**Equality Impact Assessments- A Practical Guide for NHS Managers**

This guidance has been developed to support teams to complete equality Impact assessments (EIA’s):

* **Part One** supports people to complete EIA’s in relation to workforce reform.
* **Part Two** supports people to complete EIA’s that focus on patient-facing service change.
* **Part Three** – Appendices
	+ Appendix 1 - EIA Flow Chart
	+ Appendix 2 - EIA Form
	+ Appendix 3 - EIA Audit Check List (must be completed and submitted with EIA Form)
	+ Appendix 4 – How to Access EDI Support

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# Part One

# Guidance for Workforce Reform

# Equality Impact Assessments in Organisational Reform – A Practical Guide for NHS Managers

Major organisational reform particularly that involving significant cuts to programme and running costs, role reductions, or movement of activity across the system carries real risk of disproportionate impact on individuals and groups with protected characteristics.

When implemented without inclusive design, change can unintentionally embed or worsen inequality. When done well, Equality Impact Assessments (EIAs) enable fairer, safer and more transparent decision-making, supporting our legal duties and moral leadership.

This guide supports NHS managers to carry out meaningful EIAs during reform, from early planning through to implementation and review.

# Why EIAs Matter in NHS Reform

In cost-saving contexts, EIAs are too often seen as retrospective paperwork. But during high-stakes change, they are critical tools to-

* Understand who may be affected, and how
* Identify and reduce risks of discrimination
* Make more informed and inclusive decisions
* Protect organisational integrity and public trust

EIAs are not about blocking change they’re about getting change right.

# When to Do an EIA

You should carry out an EIA if the reform will change-

* Who delivers what work (e.g. team/function redesign)
* Where or how people work (e.g. centralisation, service transfer)
* Which roles or groups remain (e.g. redundancies or priority areas)
* How staff are assessed or selected (e.g. recruitment, performance criteria)

Do not wait until decisions are finalised. An effective EIA shapes reform—it doesn’t rubber- stamp it.

# Key EIA Questions

At the heart of any EIA are five fundamental questions:

1. Who is affected by this proposal or change?
2. Which protected characteristics may be disproportionately impacted?
3. What evidence do we have (or need)?
4. What mitigations are available to reduce harm or promote equity?
5. How will we monitor and respond to impact over time?

 Protected Characteristics under the Equality Act 2010:

* Age
* Disability
* Gender reassignment
* Marriage and civil partnership
* Pregnancy and maternity
* Race
* Religion or belief
* Sex
* Sexual orientation

# Expanded Examples of Equality Risks in Reform

| **Scenario** | **Potential Equality Impact** | **Protected Characteristic(s)** | **Suggested Mitigation** |
| --- | --- | --- | --- |
| Disbanding or centralising a team with high representation of disabled staff | Risk of disproportionate redundancy; lack of accessible redeployment options | Disability | Adjust interview/redeployment processes; offer flexible roles and assistive technology |
| Moving programme activity to another ICS or provider | Staff may face travel barriers or lose flexibility | AgeDisability, Sex,  | Offer hybrid/remote options; review travel access; consult on transition |
| Job redesign removes part- time/flexible roles | Indirectly excludes carers, often women | Sex, Pregnancy / Maternity | Design flexibility into roles; avoid defaulting to full-time or on-site only |
| Short consultation windows over school holidays or Ramadan | Limit’s ability for carers or religious observers to respond | ReligionSex  | Offer longer feedback timelines; provide multiple engagement channels |
| Applying “performance” data from biased or non- inclusive systems | Reinforces existing inequalities | AgeDisabilityRace | Review appraisal data for patterns; ensure fairness in criteria and scoring |
| Redeployment processes rely heavily on verbal view performance | Risks disadvantaging neurodivergent or anxious candidates | Disability Race | Offer reasonable adjustments; use structured scoring and assess content not style |
| Cutting EDI, engagement or support roles as “non-core” | Silences voices of minoritised groups and weakens inclusion infrastructure | DisabilityLGBTQ+Race | Consider wider organisational impact; explore integration or phased change |
| Assumption that senior roles are not equally at risk | Ignores inequality at senior levels (e.g. Black staff in leadership) | DisabilityRace,Sex | Analyse data by band and role; ensure equity across all grades |
| Use of digital- only consultation or staff access | Excludes some older or lower- income staff | Age, Socioeconomic status | Provide offline alternatives; support digital inclusion |
| Centralisation of systems to locations with poor transport links | Reduces access for disabled or lower-income staff | Disability Race | Assess transport equality; retain local access points if needed |

