

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] [Removed for publication]	Senior Programme Lead/Project Manager	24/05/24	[Removed for publication] [Removed for publication]
Programme Lead sign off	[Removed for publication]	Assistant Director- Pathway and System integration team		[Removed for publication]

A. Scheme Name	O115 – Mindmate development, social media, marketing and content contracts
Type of change	Partial 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).

The change involves a £30k reduction in relation to current spend across three existing contracts.

This includes a reduction in contract value for two existing contracts and ending a third contract.

ThreeTenSeven (MindMate Website developer)

The contract with ThreeTenSeven for provision of the MindMate website (children and young people's mental health support website for Leeds), including development work, will reduce in value.

The reduction of £10,000 from current value of £51,700 will reduce the amount of development work that is undertaken within each year but will maintain the current website offer to children, parents / carers, and professionals. The website will continue to evolve and develop but with reduced input from the contracted organisation. The website will continue to be updated to ensure it reflects up to date and accurate information in relation to service offers.

A new development briefing system will be introduced to ensure the outcomes of the developments required are fully understood before time is allocated from the contracted organisation to undertake developments. This will maximise the resource spend on undertaking the developments most required to deliver the best outcomes.

EWE Agency (MindMate social media and marketing)

The contract with EWE Agency for social media content (MindMate - children and young people's mental health social media accounts) will reduce in value. The reduction of £5,000 from a contract value of £40,000 will reduce the amount of content that is produced for social media whilst still allowing a social media presence to promote the MindMate tools and resources to children and families. It will also allow for continued awareness raising through social media.

Calm Harm App (Leeds)

End of third contract. The current contract is in the form of a Section 256 agreement with Public Health, who have a contract for a Leeds specific version of the Calm Harm app to be available. The cost of this is £15,000 per year and it is accessible from the Mindmate website.

This is an app for teenagers to manage the urge to self-harm. Users of the current app for Leeds will still be able to access the national version of the app but won't have the Leeds specific content and imagery.

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>Yes, this will result in changes to how two contracts are being delivered and the discontinuation of a contract for a Leeds specific version of the Calm Harm app.</p> <p>Users of the Calm Harm app for Leeds will still be able to access the national version of the app but won't have the Leeds specific content and imagery.</p> <p>The changes to the delivery for TenThreeSeven and Ewe Agency are as outlined above in section B and will mean that TenThreeSeven will be unable to support the same amount of development work for the Mindmate website and will reduce the amount of social media content that Ewe Agency will produce for their contract.</p>	<p>Yes</p>
<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>Calm Harm - current users of the Calm Harm App in Leeds would no longer be able to access the Leeds specific content and imagery, but as they will still be able to access the national version of the app it is thought likely this would result in minimal impact. The majority of service users (81%) are female. No data will be lost for current users.</p> <p>The MindMate website has been updated with the following: Existing Calm Harm app users will notice a change to the app from early April as the Leeds version will no longer be available. While the app will no longer display the MindMate characters it remains the same in every other way and you won't lose any data you have entered.</p>	<p>Yes</p>

Questions (please describe the impact in each section)	Yes / No
<p>Ewe Agency – we have sought to clarify with Ewe Agency what the impact in reduction of social media content due to the contract reduction will be but have not been able to access this information yet. This will be pursued further with the organisation.</p> <p>ThreeTenSeven – There will be no impact on the monthly maintenance and security of the site. The future developments to the site will have to be managed within the available budget.</p>	
<p>3. Could the project directly affect staff? For example, would staff need to work differently / could it change working patterns, location etc.? Is it likely to specifically affect staff from protected groups?</p> <p>Ewe and Three Ten Seven are both agencies so allocate staff to work based on requirements. The cuts are not significant enough to impact on staffing.</p>	No
<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>MindMate Ambassadors have previously reviewed content and provided feedback on any suggested changes / improvements that could be made.</p>	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? Engagement activity with TenThreeSeven and Ewe to understand potential impacts of changes on service delivery and children and young people.	Yes
Formal consultation activity required?	No
Full Equality Impact Assessment (EIA) required? The changes relating to how two contracts are being delivered and the discontinuation of a contract for a Leeds specific version of the Calm Harm app will have potential impact on service users. Appropriate mitigation and signposting in relation to disproportionate negative impacts are documented within the QEIA and therefore there is no requirement for a full EIA.	No
Communication activity required (patients or staff)? The MindMate website has been updated regarding the Calm Harm app https://mindmate.org.uk/coping-common-issues/feel-like-hurting-yourself/download-the-calm-harm-app-to-help-you-manage-the-urge-to-self-harm/ No identified comms activity required for changes to TenThreeSeven or Ewe Agency contracts.	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; 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.	No

