



Midlands and Lancashire
Commissioning Support Unit

Equality and Health Inequalities Impact and Risk Assessment (EHIIRA)

Stage 2 Template for Services, Policies & Functions

Title of Service / Policy / Function:

Feilding Palmer Hospital

Please complete all sections of this EHIIRA template and refer to the EHIIRA Guidance document for more information.

For further support or to submit your completed Stage 2 EHIIRA document for approval, contact your Equality and Inclusion Business Partner directly or e-mail equality.inclusion@nhs.net

1. Assessment Overview

Name of organisation: Leicester, Leicestershire and Rutland Integrated Care Board

Assessment Lead Contact: Jo Clinton

Responsible Director/Board Member for this assessment:

Sarah Prema,

Other contacts involved in undertaking this assessment:

Carrie Harris

Start Date: 24/04/2023

Completed Date: 02/05/2023

Who is impacted by this service / policy / decision?	Yes	No	Indirectly / Possibly
Patients / Service Users	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers or Family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner Organisations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal duties which the ICB must meet

The ICB must adhere to a number of duties in regarding of equality. The legal duties under the NHS Act 2006 (as amended by the Health and Care Act 2022) (the NHS Act):

- s.14Z35 - Duties as to reducing inequalities in access and outcomes, which it is evident is a driver in putting forward the proposal to provide care closer to home and expand services which can be accessed.
Each ICB must, in the exercise of its functions, have regard to the need to:
 - reduce inequalities between patients with respect to their ability to access health services, and
 - reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

In addition, it must also adhere to the Public Sector Equality Duty (PSED):

- S.149 Equality Act 2010

The PSED imposes a duty on public bodies to 'have due regard' to three specified matters when exercising their functions:

- eliminating conduct that is prohibited by the Equality Act 2010; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and
- fostering good relations between people who share a protected characteristic and people who do not share it.

Summary information of the service / policy / decision being assessed:

The Feilding Palmer hospital is a community hospital in Lutterworth, Leicestershire. Admissions to the 10 bedded inpatient facility (including one palliative care suite) within Feilding Palmer hospital were suspended at the beginning of the Covid-19 pandemic in response to a review against the national Infection Prevention Control (IPC) guidance and these remain closed. The decision for an EIA assessment is in relation to repurposing the inpatient bed space in favour of an enhanced procedure suite and additional outpatient facilities resulting in removal of the 10 inpatient beds.

What are the aims and objectives of the service / policy / decision being assessed?

Case for change background:

Since the pandemic, when face to face activity was reduced due to social distancing and strict IPC measures, the services delivered from Feilding Palmer reduced. This had an impact on number outpatient appointments and the community hospital inpatient beds were closed to admissions and alternative community inpatients. The beds remain closed.

Lutterworth will see substantial housing growth over the next 10-15 years with a Sustainable Urban Extension (SUE) being built resulting in 2750 new homes bringing an estimated 6710 new residents into the area which will in turn increase primary and secondary healthcare demands.

Prior to Covid the following services were running from the facility:

Services

10 community inpatient beds
Cardiology outpatient appointments
General Surgery outpatient appointments
Gynaecology outpatient appointments
Community Paediatric outpatient appointments
Physiotherapy
Out of Hours access

Covid-19 dramatically changed how outpatient care was delivered in health care settings this was to reduce the risk of transmitting the virus to either patients or health care workers. Providers deferred elective (non-urgent) and preventative activity. As a result, the services in all community hospitals across LLR, including Feilding Palmer, was reduced. The table below shows those services that continued or commenced during the Covid-19 pandemic in Feilding Palmer:

Services

Physiotherapy
Out of hours access
Covid Vaccination clinic

In recent months, outpatient activity has increased as the covid-19 guidelines have been relaxed and additional clinics are running from the hospital, however the ICB would like to increase this further. In order to do this, the proposal is to permanently close the inpatient beds in favour of an enhanced

procedure suite and additional outpatient clinic rooms which would provide more care to the current and growing population (as a result of the Lutterworth East SUE) closer to home.