**Making EIAs Meaningful: Steps for Managers**

1. **Plan Early**
	* Include EIAs in change planning from the outset.
	* Assign a named lead.
	* Link EIAs to decision points not just implementation.

# Gather Evidence

* + Use workforce and service user data.
	+ Consult staff networks and equality leads.
	+ Don’t guess ask.

# Engage Affected Staff

* + Don’t assume one-size-fits-all feedback works.
	+ Be transparent about what is open to change.
	+ Capture and act on feedback especially dissent.

# Identify and Act on Risks

* + Use the table above to guide your thinking.
	+ Apply mitigations *before* finalising plans.
	+ Where impact cannot be fully avoided, document rationale clearly.

# Monitor and Review

* + Use live EIAs not one-offs.
	+ Track outcomes and staff feedback post-implementation.
	+ Adjust plans or support where needed.

**Reflection Checklist for Managers**

� Have I mapped who is most affected and checked for any demographic patterns?

�� Have I involved staff with lived experience in shaping or stress-testing decisions?

�� Have I checked performance or selection criteria for potential bias?

�� Have I offered flexible engagement, especially for those with different access needs?

�� Have I proposed tangible mitigations—or just noted risks?

�� Have I reviewed the EIA with a diverse group or peer feedback?

�� Am I clear on who owns follow-up, communication, and ongoing monitoring?

**Examples of information required for Equality Impact Assessment**

|  |  |
| --- | --- |
| **Section** | **Prompt** |
| **Proposal** | Briefly describe the change or reform |
| **Groups Affected** | Who may be impacted directly or indirectly? |
| **Protected Characteristics** | Which characteristics may be affected and how? |
| **Evidence Used** | What data, feedback or consultation has been used? |
| **Risks Identified** | What are the potential adverse impacts? |
| **Mitigation Actions** | What will you do to remove or reduce impact? |
| **Positive Opportunities** | Can the change improve inclusion or access? |
| **Monitoring and Review** | How will impact be tracked over time? |
| **Reviewer** | Who signed off or provided challenge on the EIA? |

# Conclusion

Reform is necessary, but how we lead it defines our culture. Equality Impact Assessments are not a barrier to progress. They are a route to fair, effective and inclusive change.

Done well, they:

* + Build staff trust
	+ Reduce legal and reputational risk
	+ Ensure change works for everyone not just the most visible

As NHS managers, you are responsible for delivering change *and* protecting fairness. This guide helps you do both.

# Part Two

**Guidance for Patient Facing Reforms**

**Equality Impact Assessments in Patient-Facing Service change.**

***A Practical Guide for NHS Teams***

Major changes to patient services—such as cuts to programmes, reconfiguration of care pathways, or shifting services across locations—carry a real risk of disproportionate impact on individuals and communities with protected characteristics under the Equality Act 2010.
When these changes are implemented without inclusive design, they unintentionally embed or worsen existing health inequalities. By contrast, when done well, Equality Impact Assessments (EIAs) enable fairer, safer, and more transparent decision-making, supporting both our legal obligations and our moral responsibility to deliver equitable care.
This guide supports NHS teams to carry out meaningful EIAs during patient service change—from early planning through to implementation and review.

