

Official

# Equality, Diversity and Inclusion Strategy 2021 – 2024



*Outlining our strategic direction to ensure compliance in relation to the  
Equality, Diversity and Inclusion agenda*

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If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact: [jennaeaston@nhs.net](mailto:jennaeaston@nhs.net)

**Version control**

<b>Version</b>	<b>Author</b>	<b>CCG lead</b>	<b>Date approved by Executive Committees/ Governing Bodies</b>	<b>Date of review</b>
1.0	H Brooks, Senior Governance officer, NECS	D Cornell, Head of Corporate Affairs, South Tyneside and Sunderland CCGs		November 2024

## Contents

Equality, Diversity and Inclusion Strategy 2021 – 2024 .....	1
Foreword .....	4
1. Introduction.....	21
1.1 Human Rights Act .....	21
1.2 Equality Act 2010 .....	22
2. Meeting our Equality Duties.....	23
2.1 Our vision .....	23
2.2 Leadership and governance.....	24
2.3 Our staff .....	24
2.4 Our population and their health needs .....	24
3. Communications and engagement.....	27
4. What we need to do.....	28
4.1 Equality Impact Assessments (EIA's).....	28
4.2 Equality Delivery System.....	28
4.3 Workforce Race Equality Standard .....	29
4.4 Workforce Disability Equality Standard (WDES) .....	30
4.5 Accessible Information Standard .....	30
4.6 Sexual Orientation Monitoring (SOM) Information Standard .....	30
4.7 The People Plan and The People Promise .....	30
5. Conclusion.....	31
<b>Appendix 1 - Equality Act 2010 Section 149 General / Specific Duties .....</b>	<b>32</b>
<b>Appendix 2a - Public Health England Local Health statistics.....</b>	<b>34</b>
<b>Appendix 2b – RightCare Health Inequalities Data Packs .....</b>	<b>34</b>

## Foreword

NHS South Tyneside and Sunderland CCGs are committed to ensuring that the Equality, Diversity and Inclusion (EDI) agenda and human rights are taken into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

This strategy reflects the Equality Act 2010 which provides a legislative framework to:

- Protect the rights of individuals and advance equality of opportunity for all
- Update, simplify and strengthen the previous legislation; and
- Deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Our strategy describes a clear picture of the significant targets we have set in relation to EDI and human rights.

It is a long-term commitment driven by both equalities legislation and by the needs and wishes of our local people and staff.

We look forward to the work ahead, facing the challenges, and meeting the targets we have set ourselves.



**Dr Neil O'Brien**  
**Accountable Officer**  
**NHS County Durham,**  
**South Tyneside and**  
**Sunderland CCGs**



**Dr Matthew Walmsley**  
**Chair**  
**NHS South Tyneside CCG**



**Dr Ian Pattison**  
**Chair**  
**NHS Sunderland CCG**

## 1. Introduction

NHS South Tyneside and Sunderland CCGs are committed to ensuring that equality, diversity, inclusion and human rights are integral to everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

This strategy is founded on a long-term commitment to equality, diversity and inclusion, which is driven by the [equalities' legislation](#) and the needs of our local people and staff.

The strategy covers equality, diversity and inclusion (EDI) and these are defined as:

- **Equality** - removing barriers and making sure people from all sections of the community have fair and equal opportunities to access services
- **Diversity** - respecting and valuing people's differences and treating them in an appropriate way
- **Inclusion** - making sure that people feel comfortable to be themselves and feel that they belong.

### 1.1 Human Rights Act 1998

As well as the above, the strategy takes account of the requirements contained within the Human Rights Act.

Human rights are defined as:

*'Rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.'*

## 1.2 Equality Act 2010

As a public sector organisation, NHS South Tyneside and Sunderland CCGs are required to publish its equality information to demonstrate compliance with the general equality duty as specified in the Equality Act 2010. In summary this states :

*'Those (organisations) subject to the general equality duty must, in the exercise of their functions, have due regard to the need to:*

- *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- *Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- *Foster good relations between people who share a protected characteristic and those who do not.'*

The Act covers the following protected characteristics:



Further information on the protected characteristics can be found [here](#)

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## 2. Meeting our Equality Duties

This strategy is the first step in outlining our strategic direction to ensure compliance with the Public Sector Equality Duty and, highlights the national and local drivers that will shape and influence our approach.