Proposed Services

Enhanced procedures

- Dermatology
- ENT
- General Internal Medicine
- General Surgery
- Gynaecology
- Ophthalmology
- Rheumatology
- Trauma and Orthopaedics
- Urology

Outpatient clinics

- Ophthalmology
- Trauma & Orthopaedics
- General Internal Medicine
- Dermatology
- General surgery
- Urology
- Gynaecology
- Cardiology
- Rheumatology
- Respiratory Medicine

INPATIENT BEDS – CASE FOR CHANGE

As previously stated, the IPC guidelines affect the ability to meet current standards on space and ward size thus affecting bed availability at Feilding Palmer. The building presents issues to patient privacy and dignity due to the lack of single sex wards. Undertaking the backlog of maintenance will have no effect on current standards (space and ward size) or on the cross-infection risk.

There are workforce challenges within health and social care which are being managed; to maximise productivity and reduce waiting lists, activity is being consolidated at alternative sites as there are insufficient nurses and doctors to run clinics that are not at full capacity or wards which have low patient to nurse ratio. The inpatient facility is not an attractive location for the workforce, and due to the size of the ward there is lack of managerial support onsite. The building and environment makes it an unsuitable place to deliver inpatient care, and filling shifts on the inpatient ward was always a challenge. The workforce preferred to provide care in more modern facilities.

The facilities at Feilding Palmer do not meet all regulatory requirements. The Victorian Cottage Hospital still retains much of the feel of an historic building which does not give the flexibility of modern health care. The layout of the building is also not conducive to the provision of modern health care standards, with small, cramped corridors and reduced ability for patient flow.

Financial balance and sustaining financial health is a priority for LLR ICB. The NHS faces increasing pressure on resources; continued transformation of services and joint working across both health and social care services will be required to deliver a financially stable health economy over the coming years. The requirement for 2 Registered nurses along with healthcare assistants for the 10 bedded unit is significant resource. Running costs are high, and are 4 times higher than at St Lukes in Market Harborough (£508 per m2 at Feilding Palmer vs £124 at St Lukes) and 1.6 times higher than Loughborough (£508 per m2 at Feilding Palmer v's £312 at Loughborough

If this assessment relates to a review of a currently commissioned service or an existing policy, what are the main changes proposed and what are the reasons for the review?

N/A

What engagement work is planned (or has already been carried out)? How will you involve people from protected characteristics, vulnerable groups, and groups that experience health inequalities to ensure that their views inform this decision-making process?

We have undertaken significant engagement over the last 18 months to involve our population across Leicester, Leicestershire, and Rutland. Key projects have seen qualitative information gained from patients, service users, staff, and carers, including work with communities including those with protected characteristics. A local community campaign group attends each steering meeting which is leading the project, and a stakeholder briefing has been provided following each meeting which has been shared with Parish, Town and County Councillors, patient groups including local Patient Participation Groups, VCSE, MPs office, Steering Group members and other key stakeholders. Agreement to this approach has been confirmed by all representatives. A full public consultation is also scheduled to run between September - November 2023 as part of the Pre-Consultation Business Case.

Is this proposal likely to affect health inequalities – either positively or negatively? YES / NO

Please provide rationale for your answer below:

Removing the inpatient beds will have an impact on access to inpatient facilities in the community. Prior to their temporary closure due to Covid-19, an average 2 or 3 of the 10 beds were usually occupied by a patient living within Lutterworth, with the remaining beds occupied by patients from other areas within LLR. Mitigations are in place for inpatient care – see section 3, impact groups.

Removing the palliative care bed will have an impact on access to a local palliative care bed in a community hospital. Mitigations are in place – see section 3, inclusion health groups.

Bringing more services into Lutterworth will reduce travel times to the larger acute sites and improve access for those in and around Lutterworth who use public transport, have disabilities or low income households. Patients who are negatively impacted by having to travel long distances by public transport to attend their hospital appointment and/or the cost associated with this will benefit from increased service availability at Feilding Palmer.

2. Evidence Section

What evidence have you considered to inform your decision-making within this assessment?

The more evidence you are able to provide in this section, the better informed your decision-making will be. Such evidence may include NICE guidance, clinical research, literature reviews, quality and performance data, workforce metrics, engagement findings, demographic data, community intelligence, health inequalities data (RightCare profiles, JSNA), etc.

NHSE IPC standards: The IPC guidelines affect the ability to meet current standards on space and ward size thus affecting bed availability at Feilding Palmer.

NICE Quality Standard for Privacy and Dignity: The building presents issues to patient privacy and dignity due to the lack of single sex wards.

