational process and can be supported through the Corporate Safeguarding Team.

Concerns Regarding Interagency Safeguarding Practice (CRISP) can be raised by following the Cwm Taf Morgannwg Safeguarding Board process.

All staff members who wish to escalate safeguarding concerns should directly contact the MASH Health Team, CNS Safeguarding or a member of the Corporate Safeguarding Team. Raising concerns early can prevent escalation in issues protecting the public from harm.

6.7 PROFESSIONAL CONCERNS

Part 5 of the Social Services and Wellbeing Act states that if the behaviour of a member of staff in or out of work causes you concern, and may pose a risk to children or adults at risk, you have a duty to act on these concerns. The Wales Safeguarding procedures set out how concerns should be managed.

Managing cases under these procedures applies to a wider range of allegations than those in which there is reasonable cause to believe a child or adult at risk is suffering, or is likely to suffer harm. It also applies to concerns that might indicate that a person is unsuitable to continue to work with children or adults at risk in their present position or in any capacity. It should be used in all cases in which it is alleged that a person who works with children or adults at risk has:

- *Behaved in a way that has harmed or may have harmed a child or adult at risk*
- *May have committed a criminal offence against a child or adult at risk or that has a direct impact on the child or adult at risk*
- *Behaved towards a child, children or adults at risk in a way that indicates they are unsuitable to work with both children and adults*

It can be difficult to determine what may fall into the category of "unsuitable to work with children or adults at risk". The employer should consider whether the subject of the allegation or concern has:

- Been the subject of criminal procedures that indicate a risk of harm to a child or adult at risk
- Caused harm or possible harm to a child or adult at risk and there is a risk in the working, volunteering, or caring environment
- Contravened or continued to contravene their agency's Safeguarding Policy and Procedures
- Failed to understand or comply with the need for clear personal and professional boundaries in the work place
- •Behaved in a way in their personal life which could put children and adults at risk of harm
- Behaved in a way that undermined the trust placed in them by virtue of their position
- Children who are subject to Child Protection Procedures
- Has caring responsibilities for an adult who is subject to Adult Protection Procedures

When considering the application of these procedures a number of factors should be considered. Some concerns could be considered as poor professional practice and may be more appropriate to be dealt with via agencies' own internal processes or through providing appropriate advice, guidance or training.

If any criminal or safeguarding concerns regarding a staff member are identified, either in a persons professional capacity or private life, these must be discussed with MASH or the Corporate Safeguarding Team. Consideration for a part 5 referral can be made if required. The Safeguarding Team will act in accordance with Cwm

Taf Morgannwg Safeguarding Board's procedures, for 'Managing Allegations Made against Professionals'.

When allegations of abuse are made against a member of staff, whether contemporary in nature, historical or both, the matter will be reported to the Local Authority to investigate, just as any other concern about possible abuse.

During the management of any professional concern the Manager will be required to complete a risk management plan and submit to CTHBMASHReferrals@wales.nhs.uk and Human resources. In addition, they may be required to make a referral to the appropriate professional body or Disclosure Barring Service (DBS).

6.8 Deprivation of Liberty Safeguards Procedures [DoLS] Cwm Taf Safeguarding Board Policy and Procedures for DoLS 2017

The Safeguarding Board Procedures describe in detail the actions to be taken at all stages of the Deprivation of Liberty Safeguards process.

They are available via the Health Board Intranet on the Safeguarding & Public Protection site.

6.9 Multi Agency Public Protection Arrangements [MAPPA]

Cwm Taf Morgannwg has a UHB Policy for MAPPA which includes the Procedures.

The policy is available via the Health Board Intranet on the Safeguarding & Public Protection site.

6.10 Violence Against Women Domestic Abuse Sexual Violence Procedures [VAWDASV]

Cwm Taf Morgannwg UHB has Guidance to support victims of violence against women, domestic abuse and sexual violence and to promote their safety whilst they are in contact with Cwm Taf Morgannwg University Health Board (CTMUHB) staff. It explains the processes and procedures that staff will use to identify and respond to violence against women, domestic abuse & sexual violence. This may include staff members who may be identified as victims along with relevant Human Resources policies and guidance.

The guidance is available via the Health Board Intranet on the Safeguarding & Public Protection site.

6.11 Information Sharing

Information must be shared in accordance with the General Data Protection Regulation (GDPR) and the common law duty of confidentiality. However, there are circumstances, personal information can be lawfully shared without consent where there is a legal requirement or the practitioner deems it to be in the public interest. One of the exceptional circumstances is in order to prevent abuse or serious harm to others. Information shared should be necessary for the purpose and should also be proportionate.

