

| Trust Policy | | |
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| UHPNT Prevent Training Implementation Policy | | |
| Issue Date | Review Date | |
| June 2018 | June 2021 | V.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. | | |
| Who should read this document? | | |
| All UHPNT staff: clinical and non-clinical. | | |
| Key Messages | | |
| <p>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.</p> <p>Prevent is about protecting people who are vulnerable to such exploitation. 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. Every member of staff has a role to play in protecting and supporting vulnerable individuals and colleagues who are at risk of radicalisation.</p> | | |
| Core accountabilities | | |
| Owner | UHPNT Physical Interventions Training Lead Named Nurse for Safeguarding Adults | |
| Review | Safeguarding Steering Group | |
| Ratification | Safeguarding Steering Group | |
| Dissemination | All staff employed by UHPNT | |
| Compliance | The Prevent agenda is relevant to all our staff, including volunteers, in-particular those who work with vulnerable people. | |
| Links to other policies and procedures | | |
| <p>UHPNT Safeguarding Adults At Risk Policy (Vulnerable Adults). UHPNT Joint working to support people with Learning Disabilities in hospital (adults) Standard Operating Procedure. UHPNT Child Protection Policy. UHPNT Crime Prevention Policy. UHPNT Standard Operating Procedure Lockdown Procedure. 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 Risk Management Policy UHPNT Incident Management Policy</p> | | |
| Version History | | |
| V.1 | June 2018 | Approve and Ratified by Safeguarding Steering Group |

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 on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

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The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance on CONTEST (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
- **Prevent:** to stop people becoming terrorists or supporting terrorism
- **Protect:** to strengthen our protection against a terrorist attack
- **Prepare:** to mitigate the impact of a terrorist attack

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.

Prevent has 3 national objectives:

- **Objective 1:** respond to the ideological challenge of terrorism and the threat we face from those who promote it.
- **Objective 2:** Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- **Objective 3:** work with sectors and institutions where there are risks of radicalisation which we need to address.

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).

Consultation regarding this policy took place with the University Hospitals Plymouth NHS Trust (UHPNT) Safeguarding Lead, Named Nurse for Safeguarding Adults, the Local Security Management Specialist, Workforce Development and Organisational Development.

2 Purpose

This policy describes how the Trust will implement the Prevent agenda.

The Prevent agenda ensures that:

- NHS staff understand how to safeguard and support vulnerable individuals, whether patients / visitors or staff, who they feel may be at risk of being radicalised by extremists.
- Appropriate systems are in place within UHPNT for staff to raise concerns if they think this form of exploitation is taking place.
- The Trust promotes and operates safe environments where extremists are unable to operate.

Raising awareness of the staff's contribution to the Prevent strategy 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. Prevent is about safeguarding people and communities from the threat of terrorism.

3 Definitions

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, favors, 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.

Narrative Is the act of telling a story or experience.

OSCT Office for Security and Counter Terrorism.

UHPNT University Hospitals Plymouth NHS Trust.

Radicalisation To make or become politically radical.

Statutory An organisation that has been created by parliament.

Terrorism Threats of violent action or act of violence for political purposes.

WRAP Workshop to Raise Awareness about Prevent.

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

Named Nurse for Safeguarding Adults:

- Acting as a lead advisor in conjunction with Local Management Security Specialist, on Prevent strategy and implementation.
- Risk assessing staff role by location, to ensure that those staff most likely to come into contact with vulnerable at risk patient groups and their families/carers (or potentially vulnerable at risk staff members) are identified to attend either the WRAP Prevent workshop or enrolled onto the ESR Prevent eLearning package.
- Ensuring that there are a suitable number of training places and events to be delivered to allow all relevant staff identified in the training needs analysis to access Prevent **WRAP** face to face training.
- Liaising with the Physical Interventions and Safeguarding Training Lead to ensure that they have adequate 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.
- Providing support and advice on Prevent concerns raised by staff.
- Assisting managers to take concerns to the appropriate authority.
- **Head of Human Resource Operations:**
- To oversee any concerns relating to UHPNT staff with relation to Prevent.