***Why EIAs Matter in Patient Services***

In the context of service redesign or cost-saving measures, EIAs are sometimes treated as a tick-box exercise or left until after decisions are made. This is not only unlawful under the Public Sector Equality Duty (PSED)—it also undermines the quality and fairness of care.
By not doing an EIA, or doing it poorly, we will discriminate, widen inequality and excluding the very people who most rely on NHS services.

Failure to properly assess and mitigate equality impacts can lead to:
- Unlawful discrimination (direct or indirect)
- Legal challenge and judicial review
- Loss of public trust
- Widening health inequalities
- Reduced access or poorer outcomes for marginalised groups

***When to Do an EIA***

You should carry out an EIA if the proposed change affects:
- Who can access a service (e.g. eligibility criteria, referral routes)
- Where or how care is delivered (e.g. centralisation, digital-first models)
- What services are available (e.g. cuts, mergers, or redesigns)
- How patients engage with services (e.g. booking systems, consultation formats)

-travel/ transport

***An effective EIA shapes service reform—it doesn’t just rubberstamp it.***

***Steps for Conducting Patient-Focused Equality Impact Assessments***

**1. Plan Early**

- Integrate the EIA into the earliest stages of service planning—not after decisions are made (unlawful).
- Assign a named lead responsible for the EIA process.

Ensure meetings with wider team members to input into the assessment
- Ensure the EIA is linked to key decision points, not just implementation.

**2. Gather Evidence**

- Use patient demographic data, service usage statistics, and health outcomes.
- Consult with:
 - Patient groups
 - Community organisations
 - Equality and inclusion leads (The EDI team we will be holding EIA drop ins on Tuesday pm and Friday am.
- Review relevant case law and previous EIAs for similar changes.
- Don’t guess—ask patients and communities directly.

**3. Engage Affected Communities**

- Identify and involve those most likely to be impacted.
- Use accessible formats for engagement (e.g. Easy Read, translated materials, offline options).
- Be transparent about:
 - What is open to change
 - What feedback will influence
- Capture and act on dissenting views, not just consensus. (these dissenting views can often reveal discrimination).

**4. Identify and Act on Risks**

- Use structured tools or tables to identify:
 - Disproportionate impacts
 - Indirect discrimination
 - Barriers to access
- Apply mitigations before finalising plans.
- Where impact cannot be avoided, document the rationale and explore alternatives.

**5. Monitor and Review**

- Treat the EIA as a live document—not a one-off.
- Track:
 - Patient outcomes
 - Complaints or feedback
 - Service usage by protected groups
- Adjust services or support mechanisms as needed.

***Reflection Checklist for Patient-Focused EIAs***

* Have we clearly outlined what the proposed change means for patients?
* Have we mapped which patient groups are most affected?
* Have we considered how each protected characteristic may be impacted?
* Have we consulted with patients or communities with lived experience?
* Have we offered multiple ways to engage, especially for those with access needs?
* Have we proposed tangible mitigations—not just noted risks?
* Have we reviewed the EIA with a diverse group or external challenge
* Are we clear on who owns follow-up, communication, and monitoring

| **Scenario** | **Potential Equality Impact** | **Protected Characteristic(s)** | **PSED Risk / Case Law Insight** | **Suggested Mitigation** |
| --- | --- | --- | --- | --- |
| Closure of a local clinic serving a high proportion of elderly or disabled patients | Reduced access to care | AgeDisability  | Bracking v Secretary of State for Work and Pensions – failure to consider impact on disabled people | Provide transport support, home visits, or digital alternatives |
| Digital-only appointment booking | Excludes digitally excluded patients | AgeDisability, Socioeconomic status | R (on the application of Hurley and Moore) v Secretary of State for Business – insufficient consideration of impact | Offer non digital alternatives Offer phone and in-person booking optionsAccessible Information standard |
| Removal of translation services |

