


PREVENT POLICY

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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
1.0			Executive Committee 2 nd July 2019	

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1 INTRODUCTION

What is Prevent?

The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance for the Government's Counter Terrorism Strategy, which is known as CONTEST. This Policy concerns one section of that Strategy which is concerned with reducing intent and stopping people becoming terrorists or supporting terrorism – it is known as *Prevent*.

CONTEST is primarily organised around four work strands, outlined below, each work strand has specific objectives that feed into the CONTEST strategy

- **PREVENT:** to stop people becoming terrorists or supporting terrorism
- **PURSUE:** to stop terrorist attacks
- **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: Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.

Objective 2: Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support

Objective 3: Enable those who have already engaged in terrorism to disengage and rehabilitate.

The Health Sector contribution to *Prevent* will focus primarily on Objective 2. NHS England have provided links for e-learning packages relevant to role (as outlined within the NHS England prevent training and competencies framework, these training packages will also focus upon objectives 2 and 3.

Why Health Care staff?

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a statutory duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This guidance is issued under section 29 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty. The Health Sector is one of the "specified authorities" listed.

Healthcare professionals will meet and treat people who may be vulnerable to being radicalised.

NLCCG requires assurance from commissioned services, where there are signs that someone has been or is being radicalised, individuals employed within NLCCG

commissioned services are trained to recognise those signs correctly and is aware of and can locate available support, including the Channel programme where necessary. NHS England has incorporated *Prevent* into its safeguarding arrangements, so that *Prevent* awareness and other relevant training is accessible to all staff who provide services to NHS patients. Preventing someone from being radicalised is substantially comparable to safeguarding in other areas, including child abuse or domestic violence.

Every member of staff has a role to play in protecting and supporting vulnerable individuals who pass through our care or are members of staff. **It is fundamental to our “duty of care” and falls within our safeguarding responsibilities.**

2 ENGAGEMENT

As *Prevent* lead for the CCG, the Designated Nurse for Safeguarding has developed this policy in line with the national CONTEST strategy 2018. The policy has also been reviewed by the *Prevent* lead for Humberside Police along with heads of service within NLCCG.

3. SCOPE

The *Prevent* agenda is relevant to all staff (including volunteers) across the health economy. All health organisations should have a *Prevent* policy in-situ.

This policy is written to be read alongside the National *Prevent* strategy, but is specific to the policies and practices of the North Lincolnshire Clinical Commissioning Group (NLCCG). This policy applies to all NLCCG staff, including volunteers, temporary staff and seconded staff.

NLCCG is a health commissioning organisation and as such has limited contact with members of the public or patients. There are, however, a number of potential interactions between the organisation and the public that could result in concerns being identified regarding the radicalisation of individuals.

4. POLICY PURPOSE & AIMS

This policy describes how the Clinical Commissioning Group in North Lincolnshire will implement the *Prevent* agenda. Its purpose is to ensure that:

- CCG staff know how to safeguard and support vulnerable individuals, whether service users or staff, who they feel may be at risk of being radicalised by violent extremists
- Appropriate systems are in place within NHS organisations for staff to raise concerns if they think this form of exploitation is taking place
- Healthcare organisations promote and operate safe environments where violent extremists are unable to operate

5. DEFINITIONS

Definition of extremism

The Government has defined extremism in the Prevent strategy as “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Definition of radicalisation

This is a process by which a person comes to support terrorism and extremism ideologies associated with terror groups. Radicalisation can be both violent and non violent.

6 ROLES, RESPONSIBILITIES, DUTIES

As the Health commissioning organisation in North Lincolnshire, it is the responsibility of the Clinical Commissioning Group (CCG) to seek assurance of the delivery of *Prevent* across all the component parts of the local health sector.

a. Director of Nursing and Quality – Clinical Commissioning Group

As the responsible Director for Safeguarding, the Director of Nursing and Quality has the overall responsibility for ensuring the delivery of *Prevent* across the North Lincolnshire health sector, and represents health at the ‘Gold’ multi agency meetings as requested.

b. Designated Professional/ Specialist Nurse for Safeguarding

It is the responsibility of the Designated and Specialist Nurse for safeguarding:

- To coordinate and seek assurance of the delivery of *Prevent* across the North Lincolnshire Health Community
- Ensure that best practice around Prevent is promoted, implemented and monitored both within the CCG and within commissioned provider services.
- Ensure that commissioned providers’ compliance and engagement with the Prevent strategy is reported through internal CCG Governance processes (via internal safeguarding reports)
- Work with local agencies to provide joint strategic leadership on the Prevent agenda in partnership with NHS England Area Team, Local Authorities, provider safeguarding leads, CQC, and the Police.
- Engage with local, regional and national Prevent forums.

c. All staff with line managing responsibility

Managers are responsible for:

- Ensuring all existing and newly appointed staff undertake Prevent training as required, this may take place in the form of e-learning
- Advising staff on the processes to escalate a concern
- Facilitating the appropriate escalation of *Prevent* concerns in line with the Notice, Check, Share guidance and escalation flowchart (see [Appendix 2](#))

- Liaising with Human Resources Department if the concern raised is about a member of staff

d. All Staff

All staff within NLCCG are responsible for:

- Completing required training (this will be through e-learning)
- Reporting all *Prevent* related concerns to their manager, in line with the Notice, Check, Share guidance and escalation flowchart in [Appendix 2](#)
- Assisting their manager in appropriate escalation of concerns including where necessary making a referral into *Prevent*

e. Provider Organisations

Provider organisations are responsible for providing assurance to the CCG as outlined in the NHS Contract. This can be delivered through ensuring that the Designated Professionals/Nurses receive updates regarding awareness raising programme progress, *Prevent* Policy updates and overall reports of *Prevent* referrals made by the organisation.

When concerns are raised by any member of staff around an individual patient, member of staff or other individuals they may come into contact with, who may be susceptible to radicalisation and/or violent extremism or suspect being involved in terrorist activity, then they must –

- Discuss their concerns with their line manager and the organisational *Prevent* lead. If necessary further discussion and advice may be sought from the Designated Nurse.
- If such a discussion confirms the concerns around extremism, these concerns must be reported through the *Prevent* safeguarding referral process, any member of staff can make this referral (which is shown in the flowchart in [Appendix 2](#))
- Reporting concerns can be by email using the *Prevent* national safeguarding referral form, (see [Appendix 3](#)) and sent to Prevent@humberside.pnn.police.uk
- By ringing 101 and asking to speak to the local *Prevent* Team on x3750 / 3751 (this should be followed by a referral using the *Prevent* national safeguarding referral form [Appendix 3](#)) and sent to Prevent@humberside.pnn.police.uk
- Dual safeguarding process should also be followed in instances of a concern about a child, young person or adult with care and support needs through either children's social care on **01724 296500** or adult safeguarding **01724 297195**.

If anyone has immediate 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 789 321, or the police on 999

7. IMPLEMENTATION

The final version of this policy will be uploaded to the CCG intranet and all staff within the CCG will be advised by internal communications.

8 TRAINING & AWARENESS

NLCCG is responsible for ensuring all of its staff are competent and confident in carrying out their responsibilities for safeguarding and promoting vulnerable adults and children's welfare,

NLCCG will ensure it meets the requirements of associated guidance in respect of training requirements, specifically for Prevent, this is through 'NHSE Prevent Training and Competencies Framework'. Within NLCCG, Prevent training will be provided through e-learning.

9 MONITORING & AUDIT

The Policy will be monitored through reports to the NLCCG Quality, Performance and Finance Committee. Where gaps and omissions are identified within the CCG Prevent arrangements, recommendations and required actions will be added to safeguarding work-plans for action. Where gaps or omissions are identified within commissioned provider services, the Designated Nurse for safeguarding will either:-

- Inform the provider and request immediate action to bridge the gap/omission
- Inform and discuss with the CCG Executive lead for *Prevent*

NLCCG will use the NHS Standard Contract for all commissioned services excluding Primary Care, including private and voluntary organisations. CCGs have a duty to ensure ALL providers of NHS funded services are compliant with *Prevent*. Since that time, the Safeguarding section of the contract has required providers to embed *Prevent* into their delivery of services, policies and training. This is now be bolstered by the statutory duty.