Workforce Development:

- Providing training reports to the Trust and external bodies (such as NHS England) as required to demonstrate compliance to training targets.
- Providing support to update Electronic Staff Record with training statistics.

Local Management Security Specialist:

- Acting as a lead advisor in conjunction with Safeguarding Lead on Prevent strategy and implementation.
- Acting as an advisor to the UHPNT Physical Interventions Training Lead on matters related to Prevent **WRAP** training and updates.

- Providing reports to Regional Prevent **WRAP** Coordinator/NHS England.

Matrons:

- Ensuring that staff within their areas of responsibility have either attended the **WRAP** Prevent workshop, or have undertaken the ESR eLearning Prevent Module, if they have been risk assessed as requiring Level 3 Prevent training.
- Ensuring that should they have any concerns with regard Prevent within their areas of responsibility they inform the Safeguarding office or Local Security Management Specialist at the earliest opportunity.

Line Managers:

- Arranging for staff to attend the Prevent **WRAP** workshops as required, or access eLearning module if applicable.
- Supporting staff with the process to escalate a concern.
- Facilitating the appropriate escalation of Prevent concerns (see flowchart Appendix 3).
- Liaising with Human Resources if the concern raised is about a member of staff.

All Staff:

All identified staff are responsible for:

- Attending the required Prevent **WRAP** training session, or completing the eLearning package if enrolled.
- Reporting all Prevent related concerns to their line manager in line with the flowchart (Appendix 3).
- Assisting their manager with appropriate escalation.

The Process of exploitation:

It is suggested 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 vulnerable 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 vulnerable individuals affect the way in which they relate to their external environment. Mental ill health may contribute to making an individual susceptible to the adverse influences and exploitation. Existing evidence suggests that whilst there is no clear link between group based terrorism and mental disorder, terrorists or extremists who act alone may be more likely to have a background which includes mental ill health (NHS England 2017).

Vulnerable individuals may be exploited in many ways by radicalisers who target the specific aspects of their vulnerability. 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.

Contact with radicalisers:

It is generally more common for vulnerable 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 vulnerable individuals.

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 in themselves 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 at risk 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 of the vulnerable 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 a vulnerable 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 vulnerable 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. counterterrorist legislation)

- **Other Factors:**

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

- Provocation and anger (grievance)
- Need for protection
- Seeking excitement and action
- Fascination with violence, weapons and uniforms
- Seeking status and identity
- Youth rebellion
- Seeking family and father substitutes
- Seeking friends and community

6 Raising Concerns about Patients

Raising Concerns:

If a member of staff has a concern that someone is being radicalised, then they should discuss the concerns with their manager and/or relevant safeguarding professional, to decide if the concerns are valid. Please refer to the flowchart in **Appendix 3**.

Once the concern has been recognised as valid, complete a DATIX incident report; refer to the flowchart in **Appendix 3**.

If the concern is deemed to be valid the Channel process should be followed by the Local Security Management Specialist/Safeguarding Lead in partnership with the local Police Prevent Lead.

All concerns, discussions and advice should be documented and reported in line with UHPNT Policy.

If anyone has concerns that an individual is presenting an immediate terrorist risk to themselves, others or property, then they should contact the National Counter Terrorism Hotline on 0800 789 101, or the police on 999/112/101.

7 What is Channel?

Channel can help people make positive choices about their lives. It is an early intervention scheme that supports people who are at risk of radicalisation and provides practical support tailored to the individual's needs and specific set of circumstances. Channel works in a similar way to existing safeguarding partnerships aimed at protecting vulnerable people.

The process of radicalisation can lead to some vulnerable individuals acting on violent extremist views, breaking the law, and in some cases, it can lead to acts of terrorism. Channel can help stop this progression by providing factual information and different opportunities.