Health Building Note (HBN) Standards : The facilities do not meet all regulatory requirements for inpatient care and does not give the flexibility of modern health care. The layout of the building is also not conducive to the provision of modern health care standards, with small, cramped corridors and reduced ability for patient flow.

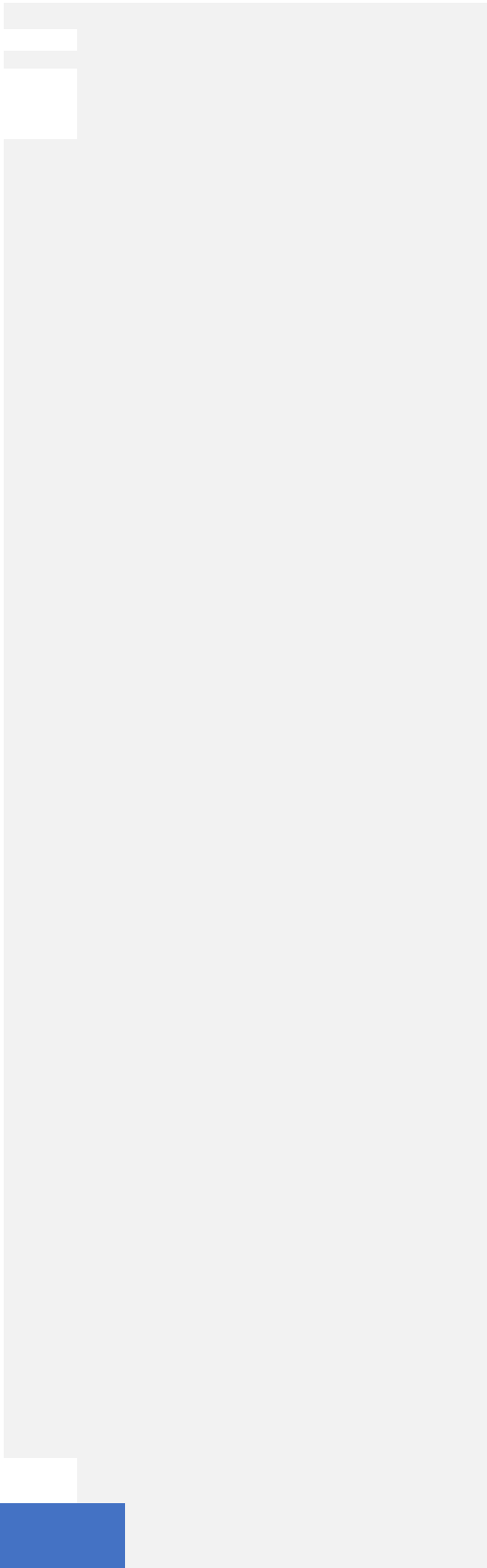
Strategic Health Assets Planning and Evaluation (SHAPE) tool: Areas surrounding Lutterworth (within South Blaby and Lutterworth PCN are in the highest deprivation category for barriers to housing and services, along with living environment deprivation. Education, skills and training deprivation is in the second highest deprivation category in Lutterworth West, and income deprivation for children and older adults fall within the 3rd deprivation quintile in areas surrounding Lutterworth.

NHS Long Term Plan: To make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment. The new housing development, Lutterworth East, will bring approximately 2,700 new houses to Lutterworth (equating to over 6700 new residents) over the next 10-15 years. The population increase will also increase demand across NHS services, including secondary care services. Currently patients have to travel long distances into UHL and across the boarder to Coventry and Warwickshire.

Steering group meetings have taken place bi-monthly to discuss the Lutterworth Healthcare proposals. A local community campaign group attends each Steering Group meeting and a stakeholder briefing has been provided following each meeting which has been shared with Parish, Town and County Councillors, patient groups including local Patient Participation Groups, VCSE, MPs office, Steering Group members and other key stakeholders. Further evidence will be sought via the public consultation which will take place in September 2023.

If this assessment relates to a policy / strategy, has an equality statement been added (or is it planned to be added) to the document? YES / NO / N/A

If you have answered 'No', please explain why not: N/A



3. Impact Assessment

This section should record any identified and/or potential impacts on protected characteristic groups, groups experiencing health inequalities, and other groups at risk of experiencing poorer health outcomes. Both positive and negative impacts should be recorded for each of the groups defined below where applicable.

