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: wyicb-leeds.qualityteam@nhs.net

Complete all sections (see instructions / comments and consider Impact Matrix in appendix).

Assessment Completion	Name	Role	Date	Email
Scheme Lead	[Removed for publication]	Senior Programme Manager	05.06.24	[Removed for publication]
Programme Lead sign off	[Removed for publication]	Interim Associate Director – Long Term Conditions, Frailty, End of Life and Planned Care	25.09.24	[Removed for publication]

A. Scheme Name	Cruse Bereavement Support (20% reduction)
Type of change	Adjust existing
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).

Cruse Bereavement Support (£122,286 annual contract value)
Cruse Bereavement Support clients receive an enhanced offer in Leeds significantly enabled through recurrent ICB funding. In Leeds, Cruse delivers support to adults in the following ways. Around 85% of clients are self-referred.

- Assessment for suitability and signposting to other services as appropriate.
- Face-to-face / in-person support (up to six sessions offered, usually with the same volunteer).
- Telephone / Zoom (up to six sessions offered, usually with the same volunteer).

The standard national offer from Cruse Bereavement Support available to all adults is:
- Access to the helpline (Monday and Friday 9.30am - 5pm, Tuesday, Wednesday, and Thursday 9.30 - 8pm)
- Website information and guidance, including self-help tools.
- A number of areas offer individual support funded through core Cruse budget or Trust and Foundation funding (donations, legacy, trusts, foundations).
- Suitable clients are offered an " Understanding Your Bereavement" online session. This is a one-off bereavement support session with the aim of giving clients a greater understanding of their feelings and providing access to information and support in a short timeframe. The session is in a group of up to 30 people and facilitated by four Bereavement Support Volunteers.

To balance maintaining as much of the service delivery as possible with the current financial challenge, this proposal sets out consideration of a 20% reduction in the ICB funding allocation going forward.

As a result of the ongoing QEIA process, including further consideration of the population level QEIA for the end-of-life population QIPP schemes and wider regard to harmonisation activity across the West Yorkshire ICB places, it has been agreed to shift from the proposal to cease funding, to instead enact a 20% reduction to this year's funding allocation. Although Cruse expressed a wish to ensure continuity of service provision at full capacity, following a contract review meeting in November 2023 they offered several service delivery options, one of which was the 20% reduction in funding, which involves ceasing provision from its Leeds office location. Some provision of face-to-face appointments would remain under this option with utilisation of outreach healthcare settings.

This will enable us to use the year ahead to build on current stakeholder mapping, carry out an insight review and deliver appropriate engagement activities to gauge the level of need beyond 2024 / 2025.

The most significant risks associated with ceasing or reducing the funding to bereavement services for the city are broadly to:
- People's outcomes, long-term mental and physical health, wider social impacts, e.g. inability to work.
- People's experience and access to bereavement support services.
- System networks and relationships.
- Cruse staff and volunteers.
- Identifying and campaigning for bereavement services for under-represented and vulnerable groups.
- The profile and expertise of bereavement support in the city.

- Crisis intervention services, and demand on health and care services.

The waitlist for Cruse support is currently less than three months.

Cruse have confirmed that reducing funding by 20% would affect the delivery of support in the following ways:
- Some budgetary reductions to marketing and training expenditure.
- A reduction in staffing hours / the removal of one project officer role.
- The closure of the city centre Leeds office.
- Cruse would look to provide in-person support at appropriate outreach locations, but this would be on a reduced basis whilst ensuring remote support (telephone / online) is available.

This will result in a reduction of the service outputs by 25% and an inability to take additional clients beyond this 25% figure.

This would mean that individuals in Leeds would be able to continue to access high-quality face-to-face / individual support with the same volunteer over several scheduled sessions (usually six), as well as the "Understanding Your Bereavement" session. As part of this process, we are seeking to establish any opportunity to offer less than six sessions following feedback that some clients do not feel the need to use all six. This may in turn mitigate waiting list times. This scoping will include establishing how many fourth, fifth, and sixth sessions are not attended.

Cruse is currently the only organisation delivering specialist bereavement support in Leeds to adults bereaved through a sudden death, and who require timely support. Recent 'mapping' of services does illustrate this, particularly around one-to-one support. There is clear evidence to show that bereavement support aids better mental and physical health and wellbeing. In line with the ICB contract renewal process, the service has evidenced it is satisfactorily delivering the specification. There have been previous concerns about the wait list size. The latest backlog figures for individual support indicate a wait of around 38 people / three months.

In Leeds, the national helpline is considered early intervention. Individual support means that the client can develop the crucial trusting relationship with their bereavement volunteer and do not have to 'tell their story' over again, which is a barrier to enabling the development of coherent therapeutic support / support plans for the future. Each time a client calls the helpline it is likely they would speak to a different volunteer. Cruse are clear that the national helpline would not be able to cope with the number of calls it would receive should local support not be available. The helpline details are available on the 'Get support' section of the Cruse Bereavement website (https://www.cruse.org.uk/get-support/), along with available hours and a note that not all calls may be answered; keep trying.

