Quality and Equality Impact Assessment (QEIA)

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

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

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

Assessment Completion	Name	Role	Date	Email
Scheme Lead	[Removed for publication]	Commissioning Programme Lead, Dementia (Leeds City Council job title, in joint role with ICB)	28.02.2024	[Removed for publication]
Programme Lead sign off	[Removed for publication]	Interim Associate Director of Pathway and System Integration, Long Term Conditions, Frailty, End of Life, and Planned Care Populations	04.09.2024	[Removed for publication]

A. Scheme Name	Black and Minority Ethnic (BME) Dementia Support (provided by Touchstone Leeds)
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).

The proposed change

This QEIA is part of a service review for the Touchstone Leeds BME Dementia Service, which is one of a group of ICB third-sector contracts under review. Funding has been guaranteed until six months after a decision in September 2024 on the future of the service. The ICB's 'funding gap' has improved, but the financial position of the NHS WYICB in Leeds is still under review and savings are still needed.

So, no decision has been made; decommissioning is one option which will be under consideration following the service review, so to that extent can be considered a 'proposal'.

Background and description

Touchstone Leeds provides an innovative model of support focussed on the diverse communities of South Asian origins in Leeds; and with a wider 'BME' focus contributing to strategy and service development. It is physically based in the Chapeltown / Harehills area but supports people who live in different parts of Leeds, so is a 'city wide' service.

Please note that the members of the Leeds BME Dementia Forum have decided to continue with the 'BME' terminology, at least for the time being, to reflect shared experiences and common cause between diverse minoritised ethnicities; whilst recognising when experiences and support needs are different.

The service provision comprises:

- Community awareness-raising, to help people recognise the signs and symptoms and know what to do next; to challenge myths and overcome barriers and stigma.

- One-to-one support to enable people and families to access diagnosis and support.

- A fortnightly Memory Café, 'Hamaari Yaadain', and a walking group for carers. The café is run in multiple community languages alongside English.

The service originates within a small subcontract from the Leeds Alzheimer's Society in 2011, to employ a worker two days per week to improve awareness and uptake of its service from people with dementia of South Asian origins. This led to the recognition of unmet needs and funding for a four days per week post from local authority and NHS services (particularly the 2% "transformation" monies). Touchstone used its own reserves for one year. There was a competitive process in 2015-2016, in which Touchstone were successful. Since 1 April 2016 the service has been sustained by a low-value contract (2023 - 2024 value is £ 31,080 per annum). The service won the 'Championing Diversity' category at the Alzheimer's Society annual awards. In October 2023, it won an anti-stigma award from Alzheimer's Europe.

Service activity information:

- In the 12 months to 31 March 2024, there were 40 people and carers newly referred. The weekly Memory Café had an average attendance of 25 people; this includes both people with dementia and carers. The average attendance for the weekly walking group was 14 carers.

Strategic role

The service convenes the Leeds BME Dementia Forum (bi-monthly) and is an active partner in organising events and working with others to improve access (most recently, Young Dementia Leeds). We had 80 people at an event on 31 October 2023 (https://www.tickettailor.com/events/leedscitycouncilcarequalityteam/1034464). The onset of community awareness work, alongside other community organisations, led to a significant increase in dementia diagnoses from 2011 - 2019. The Leeds population with a dementia diagnosis now broadly reflects the ethnic diversity of the over 65 years old population.

ICB strategy and programmes

It has a positive, local impact on all three outcomes defined by the Frailty Programme and the Healthy Leeds Plan.

- Live and age well defined by 'what matters to me'.
  - Creative opportunities through partnerships with e.g. Leeds Playhouse, and Yorkshire Dance.
  - Activities for people with dementia, and family / unpaid carers.
- Be identified, supported and have their needs assessed.
  - Access to diagnosis and other services – e.g. respite care, direct payments.
- Reducing avoidable disruption to people's lives as a result of contact with services
  - The service keeps people well for longer with dementia and ensures people are known and monitored, improving the prospects for timely intervention before a crisis.

