GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Quality, Safety and Improvement Committee **Date of Meeting** 10 September 2026 **Agenda item:** *3.3*

Policy / Procedure Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	**Prevent Policy**
Policy Lead	Donna Newell Named Lead for Safeguarding
Lead Executive	Claire Birchall, Executive Director of Nursing, Quality & Integrated Governance
PHW / All Wales?	**PHW**
Date of last Review	**2023**
Is the current policy / procedure within review date?	**No- review date was July 2026**
Approving Body /Group	**Quality, Safety and Improvement Committee**
Version Number	

Section 2: Recommendation
That the Committee: • **Considers** the information contained within the Prevent Policy and Equalities Impact Assessment (Appendix 1a) • **Note** that the Leadership Team endorsed the Policy and approved the accompanying Prevent Referral procedure at its meeting on 20 August 2026 • **Approve** the Prevent Policy as amended (Appendix1),

Section 3 – Details of the Review:	
Background:	
Reason for review	Policy became due for review July 2026. It was reviewed to align with relevant Welsh Government and NHS Wales safeguarding guidance.
Description/Assessment	The revised documents have been developed to provide clear guidance for staff on recognising, responding to and referring concerns relating to individuals who may be vulnerable to radicalisation. The policy supports Public Health Wales in meeting its obligations under the Counter-Terrorism and Security Act 2015, specifically the Prevent Duty, which requires specified authorities, including NHS organisations, to have due regard to the need to prevent people from being drawn into terrorism. The revised arrangements are also aligned with relevant Welsh Government and NHS Wales safeguarding guidance and support the organisation's commitment to protecting vulnerable individuals from harm. Assurance will be provided through existing safeguarding governance arrangements, including oversight by the Safeguarding Group, monitoring of Prevent activity and training compliance, and periodic policy review in line with organisational requirements and national guidance.
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes
Date range of consultation:	23/06/26 – 21/07/26
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	Comments from BBU to assure alignment with the standards within the Policy on Policies. The Prevent Policy and Referral Process was split into a Prevent Policy and Prevent Referral Procedure.

Had this policy / procedure been considered by any other groups?	Yes This policy and procedure was endorsed by the Safeguarding Group at its meeting on 22 July 2026 and the Leadership Team at its meeting on 20 August 2026.
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	The Flow chart in the procedures appendix was updated to ensure consistency with the roles and responsibilities main body of text outlined in the procedure. No changes were requested for the policy.

Section 4: Impact Assessments	
Equality and Health Impact Assessment	An Equality Impact Assessment (EqIA) has been completed to support the review and implementation of the Prevent Policy and Prevent Referral Procedure. A copy of the completed EqIA is included as a separate attachment to this report for reference
Welsh Language Impact	The Policy / Procedure will be translated to welsh and available on the internet bilingually as required under the Welsh Language Standards.
Risk and Assurance	The Prevent policy and prevent referral procedure contributes to the effective management of organisational risks associated with safeguarding, statutory compliance, workforce awareness and public protection. There are no specific changes required to the Board Assurance Framework or Corporate Risk Register as a direct result of this report.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 by strengthening Public Health Wales' arrangements for safeguarding and the management of concerns relating to individuals who may be vulnerable to radicalisation. The Prevent Policy and Prevent Referral Procedure promote a consistent, person-centred approach that supports safe,

	effective and equitable services for staff, patients and the wider public. The policy contributes to the Duty of Quality by ensuring that concerns are identified early, managed appropriately and referred through established pathways, supporting continuous improvement in safeguarding practice and reducing the risk of harm. The policy also supports the Duty of Candour by reinforcing a culture of openness, transparency and accountability, where concerns can be raised, discussed and escalated appropriately, and where individuals are supported through clear governance and decision-making processes. This helps ensure that safeguarding concerns are managed in a timely, proportionate and transparent manner.
Financial implications	There are no financial implications arising directly from the approval and implementation of the Prevent Policy and Prevent Referral Procedure. Any activities required to support implementation, including staff awareness and training, will be managed within existing resources and budgets. No additional funding is required as a result of this report.
People implications	There are no significant workforce implications arising from the approval of the Prevent Policy and Prevent Referral Procedure. The policy formalises and updates existing arrangements and responsibilities relating to the Prevent Duty and safeguarding practices. The policy may have a positive impact on the workforce by providing greater clarity on roles, responsibilities and referral pathways, ensuring that staff are equipped to recognise and respond appropriately to Prevent-related concerns.

Section5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
Deliver staff awareness activities, including communication briefings and promotion of Prevent resources and referral pathways.	3months	Named Lead for Safeguarding
Ensure Prevent training requirements are incorporated into mandatory safeguarding training programmes and monitored through existing compliance systems.	9 months	Named Lead for Safeguarding
Monitor Prevent referrals, activity, training compliance and emerging issues through established safeguarding governance arrangements	3 months	Named Lead for Safeguarding

Section 6 – Dissemination

The primary source for dissemination of the Prevent Policy and Prevent Referral Procedure will be via the intranet site, and links provided as part of prevent awareness activities etc.