NHS Greater Manchester Integrated Care

Equality Analysis Template

Step 1 Evidence | Step 2 Assess | Step 3 Strengthen | Step 4 Monitor | Step 5 Approve

Step 1 Evidence

This equality analysis is being undertaken to prevent my policy, plan or project from adversely affecting people with different protected characteristics or at known disadvantage.

I am using this template to identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.

Name of your strategy/policy/plan/project	Surgical Hubs		
Contact details for the person completing the assessment	Sandra Sah		
Design date for the strategy/policy/plan/project	From Aug 2022		
Date your equality analysis is completed	Current version – 16 February 2023		
Does this template form part of a business case or investment proposal submission?	Yes	No	Unsure
Are you completing this as a result of organisation change?	Yes	No	Unsure
Is there another reason for you completing this template – e.g. renewal of a current service/change to current service – please specify:	To support the Surgical Hub pillar as part of the GM Elective Care Recovery and Reform Programme.		

If you are unsure about any part of this template, please read the accompanying guidance paper before you complete. ALL sections must be completed – N/A is not applicable in this template as it is used to inform legal compliance. If you need to explain your bespoke approach further, please do so in the text boxes.

1. Initial screening assessment

What are the main aims, purpose of your policy, plan or project?

The key objectives for this programme are:

- Drive equity of access and excellent clinical outcomes for the GM population through standardisation of pathways and adoption of best practice
- Drive for 'top decile' GIRFT performance of clinical outcomes, productivity and equity of access
- Standardised procedure level clinical pathways agreed across all providers in GM that will be developed or tailored for local needs by the Clinical Reference Group
- Establish Multiple specialty Surgical Hubs where possible within each sector for the high-volume elective procedures
- Agree principles for Hub working across clinical and operational groups e.g., Theatre principles, transfer of patient information between sites
- Consider and develop responses to workforce constraints in relation to Hub delivery e.g., standardised pay rates for Hub sessions
- Develop a GM communications and engagement plan to ensure clinical and patient awareness of Elective Hubs and support available for patients to access Hub sites.

What is your expected outcome?

The expected impact and outcomes include:

- SH Benefits:
  - Protected capacity for periods of high system pressure
  - Reduction in overall wait lists with a specific focus on those specialty areas with highest number of waits
- Benefits to patients:
  - Reduced waiting times
  - Equity of access and clinical outcomes.
  - Improved patient experience
- Benefits to GM trusts:
  - Reduced waiting lists
  - Capacity at RMCH for the most complex and clinically urgent patients
  - Improved effectiveness and efficient use of resources within specialities
  - Improved relationships, team working and clinical practice, facilitating improved staff development opportunities.
- Benefits to GM:
  - Contribution to the reductions of 78+ and 52+ week waiters across GM
  - Improved workforce retention and recruitment as a best place to work.

Who will benefit?

Patients & Carers – shorter waiting times, improved patient experience and outcomes (right place right time) and accessibility to services.
GM system – improved performance and partnership working (reduced backlog and waiting lists, validated demand coming into the system (right place right time), further embedding of partnership working between Primary and Secondary.

Is your project part of a wider programme or strategy (for example, the locality plan)?

This work is part of the GM Elective Care Recovery and Reform Programme (which is part of the Greater Manchester Recovery and Reform Strategy).

2. Are there any aspects/activities of the policy, plan or project that are particularly relevant to equality, socio-economic disadvantage, or human rights?

At this stage, you do not have to list possible impacts, just identify the areas. (E.g. we are commencing a new programme of health care aimed at Caribbean men with diabetes)

The expansion of surgical hubs will give people the opportunity to have their treatment sooner. The surgical hubs will focus on those high volume, low complexity procedures in various specialities and will be set up out across various parts across GM. Specific locations of GM and their patient population need to be considered.

We know from GM data that people from Black or Black British, Asian or Asian British ethnicity groups are waiting longer for elective care. Women and children are also waiting longer. The data also shows that people living in more deprived areas (as per Indices of multiple deprivation) also wait longer. Access to services differ – postcode lottery factor, known inequalities for people living in more deprived areas and challenges of poor transport connectivity between some different localities

The scale of the waiting list in GM is such that we will need to consider the impact of the expansion of surgical hubs on all protected characteristics. As this theme is only one of a number within the overall Elective Care programme, we will need to consider how the different themes interact and how we prevent widening of inequalities unintentionally and ensure that patient choice does not result in longer waiting times where barriers linked to poverty are not removed.

