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

Name of the policy: Water Safety Management Policy								
Directorate: Security			Date: 06/02/2020					
Designation(s) of author(s): Head of Estates & Facilities								
Strategy Policy Protocol Project *Other								
(*please provide details)								
New update to existing policy replacement								
(*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?								
Aim(s) / Outcome(s)		Wider Aim(s)						
The State Hospitals Board for Scotland recognises its duty as a public sector healthcare organisation to identify, assess and control the risk of potential exposure to Legionella, Pseudomonas and other similar harmful micro organisms from all water systems used to maintain hygiene in the delivery of healthcare and all the associated work activities.			The policy has been developed to complement the Scottish Health Technical Memorandum (SHTM) 04-01 and the Approved Code of Practice and Guidance, Legionnaire's disease, The control of legionella bacteria in water systems (ACoP) L8. CEL 08 (2013) is intended to minimise the risk of <i>Pseudomonas aeruginosa</i> infection from water.					
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					
Staff	Positive		Ensures compliance with national legislation and guidance.					

Positive	Ensures compliance with national	
	legislation and guidance.	
Positive	Ensures compliance with national	
	legislation and guidance	
Positive	Ensures compliance with national legislation and guidance	
	Positive	

- 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			х	Supports 'older working' through regular competent person training.
Disability			Х	
Gender			X	
Gender Reassignment			Х	
Marriage and Civil Partnership			Х	
Pregnancy and Maternity			х	
Race/Ethnicity			Х	
Religion and or Belief			Х	
Sexual Orientation			х	

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 policy supports competent staff working in this area to continue in their role regardless of age.

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

None identified.

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

Service Lead / Director Designation: Director of Security

Date:06/02/2020

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

Approved by Person Centred Improvement Lead Date: 10/2/20

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 SMT 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 SMT as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.