|  |  |
| --- | --- |
| Language barrier for non-English speakers | Race |

 | AgeDisability Race | R (on the application of Kaur) v London Borough of Ealing – failure to consider language needs | Maintain interpreting services; use translated materials |
| Decommissioning mental health support services for racially marginalised communities or other specific services that supports people with protected groups (disability, age, sex, sexual orientation, transgender)  | Loss of culturally sensitive mental health support | Race DisabilitySex LGBTQ+Religion and beliefAge  | R (on the application of Kaur) v London Borough of Ealing – failure to consider cultural needs | Retain or replace with culturally competent services; engage with community leaders |
| Cutting funding for women-specific health services | Reduced access to gender-specific care | Sex | R (on the application of Elias) v Secretary of State for Defense – indirect discrimination risk | Ensure alternative services are available; consult with women's health advocates |
| Reducing disability support services that also impact women | Increased barriers for disabled women | DisabilitySex | Bracking v Secretary of State for Work and Pensions – failure to consider intersectional impact | Maintain support services; provide targeted assistance for disabled women |
| Decommissioning transgender health services | Loss of essential healthcare for transgender individuals | Transgender  | R (on the application of Green) v Secretary of State for Justice – failure to consider specific needs | Retain or replace with equivalent services; engage with transgender health experts |
| Cutting funding for LGBTQ+ mental health support | Reduced access to mental health support for LGBTQ+ individuals | Sexual orientation Transgender  |  | Ensure alternative services are available; consult with LGBTQ+ mental health advocates |

**Duty to Involve**

As an NHS organisation we have a legal duty to involve people in our work.

You can read more about the involvement duty in [Working in partnership with people and communities: Statutory guidance](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2023%2F05%2FB1762-guidance-on-working-in-partnership-with-people-and-communities-2.pdf&data=05%7C02%7CAndy.Woods%40cheshireandmerseyside.nhs.uk%7Ce832af8c0e8a417d7f0d08dd9f901a7f%7Cfa308aa57f36475e8c69a40290198ca6%7C0%7C0%7C638842163445371734%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=jKDzqXPMIKbxR9evJbbVtNeJj4dCvQXi234j9EIo1dA%3D&reserved=0). Page 65 of the guidance includes a helpful graphic which sets out how to assess whether the duty applies to a particular scenario, and some practical examples of what this might look like.

You can also contact the communications and engagement team for further advice on required levels of involvement. More information and contact details are available on the staff hub:  [https://cheshireandmerseysidenhsuk.sharepoint.com/SitePages/Communications-and-Engagement.aspx](https://cheshireandmerseysidenhsuk.sharepoint.com/SitePages/Communications-and-Engagement.aspx?xsdata=MDV8MDJ8QW5keS5Xb29kc0BjaGVzaGlyZWFuZG1lcnNleXNpZGUubmhzLnVrfGU4MzJhZjhjMGU4YTQxN2Q3ZjBkMDhkZDlmOTAxYTdmfGZhMzA4YWE1N2YzNjQ3NWU4YzY5YTQwMjkwMTk4Y2E2fDB8MHw2Mzg4NDIxNjM0NDUzOTcwMjR8VW5rbm93bnxUV0ZwYkdac2IzZDhleUpGYlhCMGVVMWhjR2tpT25SeWRXVXNJbFlpT2lJd0xqQXVNREF3TUNJc0lsQWlPaUpYYVc0ek1pSXNJa0ZPSWpvaVRXRnBiQ0lzSWxkVUlqb3lmUT09fDB8fHw%3d&sdata=Wkw5dzBpbmtNS3h2aXBncTRudWMrWm01RzQwZVBhY3dGTXUvZ3ora3lMND0%3d)

