NHSScotland Resilience

Playing Our Part

Implementing the Prevent Strategy

Guidance for Health Boards
# DOCUMENT CONTROL

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## Reader Information Box

### Target Audience
- NHS Chief Executives
- Nurse Directors
- Health Board Civil Contingencies Committees
- Directors of Public Health
- NHS Directors of Workforce / Human Resources
- NHS Resilience Officers
- Appropriate Scottish Government Directorates / Divisions
- Scottish Preventing Violent Extremism Unit

### Circulation
All Health Boards, Regional Resilience Partnerships; Chief Constable, Police Scotland, Local Authority Chief Executives, Directors / Heads of Social Work; Chairs of Public Protection Committees / Adult and Child Protection Committees.

### Document Purpose
To enable Health Boards to play a key role in supporting the implementation of the UK-wide *Prevent* strategy.

### Description
The document promotes an understanding of *Prevent* and the dynamics of radicalisation and exploitation. It highlights the risks to vulnerable individuals with whom the NHS is in contact and the actions for Health Boards in relation to enhancing organisational capability to prevent and/or respond to *Prevent*-related incidents.

### Superseded Documents
None

### Action required
All Health Boards should implement this guidance and ensure they have appropriate support and escalation processes in place.
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Foreword

Scottish Ministers support Prevent as it is part of the UK Government’s wider counter-terrorism strategy. Focusing on stopping people becoming terrorists or supporting terrorism, Prevent encompasses a number of initiatives aimed at protecting and supporting individuals, particularly those who are vulnerable, from being drawn into terrorism, and it makes safety a shared endeavour.

As one of the largest employers in Scotland, NHSScotland has a role in implementing Prevent, ensuring that it is embedded fully in our everyday activities to protect vulnerable people. This means ensuring that Health Boards have the right corporate governance arrangements and procedures in place to both contribute to preventing vulnerable people, whether they are patients, carers or staff, from being drawn towards extremism and to respond quickly and effectively to support those who may be at greater risk of radicalisation.

It is equally important to do all we can to prevent the misuse of NHS facilities, protect our workforce, and ensure that healthcare environments are kept safe.

Terrorist-related activity is not a subject normally associated with the NHS; however recent events have demonstrated the risks that arise from radicalisation. The experience of NHS staff in protecting vulnerable people places Health Boards in a key position to support individuals, while also working positively with public sector partners to address the emerging challenges posed by extremism.

It is important that everyone who works in the NHS is confident and knowledgeable in addressing situations that cause concern. This guidance sets out what Health Boards should do to support the delivery of Prevent, from producing or reviewing relevant policies to working in partnership with other agencies when concerns arise.

Prevent is about everyone playing their part in keeping Scotland safe. Entitled Playing Our Part, this document highlights how the NHS in Scotland should deliver that objective.

Paul Gray
Director General Health and Social Care Directorates, and
Chief Executive, NHSScotland
Executive Summary

*Prevent* is a part of CONTEST which is the UK Government’s counter-terrorism strategy. It is led by the Home Office and supported by the Scottish Government.

The Scottish Government Health and Social Care Directorates and NHSScotland have a key role to play in supporting the delivery of *Prevent*, which is essentially about recognising when individuals, particularly those who are vulnerable, are being exploited for terrorist-related purposes, and responding effectively in partnership with other statutory agencies when concerns arise.

Aimed at Health Board leaders and managers, this guidance explains the processes around radicalisation and exploitation. It highlights how the organisation should prepare to support (vulnerable) individuals in contact with healthcare services, who may be at risk of being drawn into involvement in violent extremism and terrorism, before they become involved in actual criminal actions or plans. It does not change the role of Health Boards or the remit of healthcare practitioners.

In this document it is suggested that Health Boards review existing arrangements for protecting vulnerable adults and children as a starting point, and consider adapting them to effectively deliver *Prevent* objectives so that *Prevent* is mainstreamed and embedded into frontline healthcare services.

Sections 1 to 5 of this document highlight the context of *Prevent*, and they explain the key issues surrounding the process of radicalisation and the importance of NHS involvement in this strategy.

Sections 6 and 7 set out a range of actions for Health Boards to ensure that there is a general awareness of *Prevent* within the organisation and readiness to deal with concerns when they arise.

The appendices include sample resources for Health Boards to consider using as a starting point or adapting according to the needs of services.
Section 1

Introduction

This section explains the purpose of the guidance and who it is aimed at within Health Boards.
1. Introduction

Context

1.1 Terrorism is not a subject commonly associated with the NHS and there is no evidence to suggest that the NHS is under threat of terrorism. However the nature of the threat in the wider community is evolving, particularly from radicalised groups or individuals who do not fit particular stereotypes or profiles; they operate covertly at local level to avoid detection, targeting and recruiting potentially vulnerable or disenfranchised individuals to their cause.

1.2 Like all public sector organisations and large employers, particularly those that cater for the needs of vulnerable people, vigilance and early intervention, together with an understanding within the NHS of the risks and threats, is paramount.

1.3 Prevent is a strand of CONTEST, the UK Government’s counter-terrorism strategy. It is designed to tackle the problem of terrorism at its roots, thereby preventing people from supporting terrorism or becoming terrorists themselves.

1.4 In order to deliver Prevent within the NHS in Scotland, the Scottish Government Health and Social Care Directorates (SG H&SCD) is pursuing two key strands:

- Working (via NHS Scotland Resilience Unit) with other government departments on policy, strategy and guidance issues and with partner agencies; and
- Promoting delivery of the commitments in the Prevent strategy across the healthcare sector in Scotland.

1.5 This guidance document draws on Building Partnerships, Staying Safe which outlines how the health sector in England can contribute to and support the implementation of Prevent at local level.

Purpose of the guidance

1.6 The purpose of this guidance is to enable Health Boards to:

- Understand what ‘radicalisation’ means and raise awareness amongst staff;
- Take appropriate action at various levels within the organisation and with partner agencies to prevent staff or patients from being radicalised or exploited; and
- Be confident in responding effectively when such incidents are identified.

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http://www.homeoffice.gov.uk

2 CONTEST: The UK Strategy for Counter-terrorism. 
http://www.homeoffice.gov.uk/publications/counter-terrorism/counter-terrorismstrategy/

1.7 This guidance document sets out the SG H&SCD’s expectations of Health Boards in relation to delivering the Prevent objectives and working with partner organisations at local level. It will be implemented from 1 April 2015.

