

Worcestershire Acute Hospitals NHS Trust Prevent Policy	
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	Clinical Governance Group 1 st October 2019
EQUALITY IMPACT STATEMENT	The Trust is committed to promoting an environment that values diversity. The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. This document has been equality impact assessed and this can be found on page 32.
NHS Constitution	The Trust is committed to the principles and values of the NHS constitution and this document takes in to account these principles and values
RELATED POLICIES	Adult Safeguarding Policy Children's Safeguarding Policies Freedom to Speak Up Policy Incident Reporting Policy
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Key Amendments to Document:

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Peer reviewed for policy components by:	Andy Smith, Regional Prevent Coordinator NHS England and NHS Improvement Midlands and East of England Regions
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This Policy provides advice, guidance and information for Worcestershire Acute Hospitals NHS Trust staff should they wish to raise concerns about an individual who may be at risk of being drawn into terrorism or committing terrorist acts

1.0 Policy Aim

- 1.1. The primary aim of this policy is to ensure that vulnerable adults and children are protected from any form of radicalisation whilst under the care of Worcestershire Acute Hospitals NHS Trust and that staff members are able to identify any possible signs of radicalisation and raise their concerns with their line manager.
- 1.2. Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. Therefore, this Policy sits alongside Worcestershire Acute Hospitals NHS Trust existing Safeguarding Vulnerable Adults Policy and the Safeguarding Children's Policy.
- 1.3. In addition, the policy aims to ensure that staff are supported to develop an understanding of the *Prevent* Duty and how they can utilise their existing knowledge and skills to recognise that someone may have been, or is being radicalised, or is at risk of being radicalised and drawn into terrorism.
- 1.4. This Policy also sets out how *Prevent* related referrals or requests for information from external agencies will be managed by Worcestershire Acute Hospitals NHS Trust.
- 1.5. It also describes where staff can seek advice from, and how to escalate their concerns within the Trust. Where concerns need to be raised with external agencies, this Policy describes how referrals will be managed within the existing multi-agency safeguarding processes- including through the multi-agency Channel panels.

2.0 Summary

- 2.1 The Trust operates a zero tolerance to those who abuse or neglect vulnerable people; this includes staff, patients and the public. All suspected cases of abuse or radicalisation of patients whilst under the care of the Trust will be thoroughly investigated within the Trust and with partner agencies as per the Prevent Duty and the Pan London guidance for Adults at Risk/Working Together to Safeguard Children Guidance 2018. The Trust's Disciplinary Procedure will be followed in any suspected cases and the appropriate action will be taken.
- 2.2 The objectives of the policy are to provide clear guidance on reporting any safeguarding concerns or allegations of abuse or exploitation and to set out the levels of responsibility to ensure that:

- Staff members are aware of the policy
- Children and vulnerable adults are not subjected to any form of radicalisation whilst under the care of Worcestershire Acute Hospitals NHS Trust
- Staff members receive the appropriate levels of Prevent training
- Staff members consider the potential for radicalisation where appropriate and feel supported in identifying suspected signs of radicalisation
- Any concerns regarding radicalisation are reported and thoroughly investigated
- Appropriate action is taken
- The Trust complies with relevant legislation and partnership policies

2.3 **What this means for staff** - This policy sets out the aims, objectives and scope for the provision and development of prevention of radicalisation of vulnerable patient safeguarding within Worcestershire Acute Hospitals NHS Trust. The policy is relevant to all clinical, managerial and support staff and volunteers. The policy refers to vulnerable adults, children and young people who are under the care of staff employed by Worcestershire Acute Hospitals NHS Trust.

3.0 Introduction

3.1 In 2017, we saw a significant shift in the terrorist threat to the UK, with five attacks in London and Manchester that led to the deaths of 36 innocent people and injured many more. The recent attacks across Europe and the UK have demonstrated the speed, diversity and accessibility of methods, by which individuals who are vulnerable to these radicalising messages can prepare and commit attacks

3.2 This has had a profound effect on the threat to the UK, and the current UK National Threat Level is SEVERE¹, meaning an attack is highly likely. Although Islamist terrorism is the foremost terrorist threat to the UK, extreme right-wing terrorism is an increasing threat. In December 2016, National Action was the first extreme right-wing group to be proscribed, under the Terrorism Act 2000. The Government took further action in September 2017, proscribing Scottish Dawn and National Socialist Anti-Capitalist Action (131) as aliases of National Action.

3.3 CONTEST: is the Government's national counter terrorism strategy. It aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence. The CONTEST strategy (CONTEST 3.0) was updated in 2018 to

¹ <https://www.mi5.gov.uk/threat-levels>

reflect the findings from a review of all aspects of counter-terrorism and to future-proof the strategy in its response to heightened threats.

CONTEST has four main work streams:

- **Pursue:** to stop terrorist attacks
- **Protect:** to strengthen our protection against terrorist attack
- **Prepare:** where an attack cannot be stopped, to mitigate its impact
- **Prevent:** to stop people becoming terrorists or supporting terrorism

3.4 The **Prevent Strategy** was first published in June 2011 and is part of the

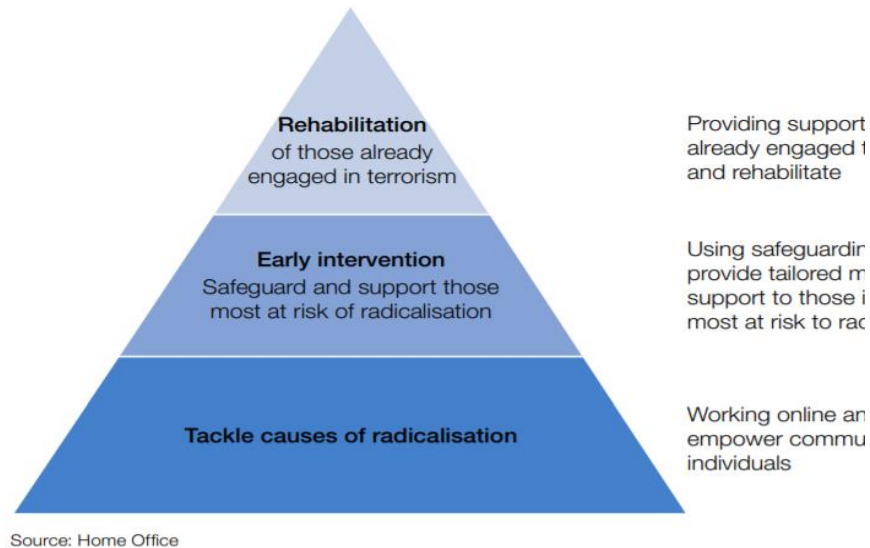
UK Counter Terrorism strategy. The Counter Terrorism and Security Act 2015: Section 26 places a legal duty on certain bodies including the NHS to have 'due regard' to the need to prevent people from being drawn into terrorism.