**Part Three**

**Appendices**

**Appendix 1 – EIA Flowchart**



**Appendix 2 - EIA Form**

This document should be completed in the early planning stages of your project, practice or service change. Cheshire and Mersey People Board believe Equality Impact Assessments should be undertaken to ensure that decisions have a positive impact on the furthering of equality prior to initiating a project and should not be seen as an afterthought once decisions have already been made. By completing this Equality Impact Assessment form, you will be able to identify whether there will be an adverse impact for anyone who may have one of the legally defined protected characteristics and help you to take a more inclusive approach to the work you are undertaking. Equality Impact Assessments should be considered as a core part of decision making, in the same way that resources and risk are considered.

|  |  |
| --- | --- |
| **Identified Project/ Service/Function/Policy/Process/Change:**  |  |
| **Name of person completing EIA** |  |
| **Job title of person completing EIA** |  |
| **Date of EIA** |  |
| **Names of those involved in the EIA Task & Finish Group** |  |

|  |
| --- |
| **Aim & Scope** |
| What is the legitimate aim of the service change / redesign For example* Demographic needs and changing patient needs are changing because of an ageing population.
* To increase choice of patients
* Value for Money-more efficient service
* Public feedback/ Consultation shows need/ no need for a service
* Outside commissioning remit of ICB/NHS

Who does service change affects and what are the intended outcomes if known? (Please feel free to copy from previously in document) |  |

|  |
| --- |
| **Equality Information** |
| What equality information is available? Identify any information gaps you are aware of.  |  |

|  |
| --- |
| **Consultation & Engagement** |
| Has any consultation or engagement been done with stakeholders, both internal & external?What this told you, give date(s) and group(s) consulted and key findings. If no consultation has taken place, describe how you reached your decision. | ***.*** |

| **Does the evidence gathered suggest a potential impact (positive or adverse) based on any of the protected characteristics?** Please mark as Positive or Negative. If Negative, describe what the potential impact is, what you will to remove/reduce any negative impact. If positive, describe what the potential Positive impact is and how it is beneficial. What are your sources of evidence? |
| --- |
| **Protected Characteristic**  | **Negative**  | **Positive** | **Neutral**  | **Unsure** | **Impact**  |
| Age |  |  |  |  |  |
| Disability |  |  |  |  |
| Gender reassignment |  |  |  |  |
| Marriage and civil partnership |  |  |  |  |
| Maternity and pregnancy |  |  |  |  |
| Race |  |  |  |  |
| Religion and belief |  |  |  |  |
| Sex |  |  |  |  |
| Sexual orientation |  |  |  |  |
| **Other Groups** | **Negative** | **Positive** | **Neutral** | **Unsure** | **Impact** |
| Is there evidence of any impact on other groups not covered by the protected characteristics? Consider evidence on carers, different socio-economic groups, single parents, low wage earners, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. Describe what the potential impact is, what you could do to remove/reduce any adverse impact and what you could do to benefit from any positive impact. |  |  |  |  |  |

| **Is there evidence that the Public Sector Equality Duties will be met (give details) Section 149: Public Sector Equality Duty (review all objectives and relevant sub sections)**  |
| --- |
| **PSED Objective 1:** Eliminate discrimination, victimisation, harassment and any unlawful conduct that is prohibited under this act: (check specifically sections 19, 20 and 29) |
| Analysi**s post** consultation  |

| **PSED Objective 2:** Advance Equality of opportunity. (check Objective 2 subsection 3 below and consider section 4) |
| --- |
| Analysi**s post** consultation  |
| **PSED Objective 2: Section 3. sub-section a)** remove or minimise disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic. |
| Analysi**s post** consultation  |

| **PSED Objective 2: Section 3. sub-section b)** take steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of people who do not share it |
| --- |
| Analysis **post** consultation |
| **PSED Objective 2: Section 3. sub-section c)** encourage people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low. |
| Analysis **post** consultation |

| **PSED Objective 3:** Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (Consider whether this is engaged. If engaged, consider how the service change tackles/ will tackle prejudice and promotes understanding - between the protected characteristics) |
| --- |
| Analysis **post** consultation |

