

# ***Prevent Strategy Implementation Policy***

**V3.0**

***August 2017***

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## 1. Introduction

1.1. CONTEST is the Government's counter terrorism strategy. PREVENT is one of the four strands of CONTEST. The health service is a key partner in the delivery of PREVENT. PREVENT aims to stop people becoming terrorists or supporting terrorism. Healthcare staff are well placed to recognise individuals (patients or staff) who are vulnerable and may be susceptible to radicalisation by extremists or terrorists. This is fundamental to our 'duty of care' and falls within our safeguarding responsibilities. For the purpose of this policy the term 'people' applies to children as well as adults.

1.2. This version supersedes any previous versions of this document. This policy has been adapted from the Royal Devon and Exeter and the Avon and Wiltshire Mental Health Trust, with their kind permission.

## 2. Purpose of this Policy/Procedure

2.1. The Department of Health have worked with the Home Office to develop guidance for health organisations to implement PREVENT locally, and have produced *PREVENT Duty Guidance 2015* (Section 77). This policy is based on this guidance. The policy describes the escalation process for raising concerns and gives practical guidance on how to make a referral, to reduce the risk of an individual becoming drawn into terrorism. The policy is designed to signpost and support the implementation of PREVENT.

## 3. Scope

3.1. The PREVENT agenda is relevant to all staff, including volunteers, in particular those who work face-to-face with vulnerable people, both patients and staff.

## 4. Definitions / Glossary

4.1. Terrorism is defined in the Terrorism Act (2000) as an action that; endangers or causes serious violence to a person or people, causing 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.

4.2. Radicalisation in this strategy refers to the process by which people come to support terrorism and forms of extremism leading to terrorism.

4.3. Extremism 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. This includes the definition of extremism calls for the death of members of our armed forces, either in this country or overseas.

4.4. 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 the Professional judgement of a health or social care member of staff.

4.5. Vulnerability in the context of PREVENT 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.

4.6. HealthWRAP training is a workshop to raise awareness of PREVENT. The aim is to give staff a better understanding of PREVENT, reporting, multiagency counter-terrorism arrangements and indicators of what makes someone vulnerable or susceptible to radicalisation.

4.7. Channel is a multi-agency partnership that works with existing safeguarding partnerships and crime reduction panels in order to assess referrals of vulnerable individuals that are at risk of being drawn into Terrorism. Channel is administered and coordinated by police, but chaired by the local authority. Channel is part of the PREVENT strand of the Government's Counter Terrorism Strategy CONTEST. The Channel group provides a mechanism for supporting individuals who may be vulnerable to terrorist related activity by assessing the nature and the extent of the potential risk, agreeing and providing an appropriate support package tailored to the individual's needs.

## **5. Ownership and Responsibilities**

### **5.1. Chief Executive**

The Trust's Chief Executive has overall responsibility to have processes in place to:

- Ensure that clinical staff are aware of this policy and adhere to its requirements
- Ensure that appropriate resources exist to meet the requirements of this policy

### **5.2. Executive Directors**

The Chief Executive and the Executive Directors have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities such as the Department of Health, Commissioners and the Care Quality Commission. They are responsible for ensuring that all operational managers are aware of this policy, understand its requirements and support its implementation with relevant staff.

### **5.3. Associate Medical Director/Consultants**

The Associate Medical Director and Consultants are responsible for ensuring procedures are understood and carried out by medical staff involved in the implementation of this policy.

### **5.4. Ward/Unit/Department Managers**

Ward/Unit/Department Managers are responsible for implementing the policy with their immediate staff and ensuring that they carry out the duties prescribed in this policy.

### **5.5. Members of Clinical Teams**

Clinical team members have responsibility to comply with the requirements of this and associated policies.

### **5.6. All staff groups**

\*All Healthcare workers have a responsibility to familiarise themselves with this policy and to adhere to its process.

\*To report all PREVENT concerns to their Manager in line with the escalation flowchart below in section 6 of this policy.

\*Assist their manager in appropriate escalation.

### **5.7. Adult Safeguarding Named Nurse**

- \*To manage the PREVENT strategy and policy documents on behalf of the Trust.
- \*To manage the implementation and operation of the PREVENT strategy.
- \*Liaise with the HealthWRAP Facilitators to plan and implement a HealthWRAP training and awareness programme.
- Collating HealthWRAP training data and referrals enabling the provision of reports to the NHS England Regional PREVENT Co-ordinator.
- \*Providing PREVENT reports to the Trust Board.

### **5.8. HealthWRAP Facilitators**

- \*Liaise with the Safeguarding Nurse to plan and implement HealthWRAP training and awareness programmes.
- \*Manage their own competence and knowledge base to deliver effective training.

