

## Equality Impact Assessment (EIA)

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps address inequalities by identifying steps to ensure equal access, experience, and outcomes for all groups of people.

### Step One – Policy Definition

<b>Function/policy name and number:</b>	HANDLING VEXATIOUS OR PERSISTENT COMPLAINTS POLICY
<b>Main aims and intended outcomes of the function/policy:</b>	The aim of this policy is to identify situations where the complainant might be considered to be vexatious or persistent and to suggest ways of responding to these situations.
<b>How will the function/policy be put into practice?</b>	<p>This policy should only be used as a last resort and after all reasonable measures have been taken to try to resolve requests, concerns, and complaints. PALS and complaints employees can be used as an additional resource to advise staff dealing with correspondents outside the PALS and complaints process.</p> <p>This policy includes how DGFT will respond should any member of staff during their role be subjected to inappropriate personal or abusive verbal or written comments.</p> <p>The policy should only be implemented following careful consideration and with the authorisation of the Chief Executive Officer or their designated person.</p>
<b>Who will be affected/benefit from the policy?</b>	<p>Staff will be benefit from this policy</p> <p>Patients/complainants will be affected by this policy</p>
<b>State the type of document:</b>	Policy
<b>Is an EA required?</b> NB: Most policies/functions will require an EA with a few exceptions, such as routine procedures-see guidance attached	Yes
<b>Accountable Director:</b> (Job Title)	Chief Nurse
<b>Assessment Carried out by:</b>	Associate Director of Patient Experience

To help you to determine the impact of a strategy or policy, think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic are included Step 3:

- Eliminate unlawful discrimination, victimisation, and harassment
- Advancing equality of opportunity
- Fostering good community relations

## KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

## Step Two – Evidence & Engagement

<b>Research/Publications</b> <i>(List any publications or research you have looked at here)</i>
<a href="#">Complaints and Concerns Policy</a> <a href="#">Conflict Resolution and Challenging Behaviour policy</a>  Department of Health (2009). <a href="#">Listening, responding, improving: a guide to better customer care</a> . London: DH. [Accessed 15/05/16]  Parliamentary and Health Service Ombudsman. (2009) Principles of good complaint handling. London: PHSO. Available at: <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0005/1040/0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf">http://www.ombudsman.org.uk/data/assets/pdf_file/0005/1040/0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf</a>  <u>The Local Authority Social Services and National Health Service (England) Complaints Regulations 2009</u>
<b>Working Groups</b> <i>(Have you consulted with any groups?)</i>
Patient Experience Group (PEG) 24 July 2025
<b>Clinical or Subject Experts</b> <i>(Have you consulted any experts? List them here)</i>
<b>Engagement Activity Focused on Protected Groups</b> <i>(Age, disability, race, sex, gender reassignment, marriage &amp; civil partnership, pregnancy &amp; maternity, religion or belief, sexual orientation, Other marginalised groups e.g. Homeless people or anything privacy or dignity related)</i>
PEG members prior to PEG meetings – 24 July 2025 <ul style="list-style-type: none"><li>•Chief Nurse</li><li>•Medical Staff representative</li><li>•Associate Director of Patient Experience</li><li>•Patient Experience &amp; Engagement Lead</li><li>•Communications representative</li><li>•Lead Chaplain/chaplain</li><li>•Dudley Healthwatch</li><li>•Carer Co-ordinator</li><li>•Medicine &amp; Integrated Care representative</li><li>•Surgery representative</li></ul>

- Community with Core Clinical Services representative
- Dudley Integrated Care Board
- Allied Health Professionals representative
- Community AHP Lead/Nursing Services Lead
- Volunteer lead
- Women and Children’s representative

Named nurses for safeguarding, children’s and adults

- Therapy lead
- End of life representative
- Diagnostic representative
- Facilities representative
- Community Nursing Lead or Community AHP Lead
- Learning disability lead
- Service leads

Board Secretary

Governors

**Summary of the feedback received from the engagement activity focused on protected groups:**

Governor comments 20 June 2025

- Wasn’t sure why term “men and women” used – would people/personnel suffice?.....**Harassment:** In general terms is unwanted conduct affecting the dignity of people men and women in the workplace. It may be related to age, sex, race, disability, religion, sexual orientation, nationality or any personal characteristic of the individual, and may be persistent or an isolated incident. The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient.
- Section 1- This does not sound right  
It should be noted that the Harassment Act 1997 will take precedent over this policy if the behaviours displayed by the member of public contacting DGFT under this legislation.
- Section 2- Should we not use their instead of his/her? Also in 5.1 and 5.2

Trust’s Board Secretary 13 June 2025

- Query is diversity compliant to state ‘men and women’?

