

# 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>	Complaints and Concerns Policy
<b>Main aims and intended outcomes of the function/policy:</b>	The policy aims to set out good quality complaint handling and the responsibilities of staff for dealing with complaints and Patient Advice and Liaison Service (PALS) enquiries, in order that they are dealt with efficiently, investigated robustly and a timely and appropriate response is sent. Ultimately, the aim is to resolve concerns to their satisfaction and improve the quality and safety of care.
<b>How will the function/policy be put into practice?</b>	The policy will provide guidance to managers and staff around good complaint handling to achieve a resolution for complainants.
<b>Who will be affected/benefit from the policy?</b>	All Trust staff and complainants and patients.
<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: (Job Title)</b>	Chief Nurse
<b>Assessment Carried out by:</b>	Complaints and PALS manager
<b>Date Completed:</b>	16 February 2026

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="#">The Trust's Incident Reporting and Management Policy (including Serious Incidents)</a> <a href="#">Safeguarding Adults Policy</a> <a href="#">Safeguarding Children Policy</a> <a href="#">Duty of Candour (including being open) Policy</a> <a href="#">Management of Allegations Policy</a> NHS Complaints Regulations 2009 PHSO NHS Complaints Standards 2003 PHSO principles of good complaints handling
<b>Working Groups</b> <i>(Have you consulted with any groups?)</i>
Patient Experience Group (PEG) 4 December 2025
<b>Clinical or Subject Experts</b> <i>(Have you consulted any experts? List them here)</i>
Chief Nurse Associate Director of Patient Experience Patient Experience & Engagement Lead
<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>
The following teams/people participated in the consultation of the policy and reviewed all information, considering all protected characteristics:  PEG members prior to PEG meetings – 4 December 2025 Medical Staff representative Communications representative Lead Chaplain/chaplain Dudley Healthwatch Carer Co-ordinator Medicine & Integrated Care representative Surgery representative 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  
Patient Safety team  
Local Integrated Care Board Complaints team

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

- suggested insert to the policy for the Continuing Healthcare (CHC) complaints section – CHC complaints are received by Black Country Integrated Care Board (ICB), whom undertake the initial triage of the complaint and, where a formal complaint is considered appropriate and the necessary consent has been obtained, the complaint is shared with DGFT within the delegated authority to manage complaints. DGFT is responsible for completing the investigation, which must be signed off by the relevant Head of Service before being shared with the ICB. The investigation response then undergoes formal sign-off by the Chief Quality Officer or Deputy Director of Quality, and ICB Chief Executive. Once approval has been obtained, the ICB formally closes the complaint, sharing the response with the complainant and DGFT for completeness. The ICB records learning and emerging themes for trend analysis.
- I have used tracked changes to note one or two typos; otherwise, a great document.
- Tracked changes made to wording in section 6.26 – Investigating complaints to clarify when the patient safety team lead an investigation.
- DIHC in the abbreviations can come out of the document - this is not referred to in the document and also no longer exists.
- You refer to the Chairman once, presume this should read Chair to be gender neutral

## 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>	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>	Potential difficulty of certain age groups to raise a complaint. Reasonable adjustments discussed, considered and actioned with complainant upon contact with the complaints team. Various methods of communication available to contact the complaints team.
<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>• Signpost to advocacy services where appropriate.</li> <li>• Wording is clear in the policy.</li> </ul>
<b>Who will lead on this</b>	Associate Director of Patient Experience
<b>When will it be mitigated?</b>	December 2025 as part of policy review
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>• Monitor Complaints and make policy changes accordingly</li> </ul>

<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>	Medium
<b>Concern or Benefit</b>	Potential difficulty for a person with a disability to raise a complaint and understand process. Taking into consideration consent and the impact of this on the process.
<b>If a negative impact, how will it be mitigated?</b>	Local resolution meetings- reasonable adjustments will be discussed, considered and acted on appropriately.  The Trust is committed to ensuring that a person's care or treatment will not be adversely affected as a result of raising a complaint. Details of the issues raised will only be discussed with staff on a 'need-to-know' basis and kept confidential.  All correspondence concerning complaints should be marked 'Private and Confidential' and kept securely using the complaints management system and retained in accordance with the Trust's policy on the storage and retention of records.  All statistical and other management reports will be anonymised. This is to ensure that the patient receives impartial treatment in the future and to prevent discrimination as a result of making a complaint.  Signposting to advocacy services where appropriate for complainants who may have disabilities, mental health conditions or communications difficulties. Reasonable adjustments will be considered on contacting the complainant.  Various scenarios listed where consent may be required within the policy.
<b>Who will lead on this</b>	Associate Director of Patient Experience
<b>When will it be mitigated?</b>	December 2025 as part of policy review

<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>• Monitor Complaints and make policy changes accordingly</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>	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>	All wording within policy is gender neutral

<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>	Medium
<b>Concern or Benefit</b>	Role and responsibilities of Investigating officer and ensuring they remain objective, non-bias and ensuring they consider cultural sensitivity

<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>Wording in policy is clear that the process should be open, accountable, fair and proportionate. Investigation will remain objective, non-bias and culturally sensitive.</li> </ul>
<b>Who will lead on this</b>	Associate Director of Patient Experience
<b>When will it be mitigated?</b>	December 2025 as part of policy review
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>Monitor Complaints and make policy changes accordingly</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>	Negative 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>	Role and responsibilities of Investigating officer and ensuring they remain objective, non-bias and ensuring they consider cultural sensitivity
<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>Wording in policy is clear that the process should be open, accountable, fair and proportionate. Investigation will remain objective, non-bias and culturally sensitive.</li> </ul>
<b>Who will lead on this</b>	Associate Director of Patient Experience
<b>When will it be mitigated?</b>	December 2025 as part of policy review
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>Monitor Complaints and make policy changes accordingly</li> </ul>

**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
--	----------------

<b>Sexual Orientation:</b> 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

<b>Other marginalised groups, e.g. Homeless people:</b> 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>	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>	Recognising lower socio-economic status (such as homeless or migrants etc) may struggle to understand the process and reasonable adjustments may be required.
<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>Recognising lower socio-economic status (such as homeless or migrants etc) may struggle to understand the process and reasonable adjustments may be required.</li> </ul>
<b>Who will lead on this</b>	Associate Director of Patient Experience
<b>When will it be mitigated?</b>	December 2025 as part of policy review
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>Monitor Complaints and make policy changes accordingly</li> </ul>

<b>Privacy, dignity, respect, fairness etc:</b>	
<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>	Medium
<b>Concern or Benefit</b>	Role and responsibilities of the Investigating officer and ensuring they remain objective, non-bias and ensuring they consider cultural sensitivity

<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>• Role and responsibilities of Investigating officer and ensuring they remain objective, non-bias and ensuring they consider cultural sensitivity</li> </ul>
<b>Who will lead on this</b>	Associate Director of Patient Experience
<b>When will it be mitigated?</b>	December 2025 as part of policy review
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>• Monitor Complaints and make policy changes accordingly</li> </ul>

### Step Four – Assurance

<b>Title</b>	Group Associate Director of Patient Experience
<b>Date</b>	16 February 2026

# **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.