It should be noted that any initiatives being considered for implementation will ensure that the EIA process is repeated, and mitigations considered for all protected characteristics. Equally important will be the need to ensure that any recommendations made within the programme, do not unintentionally create further inequalities.

3. What existing sources of information will you use to help you identify the likely impact on different groups of people? (For example, statistics, JSNA's, stakeholder evidence, survey results, complaints analysis, consultation documents, customer feedback, existing briefings, comparative data from local or national external sources).

This EIA is based on known barriers for different people to health and care services, however we need to ensure that we continue to gather intelligence and evidence as the programme progresses. Data will be used from providers and trusts including:

- Patient and public feedback and surveys
- ICS Engagement leads,
- Business Intelligence (BI) – GM Inequalities dashboard on Tableau,
- Stakeholder feedback
- NHS Futures
- National resources and data (JSNA's/Public Health Profiles etc)

- Complaints
- Patient stories
- Insight from other EIAs around travel/location of services,
- Clinical Harm Reviews (CHR),
- Intelligence, data and feedback will also be provided through each CRG.

The pillar will also seek to continue addressing new national and local research, evidence, and intelligence about the impact of surgical hubs as a whole and on people with different protected characteristics when reviewing the design of the programme as a whole and work with our engagement teams to access more insight.

4. Evidence gaps

Are there gaps in information that make it difficult or impossible to form an opinion on how your proposals might affect different groups of people? If so, what are the gaps

in the information and how and when do you plan to collect additional information? Note this information will help you to identify potential equality stakeholders and specific issues that affect them - essential information if you are planning to consult as you can raise specific issues with particular groups as part of the consultation process. EIAs often pause at this stage while additional information is obtained.

No: Please go on to question 5. (Be sure to have fully considered all communities and parts of communities – e.g. have you considered the needs of gypsies, travellers and Roma communities, other transient communities, do you need to better understand take up of your service by Muslim women or Orthodox Jewish men, for example.)

Yes: Please explain briefly how you will fill any evidence gaps. You might want to start with contacting research or policy colleagues to see whether they can point you in the right direction. Our third sector colleagues will also be pleased to offer support and direction.

Evidence gap	**How will the evidence be collated**	**Individual or team responsible and timeframe**
Further engagement work is needed across the protected characteristics. There are gaps particularly around access to Elective Care and the impact of this pillar on: - Homeless people - Travellers - Sexual orientation - Transgender - carers		

5. Involvement and consultation

Note: You are required to involve and consult stakeholders during your assessment. The extent of the consultation will depend on the nature of the policy, plan or project.

(Don't forget to involve trade unions and inclusion staff groups if staff are affected and consider socio-economic impact as well as community and third sector groups for different protected characteristics. If there is potential for different impact across different neighbourhoods, consult your neighbourhood leads)

Consultation and involvement that has taken place, who with, when and how?
The GM Elective Recovery Programme has a dedicated Communications and Engagement, & Equality, Diversity & Inclusion resource who will be responsible for the communications across GM for the whole of the programme and supporting ED&I objectives. They will take an overview of the programme as a whole to the ICS and Trust Engagement leads who will in turn be asked to engage with their patient and public/health inequalities groups, feeding back on any gaps and need for actions. It is proposed that this will be an iterative approach to ensure that we continue to listen to patients and act on their feedback. The Communications and Engagement, & Equality, Diversity & Inclusion leads will also work to increase involvement with wider stakeholders. Prior to implementation in GM, work was undertaken in other areas of the country to test outpatient's feedback regarding the establishment of elective hubs which has influenced the approach to development in GM. There may be additional info to add from the evaluation of the orthopaedic/paediatric hubs We have started to engage with our local populations about the elective care recovery strategy, of which the expansion of elective hubs is a key part. For the purpose of this initial EIA we have been able to pull from existing sources of data and insight. There will need to be an ongoing conversation with people in GM about this approach and a robust process for gathering feedback and outcomes. We are planning an engagement project with local VCSE to explore a couple of our protected characteristic groups where we know there are issues in GM: • Black or Black British and Asian or Asian British people are waiting longer than average • People from more deprived areas are waiting longer than average. We need to work with engagement teams in localities to ensure more engagement work is undertaken around these proposals.