### **5.9. Regional PREVENT Co-ordinators**

- NHS England Regional PREVENT Co-ordinators (RPCs) are responsible for the operational co-ordination of PREVENT within each Area Team:

## **6. Standards and Practice**

6.1. When staff identify a person at risk of exploitation by radicalisers or are exhibiting extremist beliefs or behaviours, they must share these concerns.

6.2. The concern should be initially shared with your line manager, who will alert the Trust Safeguarding Team to discuss the case. There will then be consideration to decide if the case should be a referral to Channel or other action.

6.3. Where a case is considered appropriate for referral to Channel, then, following discussion with the Channel Coordinator, normally consent should be sought from the individual to make the referral (this is at a pre-criminal stage and active engagement is required to effectively support the individual concerned). However, limited and proportionate information may be shared prior to consent in exceptional cases; where this is required, it is to establish whether the case should be managed under Prevent or as a Counter Terrorism case. A Channel referral form (included in the NHS England Protocol for PREVENT Referrals, Appendix D) will form will then be completed by the Trust Head of Safeguarding (or nominated deputy in their absence) and sent securely to the local Channel Coordinator and to the NHS Regional PREVENT Coordinator.

6.4. On receipt by Channel, each referral is then screened for suitability according to the vulnerability and risk factors. Appropriate referrals will go through a preliminary assessment coordinated by the Channel Co-ordinator and key statutory partners (who will check and report back to the Channel Co-ordinator). A Channel panel, chaired by the local authority, will then take place, where the individual's needs will be identified and a support plan will be put in place.

6.5. Where a person linked to RCHT is being considered at a Channel panel, the relevant Care coordinator or lead practitioner should attend. The Trust Head of Safeguarding or their nominated deputy may attend when required. Practitioners should be clear on their role and responsibilities when attending Channel panels.

NHS South of England provides guidance and advice on the responsibilities of NHS representatives attending panels. The Channel panel will monitor each case on a six weekly basis, with a further review meeting for each case at 6 and 12 months, once the referral has exited the process.

6.6. However, you should note that not all individuals at risk of radicalisation and acts of terrorism are susceptible or vulnerable, and may be acting out of choice. If you are concerned that an individual is actually engaged in the planning or implementing an act or acts of terrorism:

- If there is an immediate threat to life, **ring the Police on 999**
- **Or Crimestoppers 0800555111**
- Otherwise, **ring the Anti-Terrorist Hotline on 0800 789 321**
- Any staff member whilst using IT finding terrorist content online or being sent material to report it to <https://www.gov.uk/report-terrorism>

6.7. You should always inform the Trust Head of Safeguarding when a report is made to the Police or Anti-Terrorism Hotline, and advice should be obtained prior to making a report from the Trust Head of Safeguarding or Trust Safeguarding Team in their absence, unless a delay would increase the risk of immediate harm. This is to ensure that reports are as effective as possible and to ensure that the Trust is able to record and report on PREVENT contacts to the NHS Regional PREVENT Coordinator.

### **6.8. Confidentiality, Information sharing and disclosures**

6.9. Trust staff should ensure they share information appropriately both professionally and legally when there is a safeguarding concern and in line with HM Governments 'Information Sharing Guidance and Confidentiality: NHS Code of Practice', and the relevant local information sharing protocols. PREVENT is based on the active engagement of the vulnerable individual and is at a pre-criminal stage. A appropriate consent should thus be obtained from the individual involved prior to a referral to Channel, both to comply with the Code of Practice on Confidentiality (2003) and to establish an open relationship with the vulnerable individual at the start of the process.