These forms of terrorism include but are not limited to:

- Al-Qa'ida/ISIS influenced groups
- The Extreme Far Right
- Left Wing Extremists
- Irish dissident republican groups
- Environmental extremists
- Animal Rights extremists.

CONTEST 3.0 was published in June 2018 to reflect the findings from a review of all aspects of counter-terrorism and to future-proof the strategy in its response to heightened threats. It has defined three core aims of the Prevent strategy to reduce the threat to the UK from terrorism by:

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



3.5 Health's primary role will continue to be under the safeguarding element of these approaches, and is no different from the duty of care to safeguard vulnerable individuals from other forms of exploitation including protecting people from gang activity, drug abuse, and physical and sexual abuse. All healthcare staff have a duty to safeguard the vulnerable and raise concerns if they suspect that someone may be at risk of harm.

4.0 Scope:

4.1 Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. Therefore, this Policy sits alongside the Worcestershire Acute Hospitals NHS Trust Safeguarding Adults Policy and Safeguarding Children's Policy.

4.2 This Policy applies to all staff employed by Worcestershire Acute Hospitals NHS Trust either directly or indirectly, including volunteers, sub-contractors, and agency workers across all service lines, both clinical and non-clinical and any other person or organisation that uses Worcestershire Acute Hospitals NHS Trust premises for any purpose.

5.0 Duties within the organisation in delivering the *Prevent* Strategy

5.1 Radicalisation is a process and not an event, and there is no single route or pathway to radicalisation. Evidence indicates that those targeted by radicalisers may sometimes have doubts or call into question about what they are doing and there may therefore be opportunities to intervene and safeguard them or others from harm. It is because of this doubt that frontline health and social care workers need to have mechanisms and interventions in place to support a person being exploited and to help safeguard them from being drawn into criminal activity and terrorism.

5.2 Thus, Worcestershire Acute Hospitals NHS Trust has a duty to ensure safe environments where extremists are unable to operate or exploit others. It is essential, therefore, that all staff know how they can recognise and support vulnerable people (patients, service users, carers or members of staff) who they feel may be at risk of being radicalised or drawn into terrorism. *Prevent* is a legal duty for all NHS Trusts and Foundation Trusts and is a contractual requirement for any service provider who is subject to the Standard NHS Contract. It is also part of the everyday safeguarding routine for NHS staff and those providing NHS services.

5.3 Responsibility & Duties

5.3.1 **The Chief Executive:** is responsible for ensuring that the Trust has policies in place and complies with its legal and regulatory obligations. The Chief Executive will provide the means necessary to ensure that staff develop and promote good practice in Prevent. As such, the Chief Executive has delegated a number of responsibilities to the following managers and key workers within the Trust:

5.3.2 **Organisational Executive Prevent Lead (Chief Nurse):** The Chief Nurse is the Executive Lead for Prevent. The Prevent Lead is responsible for the development or review of the Prevent policy as well as ensuring the implementation and monitoring is communicated effectively throughout the Trust and that monitoring arrangements are robust. The Prevent Lead will ensure that quarterly Prevent returns are submitted to the Clinical Commissioning Group, and through the SCDC portal (see para 18.0 Compliance) in line with NHS England guidance. This data requirement relates to the Safeguarding clause of the NHS Standard Contract and the progress being made by the organisation to implement the Prevent Duty. This includes collating organisational data relating to Prevent referrals and the numbers of staff attending Level 1-3 Prevent training.

5.3.3 **Head of Safeguarding:** The Head of Safeguarding will oversee the progression of work in relation to Prevent. The post holder will act as a key person in supporting and guiding clinical, non-clinical and managerial staff. The Head of Safeguarding will be a crucial member of the Safeguarding Committee and will ensure that the Safeguarding assurance framework in relation to Prevent is updated and that the resulting work plan is progressed in line with the Trust policy, the Trust's strategic plan and divisional business plans. The Head of Safeguarding will assist the Executive Director in implementing, monitoring and reporting on the progress of implementation, uses and outcomes related to this policy.

5.3.4 **The Head of Education, Training and Development:** is responsible for:

- Making arrangements for a suitable number of training places and events to be delivered to allow all relevant staff identified in the training needs analysis to access the Prevent training programme.

- Ensuring that a Training Plan is in place for Prevent Training at Level 1- 3.
- Providing training reports to the Trust Board as required

5.3.5 **Matrons/ Departmental Managers:** Matrons have been identified as key figures in supporting the safeguarding vulnerable adults/children agenda; including Prevent, within their areas, working with the Head of Safeguarding, ensuring clinical staff know what action to take should prevent safeguarding concerns be disclosed.

Managers are responsible for ensuring policies are implemented, communicated to their staff and that staff adhere to the policy detail: -

- They are responsible for ensuring staff attend relevant training.
- Supporting staff with the processes to escalate a concern
- Liaising with Human Resources Department if the concern raised is about a member of staff

5.3.6 **All Staff**

All Trust staff have duties and responsibilities in relation to the Prevent Strategy in keeping with statutory requirements and best practice guidance. All Trust staff, including volunteers have a responsibility to familiarise themselves with this policy and to adhere to its process.

