Trust Policy	University Hospitals Plymouth NHS Trust

PREVENT Policy

Issue Date	Review Date	Version
June 2021	June 2024	1

Purpose

- To provide a framework for UHPNT staff to work to and understand in relation to the Trust's Prevent Training Implementation Policy, regardless of location
- Aim for adults and children at risk of harm to be safeguarded from risk of radicalisation whilst under the care of the Trust
- Staff members receive the appropriate level of Prevent training.
- Staff members consider the potential risk of radicalisation and violent extremism or terrorism
- Any concerns regarding radicalisation or violent extremism or terrorism are reported and thoroughly investigated
- The Trust complies with relevant legislation and partnership policies

Who should read this document?

All staff employed by University Hospitals Plymouth Staff, agency and volunteer staff

Key Messages

- The Trust is committed to promoting the safety and welfare of children and adults
- All staff employed by the Trust has a responsibility to take appropriate action to safeguard the patient, visitor, staff member and/or volunteer

The overall principle of health is to improve the health and wellbeing through the delivery of healthcare services, whilst safeguarding those individuals who are vulnerable to any form of exploitation from those who seek to get people to support or commit acts of violence.

Prevent is about protecting people who are vulnerable to such exploitation and healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by extremists or terrorists. It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities and every member of staff has a role to play in protecting and supporting vulnerable individuals and colleagues who are at risk of radicalisation.

Core accountabilities	
Owner	Louise Cork: Interim Named Nurse for Safeguarding Children
Review	Safeguarding Steering Group
Ratification	Deputy Chief Nurse – Liz Cox
Dissemination (Raising Awareness)	Safeguarding Steering Group
Compliance	Safeguarding Steering Group

Links to other policies and procedures

UHPNT Risk Management Policy

UHPNT Incident Management Policy

UHPNT Safeguarding Adults Policy

UHPNT Safeguarding Children Policy

UHPNT Managing the care needs of people with a learning disability in the Acute Hospital Setting Policy

UHPNT Security Policy

UHPNT Standard Operating Procedure for Individuals who are Violent or Aggressive.

UHPNT Tackling Violence and Aggression Policy

UHPNT Management of Non-Physical and Physical Intervention (Restraint) for Adults in an Acute Hospital Setting Policy

UHPNT Paediatric Physical Intervention Policy

UHPNT Incident Reporting and Investigation Policy

UHPNT Standard Operating Procedure Lockdown Procedure

UHPNT Health and Safety Policy

HM Government: Prevent Strategy 2011, revised in 2018

Revised Prevent duty guidance for England and Wales 2019

Revised Channel Guidance: Protecting people vulnerable to being drawn into terrorism 2020

Counter Terrorism and Security Act 2015

NHS England CCG Prevent Duty Responsibilities. 2015

https://www.england.nhs.uk/ourwork/safeguarding/our-work/prevent/

Version History		
1	June 2021	Final Document

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

1.1 This Policy outlines the University Hospitals Plymouth NHS Trust's (UHPNT) approach and commitments to preventing extremism that can lead to terrorism. This is in response to the Counter Terrorism Strategy (CONTEST) (revised 2018), the Counter Terrorism Act (2015) and the Counter Terrorism and Border Security Act 2019 and the statutory duty to have due regard to the need to prevent people from being drawn into terrorism.

1.2 Failure to comply with this policy could result in disciplinary action.

2 Purpose

2.1 The purpose of this Policy is to provide staff with a clear and reliable framework to enable them to identify and report concerns surrounding staff and members of the public if they have concerns regarding potential radicalisation, violent extremism or terrorism.

Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on NHS bodies to have "due regard to the need to Prevent people from being drawn into terrorism". The policy will ultimately help minimise the potential impact of radicalisation on members of the general public, and reduce the potential harm that the resulting terrorist act could cause.

2.2 NHS Trusts and NHS Foundations Trusts have a duty to co-operate with and support Channel (see definition below) panels, under section 36 and 28 of the Counter Terrorism & Security Act 2015.

2.3 The Policy applies to all Trust staff. Safeguarding and promoting the welfare of children, families and adults is everyone's responsibility. Providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism and or hate crime is an important part of this, and fundamental to our duty of care.

2.4 Implementation of this Policy will ensure that:

- NHS staff know how to safeguard and support individuals, whether service users, patients or staff, who have been identified as being at risk of being radicalised by extremists or who are violent extremists/terrorists
- Appropriate systems are in place for staff to raise concerns if they believe that this form of exploitation is taking place
- The Trust promotes and operates safe environments where violent extremists are unable to operate
- A Trust wide training and awareness programme is implemented to ensure that staff are aware of their responsibilities in relation to the Prevent agenda

Contribution to Prevent in UHPNT is crucial. The healthcare sector is one of the best placed sectors to identify individuals who may be groomed into terrorist activity. The NHS employs 1.3 million people and a further 700,000 private and charitable staff delivering services to NHS patients. We also have over 315,000 patient contacts every day in England alone. UHPNT staff must be able to recognise signs of radicalisation and be confident in raising concerns and referring individuals who can then receive support before they may go on to commit a criminal /extremist act.

3 Definitions

UHPNT- University Hospitals Plymouth NHS Trust

Terrorism - Defined in the Terrorism Act of 2000 (TACT, 2000) as an action that endangers or causes serious violence to a person or people; causes serious damage to property or seriously interferes or disrupts an electronic system. The use of threat must be designed to influence the government or to intimidate the public and is made for the purpose of political, religious or ideological gain

Radicalisation - radicalisation refers to the process by which people come to support terrorism and forms of extremism leading to terrorism

Extremism – This is vocal or active opposition to fundamental values including democracy, the rule of the law, individual liberty, and mutual respect and tolerance of different beliefs and faiths, extremism calls for the death of members of our armed forces, whether in this country or overseas

Hate Crime - a crime, typically one involving violence, that is motivated by prejudice on the basis of race, religion, sexual orientation, or other grounds

Vulnerability - In the context of Prevent, vulnerability is a person who is susceptible to extremists' messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time. This is a wider group than those defined as having care and support needs who are at risk of abuse and neglect under the Care Act (2014) for safeguarding adults. This may relate to either patients or members of staff (including volunteers)

Channel –forms a key part of Prevent. Section 36 of the Counter Terrorism & Security Act sets out the duty on local authorities and partners of local panels to provide support for people vulnerable to being drawn into terrorism. In England and Wales, this duty is met through Channel panels.

