

Quality and Equality Impact Assessment (QEIA)

Leeds Health and Care Partnership, QEIA template version 2.5, September 2024

To be completed with support from Quality, Equality and Engagement leads; email for all correspondence: wycb-leeds.qualityteam@nhs.net

Complete all sections (see instructions / comments and consider) [Impact Matrix](#) on page 10.

Assessment Completion	Name	Role	Date	Email
Scheme Lead	[Removed for publication]	Pathway Integration Leader	21/11/23	[Removed for publication]
Programme Lead sign off	[Removed for publication]	Head of Pathway Integration	21/11/23	[Removed for publication]

A. Scheme Name	O057 - Discontinuation of non-recurrent Community Crisis support grant
Type of change	Stop
ICB	Leeds

B: Summary of change

Briefly describe the proposed change to the service, why it is being proposed, the expected outcomes and intended benefits, including to patients, the public and ICB finances. Describe in terms of aims; objectives, links to the ICB's strategic plans and other projects, partnership arrangements, and policies (national and regional). Please also include the expected implementation date (or any key dates we need to be aware of).

Decision not to extend non-recurrent grant for the community organisation Calm and Centred to deliver the Community Crisis Prevention Project. This grant was awarded on a non-recurrent basis for delivery of culturally relevant community mental health counselling and support at a value of £49k pa. There has been insufficient evidence provided to justify prioritising continuing to invest in this provision above other investments, and very limited evidence of impact or outcomes delivered through the funding provided to ICB Leeds by the provider.

A report published by The Race and Health Observatory in 2023 summarised that an independent review of services provided by NHS Talking Therapies had identified that psychotherapy services need better tailoring to meet the needs of Black and minoritised ethnic groups. The review undertook an analysis of 10 years of anonymised service data from NHS talking therapies, which identified that people from Black and minoritised ethnic backgrounds have experienced poorer access to, and outcomes from, NHS talking therapies.

It clearly follows that there are likely equality impacts from this disinvestment, as we know that people from racialised communities are much less likely to access services, tend to wait longer for assessment and to access treatments. Stigma, an understanding of racial literacy within services in terms of the way people from different communities communicate their mental health needs, and adapted approaches to provide culturally competent therapy describe some of the known issues that drive this inequality. This scheme had been put in place to mitigate that known inequality, through providing early access to counselling/talking therapy adapted to meet the needs of racialised communities by members of the community.

The Community Mental Health Transformation Programme has consolidated previous ICB held grants schemes for community-based mental health support and expanded this investment into a transformation grant funding scheme. This approach aims to support targeted new investment into VCSE organisations, and grassroots community groups, to form an underpinning strategic investment approach to reaching previously underserved communities. The scheme is led and delivered in Partnership between Forum Central and Leeds Community Foundation on behalf of the Integrated Care Board (ICB / NHS). Criteria & guidance has been developed to underpin and support how the grants funding schemes are targeted and utilized. The criteria and guidance have been informed by 20 pieces of lived experience insight reports, the feedback of over 100 community groups in Leeds, through 1:1 conversations and themed forum discussions. The process for allocation of grants funding has oversight and input from the Involvement and Advisory Group which forms part of the community mental health transformation governance, and service user's representative of communities in Leeds have voting rights on all panel award decisions.

Calm and Centred were directed to this opportunity for ongoing funding route as part of exit planning.

Calm and centred have been successful in accessing £49,020 funding through this grants funding route for a revised scheme in partnership with another VCSE - Feel Good Factor-to deliver culturally competent psychotherapy / counselling alongside more practical wellbeing intervention. The provision impacted by disinvestment has been replicated to achieve improved outcomes for the same population cohort and has been better targeted and enhanced with the addition of wellbeing activity in the new scheme.

