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:	Violence and Aggression Patient Warning Marker Policy
Main aims and intended outcomes of the function/policy:	This policy has been developed to set out The Dudley Group NHS Foundation Trust's procedure for placing a risk of violence and aggression marker on the healthcare record of individuals who have acted in a violent, aggressive, or anti-social manner. The implementation of a warning marker system will: • Provide an early warning to staff of a particular individual or situation that represents a risk to them, their colleagues, contractors, patients, or the public. • Provide security warnings and handling advice to avoid or minimise risk. • Aim to reduce the number of violent, aggressive, or anti-social acts against staff. • Assist in creating a safe and secure environment for staff, patients, and visitors. • Ensure information is shared with internal and external stakeholders for the purposes of community safety and security.
How will the function/policy be put into practice?	The purpose of the policy is to provide a robust framework to ensure a consistent approach across the Trust to ensure procedures exist for the protection and safety of staff and other key internal and external stakeholders and, that the Trust is compliant with legislation and statutory regulations such as but not limited to the following: • Data Protection Action 1998 and General Data Protection Regulations' (GDPR). • Secretary of State's Directions on work to tackle violence against staff and professionals who work or provide services for the NHS (2003) and security management measures (2004) • Health & Safety at Work etc. Act 1974 • Management of Health and Safety at Work Regulations 1999 • Corporate Manslaughter and Corporate Homicide Act 2007

	The policy outlines the procedures for the placement of violent patient markers and the sharing of information regarding those patients (who have had markers placed against them) with key stakeholders for the purposes of safety and security.
Who will be affected/benefit from the policy?	All staff employed both directly and indirectly by the Trust working at Russells Hall Hospital, Corbett and Guest Outpatient Centres. Also patients, visitors and their relatives.
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)	Group Chief Development Officer
Assessment Carried out by:	Head of PFI & Property
Date Completed:	11th June 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)*
• Data Protection Act 1998 and General Data Protection Regulations' (GDPR). • Secretary of State's Directions on work to tackle violence against staff and professionals who work or provide services for the NHS (2003) and security management measures (2004) • Health & Safety at Work etc. Act 1974 • Management of Health and Safety at Work Regulations 1999 • Corporate Manslaughter and Corporate Homicide Act 2007 • The Caldicott Principles revised 2013
Working Groups *(Have you consulted with any groups?)*

Security Liaison Group
Clinical or Subject Experts *(Have you consulted any experts? List them here)*
Chief Nurse Deputy Chief Nurse Security Liaison Group Quality Lead – Nursing Matrons Head of Patient Experience
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

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:	Negative & Positive Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium & High
Concern or Benefit	Recognise that ethnically diverse, LGBTQ+, and disabled staff may face additional barriers to speaking up. They may not feel safe and supported to raise concerns, this has been confirmed in recent focus groups with internationally trained staff and through colleagues in the EmbRACE staff network. Positive Impact High:

	Patients from diverse backgrounds, particularly those with protected characteristics (e.g. race, disability, age, gender identity, religion) may experience conflict differently due to communication barriers, cultural misunderstandings, or unconscious bias. The policy details that responses to challenging behaviour need to be proportionate, respectful, and does not discriminate. It also accounts for patients with cognitive impairments, mental health conditions, or language needs, ensuring reasonable adjustments are made.
If a negative impact, how will it be mitigated?	• Add detail to the policy to highlight this concern and add to managers section to encourage all incidents to be reported
Who will lead on this	Policy Lead
When will it be mitigated?	Before publication
How will you monitor/review or report this?	• Datix and HR data monitored to ensure reporting is consistent across characteristics • Seek feedback from staff networks and FTSU for lived experiences to improve and enhance the policy.