How does Channel work?

Each Channel Panel is chaired by a local authority and brings together a range of multi-agency partners to collectively assess the risk and can decide whether a support package is required. The group may include statutory and non-statutory partners, as well as lead safeguarding professionals. If the group feels the person is suitable for Channel, it will develop a package of support that is bespoke to the individual.

What support can Channel offer?

Channel can offer a wide range of co-ordinated support, including:

- Education, training and mentoring opportunities, health, housing and faith guidance.
- Access to support services and activities tailored to the individual's needs and particular set of circumstances.
- Access to people with specialist knowledge, or just someone to talk with.
- Open and honest conversations about issues of concern.
- Support for family members and loved ones.

Becoming a member of the Channel is voluntary. Channel is a supportive process to help anyone, regardless of their background, faith or ethnicity, from being drawn into any form of extremism, before they become involved in criminal activity.

How will the person be involved in this process?

A person will always be informed first if it is felt that they would benefit from Channel support. The process is voluntary and their consent would be needed before taking part in the process.

What happens with the referral?

Referrals are first screened for suitability through a preliminary assessment by the Channel Coordinator and the local authority. If suitable the case is then discussed at the Channel Panel of relevant partners to support if necessary.

All staff are to be made aware of the Prevent policy and how it is being implemented within the Trust. This is facilitated by, for example, payslip attachments, Trust-wide communication processes such as team brief, screen savers, face to face training and during induction.

Prevent Awareness Training Levels:

Level 1: all staff working for UHPNT via Trust update (eLearning).

Level 2: all non-clinical and clinical staff that have any contact with adults, children and young people, and or their parents/carers via Trust update (eLearning).

Level 3: All staff who work with Patients and who are risk assessed as requiring it, 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 Level 3 Prevent ESR eLearning module. Nursing, Midwifery and Operating Department Practitioner preceptees will attend the Prevent WRAP face to face session as part of their preceptee orientation programme.

These Level 3 sessions/eLearning 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 vulnerable 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 vulnerable individuals at risk of being groomed into terrorist related activities.

Level 4: Named professionals via attendance at **WRAP** face to face session.

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 compliance is 85% over 3 years or as agreed locally by the NHS Standard Contract Holder.

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 eLearning module. Annual update via eLearning. | 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 Trust Update (Safeguarding) | Level 2. | UHPNT eLearning. | Written by WRAP facilitator /Safeguarding. | Electronic Staff Record System (ESR.) |

9 Overall Responsibility for the Document

UHPNT Physical interventions Training Lead and Named Nurse for Safeguarding Adults.

10 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 three 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 by the Safeguarding Steering Group and ratified by the Director of Nursing.

Non-significant amendments to this document may be made, under delegated authority from the Director of Nursing by the nominated owner. These must be ratified by the Director of Nursing.

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 that are directly affected by the proposed changes.

11 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, currently the 'Vital Signs' electronic newsletter.

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 the named Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

12 Monitoring Compliance and Effectiveness

| Area for Monitoring | How | Who By | Reported to | Frequency |
|-----------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|------------------------------|------------------------|
| Attendance at Prevent WRAP training sessions | Numbers attending | Workforce Development | NHS England Via UNIFY 2 | Quarterly/Upon Request |
| Completion of ESR eLearning Level 3 Prevent package | Numbers completing as a percentage of those enrolled | Workforce Development | NHS England Via UNIFY 2 | Quarterly/Upon Request |
| Concerns raised | Number of Concerns raised via Datix Incident Report | Local Security Management and Safeguarding Service. | Safeguarding Steering Group. | Quarterly |

13 References and Resources

Channel: Protecting vulnerable people from being drawn into terrorism – a guide for local partnerships HM Government, October 2012.

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, (2011) Prevent Strategy.

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.