| **Health Inequalities: Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);** |
| --- |
|  |

| **PSED Section 2: Consider and make recommendation regards implementing PSED into the service change /commissioning process and service specification to any potential service provider (private/ public/charity sector)** |
| --- |
| Analysis **post** consultation |

|  |
| --- |
| **Human Rights** |
| **Are there any specific Human Rights Impact?**If Yes, please describe the impact. |  | **Yes/No** |  |

|  |  |
| --- | --- |
| **Any Negative or Unsure Impact Identified for Protected Characteristics** | Yes/No  |
| **Any Negative or Unsure Impact Identified for Other Groups** | Yes/No  |
| **Any Specific Human Rights Impact Identified** | Yes/No  |

**If any of the above answers is ‘Yes’, please complete the rest of this document, otherwise go to the sign off section.**

| **Monitoring the Impact** |
| --- |
| Is there a system in place to monitor the impact? Describe how you will use the data. If there is no monitoring in place, describe how you will answer the question “has this service redesign had an impact on people?” in the future.(The monitoring system could be collecting and analysing data about the impact of the policy. It may not be appropriate, but you do need to consider whether longer term monitoring needs to be in place. A monitoring system may be established already, so it may be about linking into that arrangement.) |  |

|  |
| --- |
| **Risk Management** |
| Have you identified any key gaps in service or potential risks that need to be mitigated? Have you considered whether are any Operational, Reputational, Legal and Financial Risks or uncontrollable events that are likely to have an adverse impact on an organisation? Risk considerations will support the practice and/or service change development and allow the organisation to prepare for any eventualities, especially, if it is externally focused.  |

| **Risk** | **Required Action** | **By Who/ When** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Sign Off** |
| **Project Lead:** |  |
| **Date EIA completed:** |  |

| **Recommendation to Board** |
| --- |
| Guidance Note: will PSED be met? |
|  |

**Equality Impact Analysis Action Plan**

|  |  |  |
| --- | --- | --- |
| **Practice and/or Service Change Title:** |  |  |
| **Lead EIA Manager:** |  | **Function/Team:** |  |  |
| **Contact Email:** |  | **Contact Tel:** |  |  |
| **Project Lead Signature:** |  | **Sign off Date:**  |  |  |

Please list any actions and target dates by Protected Characteristic that need to be taken because of this analysis. Ensure resources are agreed with the person/team responsible for delivery. Once completed, this should be sent to those involved in the delivery of the Action Plan. Copies should also be forwarded to your SRO and EDI Lead

| **Equality Action**Details of any actions to be taken to mitigate / remove any negative impact. | **Protected Characteristic**Include any other identified groups | **Person & Function/Team**Who will be responsible for carrying out this action? | **Target Date**include any key milestones or review dates. |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**Appendix 3 - EIA Audit Check List (*Please Complete and submit with your EIA)***

**Audit Checklist**

|  | **EVIDENCE REQUIRED** | **YES/NO** | **ACTION REQUIRED** |
| --- | --- | --- | --- |
| 1 | Have all areas of the document been completed?Please note if consultation or engagement are required the EIA will need to be completed both pre and post consultation and engagement.  |  |  |
| 2 | Have we clearly outlined what the proposed change means for patients/ workforce? |  |  |
| 3 | Have we considered how each protected characteristic may be impacted? |  |  |
| 4. | Have we considered how each inclusion group may be impacted? |  |  |
| **5.** | Have we identified clear and tangible mitigations- (include owners and timescales?). |  |  |
| **6.** | If risks have been identified, is there reference to updating the risk register? |  |  |
| **7.** | Have EDI specialists from ICB or Trust supported the development of the EIADid you access support sessions  |  |  |
| **8.** | Are there clear plans with regard to communication and engagement? |  |  |
| ***For EIA’s* not *requiring engagement or consultation ensure above actions are completed prior to sending the document for review.*** |
| **9.** | Ensure EIA is completed fully prior to expert review.  |  |  |
| **For EIA’s requiring engagement or consultation**  |
| **10.** | Has the EIA listed cohorts of patients/ workforce that need to be targeted ? |  |  |
| **11.** | Have you thought about the needs of participants in ensuring inclusive and accessible engagement? |  |  |
| **12.**  | is there a question that asks if people feel that they are disadvantaged because of their protected characteristic.  |  |  |
| **13** | Ensure that any engagement or consultation comments and preferences can by disaggregated by protected characteristic.  |  |  |
| **14**  | Analyse the feedback from an equality perspective  |  |  |
| **15.**  | Complete full EIA with recommendations  |  |  |