Health Inequalities

- The service is located on Harehills Ave, LS8; it reaches a more deprived area of Leeds with a high population of people of Bangladeshi, Indian, and Pakistani origins. However, it has a 'citywide' catchment.
- People of South Asian origins are at higher risk of Type 2 diabetes, vascular disease, and dementia.
- Dementia can cause people to lose skills in a learned second language; so, people may face a language barrier even if they spoke English fluently as a second language.

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

To be completed in conjunction with:

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

Questions (please describe the impact in each section)	Yes / No
1. Could the project change the way a service is currently provided or delivered? • The service is a small-scale operation with one staff member, low management, and overhead costs. It is part of Touchstone, a thriving community partner for the Council and ICB, but without operational synergies within that organisation. It is hard to see how a cut in funding could be absorbed by changing the delivery model. • It could improve the sustainability of the service to partner more closely with Leeds and York Partnership NHS Foundation Trust (LYPFT) / Alzheimer's Society Memory Support Workers to become more robust – but not in a way that would save money / absorb a cut in funding.	**Yes**
2. Could the project directly affect the services received by patients, carers, and families? – Is it likely to specifically affect patients from protected or other groups? See appendix for more details. • Dementia is a disabling condition, and everyone supported by the project is from a minority ethnic group within the Leeds population. Therefore, everyone using the service has at least two protected characteristics; and carers experience the impact by proxy. • Removal of funding would lead to the loss of small-scale, but unique and important services and practical input to strategic partnership work.	**Yes**
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? Staff hours would reduce in proportion to any cut. The staff member employed is female and of Asian / Indian origin.	**Yes**

Questions (please describe the impact in each section)	Yes / No
4. Does the project build on feedback received from patients, carers, and families, including patient experience? What feedback and include links if available. A consultation meeting was held with people and carers who use the service, volunteers and staff. This was a 'consultation' meeting in the sense that the potential specific option of decommissioning was known and shared, so it was more than general feedback on the experience of the service.	

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

Insert comments in each section as required	Yes / No
Involvement activity required? Further activity will depend on the next steps as the service review is considered by decision-makers. Consultation (engagement) is required with people directly affected by the decision; in the sense of 'consultation' used in statutory guidance on decision-making by public bodies. The specific possibility of decommissioning has been consulted on, as described above, with people, carers and staff affected; so these meetings were more than a general feeding back about the experience and value of the service.	**Yes**
Formal consultation activity required? There is not a requirement for a public consultation process, because of the small scale of the service.	**No**
Full Equality Impact Assessment (EIA) required? Completed	**Yes**
Communication activity required (patients or staff)? If the ICB proposes to reduce or cease funding, communications would be required to staff, and to people using the service along with their family members / carers. Sign-posting to alternative provision could be included.	**Yes**

E. Data Protection Impact Assessment (DPIA)

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

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

F. Evidence used in this assessment

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

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

Evidence Source	Details
Research and guidance (local, regional, national)	• NICE Guideline NG97 (2018) - Dementia: assessment, management and support for people living with dementia and their carers: https://www.nice.org.uk/guidance/ng97/chapter/Recommendations • The service fits the recommendations under "1.4 Interventions to promote cognition, independence and wellbeing": ▪ 1.4.1 Offer a range of activities to promote wellbeing that are tailored to the person's preferences.

Evidence Source	Details

	▪ 1.4.2 Offer group cognitive stimulation therapy to people living with mild to moderate dementia.
	▪ 1.4.3 Consider group reminiscence therapy for people living with mild to moderate dementia.
	
	• Leeds Health and Care Plan.
	    o Link to Frailty outcomes described above at B. ICB Strategy and Programmes.
	