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 & Positive Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium & High
Concern or Benefit	Recognise that ethnically diverse, LGBTQ+, and disabled staff may face additional barriers to speaking up. They may not feel safe and supported to raise concerns, this has been confirmed in recent focus groups with internationally trained staff and through colleagues in the EmbRACE staff network. Patients from diverse backgrounds, particularly those with protected characteristics (e.g. race, disability, age, gender identity, religion) may experience conflict

	differently due to communication barriers, cultural misunderstandings, or unconscious bias. The policy details that responses to challenging behaviour need to be proportionate, respectful, and does not discriminate. It also accounts for patients with cognitive impairments, mental health conditions, or language needs, ensuring reasonable adjustments are made.
If a negative impact, how will it be mitigated?	• Add detail to the policy to highlight this concern and add to managers section to encourage all incidents to be reported
Who will lead on this	Policy Lead
When will it be mitigated?	Before publication
How will you monitor/review or report this?	• Datix and HR data monitored to ensure reporting is consistent across characteristics • Seek feedback from staff networks and FTSU for lived experiences to improve and enhance the policy. • Utilise patient complaints data to understand experience and reporting levels

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:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	All Trust staff and the Security Team need to have completed statutory Equality and Diversity mandatory training.

	Risk Assessments for any pregnant staff need to reflect this.
If a negative impact , how will it be mitigated?	• Risk assessment will discuss where an incident may happen and the protocol to follow to avoid danger to pregnancy.
Who will lead on this	Relevant Managers
When will it be mitigated?	As and when required
How will you monitor/review or report this?	• The PFI Team monitor Mandatory Training for Mitie on a monthly basis. • Trust staff Mandatory Training will be monitored by their Line Managers.

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 & Positive Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High & High
Concern or Benefit	Recognise that ethnically diverse, LGBTQ+, and disabled staff may face additional barriers to speaking up. They may not feel safe and supported to raise concerns, this has been confirmed in recent focus groups with internationally trained staff and through colleagues in the EmbRACE staff network. Patients from diverse backgrounds, particularly those with protected characteristics (e.g. race, disability, age, gender identity, religion) may experience conflict differently due to communication barriers, cultural misunderstandings, or unconscious bias. The policy details that responses to challenging behaviour need to be proportionate, respectful, and does not discriminate. It also accounts for patients with cognitive impairments, mental health conditions, or language needs, ensuring reasonable adjustments are made.
If a negative impact, how will it be mitigated?	• Add detail to the policy to highlight this concern and add to managers section to encourage all incidents to be reported
Who will lead on this	Policy Lead

When will it be mitigated?	Before Publication
How will you monitor/review or report this?	• Datix and HR data monitored to ensure reporting is consistent across characteristics • Seek feedback from staff networks and FTSU for lived experiences to improve and enhance the policy. • Utilise patient complaints data to understand experience and reporting levels

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	Recognise that staff who have visible religious attire may be more at risk if discriminatory behaviour and may also face barriers to speak up. They may not feel safe and supported to raise concerns
If a negative impact, how will it be mitigated?	• Add detail to the policy to highlight this concern and add to managers section to encourage all incidents to be reported
Who will lead on this	Policy Lead
When will it be mitigated?	Before publication
How will you monitor/review or report this?	• Datix and HR data monitored to ensure reporting is consistent across characteristics • Seek feedback from staff networks and FTSU for lived experiences to improve and enhance the policy. • Utilise patient complaints data to understand experience and reporting levels

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:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Recognise that ethnically diverse, LGBTQ+, and disabled staff may face additional barriers to speaking up. They may not feel safe and supported to raise concerns, this has been confirmed in recent focus groups with internationally trained staff and through colleagues in the EmbRACE staff network.
If a negative impact, how will it be mitigated?	• Add detail to the policy to highlight this concern and add to managers section to encourage all incidents to be reported
Who will lead on this	Policy Lead
When will it be mitigated?	Before Publication
How will you monitor/review or report this?	• Datix and HR data monitored to ensure reporting is consistent across characteristics • Seek feedback from staff networks and FTSU for lived experiences to improve and enhance the policy.

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:	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.