Contest- Government Counter Terrorism Strategy

ESR- Electronic Staff Record

Exploitation -The action or act of treating someone unfairly in order to benefit from their work

Groomed- The act of luring another with gifts, favours, promises, praise

Ideology- An ideology is a set of beliefs in particular the political beliefs on which people, parties, or countries base their actions

Intervention- Is the act of intervening in a situation

OSCT- Office for Security and Counter Terrorism

Statutory - An organisation that has been created by parliament

Supervision- Uses the supervisory relationship to promote positive outcomes for children and families through creating a safe contained environment where the practitioner has the capacity to think and reflect. (There are trained safeguarding supervisors across the Trust).

Terrorism-Threats of violent action or act(s) of violence for political purposes

WRAP -Workshop to Raise Awareness of Prevent including Basic Prevent Awareness Training (BPAT)

WRAP Facilitator- A person registered by the Home Office and NHS England authorised to deliver Prevent WRAP training

4 Duties

4.1 **The Chief Nursing Officer is the Executive Prevent Lead** who is responsible for ensuring that:

- Trust staff uphold the principles of Prevent; following statutory guidance documents for Prevent and Channel
- UHPNT meets its organisational responsibilities under the Counter Terrorism and Security Act 2015 and the Counter Terrorism and Border Security Act 2019
- Reporting overall compliance to the Safeguarding Steering Committee as required at a strategic level

4.2 **The Trust Prevent Lead**

The Trust Named Nurse for Safeguarding Children is the nominated Prevent Lead and is responsible for the following:

- The development of the Prevent Policy; including clear guidance on the Prevent referral processes
- Liaising with the appropriate Executive Lead to ensure the Trust is meeting its statutory duties regarding Prevent
- Reporting compliance to the Safeguarding Steering Committee as required at a strategic level
- Submitting Prevent monitoring reports to NHS England and the Regional WRAP co-ordinator
- Implement the Devon, Torbay and Plymouth Partnerships Prevent Training Strategy: The 5 Tiers of Prevent.
- Lead on the coordination of training and map the specific roles of staff within the organisation against the generic role types and functions outlined in the 5 Tiers of Prevent
- Ensure the Trust has the resources required to implement the Prevent WRAP training, to include an adequate number of Prevent WRAP facilitators required to meet training targets, or that identified staff have been enrolled onto the ESR eLearning package
- Publicise Prevent information for staff to be aware of. (Facebook, Twitter and daily email)
- Providing support and advice on Prevent concerns raised by staff
- Assist managers to take concerns to the appropriate authority
- Ensure that key leads are identified to support the delivery of Prevent standards
- Attendance and participation at regional and local Prevent groups
- Attendance at Channel Panel where required

Advise the Regional Prevent Co-ordinators of the following:

- Prevent cases referred to local multi-agency panels to determine an appropriate intervention, i.e. Multi-Agency Public Protection Arrangements (MAPPA), safeguarding panel or Channel

- Prevent cases where referrals from partner agencies into a local multi-agency panel result in UHPNT undertaking an intervention

- All Prevent cases where a staff member is referred to Human Resources (HR) as a result of risk assessment under internal policies

- Prevent cases where an initial risk-assessment of a patient, service-user or staff by the Prevent Lead, following discussion with the local police Prevent lead, leads to information being disclosed regarding an on-going investigation or operation

4.3 **All Staff**

All members of staff have responsibility for:

- Completing mandatory Prevent training as per their assigned competency level (L1/L2 or L3) and ensuring line managers are aware of any non-attendances or difficulties
- Implementation of the requirements of Prevent Guidance and associated procedures as per this Policy
- Raising any concerns relating to Prevent and reporting these to their line manager and to the Trust Prevent Lead. Complete a Prevent Referral Form (Appendix 3)
- Ensure full confidentiality and sensitivity is maintained during the reporting, investigation and management of any Prevent related incidents in line with associated Trust Policy
- Seek advice and support from their line manager (in the first instance) of any on-going support /training required following any incident reported

4.4 **Matrons:**

- Ensuring that staff within their areas of responsibility have either attended the **WRAP** Prevent workshop, or have undertaken the National eLearning Prevent Level 3
- Ensure staff that are not required to undertake WRAP or the National e-learning Level 3 completed the basic prevent training
- Ensuring that should they have any concerns with regards to Prevent within their areas of responsibility they inform the Safeguarding office

4.5 **Line Managers:**

- Arranging for staff to attend undertake the appropriate level of training as per their assigned competency requirements.
- Supporting staff with the process to escalate a concern
- Facilitating the appropriate escalation of Prevent concerns (see flowchart Appendix 3)
- Liaising with their Matron, the Prevent Lead and Human Resources if the concern raised is about a member of staff

4.6 **Assistant Director of People (HR Operations):**

- To oversee any concerns relating to UHPNT staff with relation to Prevent

4.7 **Workforce Development:**

- Providing training reports to the Trust and external bodies (such as NHS England) as required to demonstrate compliance to training targets

5 What is Prevent?

5.1 The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance on CONTEST 2011 revised in 2018 (Government Counter Terrorism Strategy). As part of CONTEST, the aim of Prevent is to stop people becoming terrorists or supporting terrorism. Radicalisation is comparable to other forms of exploitation; it is therefore a safeguarding issue that staff working in the health sector must be aware of.

CONTEST is primarily organised around four key principles:

- PURSUE: to stop terrorist attacks and acts of terrorism
- PREVENT: to stop people becoming terrorists or supporting terrorism
- PROTECT: to strengthen our protection against a terrorist attack or acts of terrorism
- PREPARE: to mitigate the impact of a terrorist attack or acts of terrorism

CONTEST Strategy: The Prevent principle of this strategy has the following three national objectives: These takes a Risk Reduction Model Approach to Countering Violent Extremism to:-

- Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support.
- Enable those who have already engaged in terrorism to disengage and rehabilitate.

The Health Service is a key partner in Prevent and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.

The Health Sector contribution to Prevent will focus primarily on Objectives 2 and 3. Prevent training undertaken in line with Objectives 2 and 3 will be known as Prevent **WRAP** (Workshop to Raise Awareness about Prevent)**.**

5.2 **The NHS contribution to Prevent**

The NHS is a key partner in the successful implementation of the Prevent agenda particularly as healthcare professionals routinely come into contact with people who may be vulnerable to radicalisation, It is known service users, patients, employees and volunteers who access mental health or learning disability services may be more easily drawn into terrorism.

