

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

Function/policy name and number:	Smoke and Vape Free Policy
Main aims and intended outcomes of the function/policy:	To support all staff (including medics, bank workers, medics etc) and other individuals on trust sites to avoid smoking on any trust premises. Also to offer staff as outlined above access to resources to support with smoking cessation
How will the function/policy be put into practice?	Via local discussions and hopefully on a rare/ad hoc basis given the sensitivity of the topic.
Who will be affected/benefit from the policy?	This policy applies to all staff, contractors and employees of other organisations who are on site, including Trust volunteers. All Trust buildings and grounds, whether owned or leased, have been deemed 'smoke and vape
State the type of document:	Policy
Is an EA required? NB: Most policies/functions will require an EA with a few exceptions, such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Interim Chief People Officer
Assessment Carried out by:	Deputy HR Business Partner
Date Completed:	1.07.2024

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

Research/Publications <i>(List any publications or research you have looked at here)</i>
HSE Advice on Smoking at Work NICE quality standard Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk) Smoking Profile - Smokefree NHS - OHID (phe.org.uk) Smoking Profile - Smoking and inequalities - OHID (phe.org.uk)
Working Groups <i>(Have you consulted with any groups?)</i>
Clinical or Subject Experts <i>(Have you consulted any experts? List them here)</i>
Engagement Activity Focused on Protected Groups <i>(Age, disability, race, sex, gender reassignment, marriage & civil partnership, pregnancy & maternity, religion or belief, sexual orientation, Other marginalised groups e.g. Homeless people or anything privacy or dignity related)</i>
Name of Source: Policy shared with equalities and wellbeing team, which was duly shared with all trust staff networks. Date: 14/6/24 Protected Characteristic: All protected characteristics under the equality act
Name of Source: SRC Date: August 2024 Protected Characteristic: Staff side representatives
Name of Source: Meetings with Staff Health & Wellbeing (SHAW), wellbeing business partner and EDI. Date: 18/7/23, 16/8/23, 12/1/24, 6/3/24 Protected Characteristic: All protected characteristics under the equality act

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

- Key points discussed included the impact of colleagues who smoke/vape, reviewing community and trust wide support available, expanding knowledge base of the topic by listening to clinical and professional leads, benchmarking the policy with neighbouring trusts, what support is available for line managers and considering the impact of colleagues potentially challenged with substance misuse.
- Actions included how to approach colleagues who are breaching the policy and managing break times etc in line with their contract of employment.

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.

Age: Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues:	
Positive, negative or neutral impact:	Positive impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	<p>To stop smoking can aide with innumerable health benefits. Based on APS data, the proportion of current smokers in the UK in 2022 was 12.9%, or 6.4 million people. This is a decrease from 2021 (13.3% of the population).</p> <p>Those aged 25 to 34 years continued to have the highest proportion of current smokers (16.3%, around 1.4 million people), compared with any other age group. This is an increase in comparison with the same group in 2021 (15.8%, around 1.3 million people). Approximately 7.3% of The Dudley Group staff are within this age bracket.</p>

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

If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	<p>To stop smoking can aide with innumerable health benefits. People with mental health conditions are more likely to smoke and that smoking rates increase with the severity of illness.</p> <p>People smoking more than 15 cigarettes a day are more likely to experience a common mental health disorder than those who smoke fewer cigarettes or do not smoke at all. People with a mental health problem consume 40% of cigarettes smoked in England. Approximately 6% of The Dudley Groups staff have a disability. We are not able to breakdown those with mental health conditions.</p>

Gender re-assignment: Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:	
Positive, negative or neutral impact:	Neutral impact

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

Pregnancy & Maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:	
Positive, negative or neutral impact:	Positive impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	To stop smoking can aide with innumerable health benefits, including the health of an unborn baby.

Race: Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

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

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

Positive, negative or neutral impact:	Positive impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	To stop smoking can aide with innumerable health benefits. In 2022, as in previous years, men were more likely to smoke than women in the UK. Across the UK, 14.6% of men (around 3.6 million) and 11.2% of women (around 2.8 million) reported being current smokers. The population of male staff at The Dudley Group is approximately 19%.

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:

Positive, negative or neutral impact:	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)

Positive, negative or neutral impact:	Positive impact
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If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	<p>Smoking is the leading cause of health inequalities and accounts for half of the difference in life expectancy between the most and least affluent communities in England.</p> <p>Smoking is associated with most indicators of disadvantage. While smoking prevalence at England level continues to decline each year, the gap in prevalence between the most and least deprived has increased. This means that prevalence is reducing more slowly in more deprived communities than in our more affluent communities.</p> <p>Office for National Statistics data show 55.8 per cent of households in Dudley were deprived in at least one of these "dimensions" when the most recent census was carried out. It meant the area stood above the average across England and Wales.</p>

Privacy, dignity, respect, fairness etc:	
Positive, negative or neutral impact:	Neutral impact

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.