Bereavement is closely linked to social isolation and loneliness. Unmet needs when individuals do not receive the support they need following bereavement is likely to be seen in primary care and local mental health services: https://www.mindwell-leeds.org.uk/myself/how-life-experiences-can-affect-us/bereavement-and-loss/finding-support-for-bereavement/. It's important to consider the impact of reducing funding within the wider system. Previously there was a national 'Grief chat / virtual support' which has now finished, and there have been other changes and uncertainty such as the closure of Leeds Bereavement Forum.

It is important to note that reducing the Cruse funding in Leeds is likely to impact the waiting list times. It would also likely impact the diversity of specialist support that can be delivered, for example, volunteers have recently been trained in supporting adults with a learning disability. It is likely to impact in-person support for clients with specific needs (for example, relating to disability) and would impact on possible digital exclusion and barriers.

The Cruse position across West Yorkshire demonstrates the impact of a varied service:
- **Craven & Bradford:** The only other place in WY that receives NHS funding. Current annual value £39,047. Children and Young People (CYP) over four years, and adults. Same Cruse model of triage / pathway / support model as Leeds (except no CYP in Leeds). There is no office location, face-to-face delivery is outreach and meeting in community spaces. Children are usually seen within school settings. Their experience is a preference for remote support rather than in person.
- **Wakefield:** No ICB funding. No Cruse services. WY Grief and Loss service is now closed. Cruse have identified a need in Wakefield. Signpost to the Cruse helpline, then onward to other organisations by cause of bereavement e.g. suicide / cancer where possible.
- **Kirklees:** No ICB funding. Funding is core Cruse budget or Trust and Foundation funding (donations, legacy, trusts, foundations, etc) – now ending, funding reduced. Based at Brian Jackson House. Large waiting list (earlier this year of 112, delivered by eleven volunteers). Overwhelmed service. Donations have reduced significantly. Adult-only clients.
- **Calderdale:** No ICB funding. No Cruse services. Calderdale clients are sometimes supported by the Kirklees branch, but this is an informal goodwill arrangement.

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
1. Could the project change the way a service is currently provided or delivered? There is an opportunity to focus on current gaps in support, such as sudden death, and where it is delivered such as outreach into accessible community hubs or areas of greatest deprivation. Recent mapping has provided a comprehensive view of existing city support and services. The table below illustrates the reason for bereavement for Cruse clients 2024 / 2025 Q1-Q3.	**Yes**

Questions (please describe the impact in each section)	Yes / No
There is currently no one alternative service that would mitigate the gap in provision that significantly changing the Cruse model would cause in Leeds. Some other service provision is small which may necessitate closing of offer to manage caseloads effectively. Greater use of signposting to wider and specialist services depending upon the cause of bereavement, e.g. cancer, or client demographic, which enables Cruse to focus on clients bereaved due to sudden death, for example by a heart attack, stroke, or accident (see both table below and attached mapping for a wide range of services).	

Reason for bereavement for Cruse clients table

Bereaved by:	Q1	Q2	Q3	Q4	Year to Date (YTD)
Heart attack	8	5	9	0	22
Cancer	27	8	29	0	64
COVID-19	0	2	1	0	3
Suicide	1	2	2	0	5
Natural causes	2	4	3	0	9
Accident	1	2	1	0	3
Alzheimer's / Dementia	4	0	5	0	9
Respiratory	3	3	0	0	6
Stroke	2	1	2	0	5
Accident	0	2	1	0	3
Terrorism	0	0	0	0	0
Unknown	0	1	4	0	1
Alcohol / drugs	3	1	2	0	4
Murder	0	0	0	0	0
Other	0	3	13	0	16

Cancer remains the most common cause of death as reported by our clients, 43% of the total. This is consistent with other branches in Yorkshire. The second most common cause of death is heart attack, 14% of the total after Q3, down from 16% after Q2.

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 appendix for more details. Currently, 36.1% of Cruse clients live in IMD1 and IMD2. Index of Multiple Deprivation (IMD) is a measure of deprivation. IMD 1 is the area in the bottom 10% of the deprivation index, and IMD2 is the next 10%. Therefore 36.1% of Cruse clients in Leeds live in the 20% most deprived areas. Changing the service model would directly impact the services delivered and will impact the service received by people who do not wish or are less able to engage in a group. This is likely to be mitigated by enhancing the offer of support from accessible community spaces and cultural centres such as Leeds West Indian Centre, Mandela Community Centre, Bilal, Muslim Association, Leeds Gate, Hamara and Halo. Support from Leeds Libraries to increase digital inclusion is available from a number of centres in IMDs 1 and 2. Cruse in Leeds has trained volunteers in supporting people who have a Learning Disability or Autism, the opportunity to support this group of people to the same extent may be lost. We are establishing the number of volunteers with this specialist training. Connect in the North provides training aimed at family carers supporting people who have a learning disability with bereavement.	**Yes**

