

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: | Baby Loss Policy |
| Main aims and intended outcomes of the function/policy: | The purpose of a Baby Loss Policy is to enable staff to aims to promote a consistent approach across the Trust. It is designed to help employees understand their entitlements and provides procedural guidance based on best practice. The policy explains the responsibilities and actions that are required by managers and employees throughout the process. |
| How will the function/policy be put into practice? | The policy sets out the rights and entitlements of employees following pregnancy loss, stillbirth, or neonatal death, and additional support measures. The policy has been developed to ensure compliance with statutory obligations and national guidance. The policy and procedure is sectioned to provide clear guidance on bereavement leave, support for pregnancy loss, and ongoing wellbeing support for affected employees. Line Managers and employees should refer to and follow the relevant applicable sections. |
| Who will be affected/benefit from the policy? | The policy applies to all employees of the Dudley Group NHS Foundation Trust who experience pregnancy loss, stillbirth, or neonatal death, including those involved in surrogacy arrangements and foster-to-adopt processes, as well as to fathers or partners of affected employees. |
| 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) | Chief People Officer |
| Assessment Carried out by: | HR advisor & Equalities Business Partner |
| Date Completed: | 28/08/2025 |

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> |
| ACAS Equality Act 2010 Employment Relations Act 1999 Agenda for Change Terms and Conditions of Service |
| Working Groups <i>(Have you consulted with any groups?)</i> |
| Provider Collaborative Policy Group Staff representation committee (SRC) Joint Local Negotiating Committee (JLNC) |
| Clinical or Subject Experts <i>(Have you consulted any experts? List them here)</i> |
| Equalities Business Partner |
| 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: Wider HR Team Date: 25/6/25 Protected Characteristic: All |
| Name of Source: Equalities and Wellbeing Team Date: 25/6/25 Protected Characteristic: All |
| Name of Source: HR Manager - Medical Workforce Date: 25/6/25 Protected Characteristic: All Medical Staff |
| Name of Source: Head of People – Workforce, Wellbeing and Employee Relations Date: 25/6/25 Protected Characteristic: All Staff |
| Name of Source: Divisional leads – all divisions Date: 25/6/25 Protected Characteristic: All |

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

- Gendered language / mixed use of language, need to agree terminology with staff networks/ stake holders and use throughout.
- Refrain from using acronyms, makes the policy hard to read for anyone neurodivergent or new to the policy.
- Add links to describe where resources are for ease of use of the policy.
- Update wellbeing provisions and ensure support groups are up to date.
- Add anti-discrimination statement to the end of the policy to support fairness and transparency.

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:

Neutral Impact

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:

Neutral Impact

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:

Positive Impact

If the impact is positive or negative, is it low, medium, or high risk for this group?

High

Concern or Benefit

Equality in baby loss support: Ensuring that support following pregnancy or baby loss is available and clearly communicated to all employees—regardless of gender

| | |
|--|---|
| | identity, role in the pregnancy, or family structure—promotes fairness, compassion, and equal access to leave and emotional support during a highly sensitive time. |
|--|---|

| | |
|---|----------------|
| 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: | Neutral Impact |

| | |
|--|---|
| 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: | Negative Impact |
| If the impact is positive or negative, is it low, medium, or high risk for this group? | High |
| Concern or Benefit | <ul style="list-style-type: none"> Failing to include race-specific considerations in the baby loss policy may lead to unintentional exclusion or inequitable care for families from racially and ethnically diverse backgrounds. Experiences of baby loss may be shaped by cultural norms, language barriers, historical mistrust of healthcare systems, and differences in health outcomes related to ethnicity. Evidence shows that Black and Asian women are more likely to experience baby loss, stillbirth, or complications in pregnancy. Without explicit reference to these disparities, the policy may miss opportunities to provide equitable support and could inadvertently contribute to widening health inequalities. Additionally, cultural grieving practices or family involvement may vary significantly across racial and ethnic groups, and a lack of recognition can result in distress, reduced trust, and disengagement from NHS services. Negative Impacts: |