Key feedback from consultation:

At this time, it is unknown if a consultation will be required as part of this Programme.

This will be closely monitored, and consultation requirements will be followed at the point of identification.

The Communications and Engagement, & Equality, Diversity & Inclusion leads will also work to increase involvement and engagement with wider stakeholders.

For significant or large strategies and programmes, please provide a link to any written record of the consultation to be published alongside this assessment here:
N/A for this element

How engagement with stakeholders will continue
Here you need to explain how you continue to engage throughout the course of the delivery to ensure the measures you take to address any disparity are working.

Involvement group	Consultation dates	Strengthening actions
• Elective Care Recovery and Reform Programme Board • Surgical Hubs Pillar Programme Group. • GM Elective Care Recovery and Reform Operational group • GM Elective Care Recovery and Reform COO Group • GM Clinical Reference Groups	Ongoing review as progress is made in establishing the hubs. Regular communication will be maintained with all key groups.	Nominated EIA Champion for the pillar and will ensure EIA is reviewed and repeated as proposals are put to board.

Step 2

Assessing impact and opportunities to promote equality and human rights

6. If you have piloted a project you want to roll out, add here what you learnt about communities not taking up, accessing or having poorer outcomes from it and what you have done to address those disparities.

We are waiting for feedback from the evaluation of the Orthopaedic and Children's hubs.

7. What barriers have you identified for the different groups listed by your proposals?

Add the impacts in the box next to the group. (e.g. we have found that working age people are not taking up our services because of our opening hour restrictions)

Complete the identified barriers for each group and identify which group you have identified You should complete each category. If you believe there is no adverse impact, you should put an explanation as to why.

Age • Young • Middle age • Older age	Some patients of all ages may not be able to access hospital sites due to: • Travel – do not own transport or limited public transport available in area they live. • Carer working and services not available at suited times. • Limited availability of carer to take them to sites or dependent on carer The barriers for children and young people might include anxiety around attending medical appointments and the impact of Covid on the mental health of many young people, particularly for neurodiverse young people. Children and young people as well as older age people will mostly be reliant on a parent or carer to take them to the appointment so this will be a barrier for those living in households with people of working age who are in low paid, insecure work and who have restrictions on when they can take a child or older person to an appointment and stay with them, especially if this requires a longer journey. The barriers for many older people will be around travelling to an unfamiliar place, particularly on public transport and potentially being reliant on a working age person to take them there. They may potentially face additional challenges in using digital services.
Disability Types of impairment can be categorised as physical, sensory, psychosocial, and intellectual. There are several types of barrier that cause exclusion including • Physical • Social/attitudinal • Institutional • Communication Complete which *barriers* you will need to consider in your programme.	Some possible barriers may include communication of information, travel, anxiety liked to new, unfamiliar venues, need for an advocate. Disabled people have told us (Manchester Disabled People's Engagement Group) that they don't expect services to be accessible therefore, there is a very low level of expectation and disabled people wouldn't necessarily know to ask for transport. If the surgical hub is located at an unfamiliar hospital, or in another Borough for that patient, this could cause stress/anxiety and potentially be a barrier to that person taking this offer up. Could potentially mitigate this by providing clear useful information about the location of the surgical hub, what to expect and how to get there. We know that access to parking, particularly disabled spaces is important and can be a barrier for some people to access care. The decision making around the location of the surgical hubs should take into consideration this issue. The surgical hubs will be focusing on day case procedures, so people are likely to be being dropped off and there should be suitable access, drop off points etc. People with a sight problem can find it difficult to travel if it is dark, so there needs to be a degree of flexibility when arranging dates/arrival times if