Additionally we must:

- Prepare and publish one or more objectives to achieve any of the things mentioned in the aims of the general equality duty, and at least every four years thereafter.
- Ensure that those objectives are specific and measurable.
- Publish those objectives in such a manner that they are accessible to the public.

For further information on the General and Specific Public Sector Equality Duties (PSED) please refer to appendix 1.

### 2.1 Our vision

NHS Sunderland Clinical Commissioning Group's vision is to achieve *'Better Health for Sunderland'* by:

- Transforming out of hospital care through joined up working across health and social care
- Transforming in-hospital care, specifically urgent and emergency care
- Enabling self-care and sustainability to ensure the NHS can survive now and in the future

NHS South Tyneside CCG's vision is to work collaboratively across South Tyneside to improve health and commission excellent healthcare so that:

- People are able to take greater responsibility for their own health
- People are able to stay well in their own homes and communities
- People receive timely and appropriate complex care

South Tyneside and Sunderland CCGs are made up of local health professionals, using their clinical expertise and understanding of the local population to plan and fund (commission) healthcare services.

As well as working together as commissioners, system-wide working creates opportunities to join up our involvement with partners and develop a different relationship with local people and communities.

## **2.2 Leadership and governance**

The CCGs have governance and assurance systems and processes in place to ensure that all members of the organisation are aware of the actions required to support the equality, diversity and inclusion (EDI) agenda. The governance processes also provide assurance that those organisations whose services are commissioned are also compliant with EDI legislation and standards.

Equality, diversity and inclusion is governed and reports into the Executive Committees of each CCG which have delegated authority from each of the CCG Governing Bodies to manage EDI on their behalf.

The Executive Committees ensure the CCGs are compliant with legislative, mandatory and regulatory requirements regarding EDI by:

- Developing and delivering national and regional diversity related initiatives within the CCGs
- Providing a forum for sharing issues and opportunities and monitors the achievement of key EDI objectives.

## **2.3 Our staff**

We actively work to remove any discriminatory practices in our work, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices. We have policies and processes in place to support this and we monitor our staff data in relation to the Workforce Race Equality Standard (WRES) as set by NHS England.

Each CCG routinely provides EDI and human rights training which is mandatory for all our staff and CCG Governing Body members. Enhanced training is also available as appropriate to individual roles.

## **2.4 Our population and their health needs**

A clear understanding of the people we commission services for is key to meeting their needs and making best use of CCG resources. Understanding our population therefore remains a key priority in the EDI agenda.

The combined population of South Tyneside and Sunderland is approximately 430,000 people.

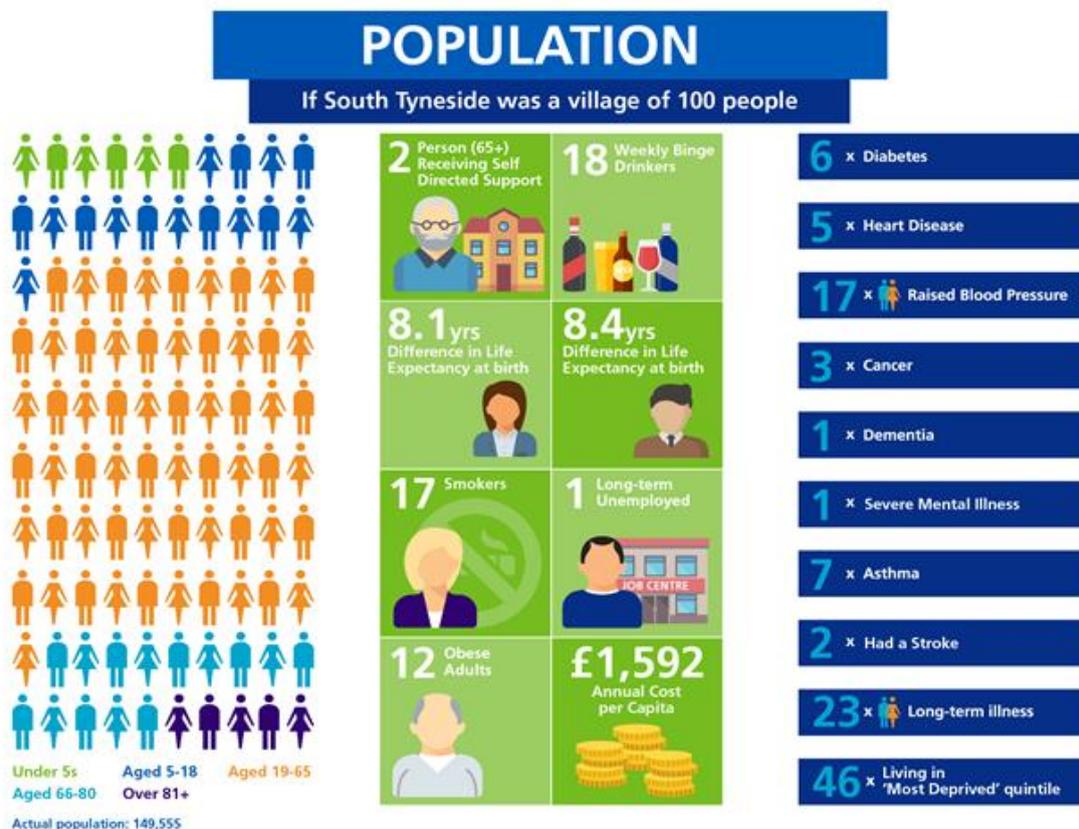
The health of people in South Tyneside and Sunderland is generally worse than the England average. Sunderland is one of the 20% most deprived district authorities in