NLCCG will make arrangements for their providers to submit quarterly *Prevent* returns directly to them as a means of monitoring performance and compliance against the terms of the NHS Standard Contract.

Each organisation within the health sector must be in a position to monitor the percentage of their staff that has attended training in compliance with this Policy and their own training needs analysis.

10 IMPACT ANALYSES

10.1 Equality

All policies require an assessment for their impact on people with protected characteristics. An Equality Impact Assessment has been undertaken for this policy and as a result of performing the analysis, it is evident that a positive impact has been identified under religion and disability. This impact has been identified as positive due to the purpose of preventing individuals from being drawn into radicalisation and Prevent training which aims to challenge false perceptions around the purpose of Prevent. NLCCG Prevent Lead will seek assurance that NLCCG staff and in addition, staff working within NLCCG commissioned services have accessed Prevent training. This screening can be found in [Appendix 4](#)

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender,

gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

10.2 Sustainability

A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes.

10.3 Quality

All policies require an assessment for potential impact on quality. A quality impact assessment form is attached at [Appendix 4](#) of the policy.

10.4 Bribery Act 2010

The relevance of the Bribery Act 2010 must be considered in respect of every policy. It is considered that it is relevant to this policy as it is possible that an individual may be bribed into suppressing allegations

Under the Bribery Act it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

If fraud, bribery and corruption are particularly relevant to a policy, the section should be headed *Anti-fraud, Bribery and Corruption* and should include a cross reference to the *Local Anti-fraud, Bribery & Corruption Policy*. The following wording should also be included:

To raise any suspicions of fraud and/or corruption please contact the Local Counter Fraud Specialist (LCFS) or the Counter Fraud Manager at (for East Riding and North Lincolnshire – East Coast Audit Consortium, 01482 866800 email fraud@humber.nhs.uk

The LCFS will inform the Chief Financial Officer if the suspicion seems well founded and will conduct a thorough investigation. Concerns may also be discussed with the Chief Financial Officer or the Audit Committee Chair.

If staff prefer, they may call the NHS Fraud & Corruption Reporting Line on 0800 028 40 60 between 8am-6pm Monday-Friday or report online at www.reportnhsfraud.nhs.uk. This would be the suggested contact if there is a

concern that the LCFS or the Chief Financial Officer themselves may be implicated in suspected fraud, bribery or corruption.

Further information on the Bribery Act can be found at www.opsi.gov.uk/acts. A list of frequently asked questions is available from the CSU Corporate Strategy and Policy Manager.

11 POLICY REVIEW

This policy will be reviewed in 2 years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

12 REFERENCES

- *Prevent Duty Guidance*, HM Government, 2015
- *Channel Duty Guidance*, HM Government, 2015
- *Safeguarding Children and Young people: roles and competences for health care staff* (RCPCH, 2014)
- *Safeguarding Adults: Roles and Competences for health care staff – Intercollegiate Document* (NHS England, 2018)
- *NHS England Prevent Training and Competencies Framework*, 2015

13 ASSOCIATED DOCUMENTATION

This policy should be read in conjunction with:

- Safeguarding Policy
- Incident Reporting Policy
- ‘Speaking Out’/Whistleblowing Policy
- Policy and Procedure for the Management of Disciplinary Procedures

