

Quality and Equality Impact Assessment (QEIA)

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

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

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

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

A. Scheme Name	O057 - Disinvestment into Relate relationship counselling
Type of change	Stop
ICB	Leeds

B: Summary of change

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

Decision to not extend non-recurrent grant agreement for Leeds and Bradford relate to deliver relationship counselling for the Leeds population. Grant agreement was grant-funded at £68,000 over an 18 - month period through non-recurrent monies from November 2021. Decision has been made on the basis that there are insufficient uncommitted funds in next year's adult mental health budget to extend the grant agreement, and insufficient justification to disinvest in other provision to renew the agreement.

The standard NHS funded therapy for couples nationally is provided where relationships are adversely impacted by depression/ anxiety through NHS Talking Therapies. In Leeds access to couples therapy for depression is now mobilised and available through Leeds Mental Wellbeing Service as the core offer for couples. This is the comparable core offer with other national and regional peer ICBs. This evidence based psychological intervention aims to reduce damaging interactions between partners, build emotional openness and closeness, improve communication and behaviour, change unhelpful thoughts and perceptions, and help individuals with the everyday stresses that arise within their relationship to support recovery.

At the time the grant funding for Relate to provide access to relationship counselling was put in place, we did not have a fully robust couples therapy for depression offer available in Leeds although training places had been accessed to equip therapists to deliver this specific therapy modality. We had also intended in Leeds to provide access to a broader more generic couples counselling offer, particularly there are known inequalities in access and outcomes for racialised communities through NHS talking therapies.

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>Disinvestment will reduce access to more generic forms of relationship counselling available through Relate Bradford & Leeds in Leeds. This will result in the loss of the member of staff delivering support in Leeds and mean that Relate Bradford & Leeds will no longer be able to provide subsidised (reduced cost) sessions for people on low incomes and will need to increase the rate at which they ask clients to contribute funds towards this intervention. Access to couples therapy for depression, as the core funded NHS Talking therapies evidence-based intervention for couples, through Leeds Mental Wellbeing Service remains available and free of charge within core commissioned provision.</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>This disinvestment will result in a reduction in access to more generic relationship counselling as stated above and will mean that there will no longer be access to subsidised sessions offered through Relate for people on low incomes. Relate Bradford & Leeds have identified they will need to increase the rate at which they ask clients to contribute funds towards their therapy.</p> <p>Relate Bradford & Leeds have routinely met targets for fully funded slots and identified that demand for these has been greater.</p> <p>The standard NHS funded therapy for couples nationally is provided where relationships are adversely impacted by depression/ anxiety through NHS Talking Therapies. A report published by The Race and Health Observatory in 2023 summarised that an independent review of services provided by NHS Talking Therapies had identified that psychotherapy services need better tailoring to meet the needs of Black and ethnically diverse groups. The review undertook an analysis of 10 years of anonymised service data from NHS talking therapies, which identified that people from Black and ethnically diverse backgrounds have experienced poorer access to, and outcomes from, NHS talking therapies. It follows then that there are potential equality impacts from this disinvestment. Stigma, an understanding of racial literacy within services in terms of the way people from different communities communicate their mental health needs, and adapted approaches to provide culturally competent therapy describe some of the known issues that drive this inequality. There is an opportunity to identify approaches to improve access and adapt therapy approaches to mitigate this specifically through Leeds Mental Wellbeing Service’s health action plan.</p>	Yes
<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>Yes, this has resulted in the loss of a member of staff delivering support in Leeds.</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>	No

Questions (please describe the impact in each section)	Yes / No
The decision has been made due to a non-recurrent grants funding scheme ending, and in the financial context, no other funding stream available. The core offer of couples therapy for depression through NHS talking therapies is available, which is consistent when benchmarked with peers regionally.	

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? Engagement activity will be led by Leeds and Bradford Relate - they have advised that they plan to inform clients of the changes via a formal statement – to include partners / referrers / statement on website / social media / relevant channels - this is confirmed as completed.</p>	No
<p>Formal consultation activity required? It is not felt that formal consultation is required regarding this decision due to the scale of the impact and the numbers of people who are affected.</p>	No
<p>Full Equality Impact Assessment (EIA) required? All required mitigation in relation to any identified disproportionate negative impact in respect of equality and health inequalities is documented within the QEIA and therefore a full EIA is not required. The service provider has also contributed to the content of this QEIA in relation to risk / impact.</p>	No
<p>Communication activity required (patients or staff)? It is expected that any communication activity required will be undertaken by Leeds and Bradford Relate. Relate Bradford & Leeds have advised that they plan to inform clients of the changes via a formal statement – to include partners / referrers / statement on website / social media / relevant channels. This will include options for signposting to alternative support.</p>	No