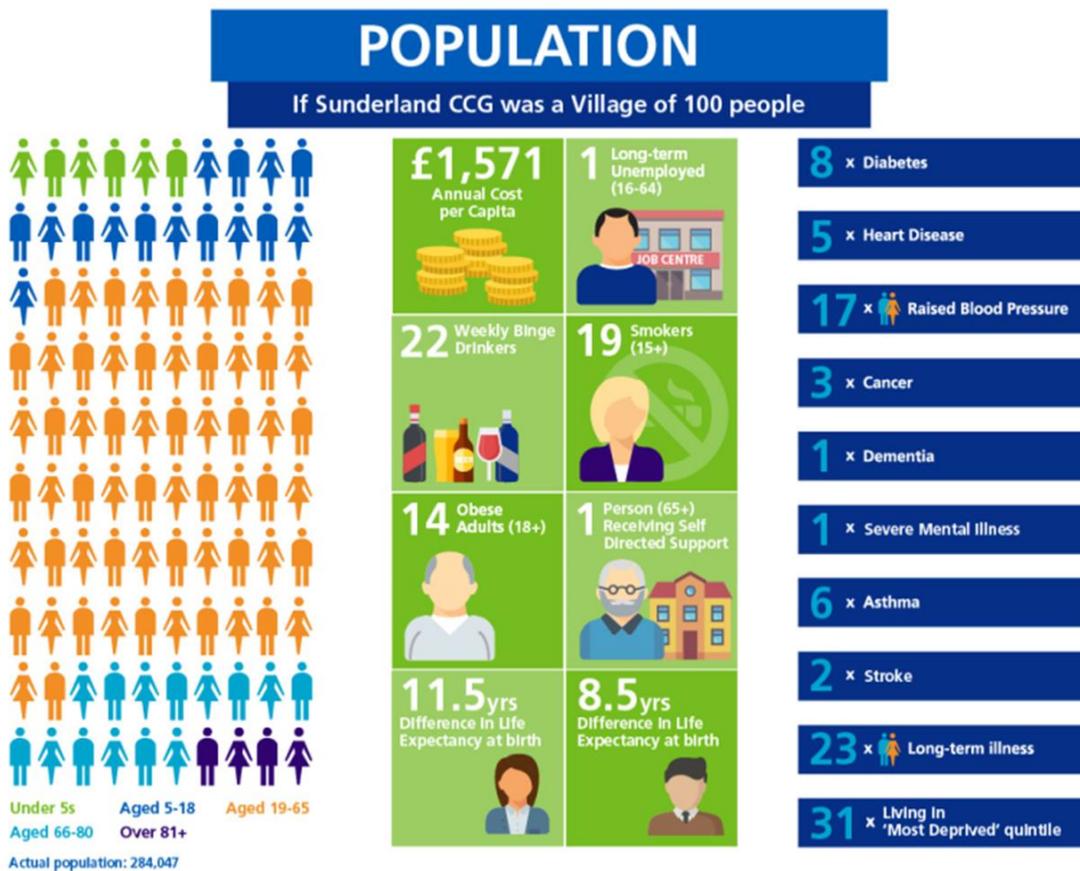
England and over 23% of children live in low income families. Life expectancy for both men and women is lower than the England average.

