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:	Patient Identification Policy
Main aims and intended outcomes of the function/policy:	This policy sets out the process for clear and reliable positive patient identification including the use of both identification and red alert bands. It covers the steps required to initially identify a patient and how to ensure that they are always identified correctly when in our care.
How will the function/policy be put into practice?	The policy and now will be ratified. It will then be disseminated across Trust and available on the Hub.
Who will be affected/benefit from the policy?	Staff, Patients, Service users and the Public.
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)	Jack Richards. Chief Operating Officer.
Assessment Carried out by:	Matron
Date Completed:	10.06.2026

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

Research/Publications *(List any publications or research you have looked at here)*
Previous policy versions
Working Groups *(Have you consulted with any groups?)*
GAME – SWC Governance DRGM – Medicine Governance CCCS Governance
Clinical or Subject Experts *(Have you consulted any experts? List them here)*
Consultant Anaesthetist Principle Pharmacist Divisional Chief Nurses Medicine Divisional Chief Nurses SWC
Engagement Activity Focused on Protected Groups *(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)*
Name of Source: Equalities Business Partner **Date:** June 2026 **Protected Characteristic**: All

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

1. Age – well covered and positive impacts - Policy makes reference to all ages and potential considerations.
2. Disability – There are some strong positive impacts here in section 5, we talk about patients unable to verbally confirm, learning difficulties, clinical conditions and confusion and refer to the Mental Capacity Act. It would be good to add in people with sensory impairments, such as hearing and sight, neurodiverse people, such as those with autism, being able to have adjustments made and the use of interpreters and communication aids, like picture cards.
3. Gender Reassignment / Sex – Negative Impacts, Policy states we use PAS/OASIS, this may impact trans or non binary people and cause misidentification and distress of misgendering. Is there options to use preferred name, are staff aware of this, how would they navigate this? If it's not suitable for policy, then it may need to be flagged as a negative impact and mitigated.
4. Pregnancy & Maternity – Positive impacts, Strong neonatal and maternity ID processes in place with clear mother, baby linkage.
5. Race – Negative Impact, We do not mention race or ethnicity in terms of non-English speakers who may misunderstand questions or be incorrectly identified and have a language barrier. We need to mitigate with the use of interpreters and avoiding using closed questions.
6. Religion or Belief – Negative Impact - Patients wearing religious coverings may feel discomfort during identity checks, gender sensitivity may be relevant. May need to mitigate with privacy and same-sex staff where possible.

7. Other Marginalised Groups – Negative Impact, Identification relies on NHS number, formal records and documented identity, what about homeless people, asylum seekers, undocumented migrants, what do we do in these situations, would the staff know how to deal with this and the person be treated with dignity in that moment?

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.
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium.
Concern or Benefit	Policy refers to all age groups.

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.
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium.
Concern or Benefit	Benefit. Policy refers to patients unable to verbally confirm, learning difficulties, clinical conditions and confusion and refer to the Mental Capacity Act.

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:	Negative.
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium.
Concern or Benefit	Policy states we use PAS/OASIS, this may impact trans or non binary people and cause misidentification and distress of misgendering.
If a negative impact, how will it be mitigated?	Consider options to use preferred name.
Who will lead on this	Policy Lead
When will it be mitigated?	Ongoing
How will you monitor/review or report this?	Monitor through patient feedback, complaints etc. To review minutes from patient experience group.

Commented [BC1]: These questions need to be answered on any negative impacts. Who will lead on this mitigation, when will it be mitigated and how will it be monitored?

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
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium.
Concern or Benefit	Strong neonatal and maternity ID processes in place with clear mother – baby linkage.

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.
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium.
Concern or Benefit	We do not mention race or ethnicity in terms of non-English speakers who may misunderstand questions or be incorrectly identified and have a language barrier.

If a negative impact, how will it be mitigated?	We need to mitigate with the use of interpreters and avoiding using closed questions.
Who will lead on this	Policy Lead
When will it be mitigated?	Ongoing
How will you monitor/review or report this?	To review complaints and patient feedback. To review the use of interpreters. To review patient experience group minutes

Commented [BC2]: These questions need to be answered on any negative impacts. Who will lead on this mitigation, when will it be mitigated and how will it be monitored?

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.
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium.
Concern or Benefit	Patients wearing religious coverings may feel discomfort during identity checks, gender sensitivity may be relevant.
If a negative impact, how will it be mitigated?	Consider privacy and same-sex staff where possible.
Who will lead on this	Policy Lead
When will it be mitigated?	Ongoing
How will you monitor/review or report this?	Review of PLACE feedback. Review patient feedback, complaints, etc Review of patient experience group minutes for themes.

Commented [BC3]: These questions need to be answered on any negative impacts. Who will lead on this mitigation, when will it be mitigated and how will it be monitored?

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

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

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:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium.
Concern or Benefit	Identification relies on NHS number, formal records and documented identity. We need to think about homeless people, asylum seekers, undocumented migrants and what do we do in these situations.
If a negative impact, how will it be mitigated?	Ensure staff know how to deal with this and ensure that the person be treated with respect and dignity in that moment
Who will lead on this	Policy Lead
When will it be mitigated?	Ongoing
How will you monitor/review or report this?	Review of PLACE feedback. Review patient feedback, complaints, etc Review of patient experience group minutes for themes.

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.