Think about any barriers to access, areas of inequity, and how different groups may be disproportionately impacted by this proposal. Conversely, think about how certain groups may benefit or see better health outcomes as a result of this proposal.

Protected Characteristics

Age	Positive impact	Negative impact	Neutral impact
Groups impacted may include young people, older people or working-age population.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Community Hospital inpatient beds will no longer be available in Lutterworth, however mitigations are in place with alternative care models: HomeFirst community nursing and therapy provision, care home beds and community hospital inpatient beds in neighbouring districts (St Lukes, Market Harborough and Hinckley and Bosworth Community Hospital). As the beds were closed at the beginning of the Covid-19 pandemic, this model of care has been tested.

Increased access to outpatient services closer to home will benefit older adults who find it difficult to attend appointments in an acute setting which require a long journey. This will also benefit younger people who may be affected by cost of travel. The time required to attend the appointment will be reduced due to shorter journeys and smaller hospital site, which will increase their likelihood of attendance. Similarly, children and young people, who require an adult to attend with them will be positively impacted as there will be less time commitment for the appointment.

Disability	Positive impact	Negative impact	Neutral impact
Groups impacted may include people with physical / learning disabilities, long term conditions, or poor mental health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Travel to the local inpatient facility will impact some patients with a disability. Mitigations are in place via the Non-Emergency Patient Transport service to assist patients in these cases.

Existing corridors and access points within the building do not currently comply with all Health Building Notes (HBN) standards. By repurposing the facility, this will be addressed.

Travel for outpatient appointments will be reduced, which will make it easier to attend appointments.

Many patients with chronic and complex conditions may have reduced mobility or may not be able to access transport, making travel to hospital challenging. Those with particularly severe disability may be reliant on the availability of a carer, who is able to drive them to and from the hospital, and

stay with them during their appointment. With a national carer shortage for basic support packages, patients often have to rely on family / friends to take them to and from hospital appointments. This burden can impact wider family members' lives and their ability to work. If there is no-one able to take a patient to their appointment they could miss critical health treatment and guidance on how to manage their condition, leading to worsening outcomes.

The increase in availability of home care (HomeFirst) will positively impact patients with disabilities as it will enable more patients to receive their care at home reducing the need to travel.

Sexual Orientation	Positive impact	Negative impact	Neutral impact
Groups impacted may include gay / bisexual men, lesbian / bisexual women, or heterosexual people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

We do not envisage any negative impacts on this protected characteristic, but we will monitor to ensure that any negative impact will be mitigated.

Gender Reassignment	Positive impact	Negative impact	Neutral impact
This includes people proposing to undergo, who are undergoing or have undergone gender reassignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

We do not envisage any negative impacts on this protected characteristic, but we will monitor to ensure that any negative impact will be mitigated.

Sex (Gender)	Positive impact	Negative impact	Neutral impact
Groups impacted may include males or females – or specific gendered groups such as boys and girls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is a positive impact on privacy and dignity as there is no longer a concern regarding the mixed gendered ward.

Race	Positive impact	Negative impact	Neutral impact
Groups impacted may include different ethnicities, nationalities, national identities, and skin colours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Within the South Blaby and Lutterworth PCN there is a small proportion of the population who are Asian/Asian British or Black/African/Caribbean/Black British

Northfield Medical Centre: 3.3%

Hazelmere Medical Centre: 1.6%

Countesthorpe Health Centre: 0.8%

The Wycliffe Medical Practice: 1.1%

The Masharani Practice: 1.1%

We will ensure that translation services are available for people who need this.

Religion & Belief	Positive impact	Negative impact	Neutral impact
Groups impacted can include all recognised faith groups and those who do not follow any religion or belief system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

There will be a positive impact for people of Muslim faith due to there no longer being a risk of mixed sex accommodation.

Pregnancy & Maternity	Positive impact	Negative impact	Neutral impact
Groups impacted may include pregnant women, people on maternity leave and those caring for a new-born / young child	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

We do not envisage any negative impacts on this protected characteristic, but we will monitor to ensure that any negative impact will be mitigated.

Marriage & Civil Partnership	Positive impact	Negative impact	Neutral impact
This includes people within a formal legal partnership – same sex and opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

We do not envisage any negative impacts on this protected characteristic, but we will monitor to ensure that any negative impact will be mitigated.