APPENDIX 1

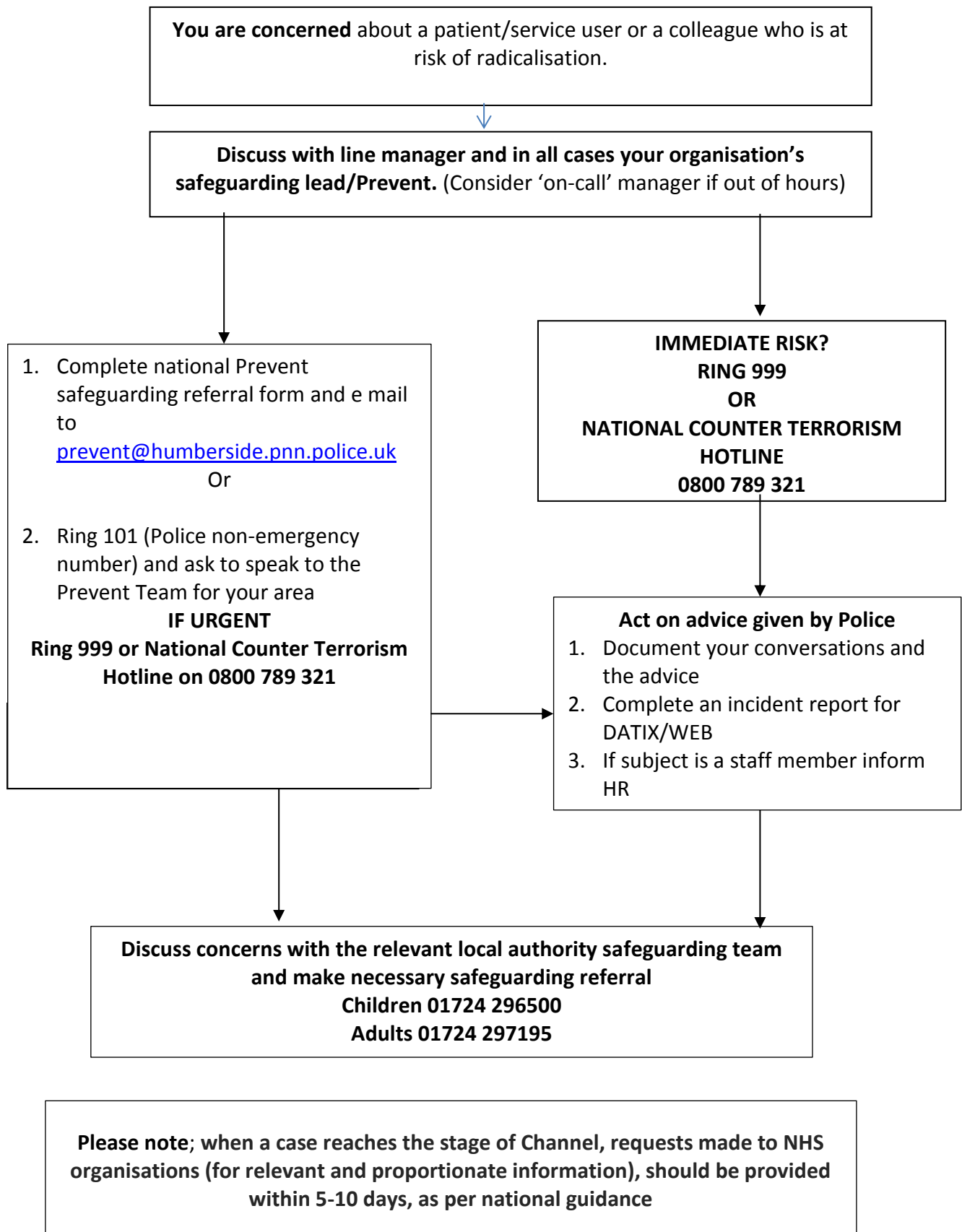
NHS Commissioning Board 2013/14 NHS Standard Contract Service Condition 32

SAFETY AND SAFEGUARDING

- 32.1 The Provider has adopted and must comply with the Safeguarding Policies.
- 32.2 The Safeguarding Policies must be amended from time to time to comply with the local multi-agency policies and any Commissioner safeguarding requirements.
- 32.3 At the reasonable written request of the Co-ordinating Commissioner, and by no later than 10 Operational Days following receipt of that request, the Provider must provide evidence to the Co-ordinating Commissioner that it is addressing any safeguarding concerns raised through the relevant multi-agency reporting systems.
- 32.4 If requested by the Co-ordinating Commissioner, the Provider must participate in the development of any local multi-agency safeguarding quality indicators and/or plan.
- 32.5 The Provider must include in its policies and procedures and comply with the principles contained in Prevent and the Prevent Guidance and Toolkit.
- 32.6 The Provider must include in its policies and procedures a programme to deliver HealthWRAP and sufficiently resource that programme with accredited HealthWRAP facilitators.
- 32.7 The Provider has appointed and must maintain a Prevent Lead. The Provider must ensure that at all times the Prevent Lead is appropriately authorised and resourced to procure the full and effective performance of the Provider's obligations under Service Conditions 32.5 and 32.6.
- 32.8 The Provider must notify the Co-ordinating Commissioner in writing of any change to the identity of the Prevent Lead as soon as practicable, and in any event no later than 10 Operational Days