In South Tyneside and Sunderland over 24% of children are classified as obese and the rate for alcohol-specific hospital admissions among those under 18 is worse than the average for England. Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking in pregnancy are also worse than the England average.

The rate for alcohol-related harm hospital admissions, estimated levels of excess weight in adults, smoking prevalence in adults and physically active adults are worse than the England average. The rates of new sexually transmitted infections, killed and seriously injured on roads and new cases of tuberculosis and statutory homelessness are better than the England average.

The rates of violent crime under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are worse than the England average.





Further information can be found at:

- Public Health England: [Local Health](#)
- South Tyneside [JSNA](#)
- Sunderland JSNA: [JSNA](#)

The Public Health England local health summaries and RightCare Health inequalities Data Packs for South Tyneside and Sunderland CCGs can be found at appendix 2a and 2b respectively.

### 3. Communications and engagement

How we talk to people, how we listen to what they have to say and we involve them in what we do is central to achieving our strategic objectives. We aim to have a real understanding of what matters to local people and communities, and to involve them plans and priorities in an honest, open, inclusive, accessible and transparent way.

By involvement activity we mean:

- Activity that aims to understand the views and experiences of people in South Tyneside and Sunderland - including patients, carers, members of the public, community and voluntary sector organisations and stakeholders
- Using a range of appropriate and flexible involvement methods based upon best practice - including events, surveys, structured interviews, focus groups, discussions, or working with patient groups - depending on what is needed
- Relationships with stakeholders, including voluntary and community sector (VCSO) organisations, patient/public representative groups and community influencers – locally, regionally and nationally
- Reporting back on engagement activities and letting people know how their views and experiences have been taken into account, and what difference they have made.

The terms involvement, engagement and participation are often used interchangeably and have similar meanings. For South Tyneside and Sunderland CCGs, we have chosen to use the term Involvement.

The CCGs have agreed five involvement principles which they will apply when involving people:

1. We will reach out to people to involve them in the right way to increase participation
2. We will promote equality and diversity and encourage and respect different beliefs and opinions
3. We will take the time to plan for involvement, including how we can work with partners, and feeding back
4. We will continue to build on our partnership relationships, in particular to ensure knowledge and capability is shared for the future.
5. We will use a range of best practice involvement methods including both on-line and off-line methods

## 4. What we need to do

### 4.1 Equality Impact Assessments

As public sector organisations, the CCGs have a statutory duty to promote equality and set out how we plan to meet the 'general' and 'specific' duties specified in the Public Sector Equality Duty. Public sector equality duties give public bodies legal responsibilities to demonstrate that they are taking action to promote equality in relation to policy making, the delivery of services and employment.

The CCGs have a duty to show that we have given 'due regard' to all protected groups. In order to demonstrate compliance with this duty, we need to undertake equality impact assessment (EIA) screening and full assessments where required.

We understand the benefits of EIAs are to:

- Promote all aspects of equality.
- Identify whether certain groups are excluded from any of our services.
- Identify any direct or indirect discrimination.
- Assess if there is any negative impact on particular groups.
- Promote good relations between people of different equality groups.
- Act as a method to improve services.

We know that by carrying out an EIA it increases patient and staff trust, enhances value for money, provides equal access to services and better customer experience, promotes social inclusion and aims to reduce health inequalities.

We have updated and implemented the CCGs' EIA tools and guidance for use by staff to help identify likely equality implications of any of our policies, projects or functions.

We will publish all EIAs, either as part of a policy document or separately, on our public websites.

### 4.2 Equality Delivery System

The Equality Delivery System (EDS) is a tool that has been designed by the NHS to enable organisations to analyse equality performance with the assistance of local stakeholders, prepare equality objectives and embed equality into mainstream commissioning activities.

The CCGs have adopted the EDS and we will continue to use this framework as an opportunity to raise equality in service commissioning and performance for the community, patients, carers and staff.