1.8 The self-assessment Organisational Checklist in Section 7 is intended to support the Health Board’s internal assurance systems and to facilitate discussions within operational services, and a glossary (Appendix 1) explains some of the key terms used in this document.

1.9 Health Board’s progress on implementing Prevent will be monitored by Scottish Government NHS Resilience Unit, using the NHSScotland Standards for Organisational Resilience, and other Assurance processes.

**Who is the guidance aimed at?**

1.10 NHSScotland includes NHS Bodies, Special and other Health Bodies, including the Common Services Agency. In this guidance they are collectively referred to as “Health Boards”.

1.11 This guidance is aimed at Health Board Chief Executives, Executive-level Directors, Senior Managers and operational managers, particularly those responsible for services to vulnerable people.

1.12 Chief Executives should ensure that Primary Care services, especially General Practitioners, and other NHS contractors and third-party providers of services are aware of this guidance, and seek to involve them in training sessions where appropriate or provide advice, through the Board’s Prevent Lead (See Section 6), on where to source relevant information and training.
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Section 2

Equality, Diversity and the Policy Framework

This section highlights the importance of ensuring that Prevent activities are fair and consistent with legislative duties.
2. Equality, Diversity and the Policy Framework

2.1 Health Boards must be mindful of their duties under the Equality Act 2010\(^4\), which requires them to consider the needs of all individuals and how they may be affected when developing policy and procedures\(^5\).

2.2 Health Boards must undertake an Equality Impact Assessment of their Prevent plan and procedures and retain evidence of analysis of impact with regards to the protected characteristics of equality:

- Race
- Gender (including transgender)
- Sexual orientation
- Religion
- Marriage and civil partnership
- Age
- Pregnancy
- Disability

2.3 In order to mitigate any disproportionate impact of the Prevent plan within the organisation, Health Boards should implement a standardised arrangement to systematically monitor all Prevent concerns and referrals.

2.4 The Health Board’s Prevent Lead (see Section 6 and Appendix 4) should ensure that information on concerns, referrals and training activity is collated on a monthly basis in order to:

- Monitor the impact that the Prevent plan has on parts of the community with respect to equality and diversity; and
- Indicate the level of involvement the organisation has in Prevent at a local and national level.

A sample monitoring form is included in Appendix 2.

2.5 A summary of this information should be submitted to the local Interagency Adult and/or Child Protection Committees, or Public Protection Committee, and the Health Board’s Resilience Committee so that the latter can maintain an overview of the organisations implementation of the CONTEST strategy. The Board’s Resilience Lead should ensure that this summary information is submitted to the Scottish Government NHS Resilience Unit on the quarterly Health Board Resilience Update Report.

2.6 A variety of other legislation, policies and standards relate to, or have a bearing on Prevent, such as:

- Data Protection Act 1998 (Sections 29; and Schedules 2 and 3)
- Human Rights Act 1998 (Articles 2 and 3)
- Terrorism Act 2000
- Adults with Incapacity Act, 2000
- Mental Health Care and Treatment Act 2003
- Health and Safety at Work Act 1974
- Children Scotland Act 1995 (and Child Protection policies)
- Adult Support and Protection Act (Scotland) 2007
- Appropriate Adult Scheme
- Information Sharing Interagency protocol
- Serious Incident Reporting Policy (internal)
- Professional Registration Standards.

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Section 3

Understanding Prevent

This section sets out the objectives of Prevent in the context of other CONTEST strategies.
3. What is Prevent?

3.1 The UK Government assesses Britain as a high priority target for terrorism. This means that there is a serious and persistent threat to the UK from a range of terrorist groups and organisations that aspire to campaigns of violence against individuals, families and particular communities. If left unchecked, these campaigns may provide a catalyst for alienation and disaffection within some communities and increase the risk of individuals becoming radicalised.

3.2 Prevent is one of four strategic strands of Contest. Each strand has its own strategy and specific objective as outlined in the table below:

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<th>Objective</th>
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<td><strong>Pursue</strong></td>
<td>To stop terrorist attacks</td>
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<tr>
<td><strong>Prevent (the focus of this guidance)</strong></td>
<td>To stop people becoming terrorists or supporting terrorism</td>
</tr>
<tr>
<td><strong>Protect</strong></td>
<td>To strengthen our overall protection against terrorist attacks</td>
</tr>
<tr>
<td><strong>Prepare</strong></td>
<td>To mitigate the impact of an attack if it cannot be stopped</td>
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3.3 The Prevent Strategy addresses all forms of terrorism including the extreme right wing, but continues to prioritise according to the threat posed to the UK’s national security. Operating in the ‘pre-criminal space’ i.e. before a crime has been committed, Prevent aims to stop people who are at risk of radicalisation from becoming terrorists, or supporting terrorism before they put themselves or others at risk.

3.4 The Scottish Government supports Contest and plays a key role in the Prevent, Protect and Prepare strands. Pursue is the responsibility of law enforcement agencies.

Objectives of Prevent

3.5 The three key objectives of the Prevent strategy are to:

- Challenge the ideology that supports terrorism and those who promote it;
- Prevent vulnerable people from being drawn into terrorism and ensure they are provided with appropriate advice and support to stop them; and,
- Work across sectors and institutions to raise awareness of Prevent related issues, identify and address risks of radicalisation.

3.6 A number of activities at national, regional and local levels are focussed on tackling exploitation of individuals susceptible to radicalisation in line with these objectives.
Section 4

Understanding Radicalisation and Exploitation

This section explains the processes around radicalisation, exploitation and terrorism.
4. Understanding Radicalisation and Exploitation

Introduction

4.1 There is no single profile of a person who is likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism. Also, there is no universally accepted view of why vulnerable individuals might become involved in such activities.

4.2 An increasing body of information indicates that factors thought to relate to personal experiences of vulnerable individuals affect the way in which they relate to their personal environment and may make them susceptible to exploitation by those seeking to radicalise, potentially leading to their supporting terrorist activities.