Inclusion Health Groups

The services we commission should be available to all and as inclusive as possible. Your proposal should also consider any other population groups that are (or are at risk of being) socially excluded. This can include carers, people who experience homelessness, drug and alcohol dependence, Gypsy, Roma and Traveller communities, sex workers and many other socially excluded groups.

Think about which other inclusion health groups may be impacted by your proposal. Select from the drop-down list in each section below or manually state which other socially excluded groups you are considering. Select the table and click the blue '+' symbol in the bottom right of the table to add more sections if required.

For more information about inclusion health groups, please refer to our EHIRA Guidance document.

Looked After Children & Young People	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

We do not envisage any negative impacts on this inclusion health group, but we will monitor to ensure that any negative impact will be mitigated.

Carers	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People with particularly severe disability will be reliant on the availability of a carer, who is able to drive them to and from the hospital, and stay with them during their appointment. With a national carer shortage for basic support packages, patients often have to rely on family / friends to take them to and from hospital appointments. This burden can impact wider family members' lives and their ability to work. If there is no-one able to take a patient to their appointment they could miss critical health treatment and guidance on how to manage their condition, leading to worsening outcomes. By providing more services closer to home the impact on carers will be reduced.

People living in rural/remote communities	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

People living in rural and remote communities will be able to access outpatient care closer to home which will require less travel into acute settings which will address one of the health inequalities that were identified via the SHAPE tool.

Patients who require a community inpatient bed may be impacted by travelling further and the costs associated with this, however Non-Emergency Patient Transport (NEPT) is available to mitigate this where required.

Other - please state	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Palliative Care Patients Requiring Inpatient Bed

Removing the 1 palliative care bed will have an impact on access to the local community hospital palliative care bed. Mitigations are in place via the End of Life Pathway for LLR which has the following offer:

- Specialist Palliative care and advice for patients in the community, LPT/LOROS 24/7
- Specialist Palliative care and advice for staff, LPT/LOROS/UHL, 24/7
- 31 In patient Unit beds (IPU), Hospice, LOROS
- Emergency admissions to IPU beds
- Hospice at Home, LOROS
- Face to face specialist care advice and assessment, LPT/UHL/LOROS
- 9 Providers (21 Care Homes) on the current Nursing Home framework
- Increase community capacity including night provision
- Palliative and EoL virtual ward to support step up/down

Core20PLUS5

Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' areas of clinical focus requiring accelerated improvement.

Core20 refers to the most deprived 20% of the national population as identified by the Index of Multiple Deprivation (IMD)

PLUS refers to ICS-chosen population groups experiencing poorer than average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach.

The **5** areas of clinical focus are as follows:

1. **Maternity** - Ensuring continuity of care for 75% of women from ethnically diverse backgrounds and from the most deprived groups.
2. **Severe Mental Illness** - Ensuring annual health checks for 60% of those living with SMI (bringing this in line with success seen in learning disabilities)
3. **Chronic Respiratory Disease** - A clear focus on COPD driving up uptake of COVID, flu and pneumonia vaccines
4. **Early Cancer Diagnosis** - Ensuring that 75% of cases are diagnosed at Stage 1 or Stage 2 by 2028.
5. **Hypertension Case-finding** - Allow for interventions to optimise blood pressure and minimise risk of myocardial infarction and stroke.

More information about Core20PLUS5 can be found using the following link -

<https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>

Please record any identified or potential areas of impact – both positive and negative – for the target cohorts and any relevant clinical areas defined below and consider how your proposal may be able to contribute to making improvements in these priority areas.

Core20 - Deprivation	Positive impact	Negative impact	Neutral impact
The most deprived 20% of the population as identified by the national Index of Multiple Deprivation (IMD).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Whilst the overall Index of Multiple Deprivation (IMD) score is low, areas of deprivation are present in the area in relation to income deprivation (for older adults and children) and access to housing and services. Increasing access to outpatient services and outpatient procedures will benefit these cohorts of people by requiring less travel (resulting in lower travel costs) and increasing access to services more locally.

PLUS	Positive impact	Negative impact	Neutral impact
Any other locally determined population groups experiencing poor health outcomes – examples are listed above. Please state which groups you are considering in your response.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The barriers to housing and services deprivation indicator in this area is higher than other areas in Leicester, Leicestershire and Rutland (LLR). By increasing service availability at Feilding Palmer, more people will be able to access care closer to where they live which will impact positively.

