

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: Maintenance Repair & Calibration Policy		
Directorate: Security		Date: 06/02/2020
Designation(s) of author(s): Head of Estates & Facilities		
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?		
Aim(s) / Outcome(s)	Wider Aim(s)	
The Hospital regards Health and Safety as matters of prime importance and aims to ensure, so far as is reasonably practicable, that the employees, volunteers, patients and other persons are aware of the process that is undertaken to ensure maintenance repairs are undertaken efficiently and effectively.	The State Hospital is committed to ensuring it provides the best service possible with maintenance and repairs a vital part of this commitment.	
2. Please identify the scope of the policy		
Forensic Network wide <input type="checkbox"/> Hospital wide <input checked="" type="checkbox"/> Service specific <input type="checkbox"/>		
Discipline specific <input type="checkbox"/> *Other <input type="checkbox"/>		
(*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.
Patients	Positive	Ensures compliance with national legislation and guidance.

Visitors (including professionals, carers, contractors)	Positive	Ensures compliance with national legislation and guidance.
Volunteers	Positive	Ensures compliance with national legislation and guidance.

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	
Disability			X	
Gender			X	
Gender Reassignment			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	
Race/Ethnicity			X	
Religion and or Belief			X	
Sexual Orientation			X	

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.

Policy primarily relates to the internal 'help desk, which serves to respond as a priority to urgent H&S issues including trip hazards / electrical faults in addition to ensuring generic tasks e.g. PAT Testing are undertaken consistently.
The safety of all stakeholders is prioritised equally.

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.

Not applicable to this policy.

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 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.