The key challenge for the NHS is to ensure that where there are signs that someone has been, or is being drawn into terrorism, healthcare staff have the skills to interpret these signs correctly, are aware of the support that is available and are confident in referring the person(s) for further support.

The method of delivering the NHS contribution to Prevent introduces an escalation process that will enable any professional with concerns, especially front-line workers, to raise them confidently and within agreed structures and processes.

UHPT recognises the real and serious threat posed by extremism that can lead to terrorism, and that this can involve the exploitation of vulnerable people. We are committed to supporting the national Prevent Strategy and associated work of Plymouth Prevent Group.

5.3 **Why Healthcare Staff and Professionals?**

The overall principle of services provided by healthcare staff and professionals is to improve the health and well-being of those who use our services whilst safeguarding individuals from any form of exploitation. Preventing someone from becoming a terrorist or from supporting terrorism has similarities with safeguarding individuals with care and support needs from other forms of exploitation.

Prevent aims to protect individuals from exploitation from those who seek to get people to support or commit acts of violence. Healthcare staff are well placed to recognise individuals, whether service users, patients or staff, who may be susceptible to radicalisation by violent extremists or terrorists.

Every member of staff has a role to play in protecting and supporting individuals who use our services and the implementation of the Prevent agenda is fundamental to our duty of care to such individuals. Both service users and employees can be vulnerable to radicalisation.

UHPNT recognises:-

- That under the Counter Terrorism & Security Act 2015 we have duty to pay "due regard to the need to prevent people from being drawn into terrorism" (the "Prevent Duty"). This includes the requirement for UHPNT to ensure that its premises are not used by extremists.

- The need to address all forms of terrorism, prioritised according to intelligence about the threat they pose to our national security

- The importance of protecting freedom of speech, but that preventing terrorism will, at times, mean challenging extremist ideas to stop people moving into terrorist-related activity

- That preventing individuals from getting drawn into terrorism is part of safeguarding

- That communications and community engagement concerning Prevent need to be objective and based on the risks

- That the government defines "extremism" as "*Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for death of members of our armed forces, whether in this country or overseas*"

- There is no place in UHPNT for extremist views which are opposed to fundamental British values that can lead to terrorism. Our work is consistent with the law and the British values of tolerance, democracy and liberty whilst enabling people to explore issues like terrorism and the use of violence in a considered and informed way.

5.4 RAISING CONCERNS / PREVENT REFERRAL PROCESS

The following information highlights the process for staff to raise concerns and/or make referrals through the Prevent strategy. Further information will also highlight procedures to be undertaken by the Prevent Lead to work with Partner Agencies on receipt of such a referral.

- A Prevent concern does not have to be proven beyond reasonable doubt; it should be based on something that raises concern, which is assessed by using professional judgement

- A concern that an individual may be vulnerable to radicalisation does not mean that they think the person is a terrorist; it means they are concerned they are prone to being exploited by others, and so the concern is one relating to the safeguarding process

- If a member of staff feels that they have a concern that someone is being radicalised or is a risk for violent extremism/terrorism, they should in the first instance discuss their concerns with their immediate line manager. If the concerns are about their line manager, a more senior manager should be contacted or the Prevent Lead. **Note – If there is an immediate risk of harm – contact the Police on 999 immediately**

- All concerns, discussed and advice should be documented and reported in line with UHPNT Policy

- Further guidance and direction should also be sought by contacting the Trust's Prevent Lead and/or the Safeguarding Team, unless it is out of hours and the need for referral is urgent, see below:

- If the decision is made after discussion with the Prevent Lead that a formal referral is required; please complete a Prevent Referral Form (Appendix 3), with support from the Prevent Lead. **A copy must be sent to the Trust's Safeguarding Team plh-tr.safeguarding@nhs.net**

- **Out of hours/urgent referrals - If anyone has immediate concerns that an individual is presenting an immediate terrorist risk to themselves, others or property, then they should immediately contact the police on 999 and/or the National Counter-Terrorism Hotline on 0800 789 321**

- In the event that a Channel process is required, it will be the responsibility of the Prevent Lead to attend the multi-agency meeting and to ensure that there is appropriate representation from UHPNT to facilitate an effective discussion as to the concerns identified, and actions required. This will include any relevant clinicians who may have knowledge of the individual who has been referred. The Prevent Lead retains and stores the minutes of meetings and relevant information pertaining to the cases discussed ;this is securely held on the safeguarding Prevent drive

Information highlighting the above raising concerns/Prevent Referral Process can be found in (Appendix 4) Channel Referral Process or at:

https://www.devon-cornwall.police.uk/advice/your-community/prevent-reporting-and-preventing-radicalisation-terrorism-and-extremism/

5.5 What may happen with the referral?

- All referrals or enquiries will be treated extremely sensitively by the Trust, the Police and the Safeguarding Team to maintain the privacy and safety of the person raising concerns and the person who may be radicalised

- Each referral is screened for suitability by the police who may liaise with the Safeguarding Team for more information

- Counter-terrorism police will gather information; this may be needed from medical records, HR and IT in accordance with the Trusts Information Governance Policy

Police may:

- Give advice to the individual about how to keep themselves safe

- Close the case if there are no concerns of extremism

- Refer into Channel

Sometimes, although the Police may not take the referral any further, if the concern regards a member of staff a Trust HR process or Occupational Health referral may be needed

5.6 Training

Training compliance is 90% over 3 years or as agreed locally by the NHS Standard Contract Holder.

All staff will be made aware of the Prevent Policy and how it is being implemented within the Trust. This is facilitated by Trust-wide communication processes such as daily emails, vital signs, team briefs, screen savers, mandatory face to face training and e-learning. All training will be captured on the individuals ESR record.

Prevent Awareness Training Levels:

Level 1 and Level 2: All staff working for UHPNT are required to undertake Basic Prevent Awareness Training (BPAT) via Trust induction and Trust updates (eLearning). The Trust is required to provide BPAT compliance levels to NHS England.

Level 3: All staff who are risk assessed as required to undertake Safeguarding Level 3 Adult and/or Safeguarding Level 3 Children will either attend a level 3 Prevent WRAP face to face session in line with the Prevent Training and Competencies Framework 2017 (NHS England) and UK Core Skills Training Framework Version 1.4.1 (subject 8a), or complete the National Level 3 Prevent eLearning.