APPENDIX 2

Raising PREVENT concerns through the CHANNEL process; Notice, Check, Share



APPENDIX 3

The Prevent safeguarding referral form can be used as a tool to records your concerns. Please note that dual safeguarding referrals are required. All Prevent referrals should be submitted to Prevent@humberside.pnn.police.uk

PREVENT SAFEGUARDING REFERRAL FORM

This form is designed to help articulate a safeguarding concern under Prevent – where you are worried that an individual is at risk from Radicalisation.

Complete as much of the form as you are able; doing so will help you assess the level of risk, and start to identify the correct response as required.

However if you feel the risk is high and time critical, you may wish to refer your concern immediately to your **Prevent Lead**.

Please Note:

This form is designed to be a start-point for referral sharing across all public sectors. Please check whether you already have a form or process in place. This form is not intended to replace any existing forms or procedures, but may be useful to help to refresh what may be currently available to you. Please also be aware of local or sector-specific guidelines for the sharing of information where appropriate.

1. YOUR DETAILS The person passing on the concern

NAME	
AGENCY/TEAM	
ROLE/ JOB TITLE	
E-MAIL	
PHONE NUMBER	
DATE	

2. DETAILS OF INDIVIDUAL BELIEVED TO BE AT RISK Complete where able and appropriate

FULL NAME	
D.O.B.	
GENDER	
ETHNICITY	
NATIONALITY	
FIRST LANGUAGE	
OCCUPATION, OR NAME OF EDUCATIONAL ESTABLISHMENT	
SOCIAL MEDIA NAME	
CONTACT DETAILS	
NAME OF NEXT OF KIN	
NEXT OF KIN CONTACT	

PREVENT

SAFEGUARDING REFERRAL FORM CONTINUED

3. PLEASE DESCRIBE YOUR RELATIONSHIP TO THE INDIVIDUAL

4. PLEASE SUMMARISE YOUR CONCERN(S)

5. WHAT INSTANCE OR CIRCUMSTANCE HAS LED TO YOU SHARING THIS CONCERN?

6. DOES THE INDIVIDUAL KNOW YOU ARE SHARING THIS CONCERN? Please tick where applicable

YES

NO

YES
and I have informed their parents

NO
but I have informed their parents

PREVENT

SAFEGUARDING REFERRAL FORM CONTINUED

7. WHAT IS THE TIME FRAME FROM CONCERN BEING RAISED TO COMPLETING THIS FORM?

Please tick where applicable

- Less than a week 1-2 weeks 2-4 weeks Over 1 month 3 months or more

8. PLEASE SELECT REASON(S) WHY YOU ARE SHARING THIS CONCERN Please tick where applicable

- I want to speak to the individual(s) concerned and am logging my reasons for doing this I want to check my concern with a colleague to see if it is justified I want to refer my concern so a colleague can help check some context around it
- I want to start safeguarding proceedings for this individual using internal resources I'd like this concern to be immediately shared with partner agencies

9. PLEASE SELECT CONCERNING BEHAVIOURS YOU HAVE NOTICED Please tick where applicable

- ABUSE USE OF INFLAMMATORY LANGUAGE FIXATED ON A TOPIC SELF HARM CONFRONTATIONAL
- CLOSED TO CHALLENGE ABSENTEEISM CHANGE IN APPEARANCE LEGITIMISING USE OF VIOLENCE DRUG USE APPEARANCE/ USE OF SYMBOLISM
- DESIRE TO TRAVEL TO CONFLICT ALCOHOL USE EXPRESSION OF EXTREMIST VIEWS QUICK TO ANGER HONOUR BASED VIOLENCE SEEKING TO RECRUIT TO IDEOLOGY
- BECOMING SOCIALLY ISOLATED ANTI SOCIAL BEHAVIOUR INTERNET USE THEM AND US LANGUAGE