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

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 Guidance <https://www.gov.uk/government/publications/prevent-duty-guidance>

| Dissemination Plan | | | |
|-------------------------------|----------------------------------------------|-------------|-----------------------------|
| Document Title | UHPNT Prevent Training Implementation Policy | | |
| Date Finalised | June 2018 | | |
| Previous Documents | | | |
| Action to retrieve old copies | Not applicable | | |
| Dissemination Plan | | | |
| Recipient(s) | When | How | Responsibility |
| All Trust staff | | Vital Signs | Information Governance Team |

| Review Checklist | | |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---|
| Title | Is the title clear and unambiguous? | Y |
| | Is it clear whether the document is a policy, procedure, protocol, and 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 |

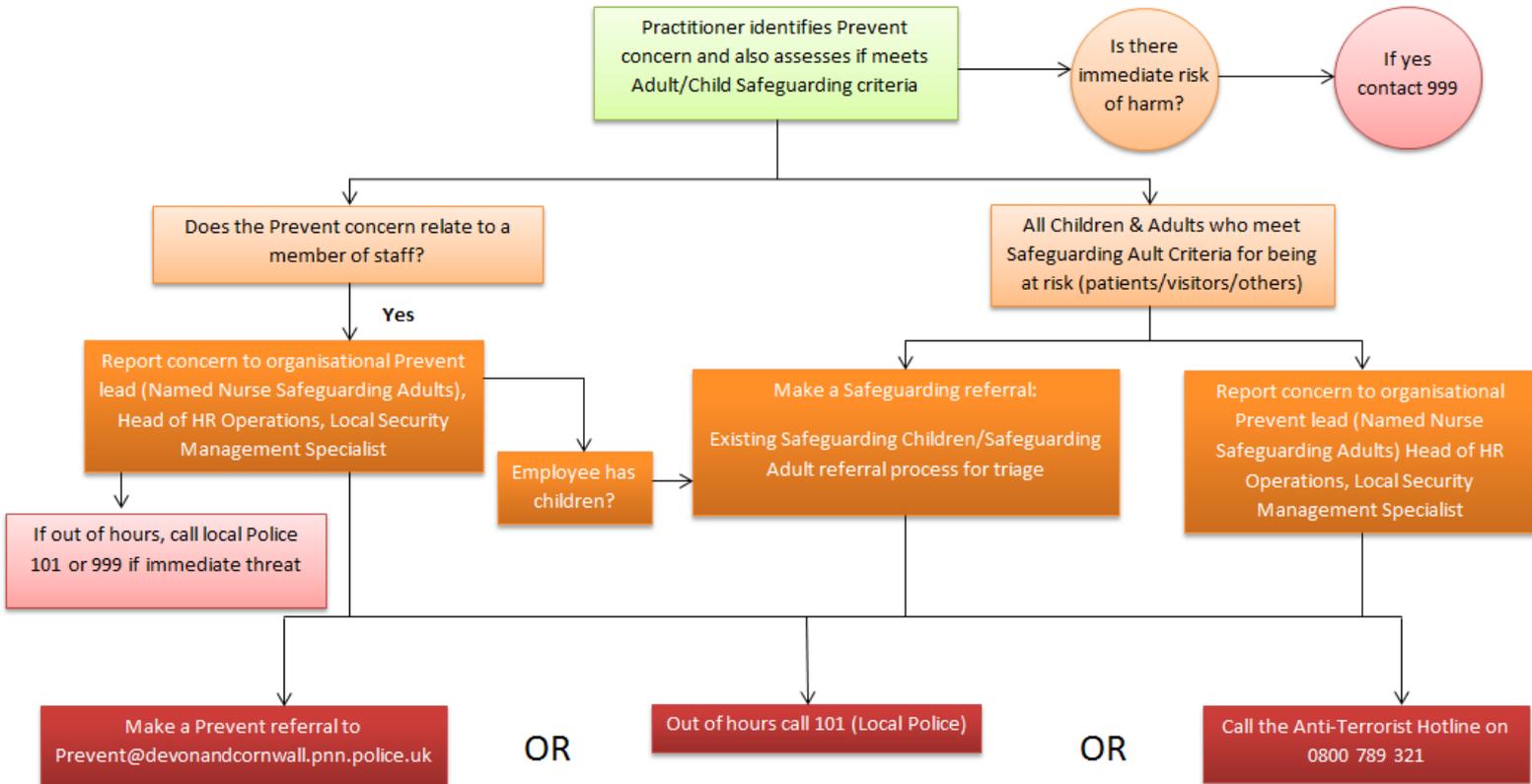
| Core Information | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date | |
| Title | UHPNT Prevent Training Implementation Policy |
| What are the aims, objectives & projected outcomes? | To ensure UHPNT has a strategy in place to meet the requirements of the NHS England Prevent Training and Competences Framework, that all staff are aware of their responsibilities regarding Prevent and that UHPNT operates in a manner that does not allow radicalisation, or extremism to take place, and that staff patients and visitors are safe when on UHPNT premises. |
| 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 | <p>There is no evidence to suggest that there is a negative impact on race regarding this policy.</p> <p>Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans.</p> <p>Data from workforce surveys, complaints and service user surveys will be monitored and analysed as required.</p> |
| Religion | <p>There is no evidence to suggest that there is a negative impact on Religion or belief and non-belief regarding this policy.</p> <p>Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans.</p> <p>Data from the workforce surveys, complaints and service user surveys will be monitored and analysed as required.</p> |
| Disability | <p>There is no evidence to suggest that there is a negative impact on Disability regarding this policy.</p> <p>Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans.</p> <p>Data from the workforce surveys, complaints and service user surveys will be monitored and analysed as required.</p> |