Where Cruse clients live by IMD area table

Row Labels	Activity	Deprivation %
01 - Most deprived	102	24.9%
02	46	11.2%
03	26	6.4%
04	20	4.9%
05	62	15.2%
06	38	9.3%
07	44	10.8%
08	17	4.2%
09	28	6.8%
10 - Least deprived	20	4.9%
No IMD Data	6	1.5%
Grand Total	**409**	**100.0%**

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? Reducing funding by 20% is likely to mean that the city centre Leeds office location for Cruse may be unsustainable, and the organisation transition to a working from home model with outreach to community spaces and cultural centres when meeting clients. Changing the Cruse model of delivery would impact on staff that are involved in the triage and delivery of support. There would be the loss of one project officer. Staff triage across three places; Leeds, Kirklees, and Bradford, with their time apportioned by the amount of funding for each place (no ICB funding from Kirklees). The loss of funding in one area will inevitably impact operational and staffing costs, meaning that the funding in other areas may no longer support service delivery to the current extent.	**Yes**
4. Does the project build on feedback received from patients, carers, and families, including patient experience? What feedback and include links if available. The service provides client experience feedback as part of its monitoring. System feedback is that Cruse is currently the only organisation supporting individuals that have been bereaved through a sudden death in Leeds, and that group support is not a format that everyone would choose. Client and volunteer experience has been improved by actively managing the waiting lists. Currently, there are 38 people on the waiting list / three months. One piece of client experience feedback in Q3 2023 / 2024 indicated that six full sessions were not required, another in Q2 said that 8-10 would have been more helpful. Client experience feedback indicates the benefit of developing a trusted relationship with an identified volunteer. ' "I had 4 sessions with ******** and I found her help and support and insights so helpful. She was really easy to talk to and really helped me to come to the point where I can now accept my father's death and have strategies to help me deal with my grief moving forward."	**Yes**

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

Insert comments in each section as required	Yes / No
Involvement activity required? Insight review into understanding local people's experiences of bereavement and support available is underway.	**Yes**
Formal consultation activity required?	**No**
Full Equality Impact Assessment (EIA) required? The 20% reduction of this service with appropriate mitigation and signposting is documented within the QEIA and would remove the requirement for a full EIA.	**No**
Communication activity required (patients or staff)? Following insight review and sense-checking, communications will be developed to outline Leeds offer, inc. signposting (inc. Leeds Directory – Leeds City Council, which is working on incorporating Leeds Bereavement Forum signposting) and raising awareness, including tailored approaches for different communities – e.g. those not digitally active or those for whom English is not the first language. Also information and guidance for staff.	**Yes**

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
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? If yes, please email the IG Team at; wyicb-leeds.dpo@nhs.net for Leeds ICB or wyicb-wak.informationgovernance@nhs.net for the wider West Yorkshire ICB, to complete the screening form.	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)	There is clear evidence to show that timely bereavement support aids better mental and physical health and wellbeing. UK Commission on Bereavement: https://bereavementcommission.org.uk/about-us/ • 51% of bereaved people with high-level needs experienced high or severe vulnerability. • 74% of bereaved people with high or severe vulnerability are not accessing formal bereavement services or mental health support. Severe grief reactions are common in individuals aged 40 and older and associated with self-reported physical and mental health problems as well as increased use of health services 'The prevalence of severe grief reactions after bereavement and their associations with mental health, physical health, and health service utilization: a population-based study: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7748058/ Grief has physiological impacts, practical impacts on work, school and home life and also people's longer-term economic wellbeing: https://bereavementcommission.org.uk/ukcb-findings/ Unmet need which may present in Primary Care and local Mental Health Services. Bereavement is closely linked to social isolation and loneliness: https://www.mindwell-leeds.org.uk/myself/how-life-experiences-can-affect-us/bereavement-and-loss/finding-support-for-bereavement/