	needed. Surgical hubs will need to be responsible to individual patient needs. There is very limited access to wheelchair taxis. The surgical hubs will be undertaking day case procedures, so if a patient will rely on a wheelchair taxi to get home this may cause an issue. Ample time and notice will need to be given to the patient and potentially assistance with getting home if needed. This will need to be discussed up front. Also need to be clear on carers being able to attend. If someone needs information in alternative formats, such as large print, braille or easy read, this will need to be provided to enable them to make an informed decision about whether to be treated at the surgical hub. Providers will need to meet accessible information standards. This also goes for information to support people to take up the offer. All information at all stages needs to be in the right format. Easy Read as a default is best. Need to be clear on how to change and appointment or how to ask a question before and after the appointment. The booking system itself needs to be fully accessible so not reliant on someone texting or phoning back and we need a BSL video link for anyone who cannot text or make a call. Need to proactively offer BSL interpreters.
Sex Identify any potential adverse impact to men or women.	Gynaecology is one of the specialties that will be included in the expansion of surgical hubs. Being able to work through the back log of Gynae procedures will have a positive impact on women. More than half a million women face prolonged waits for gynaecology care | RCOG Women are more likely to be carers for children and adults and may therefore face barriers linked to childcare, needing to collect children from school/care for someone so can we offer flexibility of appointments/guarantee that they can leave by a certain time. Female clinicians also need to be made available should the need for this arise. There are no other known adverse impacts based on sex at this moment, but further engagement and feedback needed.
Race Identify any adverse potential impact on different ethnic groups and identify which ethnic groups you may need to specifically consider.	Need for choice of gender of clinician, chaperone, information in the right language and access to an interpreter for not only the appointment but any booking queries. We know from our GM Elective inequality dashboard that people from Black or Black British and Asian or Asian British are waiting longer than average for elective care. This suggests there are barriers in place to be addressed. A lack of cultural inclusivity is known to be a barrier for some people (and low trust based on historic mistrust of public services and systemic racism). People need information that is easily accessible and culturally appropriate. If someone needs information in alternative languages, this will need to be provided to enable them to make an informed decision

	about whether to be treated at the surgical hub. This also goes for any follow up information to support them to take up the offer. Providers will need to think about the provision of interpreters throughout the process of being able to offer the patient a chance to be treated at a surgical hub through to support on the day (including with booking and ensuring that support to get to the hospital is proactively shared). If the information is not given in the appropriate format i.e., in other languages and in plain English the patient will not be able to make an informed decision. Barriers for refugees, asylum seekers, irregular migrants – need to be clear that no ID is needed, treatment is free, how to get there as they might not know the area well (can't assume that they will have smartphones/data/Wi-Fi).
Religion/ belief Identify any adverse potential impact on different religious groups and identify which you may need to specifically consider.	Religion and spirituality can impact a person's decision on how they access health care and for example the preferred gender of health providers and need for chaperone – need to consider flexibility of appointments as some people would not be able to attend on their holy day. Some religions have prayer times that may interfere with medical treatment. Reasonable adjustments will need to be taken into account to support people to access care at the surgical hubs.
Sexual Orientation Identify any adverse potential impact on different sexual orientations and identify which sexual orientations you may need to specifically consider.	Historic experience of homophobia might mean that there is low trust in some hospital sites e.g., partner/spouse not being recognised/assumptions made within gynaecology that patient is heterosexual so need to address this by promoting LGBT inclusive service. Further engagement and feedback needed.
Transgender Identify any adverse potential impact on transgender or non-binary people.	As above, some people may have experienced transphobia at some sites/be reluctant to face potential discrimination where they might have built a relationship of trust with staff at another hospital. Need to address this within comms/letter. Further engagement and feedback needed
Carer status	If people need support to health services, this is most often done by family or friends and provision will need to be made for them to accompany the person they care for when attending the surgical hub. Also need to recognise need for flexibility where carer needs to bring someone/offer up transport as an alternative for career to accompany rather than get public transport.

Socio-economic status Identify any adverse potential impact because of deprived communities and identify which communities you may need to specifically consider.	We know from the GM elective inequality dashboard that people form more deprived areas are waiting longer for treatment. People who rely on public transport can find the unreliability of transport a barrier sometimes and this may be a particular issue if the person is being given the opportunity to be treated at a surgical hub that is at an unfamiliar location or somewhere they have to travel further. To mitigate this, people will need to be supported with clear useful information about the location of the surgical hubs and how they can get there. For people who don't have access to transport, providers should consider offering assistance with transport. Some people may also be eligible for patient transport services or local voluntary driving services. The accessibility of the location of the surgical hubs, e.g., being on a good transport link, serviced by buses etc should factor into decision making about the location of the hubs. The cost of travel will be a barrier for some people, particularly if they are being asked to travel a little further for their treatment potentially out of borough, depending on where they live. For people who don't have access to transport, providers should consider helping with transport. Some people may also be eligible for patient transport services. Need to proactively offer this as some people will be too proud to ask/won't want to be a burden on the NHS. Patients will be able to choose to stay and wait at their original hospital if they do not wish to attend the surgical hub. Public transport services may be less frequent on a weekend. As the surgical hubs are likely to operate at weekends this will need to be considered. People may need to be given assistance with transport. As in section on age, need to offer alternatives to people in insecure work to be able to pick a time outside shift. Need to ensure that there is always an alternative to digital booking/contact for those who are digitally excluded. As first contact is by phone, there is great potential for inequalities linked to people living in poverty who have had their landline cut off/have no credit/have changed their phone number to be uncontactable and therefore end up waiting longer. There is a general issue for all patients that they will not pick up calls from an unknown number. Some people who use Pay as you go tariffs might not have enough credit to listen to a voicemail.
Pregnancy or maternity Identify any adverse potential impact because of pregnancy or maternity.	Maternity services are not included in the surgical hubs. Children's surgery is included as a specialty in the surgical hubs however and you will potentially have families with more than 1 child or pregnant parents having to support children to access care. Children's surgical hubs will need to be flexible and support the family to access care for their children. Pregnant parents may also face similar barriers in attending non-pregnancy related treatment and will therefore need further support and consideration.

