

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]	Senior Programme Lead, Pathway and System Integration Team	Drafted: 23/01/2024 Updated: 04/07/2024	[Removed for publication]
Programme Lead sign off	[Removed for publication] [Removed for publication]	Director of Pathway and System Integration Programme Director	26/01/2024 05/07/2024	[Removed for publication] [Removed for publication]

A. Scheme Name	O016 - Community social, emotional and mental health support for children and young people
Type of change	Commissioning of new Social, Emotional and Mental Health (SEMH) service for Children and Young People in Leeds
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).

A new community social, emotional and mental health support service for children and young people in Leeds was commissioned against a new service specification. The impact of the change is being assessed against the revised service specification and will be reviewed in line with mobilisation and contracting monitoring processes and timeframes once the new service provider is in place.

A new contract began to begin 1st July 2024 commissioned at a value of £586,000 per year. The Leeds City council contribution is £75,000 so the cost to the ICB is £511,000. This is a reduction of £12,266 from the previous ICB spend of £522,266. When the tender was advertised in July 2023 a decision was taken to reduce the ICB spend by 2% as that was the anticipated reduction to ICB contracts at that time.

Following a robust procurement process, the contract for the new service was awarded to The Children’s Society in February 2024 and a service mobilisation has taken place between February and 1st July, following which the new service has commenced delivery.

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>The new service commissioned will provide early emotional and mental health support to children and young people in Leeds, specifically children and young people who require alternative routes to support outside of school or NHS services.</p> <p>The contract for the new service was awarded to The Children’s Society in February 2024 and the ICB and Local Authority have been working closely with the successful provider on the service mobilisation, with a soft launch planned to take place from the 1st July 2024.</p> <p>As a result of the commissioning of this new service, two other ICB held contracts for delivery of support to young people discontinued at the end of June 2024 with the Market Place and the Leeds Mind THRU contract, The Market Place contract provided counselling (including medium and long-term counselling support) and youth work for young people. The Leeds Mind THRU contract delivered mental health peer support for 14 - 25 year olds.</p>	<p>Yes</p>

Questions (please describe the impact in each section)	Yes / No
<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>The new service will be targeted towards children who are less likely to access support through schools or through their GP, and has been designed to be community-based and aim to enable more children and young people to access early help quickly. Delivery of this objective will be monitored through contract monitoring and evaluation.</p> <p>An Equality Impact Assessment (EIA) was completed and refreshed on the 25/01/2024. Please see below for a copy of this.</p> <p>[*O016 SM Community Social Emotional Mental Health* was reviewed by the panel, the link to this document has been removed for publication]</p> <p>As a result of the commissioning of this new service, two other existing ICB held contracts for delivery of support were discontinued at the end of June, these were the contracts held by the Market Place and the Leeds Mind THRU (peer support) contract. Contract exit planning has been undertaken with both the Market Place and Leeds Mind since the new contract was awarded to the Children’s Society to agree plans for transition to new commissioned arrangements and risk management.</p> <p>Engagement with the Market Place regarding transfer of care and risk management identified that they planned to discharge the majority of young people they were working with as part of support exit planning, but had identified a small number of young people that could benefit from additional support from the new Children’s Society service model. They also advised that they had worked with partners, including CAMHS to help manage plans for transition from the service and risks.</p> <p>Leeds Mind have stated they intend to aim to continue to deliver some elements of peer support that were delivered through the THRU Peer Support contract from the 1st July and did not identify any risks identified in relation to their contract exit planning.</p> <p>As a result of these changes The Market Place will not be able to continue to deliver the same support offer to children and young people as they have been previously contracted to by the ICB from the 1st July and plan to close from that date. However, they have stated that they are planning to try and continue delivering a counselling support offer to young people that would need to be delivered at a smaller scale, following a period of planning in the summer, with plans to re-launch a new support offer in the Autumn.</p>	<p>Yes</p>