| | |
|--|--|
| | <ul style="list-style-type: none"> Increased emotional harm due to lack of culturally appropriate support Risk of indirect discrimination or exclusion Loss of trust in NHS services among ethnic minority communities <p>Missed opportunities to address known disparities in baby loss outcomes</p> |
| If a negative impact, how will it be mitigated? | <ul style="list-style-type: none"> Will add appropriate paragraph to the policy and ensure early communication is held with employees |
| Who will lead on this | HR Advisor |
| When will it be mitigated? | Completed |
| How will you monitor/review or report this? | <ul style="list-style-type: none"> Through complaints and feedback |

| | |
|--|--|
| 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: | Negative Impact |
| If the impact is positive or negative, is it low, medium, or high risk for this group? | High |
| Concern or Benefit | <ul style="list-style-type: none"> Different racial, ethnic, and religious groups may have distinct mourning practices, beliefs around stillbirth and miscarriage, and rituals related to death, which may include: <ul style="list-style-type: none"> Timely burial or cremation (e.g. in Islam or Judaism) Specific naming, dressing, or blessing rituals Gender-specific involvement in ceremonies Without acknowledgement in policy, staff may be unaware or unprepared to accommodate these needs, leading to distress for bereaved families. Different racial, ethnic, and religious groups may have distinct mourning practices, beliefs around stillbirth and miscarriage, and rituals related to death, which may include: <ul style="list-style-type: none"> Timely burial or cremation (e.g. in Islam or Judaism) Specific naming, dressing, or blessing rituals Gender-specific involvement in ceremonies |

| | |
|--|--|
| | Without acknowledgement in policy, staff may be unaware or unprepared to accommodate these needs, leading to distress for bereaved families. |
| If a negative impact, how will it be mitigated? | <ul style="list-style-type: none"> Will add appropriate paragraph to the policy and ensure early communication is held with employees |
| Who will lead on this | HR Advisor |
| When will it be mitigated? | Completed |
| How will you monitor/review or report this? | <ul style="list-style-type: none"> Through complaints and feedback |

| | |
|--|---|
| 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 | <ul style="list-style-type: none"> The policy promotes equal access to baby loss support for both men and women, recognising the impact of loss on all parents, regardless of their biological or caregiving role. Inclusion of partners and non-birthing parents ensures fathers and partners receive appropriate leave and emotional support following pregnancy or baby loss. Supports women by acknowledging the physical and emotional impact of loss and provides protected time away from work to aid recovery and wellbeing. Encourages fairness and equality in bereavement and compassionate leave, helping to reduce gender-based disparities in how loss is recognised and supported in the workplace. |

po

| | |
|--|-----------------|
| 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: | Positive Impact |

| | |
|---|---|
| If the impact is positive or negative, is it low, medium, or high risk for this group? | High |
| Concern or Benefit | Recognises diverse family structures and identities, including same-sex couples, surrogacy, and foster-to-adopt arrangements, ensuring respect and fairness for all types of parents. |

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: | Neutral Impact |
|--|----------------|

Privacy, dignity, respect, fairness etc:

| | |
|---|--|
| 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 | <ul style="list-style-type: none"> • Promotes a compassionate and sensitive approach to supporting employees experiencing baby loss, ensuring their privacy and emotional wellbeing are respected at all times. • Encourages open and non-judgemental communication, allowing staff to disclose their experiences in a safe and supportive environment if they choose to do so. • Maintains dignity by offering flexible support options, including private conversations, leave arrangements, and signposting to emotional and practical support services. • Applies consistently and fairly to all staff, regardless of their role, gender, or length of service, ensuring equitable access to leave and support entitlements <p>Supports line managers to respond appropriately, through clear guidance that helps uphold respectful and sensitive practices when dealing with baby loss cases.</p> |

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.