	• Living With dementia In Leeds – our strategy 2020-25 (https://www.leeds.gov.uk/Pages/Dementia-strategy.aspx)
	    o Outcome 3: People will be connected to support, not slip through the net. They will be less likely to reach crisis point before asking for help.
	    o 'Building Block' 2 – Timely diagnosis and support.
	    o 'Building Block' 6 – Diversity, Inclusion and Rights
	
	Priority 2 – Demographics, diversity and emerging needs: includes "meet demand by investing in capacity for diagnosis and community support.

Service delivery data such as who receives services	Touchstone provides quarterly monitoring reports. Their Chief Exec, [Removed for publication], summed up 2023 - 2024 data in a letter to [Removed for publication] dated 5 June 2024: In the 12 months to 31 March 2024, the BME dementia service; • Supported 65 existing service users and welcomed 40 new referrals. • Accepted 100% referrals from people of BME heritage including Indian, Pakistani, African, Caribbean and Arab communities. • Supported people of Muslim, Sikh, Hindu, Jewish and Christian faiths. • Had its oldest referral at 101 and youngest at 40. • Averaged 25 Dementia Cafe attendees per week. • Supported 30 Carers each week. • Averaged 14 Carers Walking Group attendees per week.

Evidence Source	Details
	• Engaged over 800 people in community awareness events including BME Carers Focus Groups and Roadshow, Living Well with Dementia workshop, Cognitive Stimulation Therapy, Dying Matters Week, Leeds Playhouse 1001 stories and 'Young People with Dementia' event.
Consultation / engagement	The Touchstone BME Dementia Service is itself a strong enabler of engagement. It leads the BME Dementia Forum, and two major engagement events at Leeds Civic Hall in 2023 and 2024 have each attracted 80 people. As stated above, a consultation / engagement meeting with people and carers took place previously and shows how much the service is valued and makes a difference; and that there is strong opposition to decommissioning.
Experience of care intelligence, knowledge, and insight (complaints, compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)	There is no information from these sources, which are specific to NHS providers.
Other	LYPFT clinical colleagues generally recognise the high importance of community organisations and day activities. The LYPFT Memory Assessment Service pathway has a very limited post-diagnostic offer of one visit from a Memory Nurse, and (when prescribed) stabilisation / titration on Alzheimer's medication. They rely on community groups to support people after diagnosis, and a reduction in community capacity risks increased demand on NHS provision. The chart below [redacted for publication] shows how much dementia diagnosis has improved amongst diverse minoritised ethnic populations in Leeds, corresponding to the start of this service and the partnership working with other community groups, NHS, and local authority. The 'dip' after March 2020 corresponds to the onset of the pandemic and was a national phenomenon for people of all ethnicities. The recovery post-2020 has kept pace with the 'White UK' population, and dementia diagnosis in Leeds reflects the diversity of the population age 65+.

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

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

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

For negative impacts, list the action that will be taken in mitigation. See guidance notes in the appendix.

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	Quality elements and description of impact Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	Impact: Positive / Negative / Neutral & score (Assess each impact using the Impact Matrix; colour cell RAG)	What action will you take to mitigate any negative impact? How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
1. **Patient Safety**	In general terms, the service does keep people safe and well at home. People with dementia are more at risk from adverse health events and hospital admissions. However, there is no direct impact on NHS service safety or risk.	-5	If ICB funding is withdrawn, the service would have to raise alternative funding to continue. Independent funders do not usually wish to replace statutory funding. Touchstone may choose to fund from its reserves, as it did in 2015 - 2016. It is a relatively large third-sector organisation with approximately £2 million reserves, but this is less than three months of revenue expenditure, so would constitute a risk for Touchstone

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			Trustees and a reputational risk for the ICB. We would signpost people to the Neighbourhood Network Services (NNS) where they live. Most NNSs have a monthly memory cafe, although not weekly like this one; and the engagement / consultation to date indicates that the Touchstone Service is greatly valued for meeting cultural and language needs. Mapping to be completed of the full range of dementia interventions available for people with early-stage dementia; and how these are accessed in different communities.