We have developed our equality objectives to review and improve our performance and outcomes for people with characteristics protected by the Equality Act 2010. Our objectives and action plans have been developed in partnership with local stakeholders using the EDS process and are listed below:

<p><b>Objective 1</b> – Provide evidence that commissioned services are meeting the needs of patients and providing positive outcomes.</p>	<p><b>Aim</b> - We will involve, engage and listen to people from communities to inform the work of the CCG to improve health outcomes and reduce health inequalities for the CCG’s local population.</p>
<p><b>Objective 2</b> – Monitor and review staff satisfaction to ensure they are engaged, supported and feel valued in their workplace.</p>	<p><b>Aim</b> - To maintain and retain a well-supported, diverse, empowered, motivated and engaged workforce. Ensure staff are free from bullying and other harm; staff believe they have equal opportunities for career development; staff would recommend their organisation as a place of work or treatment</p>
<p><b>Objective 3</b> – Ensure that the CCG Governing Body and Executive Committee actively leads and promotes Equality and Diversity throughout the organisation.</p>	<p><b>Aim</b> - Ensure the CCG Governing Body and Executive Committee actively leads on Equality and Diversity throughout the organisation and demonstrates that leadership is inclusive at all levels.</p>

### 4.3 Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) is a mandatory part of the NHS standard contract and requires the CCGs to have due regard to the WRES in helping to improve workplace experiences and representation at all levels for our own BAME staff.

The WRES has nine metrics, four specifically focusing on workforce data, four from the NHS staff survey and one requiring organisations to ensure that their Governing Bodies or Boards are broadly representative of the communities they serve.

The CCGs will ensure that WRES data is compiled and reported in line with NHS England and Improvement requirements.

#### **4.4 Workforce Disability Equality Standard**

As commissioners of services, we understand we have a responsibility to ensure that the trusts we support have published their Workforce Disability Equality Standard metrics data and action plans.

#### **4.5 Accessible Information Standard**

The Accessible Information Standard (AIS) asks organisations to make sure that patients with a disability, impairment or sensory loss receive information in formats that they can understand and receive appropriate support to help them to communicate.

Commissioners of NHS and publicly-funded adult social care must have regard to the AIS, in so much as they must ensure that they enable and support compliance through their relationships with provider bodies.

We will ensure we will comply with the standard by taking the following actions:

- Ensuring that commissioning and procurement processes, including contracts, tariffs, frameworks and performance-management arrangements (including incentivisation and penalisation), with providers of health and / or adult social care reflect, enable and support implementation and compliance with the AIS
- Seeking assurance from provider organisations of their compliance with the AIS including evidence of identifying, recording, flagging, sharing and meeting of needs.

#### **4.6 Sexual Orientation Monitoring (SOM) Information Standard**

NHS Digital, the Lesbian Gay Bisexual and Trans (LGBT) Foundation has led the work to develop a Sexual Orientation Monitoring Information Standard on behalf of NHS England and Improvement.

As commissioners we will utilise this standard which provides a consistent mechanism for recording the sexual orientation of all patients/service users aged 16 years across all health services in England.

#### **4.7 The People Plan and The People Promise**

NHS England and Improvement published *We are the NHS: People Plan 2020/21 – action for us all*, alongside the 'Our People Promise', which set out what NHS people can expect from their leaders and from each other. It focuses on how we must all

continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care.

The EDI agenda features heavily in the plan and as commissioners we will ensure that our actions and objectives are underpinned by the following themes set out in the plan:

- **Looking after our people** – with quality health and wellbeing support for everyone
- **Belonging in the NHS** – with a particular focus on tackling the discrimination that some staff face
- **New ways of working and delivering care** – making effective use of the full range of our people’s skills and experience
- **Growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return

Further information on the NHS People Plan 2020/21 can be found via the following link: <https://www.england.nhs.uk/ournhspeople/>

## 5. Conclusion

NHS South Tyneside and Sunderland CCGs have developed detailed constitutional and governance arrangements to ensure the structures are in place to develop and maintain the organisation’s capacity to deliver on all statutory duties and responsibilities.

Through this strategy, the CCGs will endeavour to work with and gain the support of, people with the right skills, competencies and capacity to ensure it can carry out all corporate and commissioning responsibilities, including the delivery of statutory functions including equality, diversity and inclusion as well as protecting people’s human rights.

The CCGs will incorporate equality, diversity, inclusion into all aspects of its business plans, commissioning and organisational development plans to ensure a culture which is diverse, inclusive and upholds equality of opportunity and fairness for all.

