

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: Search Policy & Procedure		
Directorate: Security, Estates & Resilience		Date: 10/07/2021
Designation(s) of author(s): Clinical Security Liaison Manager		
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)	
To inform all relevant stakeholders of the policy and procedure with regard to searching persons, property, buildings and areas within The State Hospital.	To maintain the safety & security of the Hospital thereby meeting the Board's duty to provide a safe environment for patients, staff, volunteers and visitors.	
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
1. Staff	Positive	Clear guidelines promote consistency and fairness, and empower staff to deal with any security risks. Actively supports safety in respect of detection of restricted / prohibited items.

	Negative	Restricts access to some items that may assist in carrying out a particular task.
2. Patients	Negative	Restricts access to some items they may have had access to in a different environment.
	Positive	Actively supports safety in respect of proactive deterrence and prevention of subverting safety & security, including preventing restricted items being passed between patients whether they were coerced or of their own accord.
3. Volunteers	Negative	Restricts access to some items that may assist in carrying out a particular task.
	Positive	Actively supports safety in respect of detection of restricted / prohibited items. Protects volunteers from potential of being coerced by another party.
4. Carers	Negative	Restricts carers from bringing in items considered to present as a risk to maintaining a safe and secure environment.
	Positive	Protects carers from potential of being coerced by another party. Actively supports safety in respect of detection of restricted / prohibited items.
5. Other Visitors / Contractors	Positive	Actively supports safety in respect of detection of restricted / prohibited items.
		Restricts access to some items they may have had access to in a different environment.
6. Scottish Government	Positive	Acknowledges and enacts organisational responsibilities for the safety of everyone entering the Hospital.
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		A rub down search may be an upsetting experience for a child. Parent/guardian present to provide reassurance.
Disability		X		Need for a rub down search may cause physical distress for a wheelchair user. Due to the metal in wheelchairs and other mobility aids it is likely there would be an activation of the scanner resulting in a wand (HHMD) search, as well as a rub down. All visitors arriving for the first time have the process for accessing the Hospital explained to them. This is also supported by visitor information packs and information accessible via the TSH website.
Gender	X			Rub down searches undertaken by same gender staff.
Gender Reassignment		X		Rub down searches may cause emotional distress depending on the stage of the transition process, as could the process of decision-making regarding the appropriate gender of search staff, however; sensitivities regarding this group are acknowledged, with clear guidance provided in terms of appropriate practice.

Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	
Race/Ethnicity	X			As all visits are approved by the Clinical Team, any language barriers will be highlighted prior to visiting where an interpreter is available when required.
Religion and or Belief	X			Sensitivities in respect of individual beliefs/religion are acknowledged, with clear guidance provided in terms of appropriate practice.
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.

Staff:

Policy applies to all staff who working within The State Hospital.
Ensures risks to staff safety are limited in relation to preventing the opportunity for visitors to enter the environment with potentially dangerous items which may cause harm.

Patients:

Policy applies to all visiting professionals/agency staff engaging directly with any patients, which ensures consistency of protection.
Ensures risks to patient safety are limited in relation to preventing the opportunity for visitors to enter the environment with potentially dangerous items which may cause harm.
Adopts a screening process to ensure any items being brought into the environment do not promote/contribute to discriminatory behaviour e.g. sectarian related material.

Volunteers:

Ensures risks to volunteer safety are limited in relation to preventing the opportunity for visitors to enter the environment with potentially dangerous items which may cause harm.

Carers:

Ensures risks to carer safety are limited in relation to preventing the opportunity for visitors to enter the environment with potentially dangerous items which may cause harm.

Other Visitors / Contractors:

Applied consistently to all official visitors, with clearly specified processes which ensure all visitors entering the Hospital are treated the same.

Scottish Government:

Provides reassurance of robust processes controlling access to items which may pose a risk to safety and security.

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 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, Estates & Resilience

Date: 14/07/2021 (e-mail approval)

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

Approved by Person Centred Improvement Lead

Date: 14/07/2021

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 the Policy Approval Group (PAG) 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.

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