4.3 Vulnerable individuals who may be susceptible to radicalisation could be patients, carers and/or staff. Recent case studies of incidents highlight that factors such as a negative change in a person’s behaviour or circumstances may indicate increased vulnerability.

Radicalisation

4.4 Radicalisation is a process. It has no single route or pathway.

4.5 It is generally more common for susceptible individuals to become involved in terrorist-related activity through the influence of others. Vulnerable individuals may be exploited in many ways by radicalisers who target their vulnerability.

4.6 Radicalisers often use a persuasive rationale or narrative and are usually charismatic individuals who are able to attract people to their cause based on a particular interpretation or distortion of history, politics or religion.

4.7 Initial contact may be via:

- Peers, siblings, other family members or acquaintances with the process of radicalisation often being a social one;
- A range of unsupervised environments, such as gyms or cafés;
- In private in individual’s homes; and
- The Internet and Social Media.

4.8 Contact with radicalisers is also variable and may be direct i.e. face-to-face, or indirect through the Internet, social networking or other forms of media. More commonly it will be through a combination of the above.

Use of extremist rationale or ‘narrative’

4.8.1 Radicalisers usually attract people to their cause through a persuasive rationale contained within a single narrative (See Glossary, page 35) that has the potential to influence views. Inspiring new recruits, embedding the beliefs of those with established extreme views and/or persuading others of the legitimacy of their cause is the primary objective of those who seek to radicalise vulnerable individuals.
Exploitation

4.9 The factors surrounding vulnerability are many and they are unique to each person. It is increasingly recognised that the personal experiences of vulnerable people affect the way in which they relate to their external environment.

Susceptibility to exploitation

4.9.1 In terms of personal vulnerability, various factors, expressed in the diagram below, may make individuals susceptible to exploitation. None of these are conclusive in themselves, or exclusive of each other. Therefore they should not be considered in isolation but in conjunction with the particular circumstances of the individual and any other signs of radicalisation.

Identity crisis
Young adults exploring issues of identity can feel distant from their parents/family, cultural and religious heritage and uncomfortable with their place in society around them. Radicalisers 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, the way they interact with others and the way they spend their time.

Personal crisis
This may for example, include significant tensions within the family that produce a sense of injustice within the vulnerable individual and alienation 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.

Adults at risk

4.10 Adults who may be at risk, as defined by the Adult Support and Protection (Scotland) Act 2007 and who are:

- Unable to safeguard their own well-being, property, rights or other interests, and
- At risk of harm, and
- Affected by disability, mental disorder, illness or physical or mental infirmity, and / or are
- More vulnerable to being harmed than adults who are not so affected.
Terrorism

4.11 Terrorism is defined as:

an act that endangers or causes serious violence to a person/people and/or damage to property; or seriously interferes with or disrupts an electronic system (see Glossary).

4.12 There are various forms of terrorist activity\(^6\) ranging from ‘lone actors’\(^7\) to more organised groups such as Al Qaida. In addition to physical forms of attack, terrorists may also try to access information that may be of use to them, for example by infiltrating an organisation or securing the assistance of an “insider”.

4.13 There is no typical profile for a UK-based terrorist. On-going research is contributing to the body of knowledge about how and why individuals become involved with terrorist-related activity; it highlights that the radicalisation process or path to engagement with terrorist-related activity is neither linear nor predictable and the length of time involved can differ greatly, ranging from a few weeks to a number of years.

4.14 The following factors have been found to contribute to vulnerable people joining certain groups that support terrorist-related activity:

- Need to express or act on feelings of anger, grievance or injustice;
- Desire for excitement, comradeship or adventure;
- Fascination with violence, weapons and uniforms;
- Them-and-us thinking;

- Need for identity, meaning and belonging; and,
- Need for status.

4.15 However, it should be noted that even if an individual follows a radicalisation path, it does not necessarily mean that their engagement will result in committing terrorist acts. Along that path there may be opportunities for healthcare staff and / or other professionals to intervene to help protect those who are being exploited and divert them towards positive activities.

4.16 Terrorism is unlikely to directly affect Health Boards. However, there have been instances when healthcare services have been directly affected by terrorist incidents, such as the Glasgow airport attack (see Appendix 3), which had a significant impact on local hospitals and business continuity. It is also possible that political events in other countries and counter-terrorist operations in the UK may result in community tensions; These in turn may have a subtle impact on NHS staff, particularly those from minority communities, and service delivery.

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\(^6\) See Terrorist Methods
https://www.mi5.gov.uk/home/the-threats/terrorism/terrorist-methods.html

\(^7\) Anders Brevik, Norway, 2011.
Section 5

NHSScotland and Prevent

This section highlights the importance of Health Board participation in Prevent.
5. NHSScotland and Prevent

Introduction

5.1 The overriding principle of the NHS is to improve health and wellbeing by delivering effective healthcare services in safe environments\(^8\) \(^9\), while protecting those individuals who are vulnerable to exploitation.

5.2 NHSScotland employs around 164,000 people and has contact with a large number of people every year\(^10\) through a range of healthcare services. Given this, and the accessibility of services, NHS staff are likely to:

- Encounter people who by the very nature of the health issues they face, or their circumstances, may be susceptible to being radicalised; and/or

- Encounter situations that give cause for concern about the potential safety of a patient, their carers or others around them.

5.3 Therefore, NHSScotland is central to supporting and delivering the Prevent strategy, and two specific incidents in the past (see Appendix 3) underline the importance of embedding it fully into the wider public protection activities, specifically child and adult protection activities, that Health Boards are involved in, and in relevant staff training and induction programmes.

5.4 Healthcare professionals working in hospital settings, the community and primary care, are well placed to recognise individuals, whether patients, carers or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremists or terrorists. People with mental health issues or learning disabilities may be more easily drawn into terrorism.

5.5 The NHS has a ‘duty of care’ towards everyone who uses healthcare services and the Prevent objectives fall within the ‘protection’ responsibilities of every NHS employee.

5.6 Health Boards and healthcare staff are not expected to take on a surveillance or enforcement role as a result of Prevent. Rather, they must work with partner organisations to contribute to the prevention of terrorism by protecting vulnerable individuals and making patient safety and security of the healthcare environment a shared responsibility.

