

The State Hospital Equality Impact Assessment (EQIA)

You should read the guidance document prior to completing this template.

Please note, the EQIA should be proportionate to the significance and coverage of the policy and should take cognisance of the nature of the environment and patient group.

Step 1: Screening to determine if the policy requires a detailed EQIA

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| Name of the policy: The Assessment and Management of Violence and Sexual Violence Risk to Others Policy | |
| Directorate: Psychological Services Department Date: 23/09/2020 | |
| Designation(s) of author(s): Clinical Psychologist | |
| Strategy <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Project <input type="checkbox"/> *Other <input type="checkbox"/> | |
| (*please provide details) | |
| New <input type="checkbox"/> update to existing policy <input checked="" type="checkbox"/> *replacement <input type="checkbox"/> | |
| (*please advise what this policy is replacing) | |
| 1. What are the main aims and outcomes of the policy and how do these fit in with the wider aims of the organisation, legislation and national drivers? | |
| <p style="text-align: center;">Aim(s) / Outcome(s)</p> <p>The aims of this policy are to ensure that:</p> <ul style="list-style-type: none"> there are appropriate, adequate and systematic processes and procedures for assessing whether or not a patient represents “a significant risk of serious harm to others”; the standards set apply to all patients irrespective of the clinical team that is caring for them; no patient is admitted or remains at the State Hospital unless they represent a significant risk of seriously harming others and can only be managed in conditions of special security. any risks identified are carefully and effectively managed in order to reduce the risk of harm that any patient might present to other patients, staff or members of the public; | <p style="text-align: center;">Wider Aim(s)</p> <p>The current policy fits with the State Hospital's primary twin aims of; provision of high quality, person centred, safe and effective care and treatment and; maintenance of a safe and secure environment that protects patients, staff, volunteers, visitors and the public. It does so by promoting the use of a standardised yet evidenced based and person centred, best practice approach to risk assessment and management practice thereby ensuring a safe and secure environment is maintained for patients, staff and the public. The policy also ensures implementation of effective person centred risk practice that aims to work to ensure patients are cared and treated within least restrictive conditions which is in line with conditions for treatment outlined in the Mental Health (Care and Treatment) Act (Scotland) 2003.</p> |

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| <ul style="list-style-type: none"> • a patient's risk to others is reviewed on a regular basis; • appropriate training in specialist forensic and clinical risk assessment and management is made available to all levels of staff; • risk assessment and management processes used are appropriate to the patient population; • governance and review arrangements are in place to audit compliance and modify systems accordingly. | |
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2. Please identify the scope of the policy

Forensic Network wide Hospital wide Service specific

Discipline specific *Other

(*please provide details)

3. Who are the key stakeholders potentially affected by the policy? Will the policy impact on these groups in a positive and/or negative and/or neutral way? Why do you say this?

| Stakeholder(s) | Impact | Rationale |
|----------------|----------|---|
| 1. Patients | Positive | Policy implementation will support patients to reduce their risk of violence and therefore aid their recovery, rehabilitation and progress in their care and treatment pathway. |
| | Negative | As a result of the use of structured risk assessment processes, freedom of movement / access to activity etc may be restricted which may have a negative impact on mental health. Curtailing freedom of movement etc may impact on therapeutic relationships. |
| 2. Carers | Positive | This structured approach to risk management will enable patients to engage with carers safely, with cognisance of any risks to those who are in contact with a patient. |
| | Negative | As a result of the use of structured risk assessment processes, contact with |

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| | | carers may be supervised which may impact on relationships with staff. |
| 3. Staff | Positive | Policy implementation will support staff to engage with patient risk assessment and management processes thereby working to improve relational security through staff's improved knowledge and skills in risk practice. Effective risk assessment and management of patients by staff will also aim to contribute to a safer working environment for staff due to less violent incidents. |
| | Negative | Restricting freedom of movement etc may impact negatively on therapeutic relationships. |
| 4. Public | Positive | The general public are invested in the whole service at the State Hospital supporting patients to reduce their risk of future violence to the benefit of the community. Implementation of this policy therefore supports patients to reduce their risk and for their risk level to be evidenced and regularly reviewed. This will reinforce public confidence in service risk management and aim to aid transition to lower levels of security only when risk is adequately managed to the benefit of the public and community. The policy implements processes engaging external organisations to ensure that victims involved in a patient's index offence are considered in relation to patient risk. |
| 4. Scottish Government | Positive | The Scottish Government will be in favour of the use of evidence based tools implemented in this policy within violence risk assessment and management practice in order to support patients to reduce their risk of violence. |