C. Service change details – (Involvement and equality checklist)

To be completed in conjunction with:

- Quality Manager: [Removed for publication]
- Equality Lead: [Removed for publication]
- Community Relations and Involvement Manager: [Removed for publication]

Questions (please describe the impact in each section)	Yes / No
<p>1. Could the project change the way a service is currently provided or delivered?</p> <p>Although the impacts have not discussed with the provider, it is thought likely that this disinvestment will impact on the level of support that the organisation will be able to provide. Partner relationship team have made attempts to engage with the provider to understand what the anticipated impacts will be but have been unsuccessful in contacting them so far.</p>	Yes
<p>2. Could the project directly affect the services received by patients, carers, and families? – is it likely to specifically affect patients from protected or other groups? See page 10 for more detail.</p> <p>Potential to reduce availability of support to people, however we don't have any current data on how many people the service were supporting or their demographics so unclear if this would affect people from protected or other groups.</p>	
<p>3. Could the project directly affect staff? For example, would staff need to work differently / could it change working patterns, location etc.? Is it likely to specifically affect staff from protected groups?</p> <p>Impact on staff unclear without intelligence from the service provider. Not known if this would have any impact on staff from protected groups.</p>	
<p>4. Does the project build on feedback received from patients, carers, and families, including patient experience? What feedback and include links if available.</p> <p>Decision has been taken in light of insufficient evidence of how the project is benefiting people with mental health issues and providing culturally relevant support to communities.</p>	

D: To be completed in conjunction with the involvement and equality lead

Insert comments in each section as required	Yes / No
<p>Involvement activity required? Not seen as required as funding had only been provided on the basis of a non-recurrent grant. Calm and centred in collaboration with Feel Good Factor have been successfully awarded a bid for £49,020 through the recent round of community mental health transformation grants schemes – the revised partnership model delivers access to culturally competent psychotherapy/counselling intervention with a balance of more practical wellbeing interventions. The involvement, engagement and communication activity for this has been undertaken through the community MH transformation programme.</p>	No
<p>Formal consultation activity required? As above.</p>	No
<p>Full Equality Impact Assessment (EIA) required? Not seen as required due to nature of support funded and limited information available on impacts to inform a full EIA process.</p>	No
<p>Communication activity required (patients or staff)? Any communication regarding changes to provision would be seen as the responsibility of the provider organisation.</p>	

E. Data Protection Impact Assessment (DPIA)

A DPIA is carried out to identify and minimise data protection risks when personal data is going to be used and processed as part of new processes, systems, or technologies.

Question	Yes / No
<p>Does this project / decision involve a new use of personal data, a change of process or a significant change in the way in which personal data is handled?</p> <p>If yes, please email the IG Team at: wycb-leeds.dpo@nhs.net for Leeds ICB or wycb-wak.informationgovernance@nhs.net for the wider West Yorkshire ICB, to complete the screening form.</p>	No

F. Evidence used in this assessment

List any evidence which has been used to inform the development of this proposal for example, any national guidance (e.g. NICE, Care Quality Commission, Department of Health, Royal Colleges), regional or local strategies, data analysis (e.g. performance data), engagement / consultation with partner agencies, interest groups, or patients.

Where applicable, state 'N/A' (not applicable) in boxes where no evidence exists, 'Not yet collected' where information has not yet been collected or delete where appropriate.

Evidence Source	Details
Research and guidance (local, regional, national)	
Service delivery data such as who receives services	Provider has provided very limited information on details of people accessing support from the organisation or any positive outcomes for people accessing support.
Consultation / engagement	
Experience of care intelligence, knowledge, and insight (complaints, compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)	No up-to-date intelligence provided by the provider organisation.
Other	

G. Impact Assessment: Quality, Equality, Health Inequalities, Safeguarding

What is the potential impact on quality of the proposed change? Outline the expected outcomes and who is intended to benefit.

Include all potential impacts (positive, negative, or neutral).

For negative impacts, list the action that will be taken in mitigation. See guidance notes on [pages 10 -11](#).