Marriage /civil partnership This category is only required for employment discrimination matters.	There are no known adverse impacts based on marriage or civil partnership, however, not required for this EIA.
Other Are there other discriminations or disadvantages that you think you need to address?	None at the moment. See socio economic section for potential Negative impact of people not responding to unknown numbers and the potential for them to have changed their phone number

8. Can the adverse impacts you identified be justified and the original proposals implemented without making any adjustments to them? If so, please set out the basis on which you justify implementing the proposals without adjustments.

No. There are several barriers that need to be addressed. There are mitigating actions that can be taken. If people decline the offer to access care at the surgical hub this causes disparities unless we remove the barriers outlined.

9. Having analysed the initial and additional sources of information including feedback from consultation, is there any evidence that the proposed changes will have a *positive* impact on any of these different groups of people and/or promote equality of opportunity? Please provide details of who will benefit from the positive impacts and the evidence and analysis used to identify them.

There is potential for the expansion of surgical hubs to positively impact on all protected characteristics by enabling people to be treated quicker and supported to lead healthier and happier lives.

10. Is there any evidence that the proposed changes have *no* equality impacts? Please provide details of the evidence and analysis used to reach the conclusion that the proposed changes have no impact on any of these different groups of people.

No, it does have impact on equality.

11. Please provide details of how you will consult and involve communities on the proposed changes. If you do not plan to consult and involve, please provide the rationale behind that decision.

We have proposed to bring 10GM in to work with VCSE organisations to explore barriers and opportunities to support people to access the surgical hubs from Black or Black British, Asian or Asian British and deprived areas in particular.

The following areas will work together to set up surgical hubs for their part of GM:

- Wigan Borough and Bolton
- Salford, Rochdale, Oldham and Bury
- Manchester and Trafford
- Tameside and Stockport

The localities will be asked to supplement this initial EIA by undertaking an EIA for their own locality. There will be particular issues for each locality e.g. some Tameside residents would find it easier to get to Oldham than Stockport or some Manchester residents could reach Salford more easily on public transport than Trafford.

Step 3 – Strengthening your policy plan or project

Please use the table below to document your strengthening actions.

12. What changes are you planning to make to your original proposals to minimise or eliminate the adverse equality impacts you have found?

Please provide details of the proposed actions, timetable for making the changes and the person(s) responsible for making the changes.

Adverse impact	Proposed action	Person responsible
If the patient does not have access to transport or are particularly anxious about travelling or going to an unfamiliar place.	Provide clear useful information in Easy Read format and with images about the location of the surgical hub, what to expect and how to get there, including free transport (and eligibility criteria where relevant). Need to be clear on the transport offer across different localities and ensure that it is pro-actively offered. Need to ensure that there is a consistent offer across each of the localities. Need to agree how to record adjustments/patient support needs consistently	GM Trusts