PLEASE USE THIS SPACE TO ELABORATE ON ANY OF THE ABOVE OR DESCRIBE A BEHAVIOUR NOT LISTED:

PREVENT

SAFEGUARDING REFERRAL FORM CONTINUED

10. PLEASE SELECT IF ANY OF THE FOLLOWING CIRCUMSTANCES ARE APPLICABLE

Please tick where applicable

- | | | | | | |
|--|---|---|---|---|--|
| <input type="checkbox"/> FAMILY BREAKDOWN | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> UNEMPLOYMENT | <input type="checkbox"/> LEARNING DISABILITY | <input type="checkbox"/> FAMILY DISPUTE | <input type="checkbox"/> DOMESTIC ABUSE |
| <input type="checkbox"/> SEXUAL ABUSE | <input type="checkbox"/> FINANCIAL SUPPORT | <input type="checkbox"/> ILLNESS | <input type="checkbox"/> DISABILITY | <input type="checkbox"/> HOMELESS | <input type="checkbox"/> SOCIALLY EXCLUDED |
| <input type="checkbox"/> ADOLESCENCE OR PERIOD OF TRANSITION | <input type="checkbox"/> TRAUMA FROM CONFLICT | <input type="checkbox"/> VICTIM OF CRIME | <input type="checkbox"/> VICTIM OF HATE CRIME | <input type="checkbox"/> LINKS TO CRIMINALITY | <input type="checkbox"/> GANG/GROUP MEMBERSHIP |
| <input type="checkbox"/> UNEXPLAINED TRAVEL | <input type="checkbox"/> EXTREMIST MATERIAL | <input type="checkbox"/> LOSS/BEREAVEMENT | | | |

PLEASE USE THIS SPACE TO ELABORATE ON ANY OF THE ABOVE OR DESCRIBE A CIRCUMSTANCE NOT LISTED:

11. DETAILS OF PERSON YOU ARE SHARING YOUR CONCERN WITH

NAME	
ROLE/JOB TITLE	
EMAIL	
PHONE NUMBER	

12. PLEASE USE THE SPACE BELOW TO LOG WHAT YOU WOULD LIKE TO SEE HAPPEN NEXT OR SUPPORT YOU HAPPEN NEXT OR SUPPORT YOU REQUIRE

INTEGRATED IMPACT ASSESSMENT				
Policy/project/function/service	Prevent Policy			
Date of analysis:	04/06/2019			
Type of analysis completed	Quality	yes		
	Equality	yes		
	Sustainability	yes		
What are the aims and intended effects of this policy/project or function?	To ensure all staff and volunteers working within NLCCG are aware of their duties around Prevent			
Please list any other policies that are related to or referred to as part of this analysis	<ul style="list-style-type: none"> NLCCG Safeguarding policy 			
Who does the policy, project, function or service affect?	Employees	yes		
	Service users	yes		
	Members of the public	yes		
	Other (please list)	NLCCG commissioned services		
QUALITY IMPACT				
	Please 'X' ONE for each	Brief description of potential impact	Mitigation strategy and monitoring	Risk 5 x 5 risk matrix)
	Chance of Impact on Indicator			

	Positive Impact	No Impact	Negative Impact		arrangements	Likelihood	Consequence
	X	X	X				
PATIENT SAFETY							
Patient safety /adverse events	X			The policy encourages reporting of potential incidents that could affect safety of patients			
Mortality position		X					
Infection control MRSA/CDIFF		X					
CQC status		X					
NHSLA / CNST		X					
Mandatory/statutory training		X					
Workforce (vacancy turnover absence)		X					
Safe environment		X					
Standard & suitability of equipment		X					
CLINICAL EFFECTIVENESS							
NICE Guidance and National Quality Standards, eg VTE, Stroke, Dementia		X					
Patient related outcome measures		X					
External accreditation e.g. professional bodies ie RCN		X					
CQUIN achievement		X					
PATIENT EXPERIENCE							
Will there be an impact on patient experience if so how		X					