Evidence Source	Details
Service delivery data such as who receives services	Recent analysis shows that 36.1% of Cruse clients reside in IMD1 and IMD2. The organisation supports around 330 people each quarter (includes initial calls, assessments, one to one support, and signposting).
Consultation / engagement	There is existing insight re: local information on what matters most to people experiencing bereavement in the End-of-life Insight report, and wider information in the mental health insight report: https://www.healthandcareleeds.org/have-your-say/get-involved/populations/mental-health/#insight-review
Experience of care intelligence, knowledge, and insight (complaints, compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)	Leeds Cruse Client Comments: "I found the helpline and the understand your bereavement online session very helpful. I also found the bereavement sessions one to one very helpful. I would like to say that the wait for a volunteer was long and I had to chase it up. Also, I think maybe 8-10 sessions would be more helpful. six weeks fine but I would of appreciated a few more. Also, info about bereavement groups." "I was very down and depressed following the death of my husband last year. I didn't let my feelings out to family, and I wasn't going out. Upon starting my Zoom meetings with Elvira, I felt as though she understood me immediately and through our sessions and she has helped me so much." "I have been very happy with my support & the volunteer was excellent." "All the Staff was very helpful. Understanding and caring & helped me a great deal, and cope with life every day. Thanks to all the staff." "I have found it really helpful to have space to talk." "Thank you to everyone involved but especially to the volunteer I can now see a future." "I enjoyed the one group meeting that I had but that wasn't enough. Twice when I first rang Cruse, I was told that they were very busy and had a waiting list. Later when I rang, I spoke to a caring man who was very helpful but I don't think I will feel any better until I get my damaged colon operated on and sorted." "I would advise anyone in the same position to please get in touch like I did."

Evidence Source	Details
	• "Feel so much better after our chats. Was easier to talk on the phone to someone I don't know, rather I was able to open up, with her encouragement, about my loss, and my future without him. The volunteer was very compassionate and with her help I started to focus on the time we had together and the good times we had rather than the time we won't have together. Even though I am now going through a difficult time with my health, I feel more able to cope than I would have without her help to cope with my grief." Client scores: • Pre-Cruse feeling score: 4.1 • Post-Cruse feeling score: 7.6 • 86% of people would recommend Cruse to other, 13% were not sure. • 66% of people had an excellent overall experience, experience of volunteers, and telephone support, 17% very good, 17% good. • 67% of people had an excellent experience of video support, 33% good. • No ratings for in-person support. • UYB support had 75% excellent score, 25% good. No ratings for group support.
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 in the appendix.

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 & 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	The waiting list for Cruse support in Leeds has been recently reduced from around 70 individuals / six months to 38 individuals / three months through various actions including suspending the waiting list. This improved access to timely support will aid in better mental and physical health. The service has already made reductions due to funding e.g. - Grief Inside (prison), Grief chat / virtual support and group support are not available in the Leeds area. WY and ICS Grief and Loss line has closed. This provided immediate support and signposting and was set up as a pandemic response with non-recurrent funding. It was found to be underutilised and disproportionately used by a small number of regular users. Feedback from places highlighted a feeling it wasn't needed and	9 - Possible / Moderate	1.1 Cruse Bereavement support have stated that 85% of their referrals are self-referred and therefore the risk of individuals being unable to locate appropriate support services is limited. The Leeds Directory is working to incorporate Leeds Bereavement Forum signposting into its database and is readily available. Leeds currently commissions Linking Leeds social prescribing service. The existing service with Community Links (lead provider) provides referrals and signposting to bereavement services. Linking Leeds is already accepting and receiving referrals for bereavement support. (Website indicates 10-week referral wait), but is also subject of a QEIA so may itself change. It is understood that bereavement is closely linked to social isolation and loneliness, impact on mental health in these instances could be

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	that any resource available should be invested in bereavement counselling not an additional line.		reduced by the use of social prescribers or signposting to local groups such as Friendship groups, Neighbourhood Networks, Good Neighbours (Cross Gates) for the contact and support which will be of benefit to these individuals.
	1.1 Cruse provides bereavement support via face-to-face, online or telephone. A change in this service could impact patients as a lack of accessible support could impact their health, and wellbeing and potentially could result in safeguarding issues such as neglect or harm. In Leeds, Cruse only supports adults, therefore the scope here is adults too. 1.2 Cruse is the only NHS-funded specialist bereavement support service in Leeds offering support for bereavement through		1.2 A recent mapping exercise has identified that there are numerous organisations in Leeds, regionally and nationally providing a range of targeted and non-targeted support (i.e. cause of death, age of deceased, client demographic). Cruse could signpost appropriate people to these options to give the capacity to focus on bereavement due to sudden death. E.g. 43% of referrals related to death from cancer, feedback has been received that Maggie's is regarded as a good source of support in this instance and has short waitlists. It is acknowledged that

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	sudden death. Reduction of this support could negatively impact the mental health and general wellbeing of people experiencing bereavement due to sudden death.		provision from these may be limited however there are many different organisations which could be utilised, spreading the impact of potentially increased referrals. Elements within both hospice contracts (supporting adults at both hospices, children at St Gemma's). Both Leeds adult hospices provide bereavement support to the loved ones of those who were supported by the hospice. Leeds City Council are looking to include more information on bereavement, end-of-life care and planning in the public-facing Leeds Directory, including the signposting information previously hosted by Leeds Bereavement Forum: https://www.leedsdirectory.org/information-advice/