**Please return your completed EIA Audit Checklist and the EIA Form to:**

**qia@cheshireandmerseyside.nhs.uk**

**Appendix 4 – How to Access EDI Support**

**Equality Impact Assessment (EIA) Support Sessions Now Available**

To support staff across the ICB in completing Equality Impact Assessments (EIAs) for both workforce and patient-facing changes, we are pleased to offer dedicated expert advice sessions.

**Weekly Drop-In Support Times:**

- Tuesdays: 1:00 PM – 4:00 PM [**Join the meeting now**](https://gbr01.safelinks.protection.outlook.com/ap/t-59584e83/?url=https%3A%2F%2Fteams.microsoft.com%2Fl%2Fmeetup-join%2F19%253ameeting_NDFjM2M1OTgtNjJiMS00ZjUzLTg5YjQtZjBhZjg4OTA3MGEy%2540thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522fa308aa5-7f36-475e-8c69-a40290198ca6%2522%252c%2522Oid%2522%253a%25223ff2bed6-13bb-4f51-8b39-a031ddda5d6c%2522%257d&data=05%7C02%7CAli.Akbar%40cheshireandmerseyside.nhs.uk%7C9733a4986b0e48d5973908dda990cd54%7Cfa308aa57f36475e8c69a40290198ca6%7C0%7C0%7C638853161564802590%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=lv4SdgJc3jAigStLw011F3lOxY4fXjSE4rDboaZE1sE%3D&reserved=0)
- Fridays: 9:00 AM – 12:00 PM [**Join the meeting now**](https://gbr01.safelinks.protection.outlook.com/ap/t-59584e83/?url=https%3A%2F%2Fteams.microsoft.com%2Fl%2Fmeetup-join%2F19%253ameeting_ODhmNGU0ZjUtN2U5Yy00ZjQzLWI0ODAtZmNjZjlkZGM1ZDQ1%2540thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522fa308aa5-7f36-475e-8c69-a40290198ca6%2522%252c%2522Oid%2522%253a%25223ff2bed6-13bb-4f51-8b39-a031ddda5d6c%2522%257d&data=05%7C02%7CAli.Akbar%40cheshireandmerseyside.nhs.uk%7C9bb1084716de4713c03308dda990bf54%7Cfa308aa57f36475e8c69a40290198ca6%7C0%7C0%7C638853161345703393%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=4Z7GZZaU2J%2FO4AAOMYJeG8dwQ9m3FtZQmtDOSbncT%2FU%3D&reserved=0)

These sessions are open to all staff and provide an opportunity to:
- Get expert guidance on completing EIAs
- Ask questions about equality considerations in your projects and programmes
- Ensure your changes are inclusive and lawful.

**How to Access:**

Sessions will be held virtually via MS Teams. **No booking required** – just drop in during the times above using the corresponding link.

Whether you're working on a service redesign, policy update, or workforce initiative, we’re here to help you embed equality from the start.

One to one support may also be available during the above-mentioned times depending on capacity: To book a session, please contact any of the officers below directly:

Thomasina Afful - Thomasina.Afful@cheshireandmerseyside.nhs.uk

Andy Woods - Andy.Woods@cheshireandmerseyside.nhs.uk

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