Will it impact on carers if so how		X					
INEQUALITIES OF CARE							
Will it create / reduce variation in care provision?		X					
STAFF EXPERIENCE							
What is the impact on workforce capability care and skills?	X			Additional knowledge and skills will be obtained through training			
Will there be a change in working practice, if so, how?		X					
Will there be an impact on training	X			All staff will be able to access e-learning training for Prevent			
TARGETS / PERFORMANCE							
Will it have an impact on performance, if so, how?		X					
Could it impact on the achievement of local, regional, national targets, if so, how?		X					
EQUALITY IMPACT							
Analysis Rating (see completion notes)	Red		Red/Amber		Amber		Green
Approved by:	Commissioner Lead:				GP lead for		
	Date				Date		

Local Profile Data	
General	Not applicable
Gender (Men and Women)	People of any gender can be radicalised. No negative impacts identified at this stage of screening
Race (All Racial Groups)	The Prevent policy raises awareness about terrorism and how it is not related to specific races or cultures.
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	Individuals who are isolated through physical or poor mental health may be more vulnerable to being exploited by radical or extreme ideologies. This policy aims to protect and prevent such individuals from being drawn into radicalisation
Religion or Belief	The Prevent policy aims to help any vulnerable person who is at risk of being radicalised regardless of their religion or belief. It is recognised that some religious groups may perceive the agenda to be applied unfairly. The policy and associated trust training aims to challenge stereotypes and assumptions.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	No negative impacts identified at this stage of screening
Pregnancy and Maternity	No negative impacts identified at this stage of screening
Transgender	No negative impacts identified at this stage of screening
Marital Status	No negative impacts identified at this stage of screening
Age	Research indicates that people of any age can experience radicalisation. It is noted that younger people may be more vulnerable to radicalisation.
Equality Data	
Is any equality data available relating to the use or implementation of this policy, project or function?	none
List any consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function.	Not applicable

Promoting inclusivity; How does the project, service or function contribute to our aims of eliminating discrimination and promoting equality and diversity?

Not applicable

Equality Impact Risk Assessment test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Protected Characteristic:	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	X			
Race (All Racial Groups)		X		There may be false perceptions held that the Prevent agenda is applied unfairly to those with specific religions or beliefs. The policy includes reference to training which aims to challenge stereotypes and assumptions.
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)		X		NHS England have developed specific training packages to assist professionals working within mental health organisations to understand the prevalence and vulnerability of individuals with mental ill health being susceptible to being radicalised. This policy aims to protect and prevent such individuals from being drawn into radicalisation
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			
Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age	X			

Action Planning

As a result of performing this Equality Impact Analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by The Equality Act 2010?

Identified Risk:	Recommended Action:	Responsible Lead	Completion Date	Review Date
False perceptions held that Prevent agenda is linked to specific religions and or beliefs	Assurance that staff within NLCCG and commissioned services undertake Prevent training	Prevent Lead NLCCG		

SUSTAINABILITY IMPACT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes.

	Positive Impact	Negative Impact	No Specific Impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			x	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			x	
Reduce the risk of pollution and avoid any breaches in legislation.			x	
Goods and services are procured more sustainability.			x	

Reduce carbon emissions from road vehicles.			x	
Reduce water consumption by 25% by 2020.			x	
Ensure legal compliance with waste legislation.			x	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			x	
Increase the amount of waste being recycled to 40%.			x	
Sustainability training and communications for employees.			x	
Partnership working with local groups and organisations to support sustainable development.			x	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			x	

1.

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by <i>The Equality Act 2010</i> ?				
Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	x			

Race (All Racial Groups)	x			
Disability (Mental and Physical)		x		Individuals who are isolated through physical or poor mental health may be more vulnerable to being exploited by radical or extreme ideologies. This policy aims to protect and prevent such individuals from being drawn into radicalisation
Religion or Belief		x		There may be false perceptions held that the Prevent agenda is applied unfairly to those with specific religions or beliefs. The policy includes reference to training which aims to challenge stereotypes and assumptions.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	x			
What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by <i>The Equality Act 2010</i>?				
Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	x			
Transgender	x			
Marital Status	x			
Age	x			