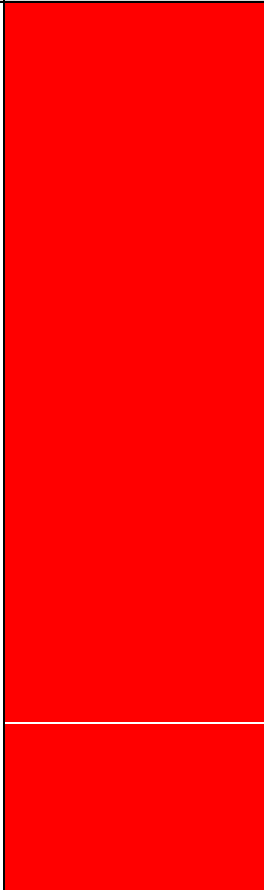| Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	Quality elements and description of impact Where appropriate provide information about the proposed or current 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 & 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?
			LTHT has a single bereavement nurse who sits within the palliative care team, this role receives referrals and is responsible for signposting, assurance across the trust and providing information on the care of their loved one to those who have been bereaved. Carers Leeds provides bereavement support through two part-time members of staff. Consider utilising screens in GP surgeries as a signposting opportunity to bereavement information and organisations, including the Cruse Helpline. The service spec for other services may need to be amended to reflect the establishment of support groups so that appropriate signposting and use of resources can take place.
2. Experience of care	The recent Heathwatch report 'People's experience of end of life care in West Yorkshire' noted mixed experiences of	9 - Possible / Moderate	2.1 Mapping of the bereavement support offer from local, regional, and national organisations has been undertaken and continues to be

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|---|---|---|---|
| | bereavement care in Leeds:
https://healthwatchleeds.co.uk/wp-content/uploads/2024/02/Peoples-experience-of-end-of-life-care-in-west-yorkshire-report.pdf

2.1 Ceasing or reducing funding must be considered within the context of the closure of Leeds Bereavement Forum, and the loss of oversight, campaigning, support, and training that will follow.

2.2 The recent waits will have impacted the patient experience. 20% funding reduction is likely to increase waiting times and impact experience further.

2.3 The current support is offered face-to-face, online or by telephone which makes the service accessible to all including those who are digitally illiterate. | | updated to identify resources available and appropriate signposting opportunities.

The Leeds Directory is working to incorporate support information previously hosted by Leeds Bereavement Forum.

2.2 When appropriate, clients to be signposted to wider support services to reduce waiting time.

Utilising screens in GP surgeries as a signposting opportunity for bereavement information and organisations will mitigate the impact on the experience of care.

2.3 and 2.4 Services to utilise and signpost to existing offers for free loaning of digital equipment (a number of centres for this are in IMDs 1 and 2), data and training, e.g. Leeds |

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	2.4 A change in this service could result in health inequalities and barriers to access. If less support is accessible, then this can negatively affect a patients experience during an already sensitive time.		libraries, who also offer digital training and run sessions especially aimed at older people: • Digital support: https://libraries.leeds.gov.uk/find-information/digital-support • 100% Digital Leeds - https://digitalinclusionleeds.com/support-for-individuals/leeds-community-support-directory and support for organisations wanting to reduce digital inequality of their service users • Free data from organisations signed up to the National Databank (https://www.goodthingsfoundation.org/our-services/national-databank.html) or directly from Virgin Money stores: https://www.virgin.com/about-virgin/purpose/latest-purpose/how-virgin-money-is-supporting-people-in-need

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			2.3 and 2.4 The current office has some accessibility issues, use of community and cultural spaces could support engagement, particularly in underserved groups and those residing in IDM 1 and 2 as could reduce the time and cost burden on clients. 2.4 Review service specifications for other providers of bereavement services across WY and the Health and Care Partnership with a view to mandating horizon scanning and increasing their promotion / engage with underserved groups and those with protected characteristics. 2.4 Cruse could sign up to National Databank to give out SIM cards to those in need.
3. Clinical Effectiveness	Timely access to appropriate support is very important for mental and physical wellbeing and reduces the risk of isolation and widening health inequalities.	9 - Possible / Moderate	3.1 Where appropriate expand signposting to specialist and wider organisations as listed in the mapping attached.

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 & 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?
	3.1 It is anticipated that a 20% reduction in resource will increase Cruse's waiting time and therefore the time clients have to wait to receive support, potentially increasing the volume of individuals accessing the Cruse national phone helpline. 3.2 Risk that the volunteers (27 currently active) would reduce if there is a change in this service or if the office space is removed, this has the potential to make the service unsustainable.		Utilising screens in GP surgeries as a signposting opportunity for bereavement information and organisations will mitigate the impact on the experience of care. 3.2 The current office has some accessibility issues, use of community and cultural spaces could support accessibility for volunteers if they are able to utilise locations closer to home, thereby reducing the time and cost of travelling to one office and reducing the environmental impact of travelling into Leeds city centre. Virtual sessions may need more promotion and group sessions may need to be established in the Leeds area to target more service users. Volunteers may be able to support other existing services. Map and promote the available range of bereavement training across the health and care sector, carers groups and third sector