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
<p>Research and guidance (local, regional, national)</p>	<p>The business case for the relationship counselling pilot developed by Relate referenced findings from local Leeds suicide audit, which identified a prevalent risk factor in the 2014 - 16 audit as relationship problem. Relationship satisfaction and relationship conflicts are known to contribute to risk factors for suicide, higher levels of hopelessness, and depression.</p> <p>National Institute for Health and Care Excellence (NICE) Guidance for Depression- Couples Therapy for depression identified as the evidence-based clinical intervention for couples within guidance that evidences positive outcomes and recovery from depression and associated psychological impacts such as hopelessness that drive risk factors</p>

Evidence Source	Details
Service delivery data such as who receives services	Service delivery data provided has indicated good levels of uptake and demand, and evidence of being able to target those from low socioeconomic backgrounds and ethnically diverse communities.
Consultation / engagement	Engagement with stakeholders undertaken as part of the pilot scoping regarding need – including with Relate Bradford and Leeds.
Experience of care intelligence, knowledge, and insight (complaints, compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)	Service user experience data indicates that people have found the service beneficial and has helped improve the quality of their relationship.
Other	No other evidence available

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

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

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

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

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	Quality elements and description of impact Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	Impact: Positive / Negative / Neutral and score (Assess each impact using the Impact Matrix; colour cell RAG)	What action will you take to mitigate any negative impact? How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
1. Patient Safety	Due to the nature of the service, no impacts in relation to patient safety have been identified.	0 - Neutral	No mitigating actions required
2. Experience of care	The reduction in service will result in a reduction in funded access to a more generic couples counselling offer to people in Leeds, that was accessed through Relate. The standard NHS Talking Therapies structured couples therapy for depression is available through Leeds Mental Wellbeing service, acknowledging the context of known inequalities of access and outcomes for people from racialised communities.	-6 - Moderate	Communications regarding alternative options for support are shared, including offer available through Leeds Mental Wellbeing Service. Couples Therapy for Depression is mobilised and available through Leeds Mental Wellbeing Service

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?
3. Clinical Effectiveness	Due to the nature of the service, it is not anticipated that this will have an impact on clinical effectiveness	0 - Neutral	No mitigating actions required
4. Equality	<p>Due to provision for funding subsidised counselling for people with low incomes, this change is thought to be likely to disproportionately affect people from lower socioeconomic backgrounds – as people from higher socioeconomic backgrounds and incomes will continue to be able to self-fund for counselling.</p> <p>Evidence indicates from Relate that there have been high levels of need for their subsidised counselling places, which are allocated based on income threshold.</p> <p>Data provided by the provider indicates evidence of diversity across ethnic groups in accessing therapy.</p> <p>2023 / 24 reporting:</p>	-6 - Moderate	<ul style="list-style-type: none"> • Work with provider organisations to ensure communications regarding alternative options for support are shared, including offer available through Leeds Mental Wellbeing Service. • Confirm whether delivery of Couples Therapy for Depression now is mobilised and available through Leeds Mental Wellbeing Service, and which may mitigate against impacts- has not been available previously.

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?
	<p>Q2 Fully funded BAME: 32%</p> <p>Ethnicity (Total) Asian/Asian British - Bangladeshi - 2 Black/Black British - African - 7 Black/Black British - Caribbean - 1 Mixed - White/Asian - 7 Mixed - White/Black Caribbean - 1 Other - 7 White - British - 108 White - Other - 25 (blank) - 0</p> <p>Grand Total - 158</p> <p>Q2 Self-funded BAME: 23%</p> <p>Ethnicity (Total) Asian/Asian British - Indian - 10 Asian/Asian British - Pakistani - 4 Chinese - 1 Mixed - White/Asian - 2 Other - 6 White - British - 106 White - Other - 4 White British/English/Northern - 4</p>		<ul style="list-style-type: none"> Leeds Mental Wellbeing Service have identified within their health equity plan progressing further work through their service coproduction network with Touchstone to improve access for ethnically diverse communities in the context of the known 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 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?
	<p>(blank) - 0</p> <p>Grand Total - 137</p> <p>How many people have been seen in Leeds:</p> <p>2021 - 2022 = 118 (5 months - Nov to Mar)</p> <p>2022 - 2023 = 249</p> <p>2023 - 2024 = 285 (10 months - Apr to Jan)</p> <p>How many of those people have received face to face sessions:</p> <p>2021 - 2022 = 74 (5 months - Nov to Mar)</p> <p>2022 - 2023 = 138</p> <p>2023 - 2024 = 119 (10 months - Apr to Jan)</p> <p>How many of those people have contributed:</p>		