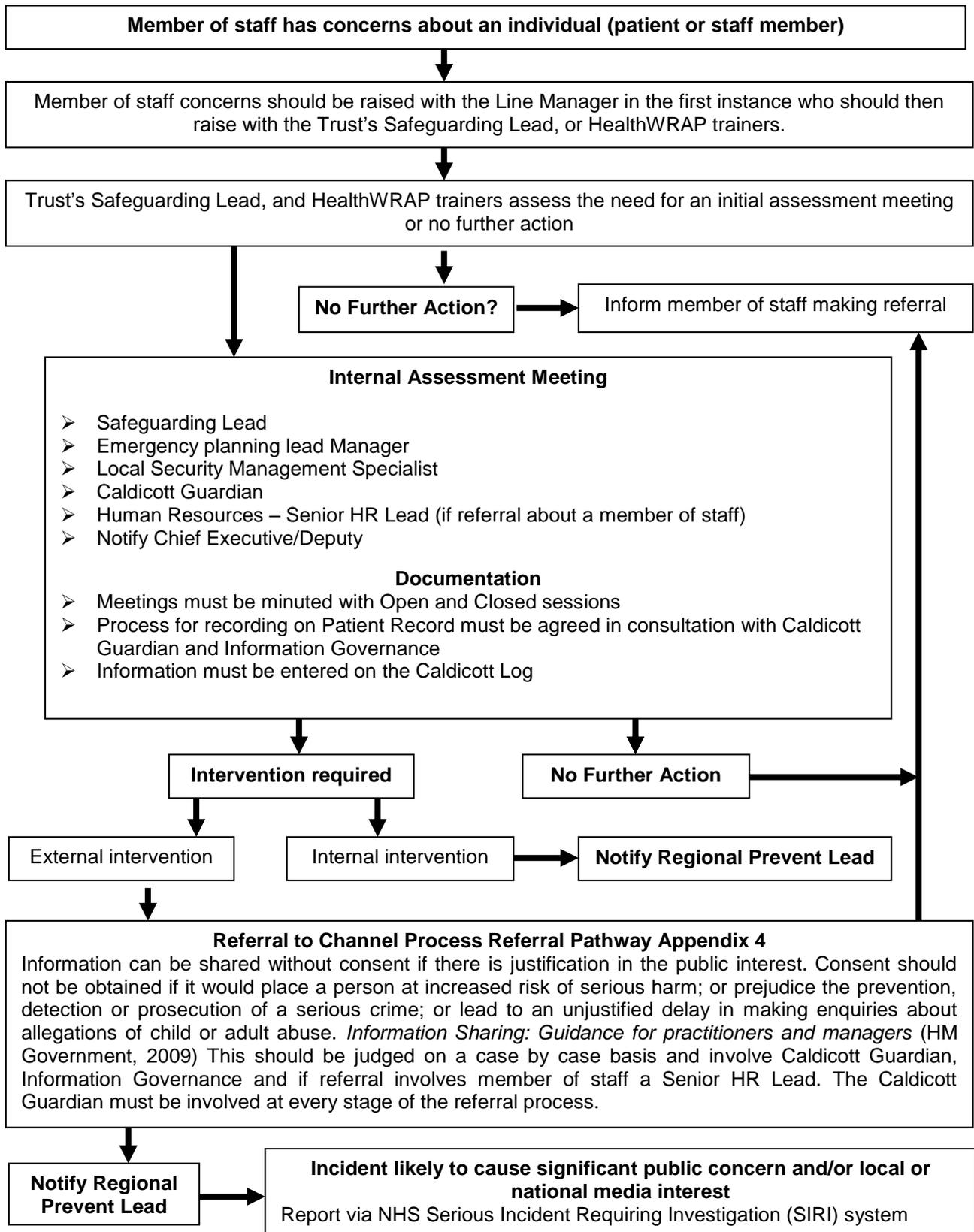
6.10. However, in exceptional circumstances, where seeking consent prior to referral would cause immediate significant harm to the vulnerable individual and/or where the vulnerable person lacks capacity to give consent, a referral may be made without consent in their best interests.

6.11. Where there is concern or evidence that an individual is actually engaged in the planning or undertaking of terrorist acts, or staff are concerned for their safety or welfare, then consent is not required to share any information that may be required to assess and manage the risk of a serious criminal offence occurring. In these cases the individual should not be informed that information is being shared without multi agency agreement of what is required to ensure the safety of others. If staff are not sure on information sharing or consent issues, they should seek advice from the Trust Safeguarding Team or Caldicott Guardian.

### **6.12. Recording Information**

Channel referral forms and minutes should be stored within the safeguarding team office within Caldicott guidance.

### 6.13. RCHT Escalation and Referral Process for preventing people being radicalised to become terrorists or support terrorism



## 7. Dissemination and Implementation

7.1. This policy is to be implemented and disseminated through the organisation immediately following ratification and will be published on the organisations intranet

site document library. Access to this document is open to all.

7.2. The Policy will be launched via the RCHT daily communication network.

7.3. The Policy will be available to all external stakeholders via the Documents Library on the Intranet.

7.4. The Safeguarding Adults Named Nurse and safeguarding adults training team will bring the reviewed Policy to the attention of any staff attending any Health WRAP training.

7.5. This policy document will be held in the public section of the Documents Library with unrestricted access.

7.6. Provision of mandatory Health WRAP training will be delivered by the Learning and Development Department as outlined in the RCHT Core Training Policy. Reference to relevant sections from this Policy will be utilised at all RCHT Level 2 Safeguarding Adults mandatory training. Please see the training matrix in Appendix 3.