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 & 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?
			organisations to increase the ability of all paid and unpaid carers to be able to support those experiencing bereavement, freeing up Cruse to focus its resources on the gap relating to sudden death bereavement, e.g. Connecting in the North training: Talking about Loss - Supporting people with learning difficulties, National Bereavement Care Pathway.
4. Equality	4.1 Across Leeds there has been a reduction of the bereavement offer from a number of organisations, including the closure of Leeds Bereavement Forum. A 20% funding reduction to Cruse is expected to result in a 25% reduction in their offer, further impacting people across Leeds, which could lead to a widening in the gap for people already experiencing health inequalities. 4.2 Cruse volunteers are trained in supporting bereaved individuals from vulnerable groups such as autistic people, people who have a	12 - Likely / Moderate	4.1 Where appropriate signpost to local specialists and wider organisations as identified in the mapping attached. 4.1 and 4.2 It is expected Linking Leeds and other agencies will be able to support these individuals - the potential consequences if Linking Leeds and other agencies are unable to provide the required support will be reviewed 4.1 and 4.2 Map and promote the available range of bereavement training across the health and care sector, carers groups and third-sector

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 & 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?
	Learning Disability and those from other communities that experience inequalities. Reducing service outputs by 25% would mean that this expertise and access would potentially be reduced or unavailable for the city. 4.3 Closing the Leeds city centre office and therefore face-to-face support offered there may introduce a real inequality of access to those that are less digitally aware or accessible.		organisations to increase the ability of all paid and unpaid carers to be able to support those experiencing bereavement, freeing up Cruse to focus its resources on the gap relating to sudden death bereavement, e.g. Connecting in the North training Talking about Loss - Supporting people with learning difficulties 4.3 Careful consideration of outreach locations into accessible community and cultural hubs. 4.3 100% Digital Leeds is working to make Leeds the most digitally inclusive city for everyone, has specific workstreams around older people and will work with organisations wanting to reduce digital inequality of their service users. 100% Digital Leeds 4.3 Services to utilise and signpost to existing offers for free loaning of digital equipment, data and training, e.g. Leeds libraries, who also offer digital training and run sessions especially

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 & 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?
			aimed at older people Digital support, 100% Digital Leeds - Leeds Community Digital Support Directory, free data from organisations signed up to the National Databank or from Virgin Money stores Virgin Money. 4.3 Cruse could sign up to the National Databank in order to give out SIM cards to those in need. Cruse could work in collaboration with 100% Digital Leeds to take up their offer of supporting organisations to reduce the digital inequality of their client group.
5. Safeguarding	Cruse Leeds offers support to adults. 85% of people seeking support self-refer. 5.1 This service may be a first line of support for vulnerable adults at risk of becoming isolated or experiencing mental health issues as a result of their loss. Reduction of the service for this group is likely to result in poorer health and well-being outcomes.	9 - Possible / Moderate	5.1 Explore the potential of alternative WY and Leeds Hand Care Partnership service specifications to mandate that other providers of bereavement and wellbeing services include safeguarding training / awareness. Health and Care staff must undertake mandatory safeguarding training.

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 & 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?
	5.2 Those who experience health inequalities and would benefit from the supportive services may be further marginalised.		Existence of other services with safeguarding responsibilities, e.g. Adult Social Care. In these circumstances, there may well be other support services wrapped around the individual such as Adult Social Care or other NHS-funded services who also have a responsibility to safeguard individuals. Map and promote bereavement training across all sectors to improve awareness and skill of how to support people experiencing bereavement. 5.2 Develop Comms Strategy to raise awareness of services / where to find information: Organisations to tailor and promote bereavement offers and available training during associated awareness events happening throughout the year, e.g.

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 & 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?
			• February – Children's Mental Health Awareness Week • March – National Carers' Week • April – Stress Awareness Month • May – Dying Matters Week, Mental Health Awareness Week • June – Carers Week, Loneliness Awareness Week, Learning Disability Week, Autistic Pride Day • July – Samaritans Awareness Day • September – World Suicide Prevention Day, Youth Mental Health Day • October – ADHD Awareness Month, World Mental Health Day • November – International Stress Awareness Week, Stress Awareness Day, World Kindness Day • December – National Grief Awareness Week

Quality Domain	Quality elements and description of impact	Impact: Positive / Negative / Neutral & score	What action will you take to mitigate any negative impact?
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)	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)	(Assess each impact using the Impact Matrix; colour cell RAG)	How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
6. Workforce	Loss of or change to the office arrangements. There are approximately 27 active volunteers supporting the demand which has meant more office days. Travel may mean that fewer clients can be supported within the same time capacity. Feedback on telephone support is positive and demonstrates that it is a successful method for those who choose it. • Q3 2023 / 2024: Excellent 75%, Good 25% • Q2 2023 / 2024: Excellent 66%, Very Good 17%, Good 17% 6.1 Changes in funding will affect the office location and therefore travel. 6.2 If the office location is less available this could result in a reduction in the number of volunteers supporting the service as the	9 - Possible / Moderate	6.1 The use of home working and community and cultural hubs could reduce travel and lower the environmental impact of the service if volunteers are able to utilise locations closer to home. 6.1 Greater use of working from home, and community and cultural spaces as outreach when meeting clients. Opportunity to reduce travel time for staff and the ability to focus provision in IMDs 1 and 2, thereby improving accessibility for these clients. 6.2 Leeds Cruse to model staff support in place in other areas where there is no central office.