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?
	2021 - 2022 = 44 (5 months - Nov to Mar) 2022 - 2023 = 111 2023 - 2024 = 166 (10 months - Apr to Jan)		
5. Safeguarding	Due to the nature of the service, it is not anticipated that this will have an impact on patient safety.	0 - Neutral	No mitigating actions required
6. Workforce	Disinvestment has resulted in the redundancy of member of Relate staff delivering support in Leeds.	0 - Neutral	No mitigating action identified.
7. Health inequalities	Due to provision for funding subsidised counselling for people with low incomes, this change potentially to be likely to disproportionately affect people from lower socioeconomic backgrounds. This change does remove funded access to non-structured generic couples counselling approaches. The standard NHS funded therapy for couples nationally is provided where	-6 - Moderate	Work with provider to ensure communications regarding alternative options for support are shared, including offer available through Leeds Mental Wellbeing Service. Also to confirm whether delivery of Couples Therapy for Depression now is mobilised and available

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?
	<p>relationships are adversely impacted by depression/ anxiety through NHS Talking Therapies. In Leeds access to structured <i>couples therapy for depression</i> is mobilised and available through Leeds Mental Wellbeing Service as the evidence - based offer for couples.</p> <p>There are known inequalities in access to and outcomes from NHS Talking Therapies within our ethnically diverse communities - this is being mitigated through a health equity plan developed in partnership with communities through Leeds Mental Wellbeing Service coproduction network.</p> <p>Please see Equality Section Above</p>		<p>through Leeds Mental Wellbeing Service, and which may mitigate against impacts- has not been available previously.</p>
8. Sustainability	Level of impact currently unknown pending further feedback from provider regarding anticipated impacts of disinvestment	0 - Neutral	

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?
9. Other			

H. Action Plan

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

Identified impact	What action will you take to mitigate the impact?	How will you measure impact / monitor progress? (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	Timescale (When will mitigating action be completed?)	Lead (Person responsible for implementing mitigating action)
	Continue to work with the provider to maintain and			[Pathway Integration and Contracting Teams]

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)
	improve an understanding of the impact			
	Work with provider organisations to ensure communications regarding alternative options for support are shared, including offer available through Leeds Mental Wellbeing Service.			[Pathway Integration and Contracting Teams]
	Leeds Mental Wellbeing Service have identified within their health equity plan progressing further work through their service coproduction network with Touchstone to improve access for ethnically diverse communities in the context of the known health inequalities.			[Pathway Integration and Contracting 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. This will be reviewed through ICB Mental Health Contracts review group	To review any impacts identified that will be resulting from the change.	Monthly
b. the quality indicators during the period of service delivery. State the frequency of monitoring (e.g. Recovery Group Monthly, QSC Quarterly, J. Bloggs, Project Manager Unplanned Care Monthly)	b.		

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

J. Summary of the QEIA

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

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

This QEIA has identified that due to provision funding subsidised counselling for people with low incomes, this change is thought to be likely to disproportionately affect people from lower socioeconomic backgrounds – as people from higher socioeconomic backgrounds and incomes will continue to be able to self-fund for counselling. An action will be taken to understand better the scale of this impact with the provider, and any appropriate actions that need to be taken in light of this. This will include feeding in intelligence to needs analysis regarding access to psychological therapies during 2024 / 2025.

K: For Team use only

1. Reference	XX /
2. Form completed by (names and roles)	
3. Quality and equality review completed by:	Name: [Removed for publication] Date: Second Review 13/06/2024 Name: [Removed for publication] Date: Second Review 13/06/2024
4. Date form / scheme agreed for governance	Reviewed at Panel Assurance meetings: 16/05/2024 & 11/07/2024
5. Proposed review date (6 months post implementation date)	
6. Notes	Involvement team reviewed 10/04/2024

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

Level of risk to the ICB
Low
Medium
High

M: Approval to proceed

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

N: Review

To be completed following implementation only.

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

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

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

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

6. Overall conclusion

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

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

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

Appendix A: Impact Matrix

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

Likelihood

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

Scoring matrix

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

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

Category
Opportunity
Low – moderate risk
High risk

Opportunity and consequence

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

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

Appendix B: Guidance notes on completing the impacts section G

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

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

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