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	Quality elements and description of impact Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	Impact: Positive / Negative / Neutral and score (Assess each impact using the Impact Matrix; colour cell RAG)	What action will you take to mitigate any negative impact? How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
1. Patient Safety	Due to the nature of the service, it is not anticipated that this will have an impact on patient safety.	0 - Neutral	N / A
2. Experience of care	Calm and centred continue as an organisation to operate and deliver culturally appropriate support and interventions. As per mitigation- there has been increased investment and expansion of community based and culturally competent support and intervention through the community mental health transformation grants funding, which expand choice for individuals. One of the grants awarded within this Calm and Centred have submitted a bid for a delivery model with another VCSE partner to improve outcomes and been awarded	0 - Neutral	In mitigation the community mental health transformation programme has significantly invested in and expanded community-based support through the Transforming Mental Health Grant Fund, a grant funding scheme for small to medium local organisations and grass roots community groups who offer bespoke and targeted support for people with complex and ongoing mental health needs. This is being jointly led and delivered by Forum

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	£49,020 for a bid through the community mental health transformation grants scheme.		<p>Central and Leeds Community Foundation.</p> <p>lived experience advisors have been directly involved as voting members on the grants funding award panel.</p> <p>Calm and centred have accessed £49,020 funding through grants funding route for a revised scheme in partnership with VCSE partners - Feel Good Factor-to deliver culturally competent psychotherapy / counselling alongside more practical wellbeing intervention.</p> <p>Other targeted grants schemes have been supported to promote choice through increasing bespoke interventions and support- with aim to improve experience of care.</p>

<p>Quality Domain</p> <p>The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)</p>	<p>Quality elements and description of impact</p> <p>Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)</p>	<p>Impact: Positive / Negative / Neutral and score</p> <p>(Assess each impact using the Impact Matrix; colour cell RAG)</p>	<p>What action will you take to mitigate any negative impact?</p> <p>How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?</p>
			<p>The community mental health transformation programme will maintain oversight of experience and outcomes of care (including the grants funding impacts)</p> <p>The programme has:</p> <ul style="list-style-type: none"> • Recruited an involvement worker (through Health for All as trusted VCSE partner) to specifically build relationships to engage and work with racialised communities on an ongoing basis. • An established and representative involvement Network, made up of people with lived experience of mental health need/service use, and carers/family members of people who need and/or access mental health services.

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	Quality elements and description of impact Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	Impact: Positive / Negative / Neutral and score (Assess each impact using the Impact Matrix; colour cell RAG)	What action will you take to mitigate any negative impact? How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
			<ul style="list-style-type: none"> The community mental health transformation Partnership Board has maintained and Involvement and Engagement Advisory Group within the formal governance that will maintain oversight of experience and outcomes.
3. Clinical Effectiveness	Due to the nature of the service, it is not anticipated that this will have an impact on clinical effectiveness	0 - Neutral	N / A
4. Equality	Calm and centred continue to operate through alternative funding streams- including community mental health transformation (CMHTr) grants funding. This has also enabled further increased capacity and choice through targeted grant funding to provide bespoke intervention and support for racialised communities	0 - Neutral	Detailed and comprehensive EIA for community mental health transformation (inclusive of the approach to grants funding scheme and protected characteristics) undertaken involving equality lead from ICB in Leeds. - impact and effectiveness overseen and reviewed through the CMH Transformation

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	Quality elements and description of impact Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	Impact: Positive / Negative / Neutral and score (Assess each impact using the Impact Matrix; colour cell RAG)	What action will you take to mitigate any negative impact? How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
			Partnership Board and sub - groups.
5. Safeguarding	Not anticipated to have any specific impacts	0 - Neutral	N / A
6. Workforce	Not anticipated to have specific impacts. Calm and centred continuing to operate through alternate funding streams- inclusive of the community mental health transformation grants funding.	0 - Neutral	N / A
7. Health inequalities	Calm and centred continue to operate through alternative funding streams- including community mental health transformation (CMHTr) grants funding. This scheme has also enabled further increased capacity and choice through target grant funding to a range of other providers to deliver bespoke intervention and support for racialised communities.	0 - Neutral	Community MH transformation programme has undertaken comprehensive EIA and has clear identified process for tracking, oversight and review described within the document. Community MH grants funded provision is incorporated into this EIA.