7. TRAINING

Safeguarding and Public Protection training is vital in protecting our service users, their families and our communities from harm.

Safeguarding training is available both on a single agency and a multi-agency basis in line with the UHB Safeguarding Training Strategy. Mandatory safeguarding compliance is the responsibility of individual practitioners. Care Group compliance will be monitored at the Safeguarding Operational Groups and reported to the Safeguarding Executive Steering Group. The following levels of training are identified within the Royal College of Nursing Intercolligiate Document.

Level 1: This level is equivalent to the core safeguarding/child protection training across all organisations working with children and young people and is for all healthcare staff regardless of place of work.

Level 2: Non-clinical and clinical staff who, in their role, have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children.

Level 3: All clinical staff working with children, young people and/or their parents/carers and/or any adult who could pose a risk to children and who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not).

The Royal College of Nursing Intercollegiate Document and National Safeguarding Training Standards (2022) both define competency requirements for all NHS staff.

7.1 Children and Adults at Risk

All staff must receive training in how to safeguard and promote the welfare of children and adults at risk. They need to be alert to potential indicators of abuse or neglect, including for the unborn child, and know how to act upon their concerns in line with Safeguarding Board Procedures. They must also know how to contact the Health Board's Safeguarding Team to access appropriate advice and support.

7.2 Violence Against Women Domestic Abuse Sexual Violence (VAWDASV)

The Welsh Act places a statutory duty on the UHB to train all staff in line with the National Training Framework for VAWDASV. Group 1 training is **mandatory** for all staff. Group 2 training is available to allow practitioners to have more in-depth knowledge of VAWDASV. All health board staff following training will have a clear understanding of their role in identifying concerns, where to get advice and support if they have a concern. Be able to signpost and for these required to attend group 2 training make appropriate referrals.

7.3 Mental Capacity Act (MCA, 2007) and Mental Capacity (Amendment) Act (2019)

The MCA is law in England and Wales and places a statutory duty on the UHB to train all staff about the MCA.

- Level 1 training is aimed at individuals who may have potential/actual contact with patients, e.g. Porters, Domestic staff, Catering Staff, Admin Staff etc.
- Level 2 is aimed at Health Care Assistants, Physiotherapy Technician, Speech and Language Therapy Technicians, Occupational Therapist Technicians etc.
- Level 3 is aimed at Qualified Professionals – Nurses, Occupational Therapists, Psychologists, Speech and Language Therapists, Social Workers, and Doctors etc. This will be planned as mandatory e- learning

modules for level 1 &2, and tailored training relevant to their specialities for level 3.

7.4 Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards (LPS)

All qualified staff require Level 3 training to understand the Deprivation of Liberty Safeguards and how to apply it into their everyday practice. Following this training staff will need to be able to identify and request an Urgent authorisation or request for a standard authorisation.

The CTMUHB Safeguarding Training Framework is available on the intranet safeguarding and public protection pages.