Level 3 Face to Face sessions/E-Learning module will ensure that staff:

- Understand the objectives of the Prevent Policy and the health sector contribution to the Prevent agenda
- Are aware of their professional responsibilities, particularly in relation to the safeguarding of adults and children at risk

- Understand vulnerability factors that can make individuals susceptible to radicalisation or a risk to others
- Are familiar with the Trust's relevant protocols, policies and procedures and are also aware of who they should contact to discuss concerns, seek advice, and make referrals
- Know how to support and direct individuals at risk of being groomed into terrorist related activities

Level 4: Named professionals via attendance at **WRAP** face to face sessions and additional competency requirements.

Level 5: Designated professionals via attendance at **WRAP** face to face session
Only a WRAP Facilitator registered with NHS England and the Home Office can deliver WRAP. WRAP can be delivered to staff in a single organisation, or on a partnership basis between organisations, or on a multi-agency basis

Training Needs Analysis: Prevent Training Level 2 & Level 3 Implementation Process

Staff groups requiring training	Frequency	Duration & level of training	Delivery method	Delivered by whom	Where are records of attendance held?
Prevent WRAP facilitators.	Once.	As identified.	Face to face.	Home Office approved WRAP facilitators.	Electronic Staff Record System (ESR).
All clinical staff that work with patients, parents, carers on a regular basis, and are risk assessed as requiring it.	Attendance of WRAP face to face within 12 months of commencing employment with UHPNT, or L3 eLearning module. Every three years.	WRAP face to face 1.5 hours (Level 3). eLearning module 45 minutes (Level 3).	Delivered by induction programmes and bespoke sessions or by Level 3 eLearning package.	Home Office approved WRAP facilitators.	Electronic Staff Record System (ESR).
Other non-front facing staff.	Yearly cycle as part of Annual Trust Update (Safeguarding)	Level 1 and 2 BPAT.	UHPNT eLearning.	Written by WRAP facilitator /Safeguarding.	Electronic Staff Record System (ESR.)

6 Overall Responsibility for the Document

UHPNT Named Nurse for Safeguarding Children

7 Consultation and Ratification

The design and process of review and revision of this Policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed and ratified by the Safeguarding Steering Group. Non-significant amendments to this document may be made, under delegated authority of the Chief Nurse by the nominated owner.

Significant reviews and revisions to this document will include a consultation with named groups or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this Policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

9.1

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
90% of staff are trained at the appropriate level to their responsibilities (E-learning)	Prevent Returns to NHS Digital Training compliance	ESR monitoring of training Prevent Returns (Safeguarding PREVENT Lead) Prevent Operational Group (Safeguarding PREVENT Lead)
Staff are following Policy guidelines	Review of Datix Monitoring of Prevent concerns raised by staff	Prevent Operational Group (Safeguarding PREVENT Lead)
Number of Prevent referrals and concerns raised by UHP Trust	Review of Datix quarterly	Prevent Returns (Safeguarding PREVENT Lead)

9.2 Key performance indicators comprise:

- Number of staff completing Prevent awareness training. (NHS E refer to this as BPAT with a KPI of 85% compliance)
- Number of staff completing Prevent Level 3 training
- Percentage of staff having completed their appropriate level of Prevent training

9.3 This Policy and its implementation will be monitored by the Trust's Prevent Lead. All line managers have a responsibility to ensure the Prevent Policy is followed by staff that they directly manage. Where non-compliance is identified, support and advice will be provided to improve practice.

10 References and Associated Documentation

UHPNT Risk Management Policy

UHPNT Incident management Policy

UHPNT Safeguarding Adults Policy

UHPNT Safeguarding Children Policy

UHPNT Managing the care needs of people with a learning disability in the

Acute Hospital Setting Policy

UHPNT Security Policy

UHPNT Standard Operating Procedure for Individuals who are Violent or

Aggressive

UHPNT Tackling Violence and Aggression Policy

UHPNT Management of Non-Physical and Physical Intervention (Restraint) for

Adults in an Acute Hospital Setting Policy

UHPNT Paediatric Physical Intervention Policy

UHPNT Incident Reporting and Investigation Policy

UHPNT Standard Operating Procedure Lockdown Procedure

UHPNT Health and Safety Policy

UHPNT Raising concerns Policy

UHPNT Information Security Policy

UHPNT Social Media Policy

HM Government: Prevent Strategy 2011

Revised Prevent duty guidance for England and Wales 2019

Counter Terrorism and Security Act 2015

NHS England CCG Prevent Duty Responsibilities. 2015

https://www.england.nhs.uk/ourwork/safeguarding/our-work/prevent/

Contest – The United Kingdom's Strategy for Countering Terrorism June 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/716907/140618_CCS207_CCS0218929798-1_CONTEST_3.0_WEB.pdf

Government Prevent Strategy

http://www.homeoffice.gov.uk/publications/counter-terrorism/prevent/prevent-strategy/prevent-strategyreview?view=Binary

Prevent duty guidance
https://www.gov.uk/government/publications/prevent-duty-guidance Channel duty guidance
https://www.gov.uk/government/publications/channel-guidance

Working together to Safeguard Children
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Keeping Children Safe in Education
https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

Care Act 2014
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Information Commissioner's Office Guide to Data Protection
https://ico.org.uk/for-organisations/guide-to-data-protection/
GMC Confidentiality: good practice in handling patient information guidance
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality

Caldicott Guardian Manual
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/581213/cgmanual.pdf

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers
https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation
https://www.england.nhs.uk/wp-content/uploads/2017/11/prevent-mental-health-guidance.pdf

NHS England Prevent Training and Competencies Framework
https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/

Channel: Protecting vulnerable people from being drawn into terrorism – Statutory guidance for local partnerships, HM Government, 2020

Channel: Vulnerability Assessment Framework, HM Government, October 2012

Department of Health (2011) Building Partnerships, Staying Safe: The health sector contribution to HM Government's Prevent strategy: guidance for healthcare organisations

Department for Education (2015) The Prevent duty. Departmental advice for schools and childcare providers

GOV.UK (2017) Recognising the terrorist threat
https://www.gov.uk/government/publications/recognising-the-terrorist-threat

HM Government, Contest 2015

HM Government (2011) Prevent Strategy: Equality Impact Assessment

HM Government (2015) Revised Prevent Duty Guidance for England and Wales

NHS England (2017) Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation. NHS England

NHS and Other Partnerships (2014) A Protocol for Working with Adults and Young People who are Vulnerable to Violent Extremism & Terrorism. (Version 4)

NHS England (2017) Prevent Training and Competencies Framework 2017

Skills for Health (2017) UK Core Skills Training Framework Statutory/Mandatory Subject Guide Version 1.4