5.7 Prevent is an on-going initiative designed to become part of the everyday safeguarding routine for healthcare staff.

Drawing on experience

5.8 This guidance draws on the experience of Health Boards\(^11\) that have implemented Prevent related activities since 2008 and highlights the benefits of inter-agency cooperation to successfully implement Prevent.

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\(^9\) This also links to Health and Social Care Integration Health and Wellbeing Outcome No. 7 on patient / Client safety.

\(^10\) In 2013/14, 24 million contacts with Primary Care Teams, and 1.6 million A&E attendances. In 2012/13, 4.6 million outpatient attendances and 1.6 million inpatients / day cases. (Source: ISD, 2014)

\(^11\) NHS Greater Glasgow and Clyde; NHS Grampian; NHS Borders.
5.9 In many respects the dynamics and approaches of Prevent, as reflected in this guidance, are consistent with those that are already being implemented by Health Boards in relation to identifying and protecting vulnerable children and adults from potential harm, such as:

- Having clear, coherent governance structures;

- Ensuring that staff are aware of relevant issues (risks and threats) and have access to training;

- Having effective protocols for front-line staff to recognise and raise concerns confidently in the knowledge that they will be addressed timeously;

- Having effective arrangements for preventing and/or addressing potential abuse of vulnerable people;

- Working in partnership with other statutory agencies; and

- Having clear protocols for effective interagency information-sharing protocols.
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Section 6

Taking Action

This section sets out what Health Boards should do to ensure that Prevent objectives are fully addressed and integrated into a wide range of healthcare services and activities.
6. Taking Action

Introduction

6.1 The key actions for Health Boards to take as part of the process of developing an effective framework to address the Prevent objectives, are outlined below. They are intended to support Health Boards in assessing whether their existing arrangements are compatible with reducing risks from terrorism.

Governance

6.2 As healthcare services are delivered in a range of settings, including primary care in the community and patients own homes, the key challenge for Health Boards is to ensure that there is an awareness within the organisation of the risks of radicalisation. Where there are signs that someone is being or has been drawn into terrorism, there should be an appropriate framework in place to enable staff to interpret the signs, be confident in raising their concerns and referring the person for further support.

Responsibilities

6.3 Health Boards should:

- Develop a Prevent Action Plan in line with this Guidance that clearly sets out the Board’s objectives and priorities for reviewing and revising existing policies / protocols or developing new ones, assessing and mitigating risk, raising awareness and delivering staff training, working with other agencies etc. as outlined later in this section. The Action Plan should be equality impact assessed;

- Establish an overarching governance framework for its Prevent plan which sets out:
  - Leadership, management and accountability arrangements; and
  - Roles and responsibilities of Executive–level Directors and senior managers, particularly the Chief Executive, Nurse Director, Human Resources Director.

Although Health Boards have governance frameworks for protecting vulnerable children and adults in place, it is important that these arrangements are reviewed to ensure they can adequately address Prevent related issues.

- Appoint a Director-level Prevent Lead to oversee the organisation’s work in relation to this agenda and liaise with partners in a way that supports and protects both the individuals suspected of being radicalised and the organisation. A remit for the Prevent Lead is outlined in Appendix 4;

- Ensure that appropriate policies, procedures and protocols are in place to respond to Prevent-related concerns when they are raised by staff or partner agencies; and

- Have arrangements in place to monitor, evaluate and report on the performance of the action plan to the relevant Health Board Committee and Scottish Government (See Monitoring and audit, page 27).
Identifying and mitigating risks

6.4 The challenge in relation to radicalisers and the activities of different radical groups will vary across Scotland and it is important that Health Boards are aware of them and their potential impact on the local community as well as the organisation. Updates on these activities and trends are periodically provided at the Regional Resilience Partnerships, but more commonly an overview of current local issues and threats, as well as advice on how to respond to them, is shared at the local multiagency CONTEST Group and/or available from Police Scotland’s Prevent Delivery Unit\textsuperscript{12} (PDU).

6.5 Some of the potential risks for healthcare services arise from:

- Material related to terrorism being distributed on health service premises and facilities used by vulnerable people;

- Inappropriate use of or access to the Health Board’s internet on healthcare premises;

- External groups using healthcare premises for meetings, the purposes of which are not explicit or checked by Health Board Facilities staff; and

- Inadequate guidance and supervision for staff in relation to acceptable standards of practice.

Responsibilities

6.6 Health Boards should:

- Take the necessary steps to identify, record and address Prevent-related risks to the organisation, ensuring there is active engagement between the Prevent Lead and the local Contest Group and/or the PDU to maintain an up to date picture of emerging external threats or trends that might impact on the Health Board;

- Be aware of any significant events or incidents in the community or nationally that might present increased risk to patients, staff and healthcare services and advise service managers on appropriate action to take;

- Ensure that staff are appropriately vetted during the recruitment process and that staff induction programmes raise awareness of the Health Board’s Prevent policy and protocols and the importance of safety and security in the healthcare environment for the benefit of patients, staff, volunteers and contractors; and

- Review the terms under which external groups are permitted to use healthcare premises/facilities and monitor usage.

\textsuperscript{12} The Prevent Delivery Unit works closely with Public Protection Unit within Police Scotland, and through a network of professional agencies in place across the country, multi-agency support for Prevent Professional Concerns is constantly accessible.
Staff training and awareness

6.7 Under their respective Codes of Practice, healthcare professionals are required to exercise a duty of care to patients and where necessary take action to protect them from harm. This includes taking preventative action and supporting those individuals identified to be at risk of harm and / or exploitation. The important relationship of trust and confidence between patient and healthcare professional needs to be balanced with the professional’s duty of care and their wider responsibility to protect public safety.

6.8 It is essential that all staff have an understanding of the Prevent policy, their duty to raise issues and act on their concerns, and how to respond to vulnerable individuals who may be being radicalised.

6.9 A training package called Workshop to Raise Awareness of Prevent (WRAP) is available to equip healthcare staff in meeting Prevent-related challenges.

Responsibilities

6.10 Health Boards should:

- Develop and implement a policy-led staff training and awareness-raising programme to promote understanding of radicalisation issues, confidence in dealing with them and a culture of vigilance. Training should enable:
  - All staff to recognise situations when vulnerable individuals may be or are being exploited and how concerns should be reported or escalated;
  - All staff to understand the ‘thresholds’ of behaviour in the context of Prevent related work and how the whistle-blowing policy may be applied; and
  - Line managers to understand their responsibilities in relation to recognising and preventing radicalisation and exploitation within the service context, and implementing the Board’s Prevent Plan.