Any Prevent concerns must be reported to the relevant line manager. Staff members have a responsibility to respond sensitively to a safeguarding disclosure and act in a professional manner and take appropriate action

6.0 **Staff training**

6.1 To ensure contractual obligations in relation to safeguarding as set out in the NHS Standard Contract, Worcestershire Acute Hospitals NHS Trust will follow the guidance provided in the NHS England *Prevent Training and Competencies Framework* (see 17.0 Legislation Compliance & References) which provides clarity on the level of training required for staff; it identifies staff groups that require basic level 1-2 *Prevent* awareness and those who have to attend Level 3 Workshops to Raise Awareness of Prevent (WRAP) or to complete commensurate Prevent eLearning.

6.2 The organisation must have a Prevent Training Delivery Plan that describes how the organisation will:

- Undertake and maintain a training needs analysis
- Ensure all staff receive appropriate basic Prevent awareness training
- Ensure sufficient accredited WRAP trainers appropriate to the size of the organisation, is included in the Trust's safeguarding training plan

- Include refresher training delivery for all staff as described in the Prevent Training & Competencies framework

6.3 The target audience for this policy is all identified employees of the organisation and volunteers who work in the organisation. Staff who need to undertake the WRAP training or eLearning equivalent will be identified using a Training Needs analysis (TNA.)

6.4 Those staff identified as being suitable to receive their Prevent training through eLearning at Levels 1- 3 can access training via the Electronic Staff Record (ESR).

7.0 Implementation

7.1 Worcestershire Acute Hospitals NHS Trust staff will be advised of this Policy at Trust induction. The Policy will be readily accessible on the Worcestershire Acute Hospitals NHS Trust Intranet.

It will be disseminated through:

- Trust Induction Programme
- Safeguarding Committee
- Other relevant training opportunities

8.0 Audit & Review

8.1 Elements of compliance with the *Prevent Duty* will monitored through a review of quarterly Prevent assurance data and through the recording of any concerns raised.

9.0 Health Engagement with the *Prevent* strategy 2011

9.1 The *Prevent* Strategy 2011 addresses all forms of terrorism and non-violent extremism which can create an atmosphere conducive to terrorism and can popularise views which terrorists then exploit. *Prevent* deals with all kinds of terrorist threats to the United Kingdom. The most significant of these threats is currently from organisations in Syria and Iraq and Al Qa'ida/ISIS associated groups. Terrorist associated with the extreme right wing also poses a continued and increasing threat to safety and security. The aim of *Prevent* is to stop people from becoming terrorists (often referred to as being radicalised) or supporting terrorism. It operates in the pre-criminal space before any criminal activity has taken place.

9.2 The three revised key objectives of the *Prevent* Strategy are to:

- I. Safeguard and support those at most risk of radicalisation through early intervention, identifying them and offering support.
- II. Enable those who have already engaged in terrorism to disengage and rehabilitate.

- III. Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.

Health organisations are expected to be involved in delivering objective 1 only and health staff are well placed to recognise individuals, whether service users, patients, or colleagues, who may be vulnerable and more susceptible to radicalisation by violent extremists or terrorists. All staff have a safeguarding duty and are expected to act as they would when they identify any other safeguarding concern.

10.0 Guidance on Booking Meeting Rooms

10.1 WAHT is committed to ensuring the correct usage and booking of meeting rooms by staff, public, patients or visitors in order that they do not provide a platform for extremists and are not used to disseminate extremist views. This includes:

- The hirer undertakes to uphold fundamental British values as defined within the Counter-Terrorism and Security Act 2015 and will not seek to express or allow any individual in their organisation to express radical or extremist views. Fundamental British Values are defined as:
 - Democracy
 - The rule of law
 - Individual liberty
 - Mutual respect
 - Tolerance of different faiths and beliefs
- The hirer shall not promote, or permit, the voicing of views in support of extremism, terrorism, radicalisation or any proscribed organisations. Neither shall they promote or allow the expression of extreme views about individuals who have one or more of the protected characteristics specified by the 2010 Equality Act.

In the event of any concern, this should be raised with the *Prevent* Lead.

(Prevent Duty Toolkit for Local Authorities and Partner Agencies

Supplementary Information to the Prevent Duty Guidance for England and Wales, Sept 2018)

11.0 Process of Exploitation

11.1 Radicalisation is a process and not an event and Government and academic research has consistently indicated that there is no single socio-demographic profile of a terrorist in the UK and no single pathway, or 'conveyor belt', leading to involvement in terrorism. Terrorists come from a broad range of

backgrounds and appear to become involved in different ways and for differing reasons.

- 11.2 While there is no one single reason to cause someone to become involved in terrorism, several factors can converge to create the conditions under which there is a cognitive opening where radicalisation can occur. There are also certain engagement factors sometimes referred to as “psychological hooks” related to personal circumstances which may make some individuals more susceptible to being drawn into terrorism
- 11.3 However, the increasing body of evidence indicates that factors relating to personal experiences of vulnerable individuals affect the way in which they relate to their personal environment and may make them susceptible to exploitation or supporting terrorist activities (see **APPENDIX 1- VULNERABILITY FACTORS**). Vulnerable individuals who may be susceptible to radicalisation can be patients, carers and/or staff, and everyone’s pathway is different.
- 11.4 Radicalisers often use a persuasive rationale or narrative to promote their extremist ideology and are usually charismatic individuals who can attract people to their cause which is based on an interpretation or distortion of history, politics and/or religion.
- 11.5 The key challenge for the health sector is to ensure that, where there are signs that someone is vulnerable to being drawn into terrorism that health and social care workers are aware of the support that is available and are confident in referring the person for further support when a concern is identified.
- 12.0 Internet**
- 12.1 Islamist and Extreme Right-Wing radicalisers exploit the internet to promote their narratives, influencing extremists within our own communities to disrupt our way of life through acts of violence. They groom the vulnerable and the young to join their movement, inspiring people within our own communities to harm others
- 12.2 Vulnerable individuals may be exploited in many ways by radicalisers and this could be through often through leaflets, direct face to face contact, or increasingly through the internet, social networking or other media.
- 12.3 The power of the internet in the radicalisation process cannot therefore be underestimated and radicalisers are making ever more sophisticated use of social media to spread their extremist messages and ideologies.
- 12.4 The internet provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking. It is a swift and effective mechanism for disseminating propaganda material and mobilising support but is not always easy or possible to monitor or regulate.
- 12.5 Worcestershire Acute Hospitals NHS Trust staff 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.