Questions (please describe the impact in each section)	Yes / No
<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>As a result of the commissioning of this new service, two other existing ICB held contracts for delivery of support discontinued at the end of June, these were the contracts held by the Marketplace and the Leeds Mind THRU (peer support).</p> <p>The Children's Society have been working with incumbent service providers on staff TUPE arrangements, to identify which staff from their organisations may transfer across to the new service. The outcomes of the TUPE negotiations are yet to be confirmed.</p>	Yes
<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>Yes, feedback received from stakeholders and young people has informed the development of the new service model that has been commissioned and the specification for this.</p> <p>Further details are available from the SEMH Commissioning Decision report notably section two. Consultation. This report was shared with the Children and Young People's Population Board in February 2023. Please see embedded document below.</p> <p>[*CYP Board – SEMH Commissioning Decision* was reviewed by the panel, the link to this document has been removed for publication]</p>	Yes

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? Thorough engagement was undertaken to develop the new SEMH service model and service specification. Further details are available from the SEMH Commissioning Decision report (see above in Section C) notably section two. Consultation. This report was shared with the Children and Young People’s Population Board in February 2023.</p>	Yes
<p>Formal consultation activity required? No formal consultation required due to the level of changes planned.</p>	No
<p>Full Equality Impact Assessment (EIA) required? An Equality Impact Assessment was undertaken to inform the service specification development process. This will be updated again following the outcome of the tender process and the service proposals of the awarded provider. [Removed for publication]</p>	Yes
<p>Communication activity required (patients or staff)? A communications plan is in place and being delivered during the mobilisation period of the new SEMH contract.</p>	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
<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)	<p>The service specification was developed with reference to local and national policies and strategies, and relevant practice guidelines. See Service Specification for more detail as per below.</p> <p>[*Service_Specification_Community_Based* was reviewed by the panel, the link to this document has been removed for publication]</p>
Service delivery data such as who receives services	<p>Current service delivery data is provided within the Equality Impact Assessment completed for this change (see accompanying document above).</p> <p>Performance monitoring meetings will continuously review access and impact data for the new SEMH service model.</p>
Consultation / engagement	<p>Consultation with local stakeholders, current service users and wider cohorts of young people informed the development of the new service specification. This consultation resulted in the production of a number of key factors to be considered in the new model, as well as the recommendation to recommission for a range of support to meet different needs of young people who need individualised emotional support as early as possible outside of the education setting and without the need for school or health professional referral.</p> <p>See Equality Impact Assessment (in section C two, and SEMH Commissioning Decision report (in section C four) for further information.</p>
Experience of care intelligence, knowledge, and insight (complaints, compliments, PALS, National and Local	<p>An Equality Impact Assessment has been undertaken to inform the tender process and service specification, also see SEMH Commissioning Decision report for further information, as per the above.</p>

Evidence Source	Details
Surveys, Friends and Family Test, consultation outcomes)	
Other	Ongoing performance monitoring meetings will continuously review access and impact data for the new service model that will be delivered by The Children's Society.

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	The new service should have a positive impact on patient safety, with defined goals, clear evidence-based interventions and a more targeted approach to risk, particularly for those young people at greatest risk of harm and those least likely to currently access services. It is intended to provide a more flexible approach to those not currently accessing services.	4 Unlikely / Minor	The new service specification is not prescriptive in the interventions to be offered however, the service must 'provide support for children and young people age up to 17 years old (up to 25 years old for care leavers and young people with special educational needs and disabilities ¹) for a suitable period of intervention appropriate to their

¹ As defined in the Special educational needs and disability code of practice: 0 to 25 years, pages 15 and 16

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

<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>It is not anticipated that there will be many if any service users directly transferring to The Children’s Society new service from The Market Place, as The Market Place have been working towards planned exit for their existing young people they have been working with. There are also no young people expected to transfer from Leeds Mind THRU to the Children’s Society for support based on contract exit planning discussions.</p> <p>There may be some delays in access to service provision for some children and young people as the new service is being mobilised. Due to delays with the contract award to the Children’s Society there will be a phased service mobilisation, with some provision starting from the 1st July and then further provision being established over the following months until September 24.</p> <p>Information shared by both The Market place and Leeds Mind has indicated that they have been safely managing working</p>		<p>needs and mutually agreed therapeutic aims. This should be in line with recommendations within NICE guidance’.</p> <p>Delivery of the new specified requirements in the service specification will be monitored through regular contract monitoring and evaluated.</p> <p>Any impacts on access to support will be monitored through SEMH service monitoring, as well as wider system intelligence on access to support for children and young people.</p>

