Equality and Children's Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

NHS Fife Ligature Policy

Question 2a: Lead Assessor's details

Name	Annie-Marie Marshall and Tanya Lonergan	**Tel. No**	01592 643355 Ext 20416 07766133926 or 01592 226871
Job Title:	Health and Safety Advisor Moving and Handling Team Lead Associate Director or Nursing	**Ext:**	20416 46871
Department	Health and Safety Nursing Directorate	**Email**	annie-marie.marshall@nhs.scot tanya.lonergan@nhs.scot

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

A ligature policy task group was established with the following membership: • Rona Laskowski, Head of Complex and Critical Care Services • Tanya Lonergan, Associate Director of Nursing

- Michelle Williamson, Service Manager
- Annie-Marie Marshall - Interim Health and Safety Advisor Moving & Handling Team Leader
- Ian Campbell, Interim Head of Spiritual Care & Bereavement Lead
- Dale Simpson, Clinical Nurse Manager
- Carrie McKnight, Business Manager

The group meet on 7 occasions (17/11/23, 23/1/24, 27/2/24, 8/4/24, 26/4/24, 5/6/24 and 18/6/24) in addition to a separate policy writing group.

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	The policy aims to help reduce and/or prevent the likelihood of high risk or vulnerable patients/service users from using environmental ligature points to harm them either accidentally or intentionally, through asphyxiation, strangulation or hanging. The desired outcomes will be to design out, replace or remove known ligature points to prevent harm or mitigate risk. The policy is applicable to health facilities within the NHS Fife and Health and Social Care partnership estate. The policy applies to all services within NHS Fife and Fife Health and Social Care Partnership (FHSCP). There is a requirement for all services to be aware of the policy and take appropriate and proportionate actions relevant to their services including contacting the NHS Fife Health and Safety Service, completing risk assessments, and reporting on Datix. Within Mental Health and Learning Disabilities there is an enhanced expectation to adhere to the Ligature Risk Assessment Programme as set out by the Health and Safety Team.

Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
Age - *Think: adults, older age etc.* *For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).*	Positive impact with supportive environments and risk assessments to support all patients regardless of age. To ensure individuals are supported with suicidal ideation and reduce the incidence and associated trauma. In 2020, suicide was the second leading cause of death for those ages 10 to 14 and 25 to 34. Suicide was the third leading cause of death for ages 15 to 24, the fourth leading cause of death for ages 35 to 44, and the seventh leading cause

	of death for ages 55 to 64. Although suicide has historically been among the top ten leading causes of death for all ages combined, it was not in 2020. In 2020, COVID-19 became the third leading cause of death.(Suicide by Age – Suicide Prevention Resource Center (sprc.org)) It is therefore possible this policy will positively impact on those age group where suicide is the leading cause of death but acknowledging not all of these individuals will be within the hospital environment but for those who are, there is a potential this policy will assist.
Disability – *Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.*	This policy predominately supports individuals with mental health and learning disabilities concerns and will have a positive impact with the enhanced environmental improvements and risk assessments.
Race and Ethnicity – *Note: Race = "a category of humankind that shares certain distinctive physical traits" e.g. Black, Asian, White, Arab* *Ethnicity = "large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background"* *Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.*	Positive impact with supportive environments and risk assessments to support all patients regardless of race and ethnicity.
Sex – *Think: male and/or female, intersex, Gender-Based Violence*	Positive impact with supportive environments and risk assessments to support all patients regardless of sex. The policy will positively support people with suicidal ideation which affects both males and females, however the mortality rate for suicides in 2022 was 2.9 times higher for males than females. The rate has been consistently higher for males since records began in 1994 (National Records for Scotland, 5/9/23). The policy is therefore likely to have a more positive impact on males due to the higher mortality rates for suicide.
Sexual Orientation - *Think: lesbian, gay, bisexual, pansexual, asexual, etc.*	Positive impact with supportive environments and risk assessments to support all patients regardless of sexual orientation. Lesbian, gay, bisexual and transgender (LGBT) young people are thought to be at greater risk of suicidal behaviour than heterosexual young people. For example, a recent UK study of LGBT

	young people found 58% planned or attempted suicide. Reference McDermott, Hughes and Rawlings1 Sexual orientation and suicidal behaviour in young people | The British Journal of Psychiatry | Cambridge Core Although this policy is not targeted at those of a particular sexual orientation there is potential the policy could support those within the LGBT community, if they are within the health care setting.
Religion and Belief - *Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.* *Think: Christian, Muslim, Buddhist, Atheist, etc.*	Positive impact with supportive environments and risk assessments to support all patients regardless of religion and beliefs.
Gender Reassignment – *Note: transitioning pre and post transition regardless of Gender Recognition Certificate* *Think: transgender, gender fluid, nonbinary, etc.*	Positive impact with supportive environments and risk assessments to support all patients regardless of gender reassignment. See sexual orientation box for general LGBT data relevant to Gender reassignment also.
Pregnancy and Maternity – *Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.* *Think: workforce maternity leave, public breast feeding, etc.*	Positive impact with supportive environments and risk assessments to support all patients regardless of pregnancy and maternity.
Marriage and Civil Partnership – *Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.* *Think: workforce, inpatients visiting rights, etc.*	Positive impact with supportive environments and risk assessments to support all patients regardless of marriage and civil partnership.