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| Sex | <p>There is no evidence to suggest that there is a negative impact on gender regarding this policy.</p> <p>Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans.</p> <p>Data from the workforce surveys, complaints and service user surveys will be monitored and analysed as required.</p> |
| Gender Identity | <p>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.</p> |
| Sexual Orientation | <p>There is no evidence to suggest that there is a negative impact on sexual orientation regarding this policy.</p> <p>Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans.</p> <p>Data from complaints and service user surveys will be monitored and analysed as required.</p> |
| Age | <p>This policy will benefit children young people and adults.</p> <p>Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans.</p> <p>Data from complaints and service user surveys will be monitored and analysed as required.</p> |
| Socio-Economic | <p>There is no evidence to suggest that there is a negative impact on socio-economic regarding this policy.</p> |
| Human Rights | <p>Workforce and service data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans.</p> <p>Data from complaints and service user surveys will be monitored and analysed as required.</p> |
| What are the overall trends/patterns in the above data? | <p>There are currently no trends or patterns in the data that is produced.</p> <p>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.</p> <p>Data from complaints and service user surveys will be monitored and analysed as required.</p> |
| Specific issues and data gaps that may need to be addressed through consultation or further research | <p>Analysis of workforce and service user data needs to be undertaken on a regular basis.</p> |

| Involving and consulting stakeholders | | | | |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------|-----------------|
| Internal involvement and consultation | Safeguarding, Organisational Development, Human Resources and Local Management Security Specialist. | | | |
| 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 than access the learning through ESR eLearning. | | | |
| Action Plan | | | | |
| Action | Owner | Risks | Completion Date | Progress update |
| | | | | |

The Channel Referral Process

Channel is a multi-agency process and an 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.