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	Quality elements and description of impact Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	Impact: Positive / Negative / Neutral and score (Assess each impact using the Impact Matrix; colour cell RAG)	What action will you take to mitigate any negative impact? How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
8. Sustainability	Not anticipated to have any specific impacts	Neutral 0	
9. Other			

H. Action Plan

Describe the action that will be taken to mitigate negative impacts.

Identified impact	What action will you take to mitigate the impact?	How will you measure impact / monitor progress? (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	Timescale (When will mitigating action be completed?)	Lead (Person responsible for implementing mitigating action)
No identified impacts at this time.	N / A	N / A	N / A	N / A

I. Monitoring and review; Implementation of action plan and proposal

The action plan should be monitored regularly to ensure:

- a. actions required to mitigate negative impacts are undertaken.
- b. KPIs / quality indicators are measured in a timely manner so positive and negative impacts can be evaluated during implementation / the period of service delivery.

Outcome: Once the proposal has been implemented, the actual impacts will need to be evaluated and a judgement made as to whether the intended outcomes of the proposal were achieved ([Section H](#) to be completed as agreed following implementation)

Implementation: State who will monitor / review	Name of individual, group or committee	Role	Frequency
a. that actions to mitigate negative impacts have been taken.	a. This will be reviewed through ICB Mental Health Contracts review group	To review any impacts identified that will be resulting from the change.	Meets monthly
b. the quality indicators during the period of service delivery. State the frequency of monitoring (e.g. Recovery Group Monthly, QSC Quarterly, J. Bloggs, Project Manager Unplanned Care Monthly)	b.		

Outcome	Name of individual, group or committee	Role	Date
Who will review the proposal once the change has been implemented to determine what the actual impacts were?	Mental Health Population Board	To review any impacts identified that will be resulting from the change	January 2024

J. Summary of the QEIA

Provide a brief summary of the results of the QEIA, e.g. highlight positive and negative potential impacts; indicate if any impacts can be mitigated. Taking this into account, state what the overall expected impact will be of the proposed change.

The QEIA and summary statement must be reviewed by a member of the Quality Team and include next steps.

This QEIA is assessing impacts of not extending a non-recurrent grant for culturally relevant community mental health support. It is difficult to judge the impacts of this decision, as there has been no feedback to date from the service provider on what the impact of disinvestment will be, and there has been limited information shared by the provider organisation on who they have been supporting and the levels of support provided. Partner relationship team have attempted to make contact with the provider to gain intelligence on potential impacts. There are ongoing plans to continue to explore the local approach to commissioning culturally relevant adult community mental health support, including responding to and investing in population needs for the future through mental health community and crisis support services transformation.

K: For Team use only

1. Reference	XX /
2. Form completed by (names and roles)	
3. Quality and equality review completed by:	Name: [Removed for publication] Role: Quality Manager Date: April 2024 Name: [Removed for publication] Role: Equality Lead Date: April 2024
4. Date form / scheme agreed for governance	Reviewed at Panel Assurance meeting: 16/05/2024
5. Proposed review date (6 months post implementation date)	
6. Notes	Involvement team reviewed 10Apr24 – need more up to date information to make a more informed decision on engagement / communication activity.

L: Likely financial impact of the change (and / or level of risk to the ICB)

Level of risk to the ICB
Low
Medium
High

M: Approval to proceed

Approval to proceed	Name / Role	Yes / No	Date
PMO / PI / Director			
Proposed 6-month review date (post implementation)	To be agreed with Pathway Integration / Programme or scheme lead		

N: Review

To be completed following implementation only.

1. Review completed by	
2. Date of Review	
3. Scheme start date	

4. Were the proposed mitigations effective? (If not why not, and what further actions have been taken to mitigate?)

5. Is there any intelligence / service user feedback following the change of the service?

If yes, where is this being shared and have any necessary actions been taken because of this feedback?

