

Equality & Quality Impact Assessment (programmes/projects)

This Equality and Quality Impact Assessment (EQIA) should be used for all changes to services, including service redesign and any areas of Trust business where it is appropriate to assess the impact of the proposed piece of work. It is to be completed by the Senior responsible Manager for proposed service change.

Service Area	Community Services
Project / Programme	Transforming Wound Care
Version	0.3
Name of Senior Responsible Manager	Pip Haley
What is the aim of the programme/ project?	The aim of the project is to implement the National Wound Care Strategy Programme (NWCSP) recommended Lower Limb Pathway in the CIOS health system by 30 September 2024, in order to improve patient and workforce outcomes and provide financial efficiencies for the CIOS health system.

Equality Impact Assessment

Please assess the potential for the scheme to impact positively or negatively on the following protected characteristics from the Equality Act 2010.

Please consider: Does this proposal promote equal opportunity? Eliminate discrimination? Eliminate harassment? Promote good community relations? Promote positive attitudes towards disabled people? Consider more favourable treatment of disabled people? Protect and promote human rights?

Please see the Guidance document for questions to consider and support as you work through the impact assessment.



Protected Characteristic	Potential for positive impact	Potential for negative impact	Neither positive nor negative impact	 Please describe the positive and/or negative impact you have identified A negative impact is when one particular group does not receive the same level of quality of service as other groups or is left at a disadvantage compared to other groups. A positive impact is where the project would have a positive effect on one or more groups, or improve equal opportunities. What evidence you have for this, i.e. published research, population health data, previous pilot? If none, how will data be collected in future to assess impact? What action will be taken to mitigate any negative impact? 	
Age A person belonging to a particular age or age group				In Cornwall, 60% of people live in settlements of under 3,000 people. Rural isolation causes issues for the frail elderly being able to access specialist assessment clinics. By reshaping our model of care, we aim to address the changing needs of our aging population and take advantage of innovative technologies.	
Disability Includes those with physical or sensory difficulties, learning disabilities and mental health issues				People who are experiencing homelessness and those in supported housing are more likely to experience mental health issues, increasing the likelihood of self-neglect and substance use, which combined with poor nutrition and lack of hygiene leads to frequent wound and wound care problems. An integrated service that can offer drop-in clinics based at primary care locations, mobile care solutions, and a Tier 3 contact (who understands the complexities of physical, mental and social challenges, including addiction) for instant access when people present, offers opportunities to build trusted relationships and improve the effectiveness of treatment and care, reducing levels of health	



			inequalities. Four weekly reviews will be set up in line with the recommended pathway.
Gender Reassignment Includes those who are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purposes of reassigning the persons sex by changing physiological or other attributes of sex		×	
Marriage & Civil Partnership People who are married or in a civil partnership including those between a man and woman or partners of the same sex) NB – this is only relevant to the need to eliminate discrimination within employment		×	
Pregnancy & Maternity Including 26 weeks after giving birth including treating a woman unfavourably because she is breastfeeding			



Race Including people defined by their race, colour, nationality (including citizenship), ethnic or national origins	\boxtimes			Our developed suit of selfcare tools will be reviewed to ensure they are tailored for people from minority ethnic backgrounds, as well as for people with foreign nationalities to remove any potential language barriers.
Religion & Belief Including any religious or philosophical belief including a lack of belief			\boxtimes	
Sex Male or female			\boxtimes	
Sexual Orientation Includes heterosexual, gay, lesbian, bisexual			\boxtimes	
If a negative impact has been identified, are you content that the mitigating actions described address the impact Yes □ No □				

Quality Assessment

Please assess whether the change presents any risks to the following aspects of quality.

The Risk Scoring Matrix here Risk Assessments Guide | Cornwall NHS Intranet (cornwallft.nhs.uk) includes examples for each consequence level specifically for Quality, Patient Safety & Experience



Area to be assessed	Describe the risk (if any) on each of the areas identified	Consequence	Likelihood	Score
Patient Safety	Increased self-management of wounds as an expected change, would possibly present the risk of deterioration and infection without clinical review.	3	2	6
Clinical Effectiveness	There is a risk that staff will not be able to attend training as a result of staffing issues in the community, which may lead to reduced capability and competency to deliver the recommended pathway.	3	4	12
Safe Staffing	By implementing 90 minute initial assessments as part of the recommended pathway, there is a risk that clinical capacity may reduce at point of referral.	1	4	4
Patient Experience	There is a risk that complaints & concerns increase, as patients may feel that with increased self-management they feel they receive less care and time from health staff.	1	2	2

If any of the areas above return red or amber risks, please describe if and how these can be mitigated below

Patient safety:

Patient selection, provision of education and support, and utilisation of digital tools.

Clinical effectiveness:

The project has endorsement and executive sponsorship. A 12 month rolling training plan is in place to enable staff to undertake the training. Tier 1 training is offered online, which enables staff to undertake training anywhere at any time.

Safe staffing:

Implementing clinical referral prioritisation process, continuous review of capacity and demand. Support from community nursing team in PCN area.

Patient experience:

Managing patient expectations, having dedicated advice line and resources available.



Review and Sign Off							
Role	Signature	Name	Comments/Actions required	Date			
Senior Responsible Manager		Pip Haley		24/01/23			
I agree with the assessments made in this document							
Chief Medical Director	ALJA	Adrian Flynn		14/02/23			
Dual Chief Nursing Officer		Kim O'Keeffe					