- Ensure that a sufficient pool of healthcare staff are accredited as WRAP trainers to deliver (WRAP) training to the required standard to staff in key services and teams across the organisation. Trainers should be appropriately supported and supervised;

- Target training and awareness-raising programmes at all relevant managerial, clinical and non-clinical staff, and consider how Prevent related issues can be incorporated into induction programmes for new staff and existing child and adult protection training provision; and

- Monitor delivery of training and awareness-raising programmes and keep a record of: the issues raised / discussed by participants during training sessions; the number and type of staff that have

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13 WRAP has been produced by the Home Office (Office for Security and Counter Terrorism). It can be tailored to the needs of staff in a variety of settings.

14 A Train-the-Trainers programme and accreditation process is currently being developed by Scottish Government HSGD.
participated. Staff who are expected to attend WRAP training but do not do so should be followed up so that managers can satisfy themselves with the reasons for non-attendance.

**Dealing with Prevent concerns**

6.11 Members of staff who express concern about an individual (patient or colleague) being radicalised or drawn towards terrorist-related activity should, as part of the staff training programme, be helped to interpret the presenting behaviour in line with information / presented earlier in this document, and indicators such as:

- **Expression of opinions** – including support for violence and terrorism, rejection of the principle of the rule of law and authority of the elected Government of this country;

- **Possession of certain types of material** – including extremist literature and imagery in printed or digital form;

- **Behaviour and behavioural changes** – including hostility towards associates and family, and association with proscribed organisations or organisations that hold or promote extremist views;

- **Personal history** – claims or evidence of attendance at training events with extremist organisations in the UK or overseas and / or involvement with organisations voicing violent extremist ideology in the UK or overseas.

6.12 It may be that a patient or staff member is facing multiple challenges in their life, of which exposure to extremism is just one. It is important therefore that staff carefully consider the significance of any changes in an individual’s behaviour and where sufficient concerns are present, they should be advised on how to report their concerns within the organisation in accordance with the relevant Health Board procedures.

**Responsibilities**

6.13 Health Boards should have policies and procedures that:

- Indicate the action to be taken by staff when:
  - They have a Prevent-related concern about (a) a patient or carer, (b) a volunteer or contractor and (c) a colleague / member of staff within the organisation. A sample pro-forma for Raising a Prevent Concern is included in Appendix 5; and
  - They receive a referral from a partner agency about a Prevent-related concern relating to a vulnerable individual.

- Highlight escalation processes and pathways, including the action to be taken in the event of urgent concerns i.e. if someone has indicated they are about to commit a terrorist act;

- Enable their staff to contribute to a multi-agency assessment of an individual who is the subject of a Prevent concern in line with the locally agreed protocols for the
Playing Our Part: Implementing Prevent – Guidance for Health Boards

Prevent Professional Concerns\(^{15}\) (PPC) process;

- Highlight the support available to both staff and the person who is the subject of concern; and,

- Inform staff of Prevent contacts within the organisation and the role of the Board’s Prevent Lead.

6.14 A sample pro-forma for raising a Prevent concern and an outline pathway for dealing with concerns are included in Appendices 5 and 7.

Working in Partnership and across boundaries

6.15 Health Boards have considerable experience of effective partnership working and cooperation with other statutory agencies, for example, in relation to child protection, adult protection, mental health, and MAPPA\(^{16}\). This experience utilises appropriate multi-disciplinary expertise to address crosscutting issues and public concerns as they arise, sharing appropriate information and acting swiftly and proportionately to prevent them escalating.

6.16 Early intervention to prevent a vulnerable individual from being radicalised or to respond to potential incidents of radicalisation or exploitation will generally require the intervention of, and joint working with other statutory partners, notably local authority (Social Work and Education) services and Police. To enable this to happen, Prevent Professional Concerns (PPC) processes have been created. They are instigated by Police Scotland under the umbrella of Police Divisional Prevent Delivery Units. (See Appendix 6).

6.17 PPC is a multi-agency process that is integral to the prevention of radicalisation, identification of early intervention options, and protecting an individual at risk.

6.18 It is widely acknowledged that positive outcomes for individuals who are the subject of a Prevent concern can best be achieved through multi-agency cooperation.

Responsibilities

6.19 Health Boards should:

- Consider the appropriateness of adapting existing interagency arrangements for protecting vulnerable people to address Prevent concerns, or develop new ones with local authorities, police, adult / child protection, and MAPPA committees etc. if the existing arrangements cannot incorporate this additional responsibility;

- Maintain open and effective communication links with statutory agency partners;

- Agree roles and responsibilities in relation to addressing Prevent concerns with statutory agency partners to avoid unrealistic expectations, and disseminate this information to managers within the organisation;

- Promote an understanding of the role of the local PPC; and

\(^{15}\) Prevent Professional Concerns (PPC) is the multi-agency process in Scotland for sharing information about an individual who may be vulnerable to exploitation leading to terrorism or violent extremism. See Appendix 6.

\(^{16}\) Multi-Agency Public Protection Arrangements.
- Establish clear procedures for making referrals to, and receiving referrals from the local PPC, and for staff to obtain advice from the local Police Scotland Prevent Delivery Unit or the Counter Terrorism Security Adviser.

Confidentiality, Information Sharing and Disclosure

6.20 As Prevent is based on the active engagement of the individual and is at a pre-criminal stage, under normal circumstances, appropriate consent should be obtained from the individual who is the subject of concern prior to a referral being made to the PPC, both to comply with the Codes of Practice on Confidentiality and Data Protection and to establish an open relationship with the vulnerable individual at the start of the process.

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

6.22 Additionally, limited and proportionate information may be shared prior to consent in exceptional cases where this is immediately required to establish whether the case should be managed under Prevent or as a Counter Terrorism case.

6.23 It should be noted that where there is concern or evidence that an individual is actually engaged in the planning or undertaking of terrorist acts, then consent is not required to share any information that may be necessary to assess and manage the risk of a serious criminal offence occurring. In these circumstances the individual (i.e. the subject of concern) should not be told that information is being shared with statutory partner agencies until there is multiagency agreement of what should be done to ensure the safety of others. Consideration should also be given to making urgent contact with the Police.