6. Overall conclusion

Please provide brief feedback of scheme, i.e. its function, what went well and what didn't.

7. What are the next steps following the completion of the review?

i.e. Future plans, further involvement / consultation required?

Appendix A: Impact Matrix

This matrix is included to help your thinking and determine the level of impact on each area.

Likelihood

Score	Likelihood	Regularity
0	Not applicable	
1	Rare	Not expected to occur for years, will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur...
3	Possible	Expected to occur at least monthly. Reasonable chance of...
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost certain	Expected to occur at least daily. More likely to occur than not.

Scoring matrix

- **Opportunity:** 5 to 0
- **Consequence:** -1 to -5

Likelihood	5	4	3	2	1	0	-1	-2	-3	-4	-5
5	25	20	15	10	5	0	-5	-10	-15	-20	-25
4	20	16	12	8	4	0	-4	-8	-12	-16	-20
3	15	12	9	6	3	0	-3	-6	-9	-12	-15
2	10	8	6	4	2	0	-2	-4	-6	-8	-10
1	5	4	3	2	1	0	-1	-2	-3	-4	-5

Category
Opportunity
Low – moderate risk
High risk

Opportunity and consequence

Impact	Score	Rating	The proposed change is anticipated to lead to the following level of opportunity and / or consequence
Positive	5	Excellence	<p>Multiple enhanced benefits including excellent improvement in access, experience and / our outcomes for all patients, families, and carers. Outstanding reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with protected characteristics and the general population.</p> <p>Leading to consistently improvement standards of experience and an enhancement of public confidence, significant improvements to performance and an improved and sustainable workforce.</p>
	4	Major	<p>Major benefits leading to long-term improvements and access, experience and / our outcomes for people with this protected characteristic. Major reduction in health inequalities by narrowing the gap in access, experience and / our outcomes between people with this protected characteristic and the general population. Benefits include improvements in management of patients with long-term effects and compliance with national standards.</p>
	3	Moderate	<p>Moderate benefits requiring professional intervention with moderate improvement in access, experience and / or outcomes for people with this protected characteristic. Moderate reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p>
	2	Minor	<p>Minor improvement in access, experience and / or outcomes for people with this protected characteristic. Minor reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p>
	1	Negligible	<p>Minimal benefit requiring no / minimal intervention or treatment. Negligible improvements in access, experience and / or outcomes for people with this protected characteristic. Negligible reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p>
Neutral	0	Neutral	No effect either positive or negative.

Impact	Score	Rating	The proposed change is anticipated to lead to the following level of opportunity and / or consequence
Negative	-1	Negligible	<p>Negligible negative impact on access, experience and / or outcomes for people with this protected characteristic. Negligible increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in minimal injury requiring no / minimal intervention or treatment, peripheral element of treatment, suboptimal and / or informal complaint / inquiry.</p>
	-2	Minor	<p>Minor negative impact on access, experience and / or outcomes for people with this protected characteristic. Minor increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in minor injury or illness, requiring minor intervention and overall treatment suboptimal.</p>
	-3	Moderate	<p>Moderate negative impact on access ,experience and / or outcomes for people with this protected characteristic. Moderate increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in moderate injury requiring professional intervention.</p>
	-4	Major	<p>Major negative impact on access, experience and / or outcomes for people with this protected characteristic. Major increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to lead to major injury, leading to long-term incapacity / disability.</p>
	-5	Catastrophic	<p>Catastrophic negative impact on access, experience and / or outcomes for people with this protected characteristic. Catastrophic increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in incident leading to death, multiple permanent injuries or irreversible health effects, an event which impacts on a large number of patients, totally unacceptable level of effectiveness or treatment, gross failure of experience and does not meet required standards.</p>