- 12.6 A dedicated website to report suspected terrorism or suspicions that some may be involved in terrorism is available at:
<https://www.gov.uk/report-terrorism>

13.0 Raising *Prevent* Concerns in relation to People that that receive services through Worcestershire Acute Hospitals NHS Trust

- 13.1 During daily work, healthcare workers may face situations that give them cause for concern about the potential safety of a patient, their family, staff or others around them. Early intervention can re-direct a vulnerable individual away from carrying out an act of terrorism. By working closely with partners, such as local authorities, social services, the police and others, healthcare organisations can improve their effectiveness in how they protect vulnerable individuals from causing harm too themselves or the wider community. The health sector will need to ensure that the crucial relationship of trust and confidence between patient and clinician is balanced with the clinician's professional duty of care and their responsibility to protect wider public safety.
- 13.2 In the event that a member of Worcestershire Acute Hospitals NHS Trust staff has concerns that a colleague, patient, service user or carer may be at risk of being drawn into terrorism, has begun to express radical extremist views or may be vulnerable to grooming or exploitation by others, the primary point of contact will be the will be their ward or department manager (see para 13.0 Escalating Concerns in relation to Employees). The Worcestershire Acute Hospitals NHS Trust *Prevent* Lead will support such enquires with assistance where required from the appropriate Local Authority *Prevent* Team.
- 13.3 All concerns should initially be discussed with the care team supporting the person prior to referral. If agreed that escalation is appropriate, the Head of Safeguarding (in consultation with the Executive *Prevent* Lead) will complete the relevant organisational *Raising Prevent Concern Form*. Safeguarding referral form [see example at **Appendix 2**], with the organisational *Prevent* Lead clearly identifying the precise nature of the concerns.
- 13.4 If it is determined that a safeguarding referral needs to be made, it will be done in accordance with local inter-agency safeguarding procedures.
- 13.5 Staff can also seek general advice from their manager and any On-Call Manager.
- 13.6 All referrals for children (age under 18 years) to the *PREVENT* Lead must also be referred to the local children's social care service as a child protection referral.

- 13.7 If it is determined that a safeguarding adults concern needs to be raised, it will be done in accordance with inter-agency safeguarding procedures.
- 13.8 Staff can also seek general advice from the Integrated Safeguarding Team or Worcestershire Acute Hospitals NHS Trust Prevent Lead or Head of Safeguarding.
- 13.9 The Home Office have introduced new Prevent awareness training which introduces users to the NOTICE-CHECK-SHARE procedure for evaluating and sharing concerns. The package shares best practice on how to articulate concerns about an individual, and ensure that they are robust and considered. <https://www.elearning.prevent.homeoffice.gov.uk/preventreferrals>.

14.0 Escalating Concerns in relation to Employees

- 14.1 Although there are relatively few instances of staff radicalising others or being drawn into extremist activity, it is still a risk that Worcestershire Acute Hospitals NHS Trust needs to be aware of and have processes within which to manage any concerns e.g. disciplinary action.
- 14.2 Where any employee expresses views, brings material into Worcestershire Acute Hospitals NHS Trust uses or directs patients to extremist websites or acts in other ways to promote terrorism, Worcestershire Acute Hospitals NHS Trust will look to use non-safeguarding processes to address the concerns.
- 14.3 Where a staff member has a concern about a colleague, this should be raised with their Line Manager. The Line Manager will discuss the concerns with the *Prevent* Lead and Human Resources Department in the first instance. If deemed necessary, the *Prevent* Lead will support the completion of/complete the relevant Raising a *Prevent* Concern Referral Form/ Safeguarding referral form on behalf of the staff member.
- 14.4 The *Prevent* Lead will liaise with colleagues in the Local Safeguarding Team to assess and manage any related safeguarding risks and, where appropriate, the Local Authority Prevent Lead. The Human Resources Advisor will lead on advising the Line Manager in relation to the disciplinary process; should this be appropriate.
- 14.5 **Radicalisation and Children** - There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require providers to carry out unnecessary intrusion into family life but as with any other safeguarding

risk, healthcare staff must take action when they observe behaviour of concern.

(Department for Education, *The Prevent Duty*, June 2015).

15.0 Partnership Working

- 15.1 It should be stressed that there is no expectation that Worcestershire Acute Hospitals NHS Trust will take on a surveillance or enforcement role because of identifying a *Prevent* concern. Rather, it must work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety and harm prevention a shared endeavour.
- 15.2 The organisational *Prevent Lead* will engage with partnership groups with the responsibility to share concerns raised within the organisation including the Local Authority Prevent Lead, or local *Prevent* Strategy Group.
- 15.3 The *Prevent Lead* will represent Worcestershire Acute Hospitals NHS Trust as appropriate on the Local *Prevent* Strategy Group, and attend Channel meetings (as required) and in accordance with the Channel Duty Guidance. Worcestershire Health & Care NHS Trust represents 'health' at Channel meetings.
- 15.4 Channel is the multi-agency safeguarding process through which statutory partners agree the appropriate level of support to an individual at risk of being drawn into terrorism or committing terrorist acts.
- 15.5 Channel panels meet on a monthly basis to discuss new cases received and the progress of ongoing cases. During these meetings they will:
- identify individuals at risk of radicalisation
 - assess the extent and nature of that risk; and
 - develop appropriate support plans for the individuals concerned; and review on a monthly basis whether the risk has been successfully managed.
- 15.6 The Home Office have produced a bespoke eLearning training product which explains how the Channel process works. This training package is available for anyone who may contribute to, sit on, or even run a Channel Panel. It is aimed at all levels, from a professional asked to input and attend for the first time, to a member of staff new to their role and organising a panel meeting <https://www.elearning.prevent.homeoffice.gov.uk/channelawareness>
- 15.7 **Understanding Radicalisation and Extremism Toolkit – Worcestershire -**
The purpose of the toolkit is to support all practitioners within Worcestershire regardless of profession or sector, that work or interact with individuals, children, young people and communities at risk of radicalisation, to foster greater understanding of the issues.