F. Evidence used in this assessment

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

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

Evidence Source	Details
Research and guidance (local, regional, national)	
Service delivery data such as who receives services	<p>We know that there is consistent use of the MindMate website, averaging around 41,000 users per years over the last 5 years. It is not possible to get accurate analysis of who those people are but can see a significant audience for the information on the website.</p> <p>Looking at the MindMate dashboard for the last Q (Jan 2024 – March 2024) there were 16,000 users.</p> <p>We know that there are professionals that visit / use the site. There were 1268 visits on the I'm a professional page and 2270 visits on the MindMate SPA (I'm a professional Page).</p> <p>Parents / carers visit the site - 1576 people visit the I'm a parent / carer page.</p> <p>The most popular pages are the MindMate SPA, What's in Leeds for me and neurodevelopmental assessment.</p> <p>We are seeing increases in the audience on Instagram but there is limited data on who those users are.</p> <p>It is difficult to undertake accurate analysis on who is accessing online information as data on account owners may not reflect who is using the device, often a teenager's phone is registered to a parent.</p>

Evidence Source	Details
	<p>Calm Harm app usage data: Total Users - 2,124 Most users are Female - 81% Data not available on other protected characteristics</p>
<p>Consultation / engagement</p>	<p>MindMate Website - Ongoing conversations with CYP, parents and professionals have informed content development and changes to the design since day one of the service. This has been a mixture of surveys/ online and face to face consultations / focus groups with 'fresh' CYP in and out of school and work with established youth groups.</p> <p>Engagement has not taken place on the potential of ending the Leeds version of the Calm Harm app.</p>
<p>Experience of care intelligence, knowledge, and insight (complaints, compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)</p>	<p>No particular evidence used in informing this assessment.</p>
<p>Other</p>	

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	No impact identified for TenThreeSeven and Ewe Agency contracts. It is felt that the impact of the discontinuation of the Leeds version of the Calm Harm App is likely to be minimal as app users will still be able to access the national version of the App, and there is also other local support provided for children and young people who either self harm or are at risk of doing so provided by a local organisation called Battle Scars Battle Scars - Home (battle-scars-self-harm.org.uk)	-2 - Minor	Negotiate with service provider to ensure that current users of the Leeds app are supported to move to the national app before the Leeds app closes. No evidence to suggest Leeds based version of the app is benefiting 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 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?
2. Experience of care	No impact identified for TenThreeSeven and Ewe Agency contracts. It is felt that the impact of the discontinuation of the Leeds version of the Calm Harm App is likely to be minimal as app users will still be able to access the national version of the App, and there is also other local support provided for children and young people who either self-harm or are at risk of doing so provided by a local organisation called Battle Scars Battle Scars - Home (battle-scars-self-harm.org.uk)	-2 - Minor	Negotiate with service provider to ensure that current users of the Leeds app are supported to move to the national app before the Leeds app closes. No evidence to suggest Leeds based version of the app is benefiting service users.
3. Clinical Effectiveness	No impact identified. Services are not clinical services	0 - Neutral	
4. Equality	We have very limited demographic data and therefore no impacts have been identified relating to any of the protected characteristics or other communities that experience inequalities. However, data does	0 - Neutral	Promotion/signposting to the national Calm Harm app

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>show that most users of the Leeds specific Calm Harm app are Female - 81%</p> <p>The current MindMate website and social media content offered to children, parents / carers, and professionals will be maintained. The website will continue to evolve and develop but with reduced input from the contracted organisation.</p> <p>Users of the current Leeds specific version of the Calm Harm app will still be signposted to the national version of the app but won't have the Leeds specific content and imagery.</p>		
5. Safeguarding	No impact identified. Services are not related to direct contact for website and social media. Low risk to those accessing Calm Harm app in move to national app.	-1 - Negligible	Negotiate with service provider to ensure that current users of the Leeds app are supported to move to the national app before the Leeds app closes.
6. Workforce	No impact identified, no workforce changes as a result of contract changes	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?
7. Health inequalities	<p>We have very limited demographic data and therefore no impacts have been identified relating to any of the protected characteristics or other communities that experience health inequalities. However, data does show that most users of the Leeds specific Calm Harm app are Female - 81%</p> <p>.</p> <p>The current MindMate website and social media content offered to children, parents / carers, and professionals will be maintained. The website will continue to evolve and develop but with reduced input from the contracted organisation.</p> <p>Users of the current Leeds specific version of the Calm Harm app will be signposted to the national version of the app but won't have the Leeds specific content and imagery.</p>	0 - Neutral	Promotion/signposting to the national Calm Harm app
8. Sustainability	No impact identified	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	Resource for future developments to Mindmate website	0 - Neutral	ThreeTenSeven - any new projects will have to consider changes to the Mindmate website and include the costs within their budgets as TenThreeSeven will not be able to undertake these without additional funding.