Resources/Links/Advice:

Referrals Devon & Cornwall: prevent@devonandcornwall.pnnpolice.uk

www.gov.uk/government/organisations/home/office

www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations

https://arcuk.org.uk/blog/get-smart-on-social-media/

Anti-Terrorist Helpline: 0800 789 321

Crime stoppers 0800 555 111

Confidentiality Guidance GMC (April 2017) http://www.gmc.uk.org/news/29299.asp

Prevent Duty Guidancehttps://www.gov.uk/government/publications/prevent-duty-guidance

Dissemination Plan and Review Checklist | Appendix 1

Dissemination Plan	
Document Title	Prevent Policy
Date Finalised	June 2021
Previous Documents	
Action to retrieve old copies	N/A

Dissemination Plan

Recipient(s)	When	How	Responsibility
All Trust staff		Information Governance StaffNet Page	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a Policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Equalities and Human Rights Impact Assessment | Appendix 2

Core Information	
Date	25.01.2021
Title	Prevent
What are the aims, objectives & projected outcomes?	• The Trust is committed to promoting the safety and welfare of children and adults • Aim for adults and children at risk of harm to be safeguarded from risk of radicalisation whilst under the care of the Trust • Staff members receive the appropriate level of Prevent training • Staff members consider the potential risk of radicalisation and violent extremism or terrorism • All staff employed by the Trust have a responsibility to take appropriate action to safeguard the patient, visitor, staff member or volunteer • Any concerns regarding radicalisation or violent extremism or terrorism are reported and thoroughly investigated • The Trust complies with relevant legislation and partnership policies
Scope of the assessment	
All protected characteristics have been considered in the development of this Policy. Workforce and service user monitoring, analysis and publication will be undertaken to ensure compliance with legislative requirements.	
Collecting data	
Race	There is no evidence to suggest that there is a negative impact on race regarding this Policy. Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans. Data from workforce surveys, complaints and service user surveys will be monitored and analysed as required.
Religion	There is no evidence to suggest that there is a negative impact on Religion or belief and non-belief regarding this Policy. Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans. Data from the workforce surveys, complaints and service user surveys will be monitored and analysed as required.

Disability	There is no evidence to suggest that there is a negative impact on Disability regarding this Policy. Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans. Data from the workforce surveys, complaints and service user surveys will be monitored and analysed as required.
Sex	There is no evidence to suggest that there is a negative impact on gender regarding this Policy. Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans. Data from the workforce surveys, complaints and service user surveys will be monitored and analysed as required.
Gender Identity	There is no evidence to suggest that there is a negative impact on gender identity regarding this Policy, currently workforce and service data for this area is not collected, due to the current provision on the data collection systems.
Sexual Orientation	There is no evidence to suggest that there is a negative impact on sexual orientation regarding this Policy. Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans. Data from complaints and service user surveys will be monitored and analysed as required.
Age	This Policy will benefit children young people and adults. Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans. Data from complaints and service user surveys will be monitored and analysed as required.
Socio-Economic	There is no evidence to suggest that there is a negative impact on socio-economic regarding this Policy.
Human Rights	Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans. Data from complaints and service user surveys will be monitored and analysed as required.
What are the overall trends/patterns in the above data?	There are currently no trends or patterns in the data that is produced. Workforce and service data is currently monitored, analysed and published on the Trust website, although there is an issue with the systems collecting all protected characteristics. Areas of concern will be addressed through appropriate action plans. Data from complaints and service user surveys will be monitored and analysed as required.
Specific issues and data gaps that may need to be addressed through consultation or further research	Analysis of workforce and service user data needs to be undertaken on a regular basis.

Involving and consulting stakeholders	
External involvement and consultation	Meets requirement NHS England –Prevent Training and Competencies Framework. Meets the requirement for UK Core Skills Training Framework Version 1.4 subject 8a.
Impact Assessment	
Overall assessment and analysis of the evidence	Consideration has been made for staff that may prefer to attend the Prevent WRAP face to face session rather that access the learning through ESR eLearning.

Action Plan

Action	Owner	Risks	Completion Date	Progress update

REFERRAL PROCESS
By sending this form you consent for it to arrive with both your dedicated Local Authority safeguarding team & Prevent policing team for a joint assessment. Wherever possible we aim to give you feedback on your referral, please be aware, however, that this is not always possible due to data-protection & other case sensitivities. Once you have completed this form, please email it to**: facPrevent@devonandcornwall.pnn.police.uk** If you have any questions whilst filling in the form, please call: 01392 225130 – Local Prevent office for Devon & Cornwall Police

INDIVIDUAL'S BIOGRAPHICAL & CONTACT DETAILS	
Forename(s):	First Name(s)
Surname:	Last Name
Date of Birth (DD/MM/YYYY):	D.O.B.
Approx. Age (if DoB unknown):	Please Enter
Gender:	Please Describe
Known Address(es):	Identify which address is the Individual's current residence
Nationality / Citizenship:	Stated nationality / citizenship documentation (if any)
Immigration / Asylum Status:	Immigration status? Refugee status? Asylum claimant? Please describe.
Primary Language:	Does the Individual speak / understand English? What is the Individual's first language?
Contact Number(s):	Telephone Number(s)
Email Address(es):	Email Address(es)
Any Other Family Details:	Family makeup? Who lives with the Individual? Anything relevant.

DESCRIBE CONCERNS	In as much detail as possible, please describe the specific concern(s) relevant to Prevent.
Please Describe	

FOR EXAMPLE:

- How / why did the Individual come to your organisation's notice in this instance?
- Does it involve a specific event? What happened? Is it a combination of factors? Describe them.
- Has the Individual discussed personal travel plans to a warzone or countries with similar concerns? Where? When? How?
- Does the Individual have contact with groups or individuals that cause you concern? Who? Why are they concerning? How frequent is this contact?
- Is there something about the Individual's mobile phone, internet or social media use that is worrying to you? What exactly? How do you have access to this information?
- Has the Individual expressed a desire to cause physical harm, or threatened anyone with violence? Who? When? Can you remember what was said / expressed exactly?
- Has the Individual shown a concerning interest in hate crimes, or extremists, or terrorism? Consider *any* extremist ideology, group or cause, as well as support for "school-shooters" or public-massacres, or murders of public figures.
- Please describe any other concerns you may have that are not mentioned here.