Further information in relation to types of extremism /logos can be found here under 'Prevent': <http://nww.worcsacute.nhs.uk/departments-a-to-z/education-training-development/course-directory/>

16.0 Contributing to the Counter Terrorism Local Profile (CTLP)

- 16.1 CTLPs provide partners with relevant information to help them target activities and resources as effectively as possible, providing them with a practical and consistent approach to sharing Counter-Terrorism related information. However, it has been recognised by many partners that CTLPs do not contain the right information to enable effective local Prevent activity; partners often do not feel engaged in the process and do not find the end product useful.
- 16.2 Health providers are a key partner in countering terrorism at a local level. Therefore, while the CTLP is produced by the police, it is imperative that local authorities, and their partners, including commissioners and providers with the health sector are able contribute to it.
- 16.3 NHS England Regional Prevent Coordinators play a central role in ensuring that commissioners and service providers are able to contribute relevant information and data to the CTLP.
- 16.4 Information provided by Worcestershire Acute Hospitals NHS Trust to the development of CTLPs should highlight any current and emerging themes or vulnerabilities within their organisation and extremism, and indicate whether the threats, risks and vulnerabilities have changed or remained the same.

17.0 Confidentiality, Information Sharing and Disclosure

- 17.1 Staff or other workers providing services on behalf of Worcestershire Acute Hospitals NHS Trust must ensure that they share information appropriately both professionally and legally when there is a safeguarding concern. This should be in line with HM Governments Information Sharing Guidance June 2018: *NHS Confidentiality Code of Practice 2003 (as amended)*, GMC: *'Confidentiality: good practice in handling patient information' May 2018* and relevant local information sharing protocols.
- 17.2 *Prevent* is based on the active engagement of the vulnerable individual and is at a pre-criminal stage before any crime has been committed, therefore appropriate consent should be obtained from the individual involved (or their parents or guardian if aged under 18 years) prior to a referral to Prevent. This is both to comply with *NHS the Code of Practice on Confidentiality (2003 as amended)* and to establish an open relationship with the vulnerable individual at the start of the process.
- 17.3 However, if you consider that failure to disclose the information would leave individuals or society exposed to a risk or harm so serious that it outweighs the patient's and the public interest in maintaining confidentiality, you should

disclose relevant information promptly to an appropriate person or authority (see **APPENDIX 3 Information Sharing**).

- 17.4 In cases where the vulnerable person lacks capacity to give consent, a referral may be made without consent and in their best interests.
- 17.5 The decision and rationale for making a referral without the individual's informed consent should be, subject to a case-by-case basis assessment which considers whether the informed consent of the individual can be obtained and the proposed sharing being necessary, proportionate and lawful. This should clearly be documented and recorded. This is described in greater detail in *GMC Confidentiality: good practice in handling patient information guidance* (See 17.0 Legislation Compliance & References)
- 17.6 Additionally agencies may share limited and proportionate information prior to seeking informed consent when this is urgently required to establish whether the case should be managed under *Prevent* or as a counter terrorism case. Again, this must be carried out in line with the principles outlined in 16.3. and 16.4 and the *GMC Confidentiality guidance*
- Disclosure is required by law (see paragraphs 17 - 19), disclosure permitted
 - approved under a statutory process that sets aside the common law duty of confidentiality (see paragraphs 20 - 21)
 - The disclosure can be justified in the public interest (see paragraphs 22 - 23)
- 17.7 **Where there is concern or evidence that an individual is engaged in the planning or undertaking of terrorist acts, 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, and to ensure the safety of others, the individual should not be informed that information is being shared, and the 7th Caldicott principle (i.e. that the duty to share information can be as important as the duty to protect patient confidentiality) should be applied.**
- 17.8 If Worcestershire Acute Hospitals NHS Trust staff are not sure regarding information sharing or consent issues, they should seek advice from their organisational Caldicott Guardian or Information Governance Officer. All information sharing of patient personal or sensitive data must comply with all Caldicott Principles and the law (see **APPENDIX 3: Information Sharing**).
- 17.9 Any disclosures or discussions on information sharing or consent must always be documented in the patient record.
- 17.10 Arrangements should include access to Police Prevent advice (out of hours where available) and clearly demonstrate when immediate police support is required.

Policies include advice on when and how to access police Prevent advice in the event of a significant concern or immediate risk to others.

If you feel that a call needs a more urgent Prevent response (e.g. if there is a significant concern – particularly it is out of hours) there are some useful telephone numbers you can call. Remember: -you should always trust your instincts:

The 101 number is designed encourage people to make contact with the police at an early stage to prevent or detect crime. In terms of Prevent, the earlier authorities can be involved the greater the chance we can intervene with partners and stop someone from being radicalised.

Confidential Anti-Terrorist Hotline

If you are suspicious that someone is being radicalised or that the call is terrorism related you can call the confidential Anti-Terrorist Hotline on 0800 789 321

In an emergency where you feel that there is an immediate terrorist threat please call 999

18.0 Requests for Information about an Individual raised by another organisation:

- 18.1 Generally requests for patient information should be made in writing, justifying the grounds for disclosure and submitted to the Data Controller of the data system from which the information is sought. The seriousness of the potential crime and the risk of harm to the individual or the public may outweigh the need to maintain patient confidentiality. The amount of information shared should be appropriate and responsive to the concern raised (see para(s) 16.3/16.6)
- 18.2 In situations where disclosures to (or information sharing with) the police may become routine, it is considered as good practice to have a purpose specific information protocol and agreed between the organisation and the police, so that all staff involved know what to do.
- 18.3 Note that the Crime and Disorder Act 1998 (see **Appendix 3 Information Sharing**) does not in itself constitute a statutory requirement for NHS organisations to disclose patient information to other agencies. This should be determined on a case by case basis with an informed *Prevent* Lead for each organisation
- 18.4 If a *Prevent* Lead is asked to share information for the purposes of preventing an individual from being drawn into terrorism the following question should be considered:
 - By sharing the information, is the intention to safeguard the individual from criminal exploitation, grooming (being drawn into terrorism) or self-harm?
 - In sharing information, is a serious crime being prevented or detected

- Is the information that has been requested appropriate to the risk of the serious crime of exploitation to the individual who may be drawn into supporting terrorism?
- In being drawn into terrorism does this individual pose harm to themselves or the wider public?
- Can the public interest justification be clearly stated?
(If in doubt, seek advice from your organisations Caldecott Guardian)
- The GMC *Confidentiality: good practice in handling patient information guidance updated May 2018* also provides a framework to help you decide when you can share information and helps you to think about why you are sharing the information. This may be for the direct care or protection of the patient, to protect others or for another reason. It also has a handy flowchart which you can use to help you decide whether to share the information Toolkit.