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	towards transition to new support and discharge for young people as part of contract exit planning.		
2. Experience of care	<p>There may be some impact in delays in access to service provision due to the delays in commencing the new service mobilisation period, which in turn may affect service user experience.</p> <p>Service provision is expected to improve the experience of young people who are less likely to access school or healthcare referral routes by paying specific attention to their needs. There should be no adverse impact on children and young people, but the focus on continuous Quality Improvement and feedback and a closer monitoring of the experience of these groups should ensure they have a better experience of care.</p>	4 Unlikely / Minor	<p>A detailed mobilisation plan was included as part of the Children's Society tender bid and is being delivered during the mobilisation period.</p> <p>Access to the service, including any identified delays, will be closely monitored during the first six months of the new SEMH contract.</p> <p>The revised service specification looks to work with cohorts of young people who are less likely to access support through school or healthcare referral routes, so should improve care for our most vulnerable including:</p> <ul style="list-style-type: none"> • Children and young people from Black, Asian and other

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			Ethnically Minoritised Communities <ul style="list-style-type: none"> • Children and young people excluded from school • Children and young people living in poverty • Children and young people who have experienced living in a household with domestic abuse • Children and young people who have been subject to child protection or child in need • Young carers • Children and young people in the justice system • Children looked after / care leavers • Children and young people who are new to the country and asylum seekers • Children and young people with special educational needs and disabilities

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"> • LGBTQ+ young people • Children and young people educated other than at school • Young People who are Not in Education, Employment or Training (NEET) <p>There is a significant level of intersectionality between these cohorts of children and young people, which should be reflected in the support offered to individual children and young people.</p>
3. Clinical Effectiveness	No impact identified. Services are not clinical services delivered by registered practitioners. However, the model should use NICE recommended interventions, so should be at least as effective as any pre-existing services.	0 Not Applicable / Neutral	Review outcomes for individuals accessing the new SEMH service through contract monitoring.
4. Equality	A new model is being commissioned to support groups of young people who currently experience more negative outcomes in relation to mental health. We	2 Minor / Rare	Because of the potential changes in location of services and the focus of the service on more vulnerable groups there will need

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	therefore expect this to have a positive impact on reducing health inequalities for these cohorts (as detailed in full by the equality impact assessment)		to be strong communications to referrers and to those existing clients to safely manage any transition of service models. For example, a focus on the service user groups such as children and young people who are LGBTQ+ could potentially be seen to adversely impact or exclude those children and young people who are not. There will need to be a careful balance in a transition period. Equity of access across demographics and vulnerable groups to be monitored during phased service mobilisation and routinely through contract monitoring, to identify any actions required.

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?
5. Safeguarding	No impact identified.	0 Not Applicable / Neutral	Safeguarding requirements in the tender are in line with current practice
6. Workforce	<p>Workforce plans for the new SEMH service have been implemented, but delays in the service mobilisation have impacted on delivery of TUPE key tasks to deadlines. This has meant that The Children's Society have needed to utilise staff from their internal mobilisation team as the phased launch of the service commences.</p> <p>The new service model based on the new service specification is believed to have some implications for the new SEMH workforce structure that will be required and required skills and training. While this may be positive for service users, it may have an impact on existing staff. We have been made aware by The Market Place and The Children's Society that professional counselling registration would not be supported on an ongoing basis for staff</p>	-6 Possible / Minor	<p>TUPE implications to be considered as part of commissioning process and as part of detailed mobilisation plan. Provider will need to provide appropriate OD and HR support to enable smooth transition and embedding of new approaches within any updated service model to respond to the specification.</p> <p>This work is progressing. Outcomes of provider TUPE negotiations not yet confirmed (as of 4th July 2024) but are progressing on track to timescales. The Children's Society have adapted their mobilisation plans to take into account this, and will be using their mobilisation</p>