COMPLEX NEEDS	Is there anything in the Individual's life that you think might be affecting their wellbeing or that might be making them vulnerable in any sense?
Please Describe	

PERSON WHO FIRST IDENTIFIED THE CONCERNS	
Do they wish to remain anonymous?	Yes / No
Forename:	Referrers First Name(s)

Surname:	Referrers Last Name
Professional Role & Organisation:	Referrers Role / Organisation
Relationship to Individual:	Referrers Relationship To The Individual
Contact Telephone Number:	Referrers Telephone Number
Email Address:	Referrers Email Address
PERSON MAKING THIS REFERRAL (if different from above)	
Forename:	Contact First Name(s)
Surname:	Contact Last Name
Professional Role & Organisation:	Contact Role & Organisation
Relationship to Individual:	Contact Relationship to the Individual
Contact Telephone Number:	Contact Telephone Number
Email Address:	Contact Email Address

FOR EXAMPLE:

- Victim of crime, abuse or bullying.
- Work, financial or housing problems.
- Citizenship, asylum or immigration issues.
- Personal problems, emotional difficulties, relationship problems, family issues, ongoing court proceedings.
- On probation; any erratic, violent, self-destructive or risky behaviours, or alcohol / drug misuse or dependency.
- Expressed feelings of injustice or grievance involving any racial, religious or political issue, or even conspiracy theories.
- Educational issues, developmental or behavioural difficulties, mental ill health (see **Safeguarding Considerations** below).
- Please describe any other need or potential vulnerability you think may be present but which is not mentioned here.

OTHER INFORMATION	**Please provide any further information you think may be relevant, e.g. social media details, military service number, other agencies or professionals working with the Individual, etc..**

Please Describe

REFERRER'S ORGANISATIONAL PREVENT CONTACT (if different from above)	
Forename:	Referrers First Name(s)
Surname:	Referrers Last Name
Professional Role & Organisation:	Referrers Role / Organisation
Relationship to Individual:	Referrers Relationship To The Individual
Contact Telephone Number:	Referrers Telephone Number
Email Address:	Referrers Email Address

SAFEGUARDING CONSIDERATIONS	
Does the Individual have any stated or diagnosed disabilities, disorders or mental health issues?	Yes / No
Please describe, stating whether the concern has been diagnosed.	
Have you discussed this Individual with your organisations Safeguarding / Prevent lead?	Yes / No
What was the result of the discussion?	
Have you informed the Individual that you are making this referral?	Yes / No
What was the response?	

RELEVANT DATES	
Date the concern first came to light:	When were the concerns first identified?
Date referral made to Prevent:	Date this form was completed & sent off?
Have you taken any direct action with the Individual since receiving this information?	Yes / No
What was the action & the result?	
Have you discussed your concerns around the Individual with any other agencies?	Yes / No
What was the result of the discussion?	

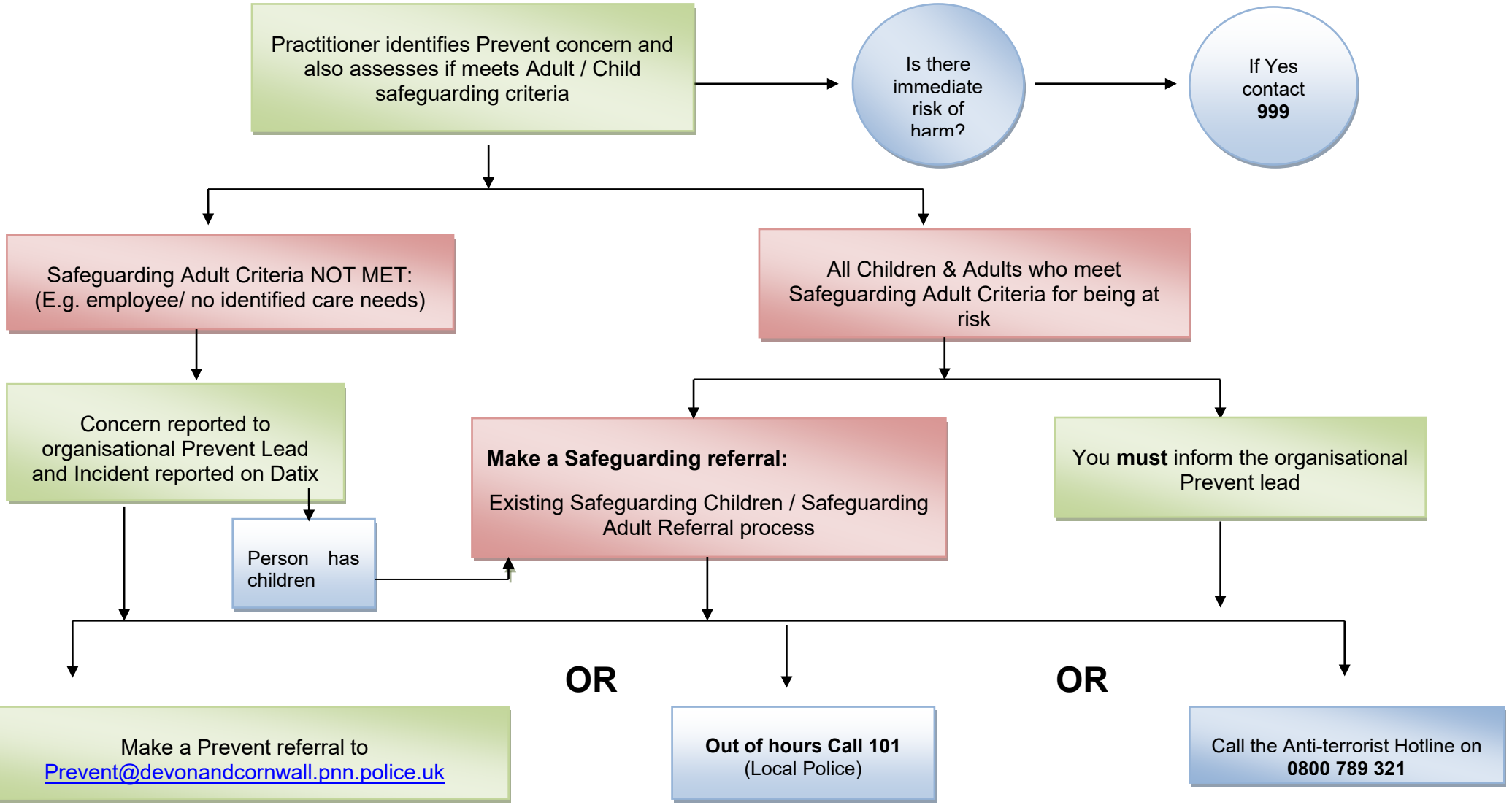
INDIVIDUAL'S EMPLOYMENT / EDUCATION DETAILS	
Current Occupation & Employer:	Current Occupation(s) & Employer(s)
Previous Occupation(s) & Employer(s):	Previous Occupation(s) & Employer(s)
Current School / College / University:	Current Educational Establishment(s)
Previous School / College / University:	Previous Educational Establishment(s)