18.5 Arrangements exist within Worcestershire Acute Hospitals NHS Trust for responding to Prevent Freedom of Information Act 2000 FOIA requests in line with existing DHSC guidance. Any FOIA requests in relation to Prevent should be directed via the Prevent Lead.

18.6 Information Governance policies outline guidelines on areas of information management risk for the organisation including:

- an IT policy that identifies inappropriate use by either patients or staff;
- room hire by external organisations;
- appropriate use of notice boards;
- the distribution of inappropriate materials or leaflets.

19.0 Legislation Compliance & References

19.1 The following legislation, regulation and guidance has been used to inform this Policy:

- *NHS Contract SC32*
<https://www.england.nhs.uk/publication/nhs-standard-contract-2017-18-and-2018-19-service-conditions-full-length/>
- NHS England *Prevent Training and Competencies Framework*
<https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/>
- Data Protection Act 2018/General Data Protection Regulations
<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>
- Information Commissioners Office Guidance
<https://ico.org.uk/>
- Human Rights Act 1998

<https://www.legislation.gov.uk/ukpga/1998/42/contents>

- Equality Act 2010
<https://www.gov.uk/guidance/equality-act-2010-guidance>
- Common Law Duty of Confidentiality (CLDC)
<https://www.health-ni.gov.uk/articles/common-law-duty-confidentiality>
- Caldicott and Caldicott 2
<https://www.gov.uk/government/publications/the-information-governance-review>
- Information sharing advice for safeguarding practitioners (HM Government, 2018)
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- Crime and Disorder Act 1998
<http://www.legislation.gov.uk/ukpga/1998/37/contents>
- Counter Terrorism and Security Act 2015
<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>
- Prevent Duty Guidance 2015
<https://www.gov.uk/government/publications/prevent-duty-guidance>
- Channel Duty Guidance 2015
<https://www.gov.uk/government/publications/channel-guidance>
- Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation:2017
<https://www.england.nhs.uk/publication/guidance-for-mental-health-services-in-exercising-duties-to-safeguard-people-from-the-risk-of-radicalisation>
- Care Act 2014
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
<https://www.gov.uk/guidance/equality-act-2010-guidance>
- Safeguarding children and young people: roles and competences for health care staff intercollegiate Document: Jan 2019.
<https://www.rcn.org.uk/professional-development/publications/007-366>
Working Together to Safeguard Children 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf
- Adult Safeguarding: Roles and Competencies for Health Care Staff 2018
<https://www.rcn.org.uk/professionaldevelopment/publications/pub-007069>

20.0 Monitoring Compliance

- 20.1 Prevent Training data will be maintained by Worcestershire Acute Hospitals NHS Trust Training and Development Team.
- 20.2 A record of all *Prevent* concerns raised by Worcestershire Acute Hospitals NHS Trust will be held as highly confidential on the Worcestershire Acute Hospitals NHS Trust Safeguarding database.
- 20.3 Collection dates for the quarterly Prevent assurance data collection are listed on the NHS Digital Prevent collection page. Prevent leads are asked to check that arrangements are in place to submit their data before each quarterly deadline. If there is a need to change or update SDCS registrations, contact NHS Digital for advice on 0300 303 5678. Prevent leads are reminded that organisations can have two people registered with SDCS, and that anyone new to using SDCS should read all the guidance on the NHS Digital Prevent collection page.

21.0 Bibliography

- 21.1 The Champions of this Policy are the Executive Lead (Chief Nurse) and Head of Safeguarding. The Policy has been personalized for Worcestershire Acute Hospitals NHS Trust from the Generic Policy Template provided by NHS England (2019).

APPENDIX 1- VULNERABILITY FACTORS

Use of extremist rational (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 view 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 should be contextualised and considered in conjunction with the circumstances of the case and any other signs of radicalisation. Remember Prevent does not require you to do anything in addition to your normal duties. What is important is that if you have a concern that you raise these in line with the Worcestershire Acute Hospitals NHS Trust policies and procedures

Identity Crisis:

Adolescents/vulnerable 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.

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

Personal 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. counter-terrorism legislation)
- Ideology and politics
- Provocation and anger (grievance)
- Need for protection
- A distrust of Western media reporting
- 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

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.

These are further articulated in the
<https://www.gov.uk/government/publications/channel-vulnerability-assessment>

APPENDIX 2 - RAISING A PREVENT CONCERN

Date Form Completed:	
Name of person you are concerned about:	
DOB/Age of person you are concerned about:	
(Patient No/Payroll) (if known)	

<p>Brief details of the concern raised: (include why you feel the person may be vulnerable, any changes that may have occurred. We will contact you directly to discuss in more detail) <i>Expand box as required</i></p>
<p>Details of any support in place:</p>
<p>Is anyone else aware of this concern?</p>
<p>Completed forms should be recorded in the service user's electronic record. Where the <i>Prevent</i> concern relates to a staff member, this information must be stored securely in their electronic staff record.</p>

Details of person raising the concern:	
Name:	
Job title and/or relationship to person	
Contact Address:	
Telephone:	
E-mail:	

To be completed by <i>Prevent</i> Lead	
Date Received:	

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide additional information including approval and review dates.

Referrer contacted:	
Further action	
Signed:	Date:

APPENDIX 3- INFORMATION SHARING:

All information sharing for Prevent purposes must comply with the relevant legislation i.e. Data Protection, Human Rights legislation and the Common-law Duty of Confidentiality (amongst others) and meet the same rigour required for sharing information in respect of any other safeguarding concern.