Appendix B: Guidance notes on completing the impacts section G

Domain	Consider
1. Patient Safety	<ul style="list-style-type: none"> • Safe environment. • Preventable harm. • Reliability of safety systems. • Systems and processes to prevent healthcare acquired infection. • Clinical workforce capability and appropriate training and skills. • Provider’s meeting CQC Essential Standards.
2. Experience of care	<ul style="list-style-type: none"> • Respect for person-centred values, preferences, and expressed needs, including cultural issues; the dignity, privacy, and independence of service users; quality-of-life issues; and shared decision making. • Coordination and integration of care across the health and social care system. • Information, communication, and education on clinical status, progress, prognosis, and processes of care to facilitate autonomy, self-care, and health promotion. • Physical comfort including pain management, help with activities of daily living, and clean and comfortable surroundings. • Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families, and their finances. • Co-produce with the population and service users as the default position for project design. • Use what we know from insight and feedback in project design and be explicit in the expected outcomes for experience of care improvements. • Involvement of family and friends, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as caregivers. • Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions. • Access to care e.g., time spent waiting for admission, time between admission and placement in an in-patient setting, waiting time for an appointment or visit in the out-patient, primary care or social care setting. <p>[Adapted from the NHS Patient Experience Framework, DoH 2011] revised in: https://www.england.nhs.uk/wp-content/uploads/2021/04/nhsi-patient-experience-improvement-framework.pdf</p>

<p>3. Clinical Effectiveness</p>	<ul style="list-style-type: none"> • Implementation of evidence-based practice (NICE, pathways, royal colleges etc.). • Clinical leadership. • Care delivered in most clinically and cost-effective setting. • Variations in care. • The quality of information collected and the systems for monitoring clinical quality. • Locally agreed care pathways. • Clinical engagement. • Elimination of inefficiency and waste. • Service innovation. • Reliability and responsiveness. • Accelerating adoption and diffusion of innovation and care pathway improvement. • Preventing people dying prematurely. • Enhancing quality of life. • Helping people recover from episodes of ill health or following injury.
<p>4. Equality</p>	<p>In order to answer section C and G4 the groups that need consideration are (use the links for more information):</p> <ul style="list-style-type: none"> • Age: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/age-discrimination • Disability: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/disability-discrimination • Gender reassignment: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/gender-reassignment-discrimination • Pregnancy and maternity: https://www.equalityhumanrights.com/en/our-work/managing-pregnancy-and-maternity-workplace • Race: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/race-discrimination • Religion or belief: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/religion-or-belief-discrimination • Sex: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sex-discrimination • Sexual orientation: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sexual-orientation-discrimination

	<p>Other groups would include, but not be limited to, people who are:</p> <ul style="list-style-type: none"> • Carers. • Homeless. • Living in poverty. • Asylum seekers / refugees. • In stigmatised occupations (e.g. sex workers). • Problem substance use. • Geographically isolated (e.g. rural). • People surviving abuse.
8. Safeguarding	<ul style="list-style-type: none"> • Will this impact on the duty to safeguard children, young people, and adults at risk? • Will this have an impact on Human Rights – for example any increased restrictions on their liberty?
9. Workforce	<ul style="list-style-type: none"> • Staffing levels. • Morale. • Workload. • Sustainability of service due to workforce changes (Attach key documents where appropriate).
10. Health Inequalities	<ul style="list-style-type: none"> • Health status, for example, life expectancy. • access to care, for example, availability of given services. • behavioural risks to health, for example, smoking rates. • wider determinants of health, for example, quality of housing.
11. Sustainability	<p>See: https://www.bma.org.uk/media/3464/bma-climate-change-and-sustainability-paper-october-2020.pdf</p> <p>Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS.</p> <p>Also consider; technology, pharmaceuticals, transport, supply/purchasing, waste, building / sites, and impact of carbon emissions.</p> <p>Visit Greener NHS for more info: https://www.england.nhs.uk/greenernhs/</p>
12. Other	<ul style="list-style-type: none"> • Publicity / reputation. • Percentage over / under performance against existing budget. • Finance including claims.