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 & 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?
	office space may be a support to those working in this specialist area in terms of reduced team working and peer support.		
7. Health inequalities	This table shows where clients of Leeds Cruse reside by Index of Multiple Deprivation (IMD). 7.1 This shows that 36.1% of clients reside in IMD 1 and 2. Reduction of Cruse's offer could widen health inequalities in these areas if these clients have to seek support via the Helpline, digital solutions or alternative providers. 7.2 In Q1 2023 / 2024, 34% of clients were over the age of 71 years, so losing face-to-face support will likely increase the barrier to access for this group as digital offers could be less accessible.	12 - Likely / Moderate	7.1 Consideration of use of outreach locations into accessible community hubs and cultural centres funding specialist loss and grief training that Cruse offer to organisations, therapists, counsellors, etc to build more specialist bereavement support skills. Training across organisations has become a gap since the closure of LBF. Continue mapping of training and promote to organisations across Leeds (https://www.cruse.org.uk/organisations/training-for-individuals/) 7.1 and 7.2 Service specification to mandate that other providers of bereavement service increase their promotion, especially to people with protected characteristics, underserved communities and those experiencing health inequalities.

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 & 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?
	7.3 The service works with other organisations such as Support after Murder and Manslaughter (SAMM). 25% reduced offer impact on Cruse's ability to undertake this work, affecting targeted audiences. 7.4 Potential for individuals with vulnerabilities, protected characteristics, or other communities that experience inequalities to not have access to a signposting service and wider support that has previously been available to them.		7.1 Promotion of free digital equipment, data and support to people without equipment or knowledge. 7.1, 7.2, 7.3 and 7.4 It is expected Linking Leeds and other agencies will be able to support these individuals - the potential consequences if Linking Leeds and other agencies are unable to provide the required support will be reviewed 7.4 option for Cruse to focus their resource on supporting people in poorer areas, use local community and cultural centres to promote accessibility and promotion of free digital resources and support for people who do not have or are unable to use digital solutions currently and work with 100% Digital Leeds to reduce digital inequality of their service users.

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 & 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?
		■	7.4 Leeds Directory is working to include all the signposting information previously held by the Leeds Bereavement Forum.
8. Sustainability	8.1 Removing the Leeds city centre office would reduce overheads and, potentially, staff travel and environmental impact. Bradford and Craven Cruse now operate an outreach model utilising community hubs for face-to-face meetings.	6 - Unlikely / Moderate	8.1 Implementation of an outreach model would replicate provision in Bradford and Craven where community hubs are used to facilitate face-to-face meetings. 8.1 Removing the office space could reduce travel, overheads, and carbon emissions.
9. Other	9.1 ICB reputation Perception on how the system values bereavement services in the city. Adverse publicity. Likely to adversely affect relationships on the Board and associated clinical and staff networks across End of Life.	12 - Likely / Moderate	9.1 Reviewing provision in light of total system loss of bereavement service and implementing a 20% reduction in 2024 / 2025 rather than total decommissioning. 9.1 Mapping bereavement services to understand the total offer and factor this into future decision-making.

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 & 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?
			9.1 Mapping available training and resources to understand the total offer and factor this into future decision-making.
Other	On 31 March 2024, Leeds Bereavement Forum (LBF) closed. Consideration should be made to the impact of this, and how that loss will impact people, professionals, and organisations in Leeds. The risks of changing the Cruse service in Leeds should be considered within the context. 9.2 Loss of local expert knowledge and local specialist signposting / information about the range of local and national bereavement support services available. 9.3 LBF played a key role as experts in specialist provision and how to access it. This is particularly relevant if we lose another Leeds-based service and people have to rely more on national helplines.	**9 - Possible / Moderate**	9.2 Consider utilising screens in GP surgeries as a signposting opportunity to bereavement information and organisations, including the Cruse Helpline. 9.2 Leeds Directory is working to include all the signposting information previously held by Leeds Bereavement Forum 9.2 and 9.3 Mapping and communication of the bereavement support offer across Leeds to support appropriate signposting and enable Cruse to focus on identified groups in order to reduce / prevent increased health inequalities and those requiring support around sudden death.