The *General Data Protection Regulations GDPR* underpins the *Data Protection Act 2018* (DPA 2018): Chapter 2 of Part 3 of the Act is based around six key data protection principles and provides a range of rights for individuals which are applicable to the processing or sharing of personal and sensitive data.

The principles state that personal data must:

- be processed lawfully, fairly and in a transparent manner
- be processed for specified, explicit and legitimate purposes and not in any manner incompatible with those purposes
- be adequate, relevant and limited to what is necessary in relation to the purposes
- be accurate and up to date
- not be kept for longer than is necessary
- be secure.

Lawful basis for sharing personal data:

To disclose data into the programme and the lawfulness of the processing of the personal data must, one of the conditions found in Article 6 of the GDPR must be met. If any special category data is to be disclosed then one of the conditions of Article 9 must be met.

The primary conditions for disclosing information for the purposes of Prevent should be consent, however this may not always be appropriate or achievable. If consent is not appropriate or achievable then a different lawful basis must be met (see Part 3 of the DPA 2018 below) in order to share personal data. If another lawful basis is not met then data cannot be shared.

Consent:

The *General Data Protection Regulations (GDPR)* has strengthened the need to demonstrate consent is given freely – the GDPR has also strengthened the need to have a clarity of purpose for sharing /processing data whilst ensuring that criminal justice agencies and others can continue to use and share personal data to prevent and investigate crime, bring offenders to justice, to safeguard the vulnerable and keep communities safe from harm.

Potential lawful conditions to share information where consent of the individual or patient is inappropriate or unachievable are described below.

Part 3 of the DPA 2018 allows for the disclosure of personal data to a competent authority for the purposes of the detection and/or prevention of crime.

This provides a legitimate basis upon which a competent authority is permitted to share information for the prevention of crime and disorder, because it will be exercising a statutory function for law enforcement purposes.

It should be added that if the sharing is to any organisation other than the Police, if the disclosure is for the purposes of the prevention and detection of crime, that receiving organisation must be a competent authority as defined by the DPA 2018 otherwise the disclosure cannot be made for this purpose/reason.

A competent authority means:

- *a person specified in Schedule 7 of the DPA 2018; or*
 - *Any other person if, and to the extent that, they have statutory functions to exercise public authority or public powers for the law enforcement purposes.*
- <http://www.legislation.gov.uk/ukpga/2018/12/schedule/7/enacted>

Schedule 2:

The following part of the DPA 2018 allows for the processing of personal data for the purposes of (but not limited to):

- *the prevention or detection of crime*
- *the apprehension or prosecution of offenders,*

(Schedule 2, Part 1, Paragraph 2)

<http://www.legislation.gov.uk/ukpga/2018/12/schedule/2/paragraph/2/enacted>

Schedule 2, Part 1, Paragraph 5 the DPA 2018 which allows for the processing of personal data for the purposes of (generally) legal proceedings:

<http://www.legislation.gov.uk/ukpga/2018/12/schedule/2/paragraph/5/enacted>

Section 115 of the Crime and Disorder Act 1998

Section 115 provides agencies and professionals with the power to disclose personal information. It provides that any person can lawfully disclose information, where necessary or expedient for the purpose of any provision of the Act, to a Chief Officer of Police, a Police Authority, Local Authorities, Probation Provider or Health Authority (or to a person acting on behalf of any of these bodies), even if they do not otherwise have this.

This legislation satisfies the lawful basis for processing/disclosing information mentioned earlier under Schedule 2.

If the sharing of information with partner agencies is for the purpose of preventing crime and disorder and the requirements of the DPA 2018 are satisfied, then that sharing by or on behalf of Worcestershire Acute Hospitals NHS Trust will have a lawful basis.

European Convention on Human Rights (ECHR)

Article 8 of the ECHR states that everyone has the right to respect for private and family life, home and correspondence.

A public authority cannot interfere with an individual's Article 8 rights except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

This is a qualified right that may therefore be interfered with if the interference is necessary and proportionate for a legitimate aim.

The legitimate aims of the information sharing are as set out in Chapter 2 of Part 3 of the Act (see above) and only information that is assessed as being necessary and proportionate for one of those aims will be shared between parties.

Case by Case Judgement

Each instance where personal or sensitive information needs to be shared for safeguarding purposes should be decided through a case-by-case assessment which considers whether the informed consent of the individual can be obtained and the proposed sharing being necessary, proportionate and lawful.

This should clearly be documented and recorded with the rationale given for your decision. This is described in greater detail in GMC *Confidentiality: good practice in handling patient information guidance* (May 2018): -

- Disclosure required by law (see paragraphs 17 - 19).
- Disclosure approved under a statutory process that sets aside the common law duty of confidentiality (see paragraphs 20 - 21)
- The disclosure can be justified in the public interest (see paragraphs 22 - 23)

(See 17.0 Legislation Compliance & References)

If a data subject has not consented to the sharing of personal information in relation to them and no other legitimate conditions apply, then data should NOT be shared/disclosed.

If Worcestershire Acute Hospitals NHS Trust staff are not sure regarding information sharing or consent issues, they should seek advice from the organisational Caldicott Guardian and Information Governance Team.

Common Law Duty of Confidentiality

The CLDC is built up from case law and its basis is that information that has the necessary quality of confidence should not be used or disclosed further, except as originally understood by the discloser, or with their subsequent permission.

Some situations and relationships (such as Doctor/Patient relationship) also add a level of quality to the information imparted, which can help to achieve the necessary threshold for CLDC.

Case law has been established that exceptions can exist “in the public interest”; and confidentiality can also be overridden, or set aside, by legislation (see above Part 3 of the DPA 2018)

The Department of Health & Social Care has also produced a code of practice concerning confidentiality, which is required practice for those working within or under contract to NHS organisations. DH – Code of Practice on protecting the Confidentiality of service user information (see 18.0 Legislation Compliance & References).