THANK YOU
Thank you for taking the time to make this referral. Information you provide is valuable and will always be assessed. **If there is no Prevent concern but other safeguarding issues are present, this information will be sent to the relevant team or agency to provide the correct support for the individual(s) concerned.**

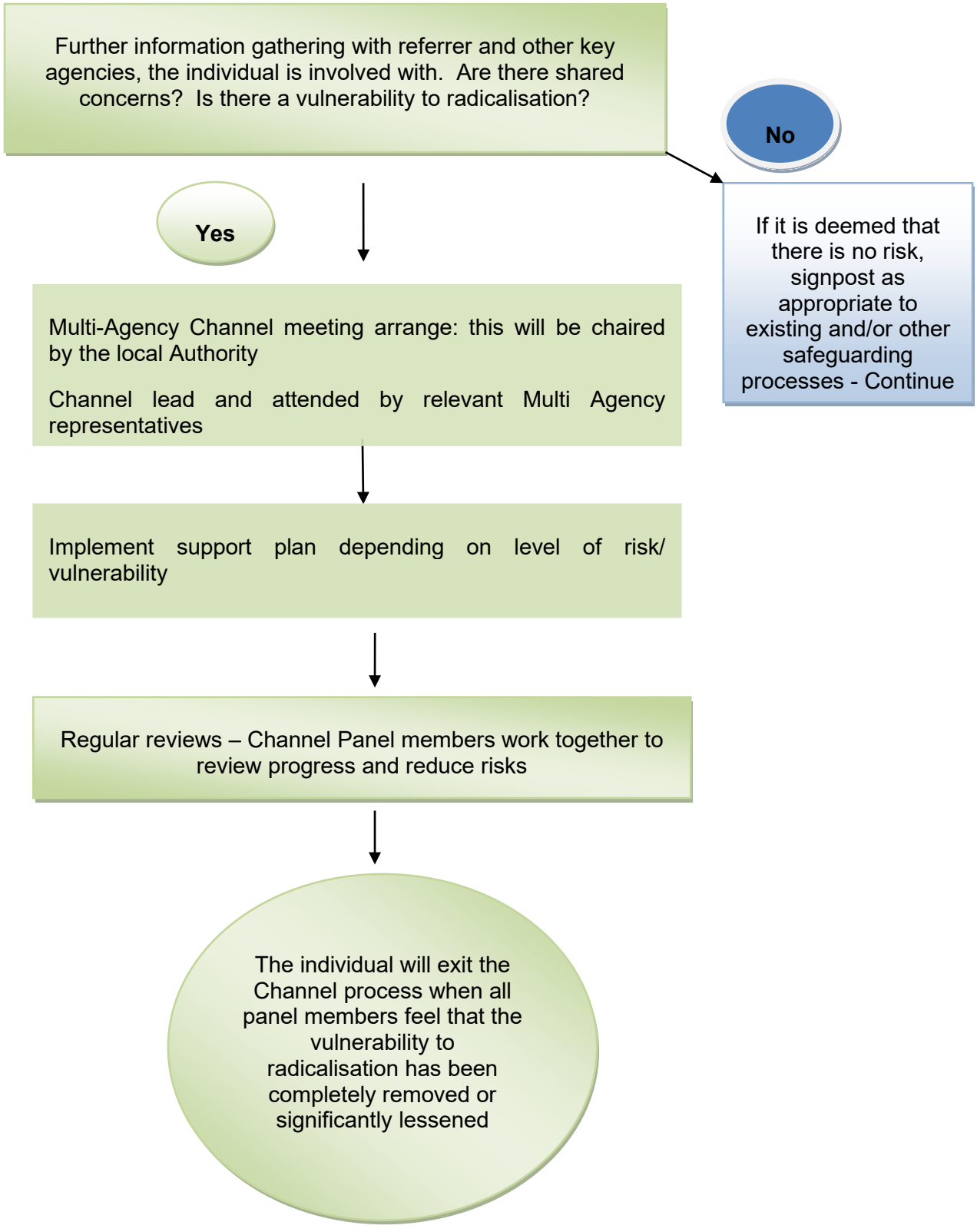
Channel Referral Process

Appendix 4

Channel is a multi-agency safeguarding process and early intervention strategy aimed at identifying and supporting individuals (including children) vulnerable to the recruitment of violent extremism. It must be noted this includes all forms of extremism. It is a mechanism for ensuring that these individuals are assessed and supported by professionals using statutory safeguarding frameworks and multi-agency partnership working. Below is a flowchart which illustrates how to refer a concern of this nature.



Once a referral has been made and it meets the Channel criteria, the individual/group become part of the Channel process, the Police will carry out the below process with the support of multi-agency partners working to the relevant Local Authority Lead. This process takes place in order to identify the level of risk and an appropriate support plan where necessary.



Exploitation

Evidence suggests that there is no single profile or indication of a person who is likely to become involved in terrorist-related activity. To date there is no universally accepted view of why individuals become involved.

The factors surrounding exploitation are many and they are unique for each person. The increasing body of information indicates that factors thought to relate to personal experiences of individuals affect the way in which they relate to their external environment.

In this sense, individuals may be exploited in many ways by radicalisers who target the individuals' unique factors. Contact with radicalisers is also variable and can take a direct form, i.e. face to face, or can happen indirectly through the internet, social networking or other media. More commonly this will occur through a combination of the above.

Should any member of staff develop concerns arising from changes in an individual's behaviour which indicates that they may be drawn in to violent extremism, they will need to take into consideration how reliable or significant these indicators are.

Some individuals will be lone actors and may be influenced by ideology and beliefs of an external group but not exploited by other individuals or groups. It can be hard to identify these individuals, making it even more important that staff know how to spot the signs.

Contact with Radicalisers

It is generally more common for individuals to become involved in terrorist related activity through the influence of others. Initial contact may be via peers, siblings, other family members or acquaintances, with the process of radicalisation often being a social one. Such social interaction takes place in a range of unsupervised environments such as gyms or cafés, in private homes and via the internet.