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2. **Experience of care**	Loss of a service that supports people to live well with dementia.	**-15**	Touchstone might be able to sustain e.g. a Memory Café with reduced funding. We would signpost people to the Neighbourhood Network Services (NNS) where they live. Most NNSs have a monthly memory cafe, although not weekly like this one; and the engagement / consultation to date indicates that the Touchstone Service is greatly valued for meeting cultural and language needs. Mapping to be completed of the full range of dementia interventions available for people with early-stage dementia; and how these are accessed in different communities.

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3. Clinical Effectiveness	Loss of a service that enables people to access clinical assessment, diagnosis and treatment. This is linked to the community awareness and strategic role of the service described above under 'Background'; evidenced by the increase in diversity of the diagnosed population in Leeds since 2012 (chart above).	-5	We would rely on unfunded community groups to promote dementia awareness among communities of South Asian origins. Mapping to be completed of the full range of dementia interventions available for people with early-stage dementia; and how these are accessed in different communities.
4. Equality	Everyone using the service has two or more protected characteristics. Service monitoring data indicates that in 2023 - 2024, the service supported people of • Diverse heritage including Indian, Pakistani, African, Caribbean and Arab communities.	-15	Application for alternative funding as above. We would signpost people to the Neighbourhood Network Services (NNS) where they live. Most NNSs have a monthly memory cafe, although not weekly like this one; and the engagement /

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	• Muslim, Sikh, Hindu, Jewish and Christian faiths • The largest group of people using the memory cafe and walking group are of Indian Sikh origins. • Had its oldest referral at 101 and youngest at 40.		consultation to date indicates that the Touchstone Service is greatly valued for meeting cultural and language needs.
5. Safeguarding	Myths and stereotypes about dementia can lead to people being isolated at home, and families not being able to cope. See para 6.3 of 'Dementia does not discriminate: The experiences of black, Asian and minority ethnic communities': https://bit.ly/4dwAE5B People who are isolated are more vulnerable to scams / exploitation. (See e.g. Financial Abuse Evidence Review: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/money-	-5	We would signpost people to the Neighbourhood Network Services (NNS) where they live. Most NNSs have a monthly memory cafe, although not weekly like this one; and the engagement / consultation to date indicates that the Touchstone Service is greatly valued for meeting cultural and language needs.

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	matters/financial_abuse_evidence_review-nov_2015.pdf p7).		
6. Workforce	Loss of four days per week paid employment in the third sector workforce, currently shared by two staff members.	-5	Application for alternative funding, or use of reserves by Touchstone, as above.
7. Health inequalities	As described above – the service supports people at higher risk of dementia. Furthermore, the proportion of the older population from diverse South Asian populations will increase in the coming years and decades.	-15	As above. We would signpost people to the Neighbourhood Network Services (NNS) where they live. Most NNSs have a monthly memory cafe, although not weekly like this one; and the engagement / consultation to date indicates that the Touchstone Service is greatly valued for meeting cultural and language needs.

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8. Sustainability	The loss of this service would be a decrease in the 'proactive care' capacity for this group of people and carers living with dementia. This may lead to more people seeking help and increasing demand for primary care and LYPFT service provision.	-5	As above.
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)
Range of impacts	Encourage the provider to seek alternative funding or use reserves. This is highly unlikely to lead to sustainable recurrent funding.	Success or otherwise re. Sustainable funding.	October 2024 – March 2025	Contracting – suggestion would be included in contract notice letter – [Removed for publication] to ensure completed
Range of impacts	Refer / signposting to local Neighbourhood Network Services (NNSs). Mitigation would be limited because most NNS only offer a weekly Memory Cafe and could not offer the same richness around cultural and language needs.