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| | | This will aim to ensure adequate security is provided to patients in the present and in the future, contributing to a safe Scotland for everyone. |
| 4. Is a collaborative assessment with external partners required? | | No |
| 5. Specifically, in relation to the protected characteristics, please identify whether the policy impacts positively, negatively and / or neutrally on these groups, providing rationale in support of your decision. Please also describe any identified inequality and indicate practice in place which mitigates aspects of the policy contributing to any adverse impact or inequality. | | |

| Protected Characteristic | Positive X | Adverse/Negative X | Neutral X | Identified impact / inequality and rationale, including mitigating practice where appropriate |
|---------------------------------------|-----------------------|-------------------------------|----------------------|--|
| Age | X | | X | Individually tailored risk management processes are in place which capture any age related risk of violence / sexual violence, sensitive to age related conditions e.g. dementia. |
| Disability | X | | X | Individually tailored risk management processes are in place which capture any disability related violence / sexual violence risks relating to e.g. diagnosis relating to mental health / Intellectual Disability, Autism, sensory impairment. |
| Gender | | | X | |
| Gender Reassignment | | | X | |
| Marriage and Civil Partnership | | | X | |
| Pregnancy and Maternity | | | X | |

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| Race/Ethnicity | X | | X | Individually tailored risk management processes are in place which capture any violence / sexual violence risks specifically related to race / ethnicity. |
| Religion and or Belief | X | | X | Individually tailored risk management processes are in place which capture any violence / sexual violence risks specifically related to race / ethnicity. |
| Sexual Orientation | X | | X | Individually tailored risk management processes are in place which capture any violence / sexual violence risks specifically related to sexual orientation. |

6. Thinking about the key stakeholders you have identified in no. 3, please explain how the policy supports the organisation to eliminate any potential unlawful discrimination, harassment and victimisation of these groups, promoting equality of opportunity and fostering good relationships between all stakeholders.

The key stakeholder who this question is most relevant to is patients. In terms of patients the policy supports the organisation to eliminate discrimination/victimisation of them as implementation of the same will ensure that their risk is identified clearly within the VRAMP with risk management strategies also clearly outlined. Importantly, these can be shared with the patient and are shared and regularly reviewed by the clinical team in order for staff and the wider Hospital to work with the patient to manage their risk in the least restrictive way. Use of Structured Professional Judgement (SPJ) tools e.g. the HCR20v3 also means that risk factors considered and managed are evidence based thus reducing the risk of clinician/rater bias in risk practice and working to eliminate potential discrimination/victimisation of patients.

7. Thinking about the key stakeholders you have identified in no. 3, please identify potential inequalities of outcome which may arise in relation to socio-economic disadvantage (low income), including material deprivation.

None evident.

Please discuss with the Service Lead / Director and complete below to indicate this person is in agreement with your findings.

Service Lead / Director Designation:

Consultant Forensic and Clinical Psychologist, Head of Psychological Services.

Date: 23/09/2020

Then forward this screening document and your policy document to the Person Centred Improvement Lead for approval.

Approved by Person Centred Improvement Lead

Date: 16/11/20

Comments

Feedback incorporated. No requirement for a detailed EQIA.

Detailed EQIA required. Please contact Person Centred Improvement Lead for advice / support

Date: / /

Following consultation, this EQIA should be attached to the policy document and included within the paperwork for consideration by the Policy Approval Group prior to implementation. If any changes to the EQIA are required as a result of feedback from the consultation, please contact the Person Centred Improvement Lead.

You should ensure the EQIA section of the SBAR Monitoring Form is completed appropriately in order to reflect completion of this assessment.

Please note, as policy and EQIA documents are within the public domain, via the Hospital's website (unless identified by the Policy Approval Group as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.