Responsibilities

6.24 Health Boards should:

- Make use of existing information sharing and communication procedures that are in place, such as those for adult and child protection, or develop a corresponding one in relation to Prevent\(^\text{17}\) to enable them to share and discuss concerns about vulnerable people with other key agencies in line with their statutory responsibilities and / or their duty of care;

- Ensure that staff are made aware of:
  - The circumstances under which personal information may be shared with statutory agency partners in relation to Prevent concerns;
  - The organisation’s information sharing procedures in relation to Prevent, especially if they differ from those already in existence; and
  - The roles of the Health Board’s Prevent Lead and Caldicott Guardian in relation to making decisions

about sharing personal confidential information with external agencies.

- Have in place arrangements for recording decisions about information sharing.

The Internet and Prevent

6.25 The Internet plays an important role in communicating extremist views, and providing a platform for extremists to promote their cause through websites, internet forums and social networking platforms. It is a swift and effective means of disseminating propaganda material and is not always possible to regulate.

6.26 The Scottish and UK Governments and the Police are committed to protecting the public from terrorist content online\(^\text{18}\), but cannot do this alone. It is important that Health Boards take all necessary steps to prevent the organisations information technology infrastructure and equipment from being used inappropriately, especially by those promoting extremism.

Responsibilities

6.27 Health Boards should:

- Review existing IT governance policies and procedures to ensure that they sufficiently cover the organisation against its IT equipment being used to access inappropriate material online;
- Take the necessary steps to remind staff of its Internet Acceptable Usage Policy, including promoting responsible use of the Board’s IT infrastructure by all volunteers and patients;
- Encourage staff to be aware of anyone making frequent visits to websites showing images such as armed conflicts around the world, providing transcripts of speeches and access to material from those involved in radicalisation; and
- Advise staff and carers to report online content that may be illegal via Crime Stoppers or the dedicated website (see Footnote 18 below).

Publicity material

6.28 Access to extremist material is often through leaflets and personal contact. Although there are very few instances of healthcare staff radicalising others or being drawn into extremist acts, it is still a risk that the organisation needs to be aware of and consider how to manage any concerns.

6.29 Staff, members of the public, contractors or patients may express views, bring inappropriate material into the organisation, use, or direct patients to, extremist websites or act in other ways to promote extremism. These actions may constitute a breach of professional codes of conduct, contravene the organisation’s Human Resources policies, and they may, in some cases, be illegal. In such instances, staff may be subject to the relevant disciplinary procedures and/or reported to the Police.

Responsibilities

6.30 Health Boards should:

- Make staff aware of the type of actions or material that may be defined as ‘extremist’ and which

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\(^{18}\) A means of reporting online content which may be considered offensive and/or illegal is the website: [www.gov.uk/report-terrorism](http://www.gov.uk/report-terrorism)
may constitute a breach of Health Board policy;

- Highlight how such breaches by staff, patients, carers, contractors or others with access to healthcare premises will be responded to by the organisation; and

- Have in place clear protocols for the Board’s Prevent Lead to investigate breaches in policy, consult/engage the local Police Divisional Prevent Lead, and advise the relevant line manager as to the action to be taken.

**Monitoring and audit**

6.31 It is important that Health Boards have a clear understanding of the effectiveness and impact of their Prevent policy and plans on staff, patients and services as a whole.

6.32 Outcomes of a successful plan may include the following:

- Key frontline staff have a raised awareness of Prevent and their role in preventing radicalisation in the service context;

- Organisational policies, procedures and protocols support core organisational values, and support staff in raising genuine concerns;

- Local partnerships and inter-agency cooperation are strengthened to prevent vulnerable individuals from becoming victims or the causes of harm.

6.33 In an operational services context, dealing with Prevent issues may be emotionally upsetting for staff involved. Addressing Prevent concerns as a core part of staff supervision, ensuring best practice in working with Prevent cases and access to support when necessary, is paramount.

**Responsibilities**

6.34 Health Boards should:

- Review their Prevent Plan and procedures annually and provide assurance statement to the relevant Board Committee identified as part of the governance arrangements for Prevent, and to Scottish Government NHS Resilience when requested;

- Evaluate their Prevent planning arrangements against external standards; this should include feedback from multi-agency partners on effectiveness of joint-working;

- Implement arrangements to collect information on key aspects of the Action Plan as part of a monitoring and evaluation process, and report activity on the required basis to the relevant Health Board Committee, partner agencies and Scottish Government NHS Resilience Unit. At the very least information should collated on
  
  o Training provision
  o Number of concerns
  o Number of referrals, and
  o Outcomes (in relation to processes and client referrals).

- Provide debriefing opportunities for staff after any Prevent-related incident, including the use of Occupational Health in relation to work-related distress.

19 Standards will be contained within NHS Standards for Organisational Resilience (currently being produced)
Section 7

Organisational checklist

This section includes a checklist to enable Health Boards determine whether an appropriate framework is in place to enable staff to confidently raise concerns.
7. Prevent: An organisational checklist

7.1 This checklist has been developed to assist Health Boards in assessing the comprehensiveness of the arrangements in place to deliver Prevent objectives and benchmarking progress. It is intended to answer two simple questions:

- Have we got all these things in place?
- If not, what are we going to do about it?

7.2 It is neither intended to be prescriptive nor to be used to measure organisational performance.

7.3 An outline for an action plan to promote continuous improvement is also included after the checklist.

7.4 Addressing extremism and radicalisation within the established ethos of the NHS and the wide-ranging service context is a potentially challenging and sensitive issue for Health Boards and healthcare staff. However, adopting a process of regular review and self-assessment have been shown to be one of the most effective ways to identify the issues that require further consideration and to deal with them in a consistent and confident manner.