**Appendix 1 - Equality Act 2010 Section 149 General / Specific Duties**

Equality Act 2010 Section 149 General / Specific Duties (1-3)		
<b>General Duties</b>		
	<b>Due Regard</b>	
<b>1</b>	Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010	Remove or minimise disadvantages connected with a relevant protected characteristic (e.g. address the problems that women have in accessing senior positions in the workplace) Take steps to meet the different needs of persons who share a relevant protected characteristic (e.g. ensure the particular needs of BME women fleeing domestic violence are met) Encourage persons who share a relevant protected characteristic to participate in public life or any other activity in which they are under-represented (e.g. take steps to encourage more disabled people to apply for senior posts).
<b>2</b>	Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	Tackle prejudice (e.g. tackle hate crime for people with protected characteristics)
<b>3</b>	Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.	Promote understanding (e.g. promote an understanding of different faiths).
<b>NB</b>	Organisations that are not public authorities are also required to have due regard to the needs listed above whenever they carry out public functions. This could include, for example, a private company with a contract to provide certain public services.	
<b>Specific Duties</b>		
<b>4</b>	<b>Publication of information</b> Each public authority must publish information to show that it is complying with the s.149 duty by 31st January 2012 and at least on an annual basis after that. Authorities must include information about persons who share a protected characteristic who are its employees (if it has 150 or more employees) and its service users.	

<p><b>5</b></p>	<p><b>Equality objectives</b>  Each public authority must prepare and publish one or more objectives it thinks it should achieve to have due regard to the need to eliminate discrimination and harassment, to advance equality of opportunity or to foster good relations. Any objective must be specific and measurable. Authorities must publish their first objectives no later than 6 April 2012 and at least every four years after that.</p>
<p><b>6</b></p>	<p><b>Health Inequalities</b> - The NHS Constitution states that the NHS has a duty to "...pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population".</p> <p>The Health and Social Care Act 2012 introduced the first legal duties on health inequalities, with specific duties on NHS England and CCGs.</p> <p>CCGs have duties to:</p> <p>Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved;</p> <p>Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved ;</p> <p>Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities ;</p>

## Appendix 2a - Public Health England Local Health statistics

- Sunderland CCG - <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E08000024.html?area-name=Sunderland>
- South Tyneside CCG - <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E08000023.html?area-name=South Tyneside>
- Public Health England - [Local Authority Health Profile 2019](#)

## Appendix 2b – RightCare Health Inequalities Data Packs

- NHS Sunderland CCG RightCare Health Inequalities Data Pack:  
<https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-ney-sunderland-ccg-dec-18.pdf>
- NHS South Tyneside CCG RightCare Health Inequalities Data Pack:  
[https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-ney-south\\_tyneside-ccg-dec-18.pdf](https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-ney-south_tyneside-ccg-dec-18.pdf)

## Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

### Name(s) and role(s) of person completing this assessment:

**Name:** Hannah Brooks

**Job Title:** Senior Governance Officer - EDI

**Organisation:** NECS

**Title of the service/project or policy:** EDS01 - Equality, Diversity and Inclusion Strategy

### Is this a;

**Strategy / Policy**  **Service Review**  **Project**

**Other** [Click here to enter text.](#)

### What are the aim(s) and objectives of the service, project or policy:

The Equality, Diversity and Inclusion Strategy outlines the CCGs' strategic direction to ensure compliance with the Public Sector Equality Duty and the Equality Act 2010, by having due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the 2010 Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

The strategy also highlights the national and local initiatives that will shape and influence the CCG's approach and describes a clear picture of the significant targets the CCGs have set in relation to Equality, Diversity and Inclusion.

**Who will the project/service /policy / decision impact?**

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing quality of opportunity</li> <li>• Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

This Equality, Diversity and Inclusion strategy provides the strategic direction for compliance with the Equality Act 2010 and the Public Sector Equality Duty. The aims of the strategy itself is to promote a culture of belonging and foster inclusion.

**If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document**

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation:  <b>“If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (Jenna Easton, STCCG and SCCG EDI lead <a href="mailto:jenna.easton@nhs.net">jenna.easton@nhs.net</a> ”</b>		

If any of the above have not been implemented, please state the reason:

n/a

### Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
D Cornell	Head of Corporate Affairs	27 March 2021
Presented to (Appropriate Committee)		Publication Date
STCCG Executive Committee – 29 April 2021		1 May 2021
SCCG Executive Committee – 6 April 2021		

### Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

**Please send a copy of this screening documentation to: [NECSU.Equality@nhs.net](mailto:NECSU.Equality@nhs.net) for audit purposes.**