7.7. For further information see Counter Terrorism and Security Act 2015. The PREVENT Duty Guidance (2015) Section 77. CIOS partnership protocol at <http://www.safechildrencios.co.uk> 'CIOS Child protection and safeguarding policy and procedures' available on the internal document library or <http://www.safechildrencios.co.uk>

## 8. Monitoring compliance and effectiveness

Element to be monitored	Staff adherence to Health WRAP training. Number of Prevent referrals or instances when the Trust was approached to provide information about an individual. The Safeguarding Lead reporting to the Regional Co-ordinator of the monthly Prevent Tracker.
Lead	The audit components will be undertaken by members of the RCHT Safeguarding Adults Operational Group (SAOG) following the designation of a lead auditor by the SAOG Chair.
Tool	Working with RCHT Learning & Development department to utilize training data generated to provide auditable mandatory training compliance reports.
Frequency	This will be monitored and reported yearly in August. The report will be delivered to the SAOG.
Reporting arrangements	The completed audit report will be presented and reported on in the minutes of the Safe Guarding Adults Operational Group (SAOG) by the Safeguarding Adults Named Nurse as per the SAOG Terms of Reference
Acting on recommendations and Lead(s)	Where the report indicates sub optimal performance the Chair of SAOG will nominate a group member to produce an action plan. The SAOG will be responsible for monitoring progress and will undertake subsequent recommendations and further action planning for all deficiencies identified within agreed timeframes.
Change in practice and lessons to be shared	Required changes to practice identified will be documented in the action plan outcomes. The membership of the SAOG will identify a lead to take each change forward across divisions as appropriate. Lessons will be shared with all relevant parties.

## 9. Updating and Review

9.1. This process is managed via the document library; review will be undertaken in August 2015 unless best practice dictates otherwise.

## 10. Equality and Diversity

10.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2 Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

### ***10.3 Equality Impact Assessment***

10.4 The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

<b>Document Title</b>	Prevent Strategy Implementation Policy			
<b>Date Issued/Approved:</b>	August 2017			
<b>Date Valid From:</b>	August 2017			
<b>Date Valid To:</b>	August 2020			
<b>Directorate / Department responsible (author/owner):</b>	Zoe Cooper Safeguarding lead nurse and Adult Named nurse			
<b>Contact details:</b>	01872 254551			
<b>Brief summary of contents</b>	This policy describes how the Trust will implement the PREVENT agenda.			
<b>Suggested Keywords:</b>	Terrorism, Radicalisation, PREVENT, Referral, CONTEST, HealthWRAP			
<b>Target Audience</b>	RCHT ✓	PCH	CFT	KCCG
<b>Executive Director responsible for Policy:</b>	Kim Okeeffe, Chief Nurse			
<b>Date revised:</b>	August 2017			
<b>This document replaces (exact title of previous version):</b>	N/A			
<b>Approval route (names of committees)/consultation:</b>	Safeguarding Operational group, local PREVENT health group, Southwest Health PREVENT group. Operational Management Group.			
<b>Divisional Manager confirming approval processes</b>	Kim O’Keeffe			
<b>Name and Post Title of additional signatories</b>	‘Not Required’			
<b>Signature of Executive Director giving approval</b>				
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓	Intranet Only	
<b>Document Library Folder/Sub Folder</b>	Clinical / Safeguarding Adults			
<b>Links to key external standards</b>	None			

<b>Related Documents:</b>	Building Partnerships, Staying Safe – The health sectors contribution to HM Government’s Prevent Strategy: guidance for healthcare workers
<b>Training Need Identified?</b>	Yes, see Appendix 3

**Version Control Table**

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
22/7/2013	1	Initial Version	Zoe Mclean Safeguarding adults Lead
16/7/2014	2	No change to process. Added clarity around definition to include child. Added information links for Prevent 7.7	Judith Parsons Designated nurse for children.
August 2017	3	Review, reference to new PREVENT Duty Guidance (2015 – Section 77). IT referrals guidance. Revision of training analysis.	Zoe Cooper Safeguarding lead nurse and Jon Wiggans