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 & 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?
	9.4 LBF delivered a programme of bereavement support training for professionals - to help increase the capacity of others in Leeds to support people who have been bereaved. E.g., Leeds Neighbourhood Networks.		9.3 Leeds currently commissions Linking Leeds social prescribing service. The existing service with Community Links (lead provider) provides referrals and signposting to bereavement services. Linking Leeds is already accepting and receiving referrals for bereavement support. (Website indicates 10-week referral wait), but is also subject to a QEIA so may change. 9.4 Mapping and communication of the training and resources available to paid and unpaid carers to improve the skills and knowledge across Leeds and the ability of all to support bereaved people better

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)
Lack of local bereavement support	Review and consider the whole bereavement offer across the city, this may identify different models for delivery, notably around overheads and estate.	Delivery of a mapping of bereavement services available to people in Leeds.	End April 2024	[Removed for publication]
Lack of bereavement support, and its impact on health inequalities.	Scope alternative providers for bereavement services commissioned at a WY level or by the local authority or by other places with a view to: 1. Horizon scanning 2. Promotion to people with protected characteristics, seldom heard or other health inclusion groups.	Delivery of a mapping of bereavement services available to people in Leeds Identifying opportunities through analysis of the mapping Update service specifications accordingly	End March 2024	End of Life Board [Removed for publication]
Loss of signposting opportunity	Expand the bereavement signposting information available via the Leeds Directory https://www.leedsdirectory.org/	Inclusion of bereavement items on the Directory	End June 2024	Leeds Directory Team, LCC
Lack of awareness of bereavement training available.	Map the available bereavement training and resources in the city.	Delivery of a mapping of bereavement training	End June 2024	[Removed for publication]

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)
		available to health and care staff in Leeds		WY PEol Steering Group to obtain a view across WY

I. Monitoring & 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. End of Life population board	Oversight	Bi-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. End of Life population board	Oversight	Bi-monthly

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?	End of Life population board	Oversight	31.03.2025

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.

The most significant risks are to:
- Patient outcomes, long-term mental and physical health, wider social impacts, e.g. inability to work.
- Patient experience and access to bereavement support services.
- System networks and relationships.
- Cruse staff and volunteers.
- Identifying and campaigning for bereavement services for under-represented and vulnerable groups.
- The profile and expertise of bereavement support in the city.
- Crisis intervention services, and demand on health and care services.

These must be considered within the cumulative effect of an overall reduction in bereavement services for the city and how this will affect Leeds. Leeds Bereavement Forum closed on 31 March 2024.

K: For Team use only

1. Reference	IA/03
2. Form completed by (names and roles)	[Removed for publication]
3. Quality Review completed by:	Name: Quality Improvement and Patient Safety Manager, Senior Equality, Diversity and Inclusion Manager, Involvement team Date: 23.04.2024
4. Equality review completed by:	Name: Quality Improvement and Patient Safety Manager, Senior Equality, Diversity and Inclusion Manager, Involvement team Date: 23.04.2024
5. Date form / scheme agreed for governance	
6. Proposed review date (6 months post implementation date)	
7. Notes	

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	[Removed for publication]		
Proposed 6-month review date (post implementation)	To be agreed with Pathway Integration / Programme or scheme lead	**Yes**	September 2025

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	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. Leading to consistently improvement standards of experience and an enhancement of public confidence, significant improvements to performance and an improved and sustainable workforce.
	4	Major	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.
	3	Moderate	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.
	2	Minor	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.
	1	Negligible	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.
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	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. Potential to result in minimal injury requiring no / minimal intervention or treatment, peripheral element of treatment, suboptimal and / or informal complaint / inquiry.
	-2	Minor	Minor negative impact on access, experience and / our 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. Potential to result in minor injury or illness, requiring minor intervention and overall treatment suboptimal.
	-3	Moderate	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. Potential to result in moderate injury requiring professional intervention.
	-4	Major	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. Potential to lead to major injury, leading to long-term incapacity / disability.
	-5	Catastrophic	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. Potential to result in incident leading to death, multiple permanent injuries or irreversible health effectis, 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.

Appendix B: Guidance notes on completing the impacts section G

Domain	Consider
1. Patient Safety	• 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	• 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. [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
3. Clinical Effectiveness	• 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.
4. Equality	In order to answer section C and G4 the groups that need consideration are (use the links for more information): • **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

	Other groups would include, but not be limited to, people who are: • 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	• 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	• Staffing levels. • Morale. • Workload. • Sustainability of service due to workforce changes (Attach key documents where appropriate).
10. Health Inequalities	• 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	See: https://www.bma.org.uk/media/3464/bma-climate-change-and-sustainability-paper-october-2020.pdf 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. Also consider; technology, pharmaceuticals, transport, supply/purchasing, waste, building / sites, and impact of carbon emissions. Visit Greener NHS for more info: https://www.england.nhs.uk/greenernhs/
12. Other	• Publicity / reputation. • Percentage over / under performance against existing budget. • Finance including claims.