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)
Risk that service users of the Leeds Calm Harm app are left without a source of support when the app ends	Negotiate with service provider to ensure that current users of the Leeds app are supported to move to the national app before the Leeds app closes.	Agree timeline with app provider to support service users to transfer. Data reported from provider on the number of users who move across	Negotiate actions as end of contract is agreed with provider – estimated September 2023	[Pathway Integration / 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. ICB Contracts and PSI teams	Oversight through contract monitoring of	As per contract monitoring schedule agreed

Implementation: State who will monitor / review	Name of individual, group or committee	Role	Frequency
		TenThreeSeven and Ewe Agency Contracts Clarify impact on reduction of social media content from Ewe Agency	
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?	ICB Contracts and PSI teams	Review QEIA assessment and any actions required	During 2024 / 25

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 change involves a £30k reduction in relation to current spend across three existing contracts

This includes a reduction in contract value for two existing contracts and ending a third contract.

The contract with Three Ten Seven for provision of the MindMate website (children and young people's mental health support website for Leeds), including development work, will reduce in value.

The reduction of £10,000 from current value of £51,700 will reduce the amount of development work that is undertaken within each year but will maintain the current website offer to children, parents / carers, and professionals. The website will continue to evolve and develop but with reduced input from the contracted organisation. The website will continue to be updated to ensure it reflects up to date and accurate information in relation to service offers.

A new development briefing system will be introduced to ensure the outcomes of the developments required are fully understood before time is allocated from the contracted organisation to undertake developments. This will maximise the resource spend on undertaking the developments most required to deliver the best outcomes.

The contract with EWE Agency for social media content (MindMate - children and young people's mental health social media accounts) will reduce in value. The reduction of £5,000 from a contract value of £40,000 will reduce the amount of content that is produced for social media whilst still allowing a social media presence to promote the MindMate tools and resources to children and families. It will also allow for continued awareness raising through social media.

End of third contract. The current contract is in the form of a Section 256 agreement with Public Health, who then contract for a Leeds specific version of the Calm Harm app to be available.

The cost of this is £15,000 per year.

This is an app for teenagers to manage the urge to self-harm. Users of the current app for Leeds will still be able to access the national version of the app but won't have the Leeds specific content and imagery.

For the Calm Harm App current users in Leeds would no longer be able to access the Leeds specific content and imagery, but as they will still be able to access the national version of the app it is thought likely this would result in minimal impact. There was no evidence to indicate that the Leeds based version of the app was benefiting service users.

As the TenThreeSeven contract will have reduced development resource for the Mindmate website, from now on developments to the website will need to be managed within budget. This will mean that for new specific developments to the website additional funds may need to be sourced by the ICB or providers to undertake this work.

The ICB has of yet been unable to clarify with Ewe Agency the level of reduction in social media content as a result of the reduction in their contract value. This will be pursued further with them, however we do not have evidence of the change being likely to result in any negative impacts.

Impacts of the changes to the TenThreeSeven and Ewe Agency contracts will be reviewed throughout 2024/25 as part of contract monitoring.

K: For Team use only

1. Reference	XX /
2. Form completed by (names and roles)	
3. Quality and equality review completed by:	<p>Name: [Removed for publication] Role: Patient Safety and Quality Improvement Manager Date: 04/10/2023 and 10/06/2024</p> <p>Name: [Removed for publication] Role: Senior Equality, Diversity and Inclusion Manager Date: 13/09/2023, 10/06/2024 and 12/06/2024</p> <p>Name: [Removed for publication] Team: Involvement Team Date: 08/04/2024 and 04/06/2024</p>

4. Date form / scheme agreed for governance	Reviewed at Panel Assurance meetings: 06/06/2024
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?

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.