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

## **Appendix 2. Initial Equality Impact Assessment Form**

***This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.***

<i>Name of Name of the strategy / policy / proposal / service function to be assessed</i> Prevent Strategy Implementation Policy						
<b>Directorate and service area:</b> <b>Corporate</b>			<b>Is this a new or existing Policy?</b> <b>existing</b>			
<b>Name of individual completing assessment:</b> <b>Zoe Cooper</b>			<b>Telephone:</b> <b>01872 254551</b>			
1. <i>Policy Aim*</i>  <i>Who is the strategy / policy / proposal / service function aimed at?</i>		To provide all staff groups working within RCHT with a guide to their roles and responsibilities in the Trust's Strategy and implementation for PREVENT.				
2. <i>Policy Objectives*</i>		To ensure RCHT staff have an understanding and know the procedure in making a Prevent referral and what happens to that referral. Who in the Trust to contact if they have Prevent concerns.				
3. <i>Policy – intended Outcomes*</i>		To know how to make a Prevent referral. To ensure that Prevent concerns are reported and actions required are implemented in a timely manner				
4. <i>*How will you measure the outcome?</i>		Yearly audits as discussed in policy.				
5. <i>Who is intended to benefit from the policy?</i>		Patients and RCHT staff.				
6a <i>Who did you consult with</i>		Workforce	Patients	Local groups	External organisations	Other
		x				
b). <i>Please identify the groups who have been consulted about this procedure.</i>		<b>Please record specific names of groups</b>				
		RCHT Safeguarding Adults Operational Group RCHT Senior Matrons & AHP Forum RCHT Occupational Therapists RCHT Site Co-ordinators				
What was the outcome of the consultation?						

## 7. The Impact

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
<b>Age</b>		<b>x</b>		
<b>Sex</b> (male, female, trans-gender / gender reassignment)		<b>x</b>		
<b>Race / Ethnic communities /groups</b>		<b>x</b>		
<b>Disability -</b> Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		<b>x</b>		
<b>Religion / other beliefs</b>		<b>X</b>		
<b>Marriage and Civil partnership</b>		<b>X</b>		
<b>Pregnancy and maternity</b>		<b>X</b>		
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		<b>X</b>		

**You will need to continue to a full Equality Impact Assessment if the following have been highlighted:**

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation. **or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.

**Yes**

**No**  
**x**

9. If you are **not** recommending a Full Impact assessment please explain why.

Not required in this case

Signature of policy developer / lead manager / director		Date of completion and submission
Names and signatures of members carrying out the Screening Assessment	1. Zoe Cooper 2. Human Rights, Equality & Inclusion Lead	

**Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead**  
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,  
Truro, Cornwall, TR1 3HD

**This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.**

A summary of the results will be published on the Trust's web site.

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Appendix 3. Training Analysis

Staff groups	How often	Length of Training	Delivery Method	Training delivered by whom	Records of attendance held
Prevent HealthWRAP trainers	Once only	Bespoke around the individual being trained (until competent)	Lecture, coaching and assessment, by accredited trainers.	. Trained internally by existing accredited facilitators.	Accreditation reference number from Home Office
All Trust staff with patient contact	Initially on induction	Level 1 Basic Prevent Awareness information	Electronic information sheet.	Electronic information sheet produced by HealthWRAP trainers	ESR

All clinical front line staff	Once only	Level 2 HealthWRAP 1 hour.	Classroom / lecture, using Home Office material.	Approved HealthWRAP trainers	ESR
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## Appendix 4. Channel referral form

### NHS South of England Channel Referral Form

To submit use the secure email addresses as shown below

**RESTRICTED when complete**

Police contact addresses for queries, advice and referrals	<b>Referrals:</b> <a href="mailto:channelsw@avonandsomerset.pnn.police.uk">channelsw@avonandsomerset.pnn.police.uk</a>  <b>Channel Co-ordinator:</b> <a href="mailto:Samantha.norman@devonandcornwall.pnn.police.uk">Samantha.norman@devonandcornwall.pnn.police.uk</a>
NHS Regional Prevent Co-ordinator	<a href="mailto:magdalena.wood@southcentral.nhs.uk">magdalena.wood@southcentral.nhs.uk</a>

DETAILS OF THE INDIVIDUAL BEING REFERRED INTO CHANNEL	
Name of the individual	Has the individual consented to be part of this process?
Date of birth	Does the individual have mental capacity? ( i.e. are they able to make decisions for themselves)
Address	Gender
DETAILS OF THE REFERRING ORGANISATION	
Name of the organisation making the referral	Date of the referral
Name of staff contact	Contact number
Secure email address (i.e. NHS net)	
REFERRAL FACTORS	
Please give a short description as to why the referral is being made and explore the following three supporting questions:	
<b>SHORT DESCRIPTION</b>  <b>ENGAGEMENT</b> - Is there any information to indicate that this individual is showing any signs of becoming involved with a group, cause or ideology that justifies the use of violence and other illegal conduct in pursuit of its objectives?  <b>INTENT</b> - Is there any information supporting that this individual has indicated that they may be willing to use violence or other illegal means?  <b>CAPABILITY</b> - Is there any information supporting what this individual may be capable of doing?	