Mapping to be completed of the full range of dementia interventions available for people with early-stage dementia; and how these are | No. of people accessing / not accessing NNSs. | For discussion and mapping with Neighbourhood Networks | [Removed for publication] |

Identified impact	What action will you take to mitigate the impact?	How will you measure impact / monitor progress? (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	Timescale (When will mitigating action be completed?)	Lead (Person responsible for implementing mitigating action)
	accessed in different communities.			
Health inequalities	Advise people and carers living with dementia to seek support from primary care, LYPFT and local authority social care. Consultation and engagement to date has emphasised the lack of alternatives and mitigation. Mapping to be completed of the full range of dementia interventions available for people with early-stage dementia; and how these are accessed in different communities.	N/A	Spotlight to remain via Frailty Population Board	[Removed for publication]

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

The action plan should be monitored regularly to ensure:

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

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

Implementation: State who will monitor / review	Name of individual, group or committee	Role	Frequency
a. that actions to mitigate negative impacts have been taken.	a. Frailty Population Board	Review Impacts	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.		

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?	Frailty Population Board	Review Impacts	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 comments of people and carers collected show that the service is effective at improving wellbeing, offering support and a break for carers, and creating a sense of belonging and a supportive community. Visiting the service and engaging with the people and carers who use it, the value of a service designed around cultural and language needs is striking. There are no alternative services that could offer that, neither Neighbourhood Networks, nor more costly provisions such as Older People's CMHT, daycare, or home care. So, whilst signposting to alternative services would be attempted to mitigate the impact of decommissioning, it would be in the knowledge that important aspects of the current provision would be missing. In particular, the weekly nature of the service, and the sense of belonging and feeling understood. Dementia poses a risk to a person's sense of identity, and to the ability to communicate when English has been learned as a second language. For this older generation, these are the main reasons why signposting to e.g. a Neighbourhood Network would not be adequate mitigation.

K: For Team use only

1. Reference	XX /
2. Form completed by (names and roles)	[Removed for publication]
3. Quality Review completed by:	Name: [Removed for publication] Date: 23.04.2024 Second Review: 19.06.2024
4. Equality review completed by:	Name: [Removed for publication] Date: 23.04.2024 Second Review: 19.06.2024 Third Review: 11.06.2024
5. Date form / scheme agreed for governance	Review at Panel Assurance meeting: 11.07.2024

6. Proposed review date (6 months post implementation date)	September 2025
7. 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	[Removed for publication]		
Proposed 6-month review date (post implementation)	September 2025		

N: Review

To be completed following implementation only.

1. Review completed by	
2. Date of Review	

3. Scheme start date	

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

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

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

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

7. What are the next steps following the completion of the review?
i.e. Future plans, further involvement / consultation required?

Appendix A: Impact Matrix

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

Likelihood

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

Scoring matrix

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

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

Category
Opportunity
Low – moderate risk
High risk

Opportunity and consequence

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

Impact	Score	Rating	The proposed change is anticipated to lead to the following level of opportunity and / or consequence
Negative	-1	Negligible	Negligible negative impact on access, experience and / or outcomes for people with this protected characteristic. Negligible increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population. Potential to result in minimal injury requiring no / minimal intervention or treatment, peripheral element of treatment, suboptimal and / or informal complaint / inquiry.
	-2	Minor	Minor negative impact on access, experience and / our outcomes for people with this protected characteristic. Minor increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population. Potential to result in minor injury or illness, requiring minor intervention and overall treatment suboptimal.
	-3	Moderate	Moderate negative impact on access ,experience and / or outcomes for people with this protected characteristic. Moderate increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population. Potential to result in moderate injury requiring professional intervention.
	-4	Major	Major negative impact on access, experience and / or outcomes for people with this protected characteristic. Major increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population. Potential to lead to major injury, leading to long-term incapacity / disability.
	-5	Catastrophic	Catastrophic negative impact on access, experience and / or outcomes for people with this protected characteristic. Catastrophic increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.