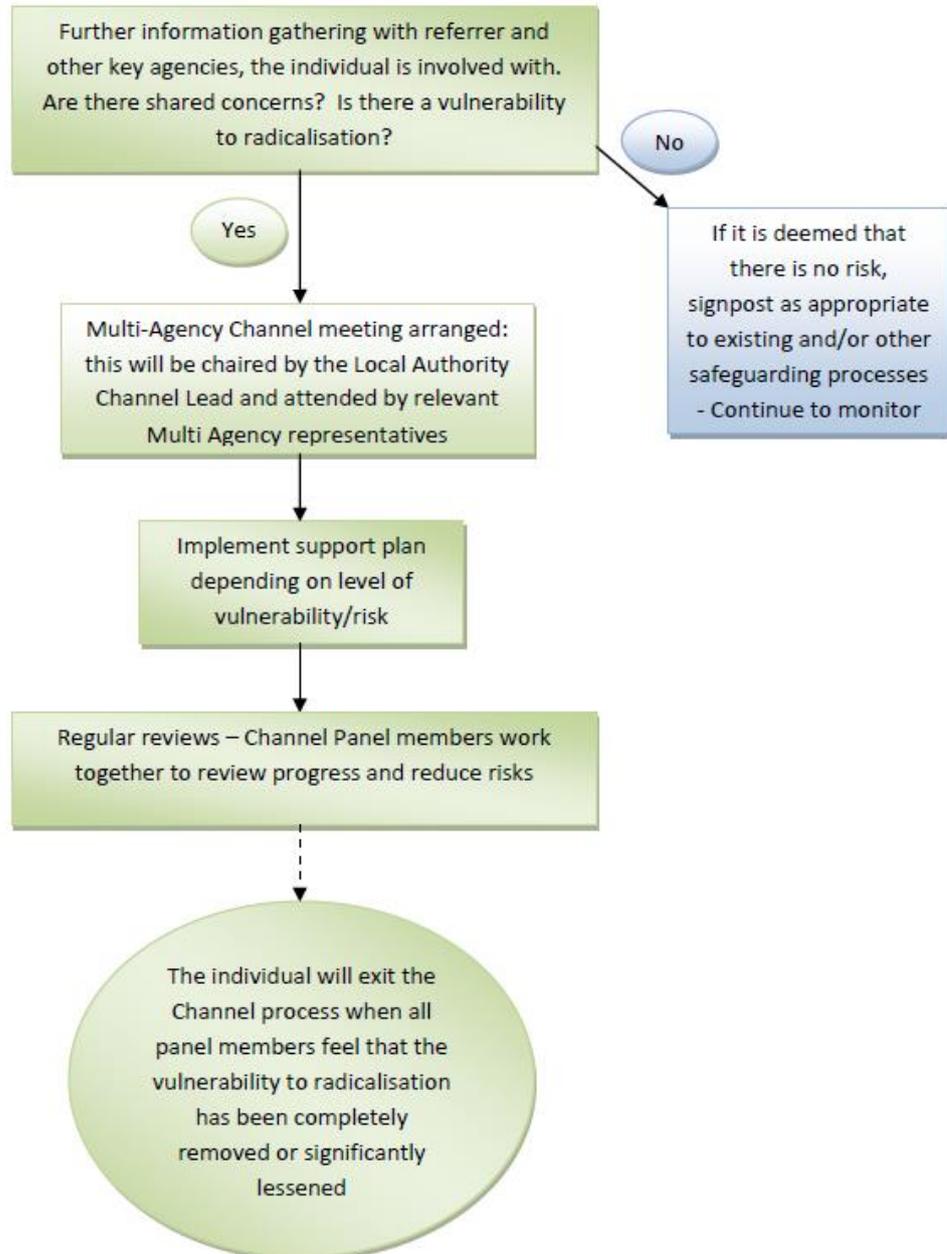


All Prevent concerns should be reported following UHPNT Incident Management Policy

(prevent@devonandcornwall.pnn.police.uk)

The Channel Referral Process

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.



If you wish to know more about Channel please contact the Regional Prevent/ Channel lead (South)
DI Sam Norman on 01392 452555 alternatively send any questions to
prevent@devonandcornwall.pnn.police.uk