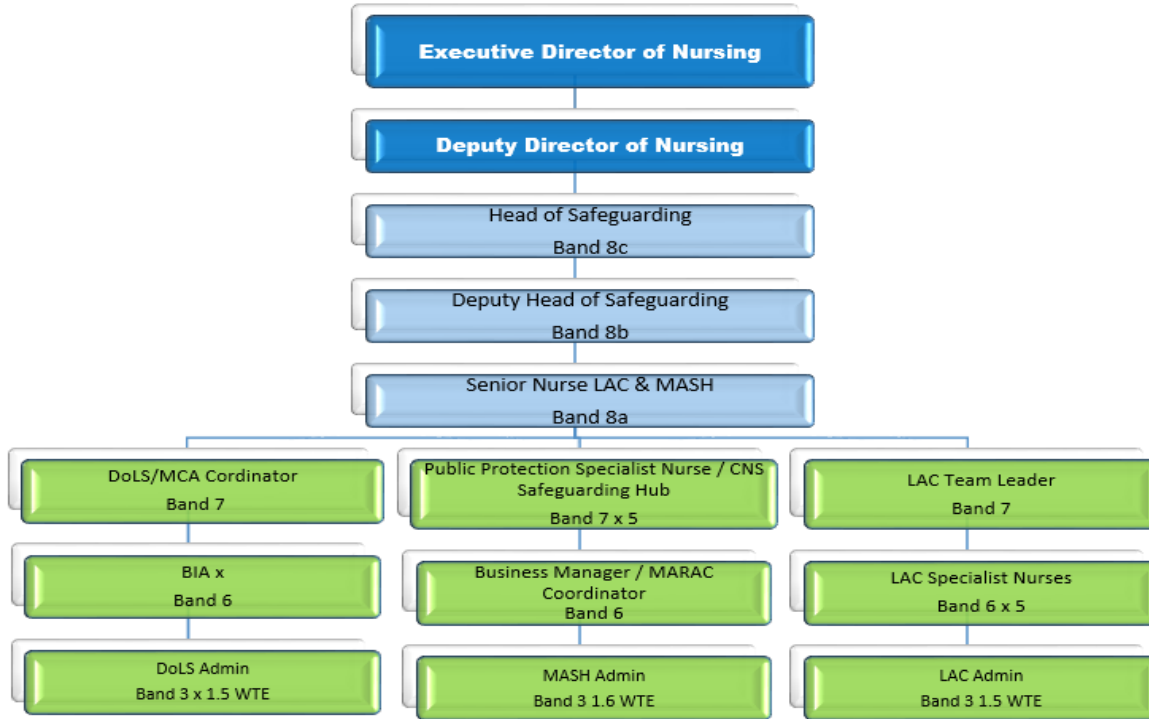
8. CORPORATE RESPONSIBILITIES

8.1 UHB Governance & Reporting Arrangements

The UHB Governance & Reporting Structure is outlined below. Each Directorate in the UHB has representation on the two Safeguarding Groups who links in with their Directorate Clinical Governance process.



8.2 Lines of Accountability Corporate Safeguarding Team



8.3 Corporate Safeguarding Responsibilities Chief Executive

As a accountable officer the Chief Executive has an overall responsibility for ensuring CTMUHB has appropriate guidance an policies in place , this must comply with legislation, meet mandatory requirements and provide services that are safe evidenced based and sustainable.

Deputy Chief Executive Officer:

CTMUHB Executive lead for safeguarding

Deputy Director of Nursing: CTMUHB lead for NMC referrals

Head of Safeguarding:

Strategic lead responsibility for key aspects of the Health Board’s Public Protection and Safeguarding Statutory Responsibilities. They will support the provision of mandatory safeguarding training in CTMUHB, and ensure that staff have access to specialist safeguarding advice and support.

Deputy Head of Safeguarding:

Operational and Strategic responsibilities for key aspects of the Health Board's Public Protection and Safeguarding Statutory Responsibilities

Senior Nurse for MASH & Looked After Children:

Operational lead responsibility for key aspects of the Health Board's Public Protection and Safeguarding Statutory Responsibilities.

Nurse Specialists Public Protection:

Work within Cwm Taf Morgannwg Multi-Agency Safeguarding Hub (MASH) & UHB Designated Lead Managers for Adult Protection.

Looked After Children's Team:

Oversee and undertake health assessments and health care planning for Children Looked After

Deprivation of Liberty Safeguards and Mental Capacity Act Team:

Oversee the process within the UHB and undertake the responsibilities of the Supervisory Body.

Independent Board Member/Children's Champion:

A member of the Safeguarding Executive Group who provides scrutiny and assurance to the Board.

Independent Board Member/Vulnerable Adults:

A member of the Safeguarding Executive Group who provides scrutiny and assurance to the Board.

8.4 Lead Roles in Safeguarding

In addition to the Corporate Safeguarding Team there are a number of staff who have specific responsibilities for safeguarding. Clinical supervision for their safeguarding work is provided by the Head of Safeguarding or the Senior Nurse Public Protection.

CNS Midwife for Vulnerable Women and Child Protection:

CTMUHB Named Midwife for Safeguarding Children.

CNS Safeguarding Nurse for Child Protection Medical Hub:

Named nurse responsible for planning and supporting the implementation of Child Protection Medicals undertaken at the Hub at Royal Glamorgan Hospital.

CNS Adoption & Looked After Children:

Nurse Specialist for Adoption & Looked After Children.

Localities:

The Children and Families Care Group have seven Clinical Nurse Specialists who provide child protection safeguarding supervision, support and advice to the Health Visiting, School Nursing and Paediatric services.

Named Doctor Child Protection:

The named doctor supports all activities necessary to ensure that the organisation meets its responsibilities to safeguard/protect children and young people. Overall responsibility for the Safeguarding Hub.

Named Doctor for Adoption & Looked After Children:

The named doctor provides strategic and clinical leadership. In relation to the roles and responsibilities to ensure UHB meet their obligations for looked after children. This will include advice and support all specialist LAC professionals across UHB.

9. REVIEW, MONITORING & AUDIT ARRANGEMENTS

This policy will be reviewed every three years or earlier if indicated.

The Annual Report for Safeguarding and Public Protection will be submitted to the Safeguarding Executive Group, the Quality, Safety & Risk Committee and presented to the Board.