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	transferring through TUPE from The Market Place to the Children's Society.		team to ensure service delivery is able to commence from the 1 st July.
7. Health inequalities	A new model is being commissioned to support groups of young people who currently experience more negative outcomes in relation to mental health. The embedding of this model as specified should have a positive outcome on health inequalities	4 Unlikely / Minor	The service specification is specifically aimed at improving the targeting of services to people with specific vulnerabilities. The success of this will need to be carefully monitored through mobilisation and service user demographics and feedback.
8. Sustainability	No impact identified specifically, but if services are located closer to service users, may help to reduce travel distance. Likely to be minimal given children and young people are likely to use public transport/other non-car modes for travel	0 Not Applicable / Neutral	

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9. Other	No impact identified in relation to the specification itself.	0 Not Applicable / Neutral	

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)
Identify improved service for those currently not receiving the current service provision	Audits after service commencement from the 1 st July	Review performance data including breakdown of demographics	Ongoing from 1 st July 2024 - review after 6 months.	ICB Pathway Integration and Contracts team
Risks of impact on management of risk and experience of care during transition to new commissioned arrangements	Continued engagement with outgoing providers until July 2024- in particular the Market Place, as they have a much higher caseload and have described holding higher levels of risk. To monitor children and young people's experiences of accessing the new SEMH service following 1 st July 2024	Outcome of further discussions with The Market Place and Leeds Mind Regular review of The Children's Society monitoring and wider engagement with children and young people in Leeds.	By end of July 2024 Ongoing with regular review through until end of March 2025	ICB Pathway Integration and contracts teams
Risks of impacts on existing workforce (again particularly the Market place due to much higher numbers of staff), which may impact on progress with mobilisation from 1 st July	Continue to liaise with the Children's society on progress with workforce mobilisation and TUPE	Through regular fortnightly mobilisation meetings	Until December 2024	ICB Pathway Integration and contracts teams

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. Children's Population Board	Oversight and assurance of children's mental health programme of work	Quarterly
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. Children's Population Board	Oversight and assurance of children's mental health programme of work	Quarterly

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?	Children's Population Board	Oversight and assurance of children's mental health programme of work	Quarterly

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 new service commissioned will provide early emotional and mental health support to children and young people in Leeds, specifically children and young people who require alternative routes to support outside of school or NHS services.

As a result of the commissioning of this new service, two other existing ICB held contracts for delivery of support will discontinue at the end of June 2024, which are the contract held by the Marketplace and the Leeds Mind THRU (peer support) contract.

The contract for the new service was awarded to The Children's Society in February 2024 and the ICB and Local Authority have been working closely with the successful provider on the service mobilisation, with a soft launch planned to take place from the 1st July 2024.

It is identified that the new service model will deliver positive benefits in patient safety, experience of care, equality and health inequalities. Some potential risks of low-medium level impacts have been identified in relation to patient safety, patient experience and workforce that are currently being reviewed and managed through service mobilisation planning with The Children's Society, as the new SEMH service provider.

Risks and mitigations against these are being regularly reviewed by the SEMH mobilisation project group and the Children and Young People's population Board will have oversight of the mobilisation progress during the phased mobilisation from 1st July until the end of this year.

K: For Team use only

1. Reference	XX /
2. Form completed by (names and roles)	[Removed for publication]
3. Quality and equality team review completed by:	Name: [Removed for publication] Role: Senior Equality, Diversity and Inclusion Manager Date: 23/01/2024 Name: [Removed for publication]

	Role: Quality Improvement and Patient Safety Manager Date: 23/01/2024 Role: Involvement Team Date: 08/04/2024
4. Date form / scheme agreed for governance	Reviewed at Panel Assurance meetings: 06/06/2024 and 11/07/2024
5. Proposed review date (6 months post implementation date)	
6. 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			
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?

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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 / 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.</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.