Access to extremist material is often through leaflets and local contacts. However, the internet plays an important role in the communication of extremist views. It provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking, and is a swift and effective mechanism for disseminating propaganda material. Healthcare organisations should be aware of anyone making frequent visits to websites showing images such as armed conflict around the world and providing speeches and access to material from those involved in the radicalising process.

Use of Extremist Rationale (often referred to as 'narrative')

Radicalisers usually attract people to their cause through a persuasive rationale contained within a storyline or narrative that has the potential to influence views. Inspiring new recruits, embedding the beliefs of those with established extreme views and/or persuading others of the legitimacy of their cause is the primary objective of those who seek to radicalise individuals.

The Internet and Prevent

Individuals may be exploited in many ways by radicalisers and this could be through direct face to face contact, or indirectly through the internet, social networking or other media. Access to extremist material is often through leaflets and local contacts. However, the internet plays an important role in the communication of extremist views. It provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking being a swift and effective mechanism for disseminating propaganda material.

Indicators of concern

Indicators that staff may observe or identify regarding individuals behaviour or actions may include the following:

- Graffiti symbols, writing or artwork promoting violent extremist messages or images.
- Patients/staff accessing violent extremist material on line, including social networking sites.
- Parental/family reports of changes in behaviour, friendships or action and requests for assistance.
- Patients voicing opinions drawn from violent extremist ideologies and narratives.
- Use of extremist or hate terms to exclude others or incite violence.
- Harmful influences on individuals from staff, colleagues, volunteers, parents, spouse, family members, friends, external groups or other patients.
- Inappropriate use of the internet on Trust premises.
- External groups using the Trust premises for meetings, distributing violent extremist materials.

What factors might make someone vulnerable

In terms of personal vulnerability the following factors may make individuals susceptible to exploitation. None of these are conclusive and therefore should not be considered in isolation but in conjunction with the particular circumstances and any other signs of radicalisation.

- **Identity Crisis**: adolescents/ adults who are exploring issues of identity can feel both distant from their parents/family and cultural and religious heritage, and uncomfortable with their place in society around them. Radicalisers can exploit this by providing a sense of purpose or feelings of belonging. Where this occurs, it can often manifest itself in a change in a person's behaviour, their circle of friends, and the way in which they interact with others and spend their time.

- **Personal Crisis**: this may, for example, include significant tensions within the family that produce a sense of isolation in the individual from the traditional certainties of family life.

- **Personal Circumstances**: the experience of migration, local tensions or events affecting families in countries of origin may contribute to alienation from UK values and a decision to cause harm to symbols of the community or state.

- **Unemployment or under-employment**: individuals may perceive their aspirations for career and lifestyle to be undermined by limited achievements or employment prospects. This can translate to a generalised rejection of civic life and adoption of violence as a symbolic act.

- **Criminality**: in some cases an individual may have been involved in a group that engages in criminal activity or, on occasion, a group that has links to organised crime and be further drawn to engagement in terrorist-related activity.

- **Grievances**: the following are examples of grievances which may play an important part in the early indoctrination of individuals into the acceptance of a radical view and extremist ideology:

    - A misconception and/or rejection of UK foreign Policy
    - A distrust of western media reporting
    - Perceptions that UK government Policy is discriminatory (e.g. counter-terrorist legislation).

- **Autism, learning disabilities and mental health:** learning disabilities or some types of mental health needs may make a person vulnerable. They may lack the ability to think critically, compare ideologies or challenge what they are being told in person or online.

Similarly to the above, the following have also been found to contribute to people joining certain groups supporting terrorist related activity:

- Ideology and politics
- Provocation and anger (grievance)
- Need for protection
- Seeking excitement and action
- Fascination with violence, weapons and uniforms
- Youth rebellion
- Seeking family and father substitutes
- Seeking friends and community
- Seeking status and identity
- A misconception and/or rejection of UK foreign Policy
- A distrust of western media reporting
- Perceptions that UK government Policy is discriminatory (e.g. counter-terrorist legislation)

Case Examples

The following are examples of individuals who became involved in terrorist attacks:

Example 1 – a patient

Nicky Reilly received a life sentence having attempted to detonate an improvised explosive device at a restaurant in Exeter in May 2008. He was known to have mental health issues and learning difficulties and had regular contact with health and social services. During his trial it was revealed that Nicky was encouraged by radicalisers on the internet.

Example 2 – healthcare worker

Bilal Abdullah, an NHS doctor, and Kafeel Ahmed, a PhD student, were involved in staging the attack on Glasgow Airport in 2007. The academic died from the severe burns he suffered after driving a car bomb into the airport terminal. The NHS doctor was later convicted of conspiracy to murder and to cause explosions. They had both been involved in a previous bombing attempt in central London.

Example 3 – lone actor

Darren Osbourne, a 47 year old man from Wales, drove a van into a crowd near a Finsbury Park mosque in 2017. One person was killed and nine others injured. He was not known to the Police before. Evidence indicates he had been angered by 'Three Girls', a BBC docudrama about the Rochdale child sex abuse ring, and he began to accuse all Muslims of being rapists. He was radicalised within a month, influenced by far-right anti-Muslim material he accessed.

The individuals in these examples came from different cultural and socio-economic backgrounds and appear to have very little in common. However, they each became victims of radicalisation. These case histories highlight that any member of society is vulnerable to radicalisation.

COMMUNICATION PLAN | Appendix 6

The following action plan will be enacted once the document has gone live.

Staff groups that need to have knowledge of the strategy/Policy	**All staff**
The key changes if a revised Policy/strategy	**New Policy**
The key objectives	The purpose of this Policy is to provide staff with a clear and reliable framework to enable them to identify and report concerns surrounding staff and other members of the public if they have concerns regarding potential radicalisation. Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on NHS bodies to have "due regard to the need to Prevent people from being drawn into terrorism". The Policy will ultimately help minimise the potential impact of radicalisation on members of the general public, and minimise the potential harm that the resulting terrorist act could cause.
How new staff will be made aware of the Policy and manager action	Induction Process Annual Trust update e-learning Safeguarding Newsletters Prevent training Intranet page.
Specific Issues to be raised with staff	Highlight noticing and sharing concerns at an early stage
Training available to staff	Induction Process Annual Trust update e-learning Safeguarding Newsletters Prevent training Intranet page. Level 1 and Level 2 Basic Prevent e-learning Level 3 Prevent e-learning and face to face
Any other requirements	

Issues following Equality Impact Assessment (if any)	
Location of hard / electronic copy of the document etc.	Trust documents G drive.