Question 5: Children's Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children's rights. Please consider here any impacts of your proposal on children's rights as per the UNCRC articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
Article 3 - Best Interests of the Child *Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.*	This policy is in the best interest of the child. It would be supportive of them directly and indirectly. If suicidal ideation affects them or their family / friends. The policy is intended to eliminate risk and therefore harms to children and others.
Article 6 & 19- Life, Survival and Development & Protection *Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.*	Positive impact – this policy is about recognising, risk assessing and preventing attempts to end life.
Article 12 & 13 – Respect for Children's Views and Access to Information *Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.*	Yes the policy respects the views of children and access to information. The policy is about risk assessing with the patient at the centre of the risk assessment.
Article 22 & 30 – Refugee &/or Care Experienced Children *Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).*	Yes, policy applies equally and will not negatively impact on article 22 and 30.
Article 23 – Disabled Children *Note: Disabled children should be supported in being an active participant in their communities.* *Think: Can disabled children join in with activities without their disability stopping them from taking part?*	No impact on article 23.
Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health *Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.* *Think: Clean environments, nutritious foods, safe working environments.*	No impact on article 24 and 27.

Other relevant UNCRC articles: *Note: Please list any other* UNCRC articles *that are specifically relevant to your proposal.*	n/a

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

Mental Health Inpatient Estate – Mitigation of Ligature Point Risk - Fife Capital Investment Group (16/8/23)
Extract text:

- Use of ligature as a means of inflicting self harm or expressing distress continues to be an incredibly frequent feature with many patients who are receiving in patient care and treatment for mental ill health.
- The areas where there is evidence of greatest presenting risk re consistently the adult admission wards, QMH Ward 1 and 2, Lomond Ward, Stratheden and Ravenscraig Ward in Whyteman's Brae.
- The management and mitigation of ligature risk is greater than the physical environmental risks.
- More than 50% of reported events involve the use of personal belongings in the attempt to cause self harm.
- There is a need for vigilance and practice across all settings to mitigate the risk posed by such behaviours.

Full document is available, if required.

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?
(Please tick)

Yes	Managers	**No**	Public, service users etc

If yes, **who** was involved and **how** were they involved?
If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

It would not be of benefit to consult with public, service users, children and young people and others. Instead, the group agreed the consultation should focus on obtaining feedback from senior managers, professional advisors and estates colleagues.

The consultation was launched on 7th May and will close on **Friday 24th May.** Those sent the policy for consultation include:

On task group

- Rona Laskowski, Head of Complex and Critical Care Services
- Tanya Lonergan, Associate Director of Nursing
- Michelle Williamson, Service Manager
- Annie-Marie Marshall - Health and Safety Advisor Moving & Handling Team Leader
- Ian Campbell, Interim Head of Spiritual Care &Bereavement Lead

- Dale Simpson, Clinical Nurse Manager
- Carrie McKnight, Business Manager

Estates

- Neil McCormack, Director of Property and Asset Management
- Paul Bishop, Associate Director of estates
- Micheal McAdams, Estates Manager Compliance
- Gordon Keating, Sector Estates Manager
- William Nixon, Health and Safety Manager
- Iain Murray, Assistant H&S Advisors
- Barrie Williams, Assistant H&S Advisors

Senior Management

- Jillian Torrens, Head of Service
- Lynne Garvey, Head of Service
- Lisa Cooper, Head of Service
- Mims Watt, General Manager
- Heather Bett, Senior Manager
- Lee Cowie, Interim Senior Manager
- Belinda Morgan, General Manager
- Jane Anderson, General Manager
- Jacqueline McInnes, Interim Clinical Service Manager
- Liam Mackie, Charge Nurse
- Siobhan Donaldson, Charge Nurse

Staff Side

- Lynne Parsons, Employee Director
- Andrew Verrecchia, ASD LPF Co-chair (staff side) Unison

Professional Advisors

- Lynn Barker, Director of Nursing
- Helen Helliwell, Deputy Medical Director
- Chris McKenna, Medical Director
- Jackie Drummond, Interim Clinical Director
- Janette Keenan, Executive Director of Nursing
- Norma Beveridge, Director of Nursing
- Aileen Kelman, Associate Medical Director

Groups

- HSCP Health, safety and wellbeing assurance group
- Health and Safety subcommittee
- Ligatures Project Board

The consultation email encouraged sharing within services and teams to ensure as full engagement as possible.

Responses were received from Rona Laskowski, Gordon Keating, William Nixon, Jillian Torrens, Lynne Garvey, Belinda Morgan, Lynn Barker, Jacqueline McInnes, Liam Mackie and Siobhan Donaldson.

Based on the responses the ligature policy task group reviewed and amended the policy wording as applicable to take cognisance of the feedback.

Question 10: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children's Rights and Wellbeing Impact Assessment. (CRWIA)	All identified impacts have been outlined above. No further EQIA is required at this time.
2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.	
3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.	
4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.	

PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)

If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Tanya Lonergan Annie Marie Marshall
Email	annie-marie.marshall@nhs.scot tanya.lonergan@nhs.scot
Telephone (ext)	20416 46871
Signature	Tanya Lonergan Annie-Marie Marshall
Date	15/8/24

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	Isla.bumba@nhs.scot
Telephone (ext)	29557
Signature	
Date	20/8/24

Return to Equality and Human Rights Team at Fife.EqualityandHumanRights@nhs.scot