10. RETENTION OR ARCHIVING

This policy will be available via the UHB Intranet on the Safeguarding & Public Protection site. The Corporate Safeguarding Team will retain all previous versions of this policy for future reference.

This policy will be version controlled.

11. NON CONFORMANCE

Conformance with this policy will be monitored on a regular basis; non-conformance may be subject to an internal review.

12. EQUALITY IMPACT ASSESSMENT STATEMENT

This Policy has been subject to a full equality assessment and some issues have been identified and highlighted to ensure that due regard and weight is given to them in carrying out this policy (see Equality Impact Assessment Action Plan).

13. CONTACTS

All staff who require advice and support in relation to any safeguarding issue should contact one of the following:

Safeguarding Team

Head of Safeguarding – Claire O’Keefe – 07557 549634
Deputy Head of Safeguarding – Nadine Long – 07786 660415
Senior Nurse MASH/LAC – Nicola Jones – 01656 643630
MASH Health Team - 01443 742949 /01656 643630
Child Protection Medical Hub – 07917491337
Named Doctor Safeguarding – Matthew O’Baid - 01656 752661

Local Authority MASH

RCT/Merthyr Children	01443 743730
RCT/Merthyr Adults	01443 743730
Bridgend Children	01656 642320
Bridgend Adults	01656 642477

Out of Hours Emergency Duty Team 01443 743730

Emergency Duty Team Email address;
SocialWorkEmergencyDutyTeam@rctcbc.gov.uk

MASH Health
CTHBMASHReferrals@wales.nhs.uk

Cwm Taf Morgannwg UHB Safeguarding Children Referral Flowchart

Practitioner has concerns for a child where there is evidence or suspicion of abuse or neglect

Practitioner may wish to discuss with:

- Police in an emergency or immediate risk of harm
- Line Manager
- A member of the Corporate Safeguarding team
- CNS Safeguarding/MASH Health (01443 742949/01656 643630)
- Children Services (Merthyr/RCT 01443 743730) (Bridgend 01656 642320)

Please record your discussions, actions and decision making.

Making a referral to children services

Discuss with parents unless unsafe to do so

Practitioner refers to children services by telephone:

Merthyr/RCT 01443 742949

Bridgend 01656 642320

Emergency Duty Team 01443 743730

Please record your discussions, actions and decision making.

Please ensure that other services are aware of child protection concerns. i.e. Health Visiting, School Nurse, GP, CAMHS etc

Practitioner must follow up telephone referral by submitting a C1 as soon as possible or within 24 hours

CTHHBMASHReferrals@wales.nhs.uk

SocialWorkEmergencyDutyTeam@rctcbc.gov.uk

MASH/IAA should acknowledge receipt of referral and decide on next course of action.

A Health representative should be present at any strategy meeting to share all available information. This includes out of hours when MASH health are unavailable.

NB – Please ensure that the child remains in a place of safety while appropriate checks are made with partner agencies.

YES

CWM TAF Morgannwg UHB Adult at Risk Flowchart

NO

IS THE PERSON IDENTIFIED AN ADULT?

Refer to Children's Service

Is there evidence or suspicion of abuse or neglect?

Consider Health & Social Care Needs.

Does the person need Care & Support?

This person is **not an Adult at Risk** as identified under the Social Services & Wellbeing (Wales) Act 2014.

Is the person **unable** to protect him / her self against abuse or neglect?

Ensure safety & consider social / health care needs.

This person **is an Adult at Risk** as identified under the Social Services & Wellbeing (Wales) Act 2014

The Act imposes a new duty on relevant partners to report to a L.A if it is suspected that an adult is an Adult at Risk

Act in **their** best interest. **Consult with family/ Advocate.**

Does the person identified **lack mental capacity** to understand their situation?

In Emergency call the Police on 999

*Deal with the immediate risks & then report to **M.A.S.H***

Is this a serious crime?
Is the person at immediate risk?

Contact M.A.S.H
8:30 am -5 pm
Mon-Fri
Taf: 01443 743730

Does the person **consent** to the safeguarding process? Are they happy for their information to be shared with the relevant authorities?

For Out of Hours
Emergency Duty Team
01443 743730

Are there any other **adults at risk** or **children** potentially affected?

Is there an overriding public interest?

If concerned seek advice or report to **M.A.S.H.**

Complete **A1** Report Form within **24 hrs.**
Send to: **cthbmarshreferrals@wales.nhs.uk**

MULTI AGENCY SAFEGUARDING PROCESS IN CASES OF SUSPECTED/CONFIRMED NON-ACCIDENTAL INJURIES

This process relates to any new concerns

For further guidance, please refer to the

[Bruising and Injuries in Children Not Independently Mobile Multi-Agency Protocol](#)