3. Chronic Respiratory Disease	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Increased access to cardio pulmonary rehab, and outpatient appointments closer to home increasing likelihood of receiving care in the right place at the right time.

4. Early Cancer Diagnosis	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Increased outpatient appointments and outpatient appointments closer to home thus increasing likelihood of earlier cancer diagnosis

5. Hypertension Case-finding

Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider

Positive impact	Negative impact	Neutral impact
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Increased outpatient appointments and outpatient appointments closer to home thus increasing likelihood of earlier hypertension case finding.



4. Compliance with Legal Duties

Has the organisation given due regard and consideration to the following areas?

Eliminating unlawful discrimination, harassment and victimisation YES / NO

Unlawful discrimination takes place when people are treated 'less favourably' due to having a protected characteristic.

Advancing equality of opportunity between people who share a protected characteristic and those who do not. YES / NO

This means making sure that people are treated fairly and given equal access to opportunities and resources.

Fostering good relations between people who share a protected characteristic and those who do not. YES / NO

This mean creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference.

Are there any Human Rights concerns? YES / NO

If you have answered 'Yes', please seek advice from the Equality and Inclusion Team to discuss carrying out a specific Human Rights Assessment

Compliance with the NHS Standard Contract? YES / NO

In relation to Service Condition SC13 which includes the NHS Accessible Information Standard

Please provide a supporting narrative to support your responses to the above questions: This section must be completed

The ICB and the Trusts providing services from the Feilding Palmer have robust policies in place which they adhere to across all hospital sites. These can be found via their organisation websites. The activity that they carry out is contracted via the NHS Standard Contract and therefore the service conditions are applied.

5. Equality Related Risk

If you have identified an area of actual or potential equality-related risk due to your proposal, please use the matrix below to work out the risk score and tick the corresponding box. If the area of risk gives a score of 9 or above, this should be escalated using the organisation’s risk management procedures.

Risk score is calculated as the likelihood of risk multiplied by the level of consequence.

For more information about how to calculate a risk score, please refer to the EHIIRA Guidance document.

Likelihood of risk →	RARE = 1	UNLIKELY = 2	POSSIBLE = 3	LIKELY = 4	HIGH = 5
Level of consequence ↓					
NEGLIGIBLE = 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
MINOR = 2	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input checked="" type="checkbox"/>
MODERATE = 3	3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>	12 <input type="checkbox"/>	15 <input type="checkbox"/>
MAJOR = 4	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
CATASTROPHIC = 5	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>

Please provide a narrative to explain the risk score relating to your proposal:

There is a high risk based on age due to the closure of the inpatient beds. The level of consequence is deemed minor due to the robust mitigations that are in place as outline in this document. It is estimated that 2-3 patients per month who live in Lutterworth will be impacted by the closure of the hospital beds but as noted we have put mitigating measures in place.

6. Equality Action Plan

Please outline any actions or recommendations arising from this assessment of the proposal.

A target completion date is required for all actions and recommendations

Action Required	Lead Person	Target Date	Further Comments
We will monitor the areas where we have identified a negative impact and ensure that the mitigations are in place	Sarah Prema	31/01/2025	This will take place if the business case is approved and the changes are implemented
We will monitor the areas where we have identified a positive impact and ensure that these continue to be in place		31/01/2025	This will take place if the business case is approved and the changes are implemented
We will monitor the areas where we have identified a neutral impact to ensure that their status has not changed or improved.		31/01/2025	This will take place if the business case is approved and the changes are implemented
		DD/MM/YYYY	
		DD/MM/YYYY	
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7. Approval

All EHIIRAs should have governance oversight via formal committee. Please provide details of the arrangements for formal approval below.

Name of formal committee approving this assessment: Insert here

Date of committee meeting: DD/MM/YYYY

Name of person completing this assessment: Insert here

Below fields to be completed by E&I Team upon receiving assessment:

Date received by E&I Team for assurance check: 25/04/2023

Name of E&I Team member completing assurance check: Shaun Cropper

Date of completed assurance check: 02/05/2023

8. What Next?

1. Regularly review the action plan and update the EHIRA accordingly.
2. Save a finalised copy for your records and share via your governance pathways and with the E&I Team.
3. Follow any specialist advice or guidance from the E&I Team (if provided).