7.5 A list of the policies and procedures that should be reviewed to ensure they adequately cover issues relating to Prevent is outlined in Section 2.
## ORGANISATIONAL SELF-ASSESSMENT CHECKLIST

**Health Board:** ________________________________

**Date of Review:** ________________________________

**Name of Reviewer:** ______________________________

<table>
<thead>
<tr>
<th>Key Tasks</th>
<th>Comment</th>
<th>Action Required? Y/N</th>
<th>Nominated Lead</th>
<th>Date for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governance</strong></td>
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</tr>
</tbody>
</table>
| 1  There is a Prevent Lead for the Health Board at Director level, overseeing delivery of the Prevent plan.  
  - The plan has been subjected to an EQIA. |         |                       |                |                     |
| 2  Policies and Procedures that are in place adequately address Prevent concerns. |         |                       |                |                     |
| 3  There are organisational and inter-agency agreed protocols and procedures for:  
  - Obtaining advice  
  - Raising concerns  
  - Information sharing  
  - Escalation processes and procedures  
  - Monitoring and recording referrals  
  A list of internal and external Prevent contacts has been circulated to all managers |         |                       |                |                     |
<p>| 4  Organisational risk assessments include Prevent-related risk issues.  |         |                       |                |                     |
| 5  Governance and risk reporting requirements include Prevent incident(s) reporting for both organisational and inter-agency |         |                       |                |                     |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>6</strong></td>
<td>There are internal arrangements for debriefing staff after a <em>Prevent</em> incident, capturing learning from cases/incidents that have happened, and disseminating the information throughout the organisation. These internal arrangements will enable the organisation to prepare for and contribute effectively to a subsequent multiagency review process.</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Responsible and effective use of the internet and social media platforms using NHS IT equipment is continuously promoted.</td>
</tr>
</tbody>
</table>
| **8** | There are protocols, policies and procedures in place to:  
  - Promote appropriate use of NHS Facilities  
  - Prevent inappropriate canvassing/leafleting. |

**Staff and Volunteers**

<p>| | |</p>
<table>
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<tr>
<td><strong>9</strong></td>
<td>Staff Induction programmes highlight <em>Prevent-related</em> issues and awareness raising / training opportunities.</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>Staff and volunteers are aware where they can obtain information about <em>Prevent</em> and how and where they can raise any concerns.</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td>Staff know where to access relevant organisational protocols, policies and procedures.</td>
</tr>
<tr>
<td><strong>12</strong></td>
<td>Staff and volunteers know how to intervene with vulnerable patients at risk of radicalisation and support those who are the subject of a Prevent Concern.</td>
</tr>
<tr>
<td><strong>13</strong></td>
<td>Staff and volunteers are aware of their responsibility to raise concerns and know how and where to do this.</td>
</tr>
</tbody>
</table>
### Training and development

14. A programme of awareness raising and training is being rolled out.  
   Appropriate individuals in the organisation have trained to deliver WRAP to key frontline staff.  
   Staff and volunteers attend WRAP and associated updates in accordance with organisational requirements.

### Partnership Working

15. Locally agreed protocols, policies and procedures are in place for addressing Prevent concerns that appropriately utilise the expertise of partner agencies when dealing with concerns.

16. There are locally agreed protocols and procedures for sharing information, including joint information.

17. The Prevent Lead regularly attends local or regional inter-agency Prevent meetings.

18. There are appropriate processes for co-operation and joint care planning with other providers/agencies where care is transferred or shared.  
   The above should take account of appropriate information-sharing procedures.
## Health Board Action Plan

<table>
<thead>
<tr>
<th>Action required</th>
<th>Priority (high, medium, low)</th>
<th>Completion date</th>
<th>Responsible individual(s)</th>
<th>Completed (Y/N) Date assessed &amp; signature</th>
</tr>
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</table>
# Glossary

<table>
<thead>
<tr>
<th>Primary term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploitation</td>
<td>The use of someone or something in an unjust or cruel manner.</td>
</tr>
<tr>
<td>Extremism</td>
<td>Vocal or active opposition to fundamental values including democracy, the rule of law, individual liberty, and mutual respect and tolerance of different beliefs and faiths. The definition includes calls for the death of members of the British armed forces, either in the UK or overseas.</td>
</tr>
<tr>
<td>Lone actor</td>
<td>Self-motivated individuals or groups who develop the capability to carry out attacks and select targets completely independently of established terrorist groups. (<a href="https://www.mi5.gov.uk/home/the-threats/terrorism/international-terrorism/international-terrorism-and-the-uk/the-threat-from-lone-actors.html">https://www.mi5.gov.uk/home/the-threats/terrorism/international-terrorism/international-terrorism-and-the-uk/the-threat-from-lone-actors.html</a>)</td>
</tr>
<tr>
<td>Prevent Concern</td>
<td>A concern that does not have to be proven beyond reasonable doubt. It should however be based on something that raises concern, which is assessed by using the professional judgement of health or social work staff.</td>
</tr>
<tr>
<td>Prevention</td>
<td>In the context of this document, it means reducing or eliminating the risk of individuals becoming involved in terrorism by identifying and referring those susceptible to radicalisation (possibly leading to violent extremism) into appropriate interventions. The aim is to divert susceptible individuals from progressing down the path to radicalisation.</td>
</tr>
<tr>
<td>Radicalisation</td>
<td>The process by which a person comes to support terrorist activity and forms of extremism leading to terrorism.</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>The process of protecting vulnerable people, whether from crime, other forms of abuse or (in the context of this document) from being drawn into terrorism.</td>
</tr>
<tr>
<td>Single narrative</td>
<td>Refers to the particular interpretation of religion, history and politics that is associated with groups such as Al Qaida and IS. The narrative connects ‘grievances’ at a local and/or global level, reinforces the portrayal of Muslims as victims of Western injustice and thereby purports to legitimise terrorism. Other narratives are used by extremist groups to legitimise their activities, e.g. right-wing groups.</td>
</tr>
<tr>
<td>Regional Resilience Partnership (RRP)</td>
<td>RRP’s and LRP’s are the principal arenas for multi-agency cooperation in civil protection and enhancing resilience at sub-</td>
</tr>
<tr>
<td>and Local Resilience Partnerships (LRP)</td>
<td>national level.</td>
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<tr>
<td>----------------------------------------</td>
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</tr>
<tr>
<td>Terrorism</td>
<td>An act that endangers or causes serious violence to a person/people and/or damage to property; or seriously interferes with or disrupts an electronic system. The use of threat is designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological gain.</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>Describes the condition of being capable of being injured; open to moral or ideological attack. Within Prevent, it describes factors and characteristics associated with being susceptible to radicalisation.</td>
</tr>
<tr>
<td>Vulnerable adult</td>
<td>A person over the age of 18 who may be in need of community care services (including healthcare) by reason of mental or other disability, age or illness, and who is or may be unable to take care of him/herself against significant harm or exploitation.</td>
</tr>
</tbody>
</table>
## Appendix 2

**Monitoring Prevent Referrals in NHS …….. (Insert name of Health Board)**

All Health Boards are required to monitor and report the Prevent referrals they receive or escalate to a single point of contact within the organisation.