Impact	Score	Rating	The proposed change is anticipated to lead to the following level of opportunity and / or consequence
			Potential to result in incident leading to death, multiple permanent injuries or irreversible health effectis, an event which impacts on a large number of patients, totally unacceptable level of effectiveness or treatment, gross failure of experience and does not meet required standards.

Appendix B: Guidance notes on completing the impacts section G

Domain	Consider
1. **Patient Safety**	- Safe environment. - Preventable harm. - Reliability of safety systems. - Systems and processes to prevent healthcare acquired infection. - Clinical workforce capability and appropriate training and skills. - Provider's meeting CQC Essential Standards.
2. **Experience of care**	- Respect for person-centred values, preferences, and expressed needs, including cultural issues; the dignity, privacy, and independence of service users; quality-of-life issues; and shared decision making. - Coordination and integration of care across the health and social care system. - Information, communication, and education on clinical status, progress, prognosis, and processes of care to facilitate autonomy, self-care, and health promotion. - Physical comfort including pain management, help with activities of daily living, and clean and comfortable surroundings. - Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families, and their finances. - Co-produce with the population and service users as the default position for project design. - Use what we know from insight and feedback in project design and be explicit in the expected outcomes for experience of care improvements. - Involvement of family and friends, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as caregivers. - Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions. - Access to care e.g., time spent waiting for admission, time between admission and placement in an in-patient setting, waiting time for an appointment or visit in the out-patient, primary care or social care setting. [Adapted from the NHS Patient Experience Framework, DoH 2011] revised in: https://www.england.nhs.uk/wp-content/uploads/2021/04/nhsi-patient-experience-improvement-framework.pdf
3. **Clinical Effectiveness**	Implementation of evidence-based practice (NICE, pathways, royal colleges etc.).

	• Clinical leadership.
	• Care delivered in most clinically and cost-effective setting.
	• Variations in care.
	• The quality of information collected and the systems for monitoring clinical quality.
	• Locally agreed care pathways.
	• Clinical engagement.
	• Elimination of inefficiency and waste.
	• Service innovation.
	• Reliability and responsiveness.
	• Accelerating adoption and diffusion of innovation and care pathway improvement.
	• Preventing people dying prematurely.
	• Enhancing quality of life.
	• Helping people recover from episodes of ill health or following injury.
4. Equality	In order to answer section C and G4 the groups that need consideration are (use the links for more information): • **Age**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/age-discrimination • **Disability**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/disability-discrimination • **Gender reassignment**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/gender-reassignment-discrimination • **Pregnancy and maternity**: https://www.equalityhumanrights.com/en/our-work/managing-pregnancy-and-maternity-workplace • **Race**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/race-discrimination • **Religion or belief**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/religion-or-belief-discrimination • **Sex**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sex-discrimination • **Sexual orientation**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sexual-orientation-discrimination

	Other groups would include, but not be limited to, people who are: • Carers. • Homeless. • Living in poverty. • Asylum seekers / refugees. • In stigmatised occupations (e.g. sex workers). • Problem substance use. • Geographically isolated (e.g. rural). • People surviving abuse.
8. Safeguarding	• Will this impact on the duty to safeguard children, young people, and adults at risk? • Will this have an impact on Human Rights – for example any increased restrictions on their liberty?
9. Workforce	• Staffing levels. • Morale. • Workload. • Sustainability of service due to workforce changes (Attach key documents where appropriate).
10. Health Inequalities	• Health status, for example, life expectancy. • access to care, for example, availability of given services. • behavioural risks to health, for example, smoking rates. • wider determinants of health, for example, quality of housing.
11. Sustainability	See: https://www.bma.org.uk/media/3464/bma-climate-change-and-sustainability-paper-october-2020.pdf Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS. Also consider; technology, pharmaceuticals, transport, supply/purchasing, waste, building / sites, and impact of carbon emissions. Visit Greener NHS for more info: https://www.england.nhs.uk/greenernhs/
12. Other	• Publicity / reputation. • Percentage over / under performance against existing budget. • Finance including claims.