APPENDIX 4- DEFINITIONS

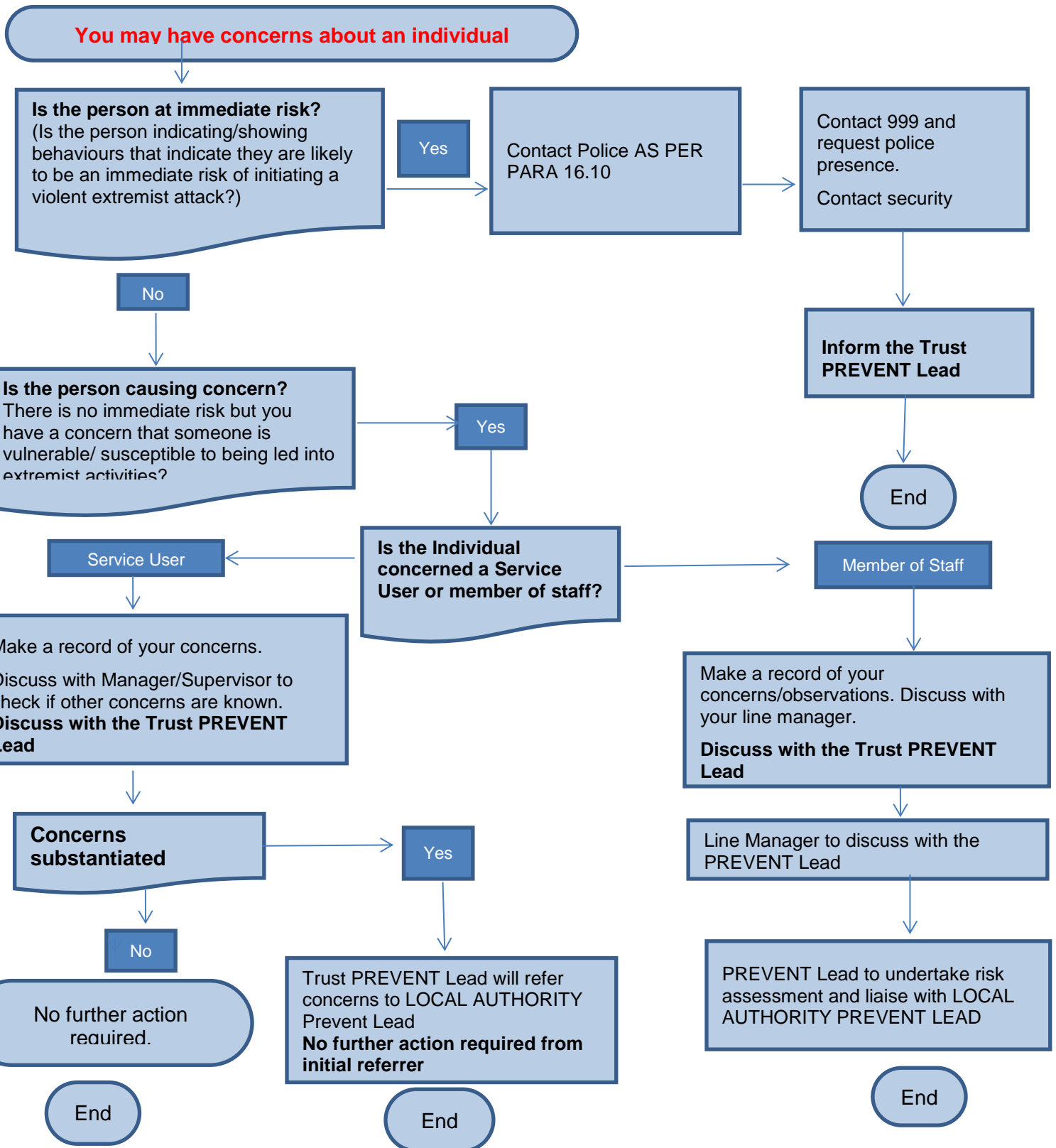
Terrorism	Actions of individuals or groups who seek to bring about social or political change through actions intended to cause serious harm, loss of life or raise attention through fear and/or damage to property to cause loss of life, disruption or raise attention by fear and/or damage to property
Radicalisation	The process of grooming an individual to support, encourage or condone violence to advance terrorist ideology
Extremism	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. We also include in the definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
CONTEST 3.0 Strategy	Sits under the Home Office and is a national strategy or long-term plan of action designed to reduce the risk of terrorism, by stopping people becoming terrorists, preventing terrorist attacks, strengthening the UK's resilience to terrorism and facilitating emergency preparedness procedures in the event of attack
Prevent Strategy	<p>Safeguarding and support those at most risk of radicalisation through early intervention, identifying them and offering support.</p> <p>Enabling those who have already engaged in terrorism to disengage and rehabilitate.</p> <p>Tackling the causes of radicalisation and respond to the ideological challenge of terrorism.</p>
Vulnerability	In the context of <i>Prevent</i> 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.
Channel	<p>Multi-agency approach to protect people at risk from radicalisation.</p> <p>Channel uses existing collaboration between local authorities, statutory partners (such as education and health sectors, social services, children's and youth services and offender management services, the police and the local community) to:</p> <ul style="list-style-type: none"> • identify individuals at risk of being drawn into terrorism; • assess the nature and extent of that risk; and • develop the most appropriate support plan for the individual concerned. <p>Channel is about safeguarding children and adults from being</p>

	drawn into committing terrorist-related activity. It is about early intervention to protect and divert away from the risk they face before illegality occurs
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APPENDIX 5: Reporting flow chart for Raising Concerns

Action to take if you suspect an individual is being radicalised or self –radicalised into extremist activities

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EQUALITY IMPACT ASSESSMENT

To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Does the treatment pathway affect one group less or more favourably than another on the basis of:	
	Age	No
	Disability	No
	Gender reassignment	No
	Marriage and civil partnership	No
	Pregnancy and maternity	No
	Race	No
	Religion or belief	No
	Sex	No
	Sexual orientation	No
2.	Is there any evidence that some groups are affected differently?	No
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No
4.	Is the impact of the policy/guidance likely to be negative? If so can the impact be avoided?	No
5.	What alternatives are there to achieving the policy/guidance without the impact?	No
6.	Can we reduce the impact by taking different action?	No
7.	Other comments	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

FINANCIAL IMPACT STATEMENT

To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
6.	Other comments	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide additional information including approval and review dates.