The Health Board’s Prevent Lead is responsible for collating and reporting aggregate information on referrals and training activity monthly to the local interagency Public (Adult / Child) Protection Committee(s) and the Board’s Resilience Committee.

<table>
<thead>
<tr>
<th>1. Total Number of Referrals Initiated by NHS …….. (insert Board name) in …….. (state month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
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</table>

<table>
<thead>
<tr>
<th>2. Number of Cases where NHS …….. (insert Board name) input has been provided this month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
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</tbody>
</table>

**Prevent Training Delivered in …….. (State month)**

<table>
<thead>
<tr>
<th>Type of training Delivered (State title of course and content)</th>
<th>Who attended? (Identify staff groups and whether any external agency staff attended)</th>
<th>Number of participants (How many from each professional discipline, NHS / non NHS)</th>
<th>Who delivered the training?</th>
</tr>
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</table>

Appendix 3

Past incidents related to the NHS in England and Scotland

People connected to the healthcare sector have taken part in terrorist acts in the past. Two high profile examples are:

- **The Exeter bombings in May 2008**: Nicky Reilly, the man responsible was known to have Mental Health and Learning Disability issues and had been in contact with a number of healthcare services prior to this incident. He was known to have an interest in terrorism and made a disclosure to a health professional about his intent to bomb two weeks prior to the incident occurring which was not acted upon. During his trial, it was revealed that radicalisers had encouraged Nicky via the Internet.

- **The Glasgow Airport bomb attack in 2007**, which was staged by two healthcare professionals. It became known that in planning this attack, NHS computers and NHS email accounts (nhs.net) were used to source violent extremist information and to communicate with each other when planning the incident.
Role of the Prevent Lead

The Health Board should designate a Prevent Lead for the organisation. The role should be assigned to a Director-level post, preferably the Nurse Director or a Director with overall responsibility for Child / Adult Protection. Board-level leadership and responsibility for all Prevent-related matters should be provided by the Lead.

The remit of the Prevent Lead is to:

- Oversee the implementation of the Health Board’s Prevent policy and plans, ensuring consistency with those for Child and Adult Protection and / or Public Protection and compliance with Equality and Human Rights in the workplace;

- Promote awareness of Prevent within the organisation and the implementation of appropriate (WRAP) training;

- Appoint a single point of contact, possibly the Child or Adult Protection Lead,
  - For staff seeking advice on Prevent Concerns; and
  - Promote collaboration between and supports colleagues across the organisation.

- Engage with partnership groups, including the Police Prevent Steering Group (where they exist) with the responsibility to share concerns raised within the organisation, and to ensure that the Health Board’s policy and actions are consistent with those of interagency partners;

- Represent the Health Board at local Prevent Steering Groups and interagency meetings;

- Disseminate information on Prevent to all staff and contractors, as well as to patients;

- Monitor and evaluate the policy and plans, and submit reports and relevant data to the Health Board, Scottish Government and partner agencies as required.
Sample Pro-forma Template for Raising a Prevent Concern

This template provides the minimum information required in order to make / escalate a Prevent referral within the organisation for an individual suspected of being vulnerable to radicalisation or to terrorist ideology.

The Prevent Lead and Adult / Child Protection Lead are responsible for determining whether there is a need for onward (external) referral or what further action is to be taken by / on behalf of the Health Board.

<table>
<thead>
<tr>
<th>1. Line Manager (or in their absence on-call manager informed?)</th>
<th>Yes / No</th>
<th>If no, state what alternative taken.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Has the ‘concern’ been recorded in Datix or other system?</td>
<td>Yes / No</td>
<td>If Yes, identify where and if No, state why not.</td>
</tr>
<tr>
<td>3. Has the following information been communicated to Prevent Lead or Adult / Child Protection Lead?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Full name of individual</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>• Address</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>• Age / D.O.B</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>• Reason for referral: what has been seen, told or heard.</td>
<td>Yes / No</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6

The Prevent Professional Concerns Process

Prevent Professional Concerns (PPC) is a multi-agency process aimed at putting in place a support plan to safeguard an individual who is vulnerable to becoming involved in terrorism or supporting terrorism.

A PPC multi-agency case conference will be convened as and when circumstances determine that one is necessary. As such, there will be the capability to hold such a meeting in every policing division across Scotland.

The Prevent Delivery Unit (PDU) works closely with Public Protection Units (PPU) within Police Scotland, and through a network of professional agencies in place across the country, multi-agency support for PPC is constantly accessible.

The PPC multi-agency meeting will focus on a joint assessment of an individual’s vulnerability, with partners from a wide variety of organisations (determined by the circumstances) such as the Local Authority (Social Work and Education), Police, NHS, Adult / Child Protection/ GIRFEC Coordinators, and Scottish Prison Service involved where appropriate. The relevant organisations will meet as required to discuss the individual’s needs and put in place a support plan specifically designed to address the concerns raised.

Police Scotland: Prevent Delivery Units (PDU)

There are three PDU’s covering Scotland:

North: 01382 596021 or 01224 305076
West: 01236 818941
East: 0131 311 3230

In the event of an urgent or emergency situation, contact Police via 999.
Typical Flowchart for Dealing with Prevent Concerns

Decision Outcome – Support for patient

PPC

Child or Adult Protection Case Management or Inter-agency review team

1. Assessment + Risk Assessment
2. Decision to review or provide internal support

On call via switchboard for Duty Director

Line manager

Healthcare Staff (Obtains consent)

Patient (Subject of concern)

Police Prevent Lead

Board Prevent Lead

Caldicott Guardian
Appendix 8

References

Adult Support and Protection (http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Adult-Support-Protection)


Protecting Vulnerable Groups (http://www.scotland.gov.uk/Publications/2011/08/04111811/1)