	as well as declines and reason for declines.	
Physical access to the place, including parking and disabled spaces can be a barrier for some people.	Decisions around location of surgical hubs to take into account accessibility of the place.	GM Trusts
People with sight problems or who need to access particular transport such as wheelchair taxis may struggle to travel at certain times of day	The surgical hubs will need to be flexible and take into account individual needs to support people to access care.	GM Trusts
If someone needs information in alternative formats (such as Braille, large print, easy read) or in a different language, or translators, they will need to have this from the point of being offered the chance to being treated at a surgical hub through their journey. Patients are unable to make informed decisions about care without access to information in the format they need it.	Providers will need to understand the patient's information needs and meet accessible information standards. Provision of information in the required format, language and translators etc.	GM Trusts
If people are being asked to travel further and they don't have access to transport, this could be a barrier. Some of these people will also not be eligible for patient transport services (PTS) which has quite strict eligibility criteria.	Requires further discussion across GM Trusts as to approach to be taken.	GM Trusts
Digital Communication – not all patients may have access to smart phones or to the internet	Alternative communication arrangements need to be arranged. This includes: Provide messages via letters or phone calls.	GM, Trust and Contract leads (Depending on arrangement agreed)
Some patients may want to be seen by same sex clinician. e.g. female patients by female clinician	Scoping exercise to understand how often this is a problem and how much longer these patients have to wait.	GM Trusts

13. Describe here how you could further promote equality of opportunity. What action/s do you recommend and when?

This is where you are taking the opportunity to advance addressing inequalities beyond the mitigations you are putting in place, for example, your mitigations when moving a service to digital provision will be to ensure alternatives are available for those who

cannot access digital services. Your opportunity to *further promote* equality with a new digital service would be to extend a service to people from their own home where they had previously experienced physical barriers to reaching your surgery.

The expansion of surgical hubs will need to be supported with robust communication and engagement activities. We will work through our GM networks to develop key information about the surgical hubs and will make this available in different formats. There will be some work to offer reassurance to the public about our efforts to tackle the waiting list backlog in general and how we can support them while they wait.

14. Describe how you could further promote human rights principles. What action/s do you recommend and when? Please provide details.

For example, if you are putting in place improved access to interpreter provision that may enhance the human rights of those that need it to access public services.

Once the work with the VCSE is complete, this will identify whether there are further actions that can be taken to further promote human rights principles. Access to transport and interpretation services will be promoted as part of the communications around the expanded hub model

15. Describe how you could further reduce socio-economic disadvantage. What action/s do you recommend and when?

For example, if you are undertaking a focused anti-smoking campaign in areas of high deprivation, you can expect to reduce socio-economic disadvantage.

People from more deprived areas are waiting longer than average for elective care, this is an issue we need to address. As noted above, we will do this by providing support to enable people to access care if offered at the surgical hubs. We will need to work in partnership with other parts of the health and care system who may have outreach into these communities.

16. Describe here how you could further promote social value. What action/s do you recommend and when?

For example, you might be able to offer new jobs or apprenticeships to people struggling to get employment or offer contracts to community led social enterprises to deliver your services.

Although the Hubs will be partly staffed from existing staff at hospitals, where there is a requirement to recruit additional staffing, consideration will be given to inclusivity and promotion of social value where possible.

Step 4 – Monitoring and review

17. You are legally required to monitor and review the proposed changes after implementation of your strategy or programme to check they work as planned and to screen for unexpected equality impacts. Please provide details of how you will monitor, evaluate or review your proposals and when the review will take place.

What	When	How
Review of EIA in light of any new proposals/pilots/projects.	Monthly (Monthly for the first 12 months, then move to quarterly)	EIA review by Pillar group & Programme Team with support from EIA champion. Further support can be requested from the ED&I programme lead.

Step 5 – Sign off

Strategy, policy, plan, project or service owner or Work Programme Lead*	
Name: Sandra Sah	Date: 31.01.2023
EIA Lead (the person completing this form) This equality analysis has been quality-checked and will be passed to the senior responsible officer for final sign off.	
Name: Jennifer Kamau	Date: 31.01.2023
Director or Senior Responsible Owner * This equality impact assessment has been completed in a rigorous and robust manner and I agree with the actions identified. It will now be progressed and published where required.	
Name: Alison Kelly	Date: 07/03/2023

*By signing off your EIA you are confirming that you are satisfied that the policy/strategy/project/activity/service has been designed with the needs of different equality groups and communities in mind, and that the groups it is intended to serve will be able to access the service and experience similar outcomes from it.

For records, this EIA will also need to be copied to elaine.mills7@nhs.net to ensure we can evidence our legal duties to undertake equality analysis. However, the original version must be kept with the project documents and pro-actively used to inform the progress of the work, alongside budget, risk and health and safety monitoring.