These comments were acted on and changed in the document prior to PEG meeting on 24 July 2025.

## Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment.

Consider information and evidence from the previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also, consider due regard under the general equality duty, the NHS Constitution and Human Rights.

### What detail is required below:

A negative impact requires every box to be completed

Positive impacts need the first three boxes completed

Neutral impacts need to be marked neutral with no other details.

<b>Age:</b> Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues:	
<b>Positive, negative or neutral impact:</b>	Neutral Impact

<b>Disability:</b> Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers, as well as mental health/ learning disabilities, cognitive impairments	
<b>Positive, negative or neutral impact:</b>	Positive Impact
<b>If the impact is positive or negative, is it low, medium, or high risk for this group?</b>	Medium
<b>Concern or Benefit</b>	Signposting to advocacy services where appropriate for complainants who may have disabilities, mental health conditions or communications difficulties.

<b>Disability:</b> Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers, as well as mental health/ learning disabilities, cognitive impairments	
<b>Positive, negative or neutral impact:</b>	Negative Impact

<b>If the impact is positive or negative, is it low, medium, or high risk for this group?</b>	Low
<b>Concern or Benefit</b>	<p>People with mental health conditions, learning disabilities, or neurodivergence may be more likely to be perceived as vexatious due to communication styles or emotional expression.</p> <p>Failure to offer accessible formats, advocacy, or tailored communication could indirectly discriminate against disabled or vulnerable individuals.</p>
<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>• It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints and/or involvement of a local advocate service as appropriate.</li> <li>• Before labelling a complaint as vexatious, assess whether the behaviour may be linked to a disability, mental health condition, neurodivergence, or trauma.</li> <li>• Provide access to advocacy, interpretation, and mental health support for complainants who may struggle to navigate the process.</li> <li>• Vexatious status can be withdrawn where appropriate.</li> <li>• Regular review of cases where complainants have been labelled vexatious to ensure adjustments were considered and applied fairly.</li> </ul>
<b>Who will lead on this</b>	Associate Director of Patient Experience
<b>When will it be mitigated?</b>	July 2025
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>• Reviewed quarterly by Associate Director of Patient experience and PEG.</li> </ul>

<b>Gender re-assignment:</b> Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:	
<b>Positive, negative or neutral impact:</b>	Negative Impact
<b>If the impact is positive or negative, is it low, medium, or high risk for this group?</b>	Low

<b>Concern or Benefit</b>	Transgender people may be more likely to be perceived as vexatious due emotional expression.
<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints and/or involvement of a local advocate service as appropriate.</li> </ul>
<b>Who will lead on this</b>	Associate Director of Patient Experience
<b>When will it be mitigated?</b>	July 2025
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>Review as part of policy review.</li> </ul>

<b>Marriage and civil partnership:</b> Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:	
<b>Positive, negative or neutral impact:</b>	Neutral Impact

<b>Pregnancy &amp; Maternity:</b> Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:	
<b>Positive, negative or neutral impact:</b>	Neutral Impact

<b>Race:</b> Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:	
<b>Positive, negative or neutral impact:</b>	Negative Impact
<b>If the impact is positive or negative, is it low, medium, or high risk for this group?</b>	Low
<b>Concern or Benefit</b>	Cultural differences in communication or emotional expression could be misread as aggressive or unreasonable, leading to unfair categorisation.

<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>• It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints and/or involvement of a local advocate service as appropriate.</li> <li>• Complaints staff understand and respect diverse communication styles.</li> </ul>
<b>Who will lead on this</b>	Associate Director of Patient Experience
<b>When will it be mitigated?</b>	July 2025
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>• Review as part of policy review.</li> </ul>

**Religion or Belief:** Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end-of-life issues:

<b>Positive, negative or neutral impact:</b>	Neutral Impact
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**Sex:** Describe any impact and evidence on men and women. This could include access to services and employment:

<b>Positive, negative or neutral impact:</b>	Neutral Impact
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**Sexual Orientation:** Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

<b>Positive, negative or neutral impact:</b>	Neutral Impact
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**Other marginalised groups, e.g. Homeless people:** Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

<b>Positive, negative or neutral impact:</b>	Neutral Impact
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<b>Privacy, dignity, respect, fairness etc:</b>	
<b>Positive, negative or neutral impact:</b>	Positive Impact
<b>If the impact is positive or negative, is it low, medium, or high risk for this group?</b>	Medium
<b>Concern or Benefit</b>	The Policy supports safeguarding staff from distress or burnout caused by persistent or aggressive complainants, promoting a safe and inclusive workplace.
<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>• Clear definitions and procedures ensure that all complainants are treated consistently, reducing the risk of bias or discrimination.</li> <li>• Staff who deal with complaints are trained to recognise when challenging behaviour may stem from trauma, neurodiversity, or distress, and respond with empathy and appropriate support.</li> <li>• Require senior-level approval before categorising a complaint as vexatious.</li> <li>• Communicate clearly with the complainant about why their behaviour is considered vexatious, and what steps they can take to re-engage constructively.</li> </ul>
<b>Who will lead on this</b>	Associate Director of Patient Experience
<b>When will it be mitigated?</b>	July 2025
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>• Review as part of policy review.</li> </ul>



# **EQUALITY IMPACT ASSESSMENT (EIA) - GUIDANCE**

## **NOTES**

An equality impact assessment (EIA) ensures that issues of equality, diversity, and inclusion are considered when developing or revising strategies, policies, or proposals that affect the delivery of services and the employment practices of the Trust.

### **Why should we carry out an EIA?**

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They help identify gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

### **Equality Impact Assessments help us to:**

- Determine how the Trust strategy, policies and practices, or new proposals, will impact or affect different community groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether strategies, policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

### **What do we need to assess?**

Trust policies are subject to a 3-year review. Alongside the reviews, new policies will emerge. Most policies, strategies, and business plans will need an EIA.

However, EIAs are not required for changes in routine procedures, administrative processes, or initiatives that will not have a material impact on staff, patients, carers, and the wider community. Examples include checking the temperature of fridges, performing highly technical clinical procedures, and office moves.

### **DGFT Process for EIAs**

The revised EIA process is a single-stage process carried out in three steps.

#### **Step One: Policy Definition**

This involves a description of the policy details. This is the fact-finding stage where you gather as much information about the strategy, policy or function you intend to assess. Who will be using the service, policy or function and the outcomes you want to achieve. It is important to make sure that your service, policy or function has clear aims and objectives.

## **Step Two: Evidence and Engagement**

EIAs should be underpinned by sound data and information. This should be sought from various sources:

- The knowledge and experience of the people assisting in the service.
- ONS local demography/ Census data: [Census Maps - Census 2021 data interactive, ONS](#)
- Service monitoring reports / Divisional reports
- Patient satisfaction surveys
- Workforce monitoring reports
- Complaints and comments
- Outcome of consultation exercises
- Feedback from focus groups
- Feedback from organisations representing the interests of key target groups
- National and local statistics and audits [Joint Strategic Needs Assessment - All About Dudley Borough](#)
- Academic, qualitative and quantitative research
- Ward/ Divisional reviews
- Anecdotal data

This stage allows you to identify whether your strategy, policy or function has a positive or negative or potential negative impact on the protected characteristics. In some cases, an initial EIA is all you will need to establish whether you are providing equal outcomes for staff or patients. If you receive no feedback or concerns, you can mark each characteristic in section 3 as a neutral impact.

## **Step Three: Assessment of Impact**

This is the central and most important part of the EIA.

To help you determine the impact of the strategy or policy, consider how it relates to the Public Sector Equality Duty. The key questions and prompts for each protected characteristic are listed below.

- Eliminate unlawful discrimination, victimisation, and harassment
- Advancing equality of opportunity
- Fostering good community relations

The real value of completing an EIA lies in the actions that will take place and the positive changes that will emerge from conducting the assessment. To ensure that the action plan is more than just a list of proposals and good intentions, the following should be included:

- Each action is attributed to a key person who is responsible for its completion
- An achievable timescale that is also at the same time reasonable
- Relevant and appropriate activities and progress milestones
- How the action will be monitored/reviewed

## **KEY QUESTIONS**

- What information /data or experience can you draw on to indicate either a positive or negative impact on different groups of people with implementing this function policy
- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a service or policy is experienced and produce outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB mitigation measures must be identified and acted upon where an adverse impact is known or likely.

#### **Step Four: Assurance**

This section enables the EIA to be signed off by a head of or director for the area. This will assure the equality team that the EIA has been conducted thoroughly and thoughtfully.

#### **Help & Support:**

The equalities team will provide advice and support throughout the EIA process. Once you have completed your EIA, you must submit these documents to the procedural documents team, who will then ask the equalities team to sign off on the final version of the form.

For training, guidance and resources, including completed example forms, please visit the equality, diversity and inclusion hub pages: [Equality Impact Assessments](#) accessible

#### **Copies of the EIA:**

The manager who completed the strategy or policy review should keep copies of the form for monitoring/revisiting at the following policy review. Procedural documents will also keep a copy on file. All EIA will then be published on our external web pages to demonstrate due regard for the Public Sector Equality Duty.