

Quality and Equality Impact Assessment (QEIA)

Leeds Health and Care Partnership, QEIA template version 2.6, 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]	Senior Pathway Integration Manager	06.03.2024	[Removed for publication]
Programme Lead sign off	[Removed for publication]	Head of Pathway Integration	06.06.2024	[Removed for publication]

A. Scheme Name	O127 Leeds Palliative Care Network (LPCN)
Type of change	Adjust existing - Reduction in funding. Value up to 15%. £30,000. (Reduction in value confirmed as £17,820 for 2024 / 2025)
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 is to reduce funding to the LPCN by up to 15%, which will be up to £30,000 in value. The Leeds Palliative Care Network (LPCN) is a key enabler to the end of life (EoL) programme and is now in its seventh year.

The Leeds Palliative Care Network ethos is quality improvement, and therefore the impact of a reduction in service would be seen in its development and improvement work. The LPCN is pivotal in the oversight and delivery of more than 20 workstreams, all in support of the end-of-life programme aims which are to recognise those approaching the end of their life in a timely way, to ensure their wishes are known and documented, and to ensure their care is responsive and coordinated in a way that will minimise urgent or unplanned utilisation. LPCN Annual Report 2022-2023 (<https://www.leedspalliativecare.org.uk/seecmsfile/?id=522>) and the work programme [this document was reviewed by the panel, the link to this document has been removed for publication]

The seven outcomes contained within the 2012-2026 Leeds Palliative and End of Life Care (PEoLC) strategy were the basis for the four EoL board outcomes.

The vast majority of LPCN funding pays for members and staff time. The funding reduction will therefore be seen in a reduction in clinical hours dedicated to the work programme and therefore activity by the network.

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
<p>1. Could the project change the way a service is currently provided or delivered?</p> <p>The LPCN have indicated that the savings required will not be met by efficiency savings alone and would require a reduction in LPCN activity. The details of this are still to be confirmed.</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 17 for more detail.</p> <p>There is likely to be an indirect impact. The options of where the savings would be made have not yet been considered.</p>	<p>Yes</p>

Questions (please describe the impact in each section)	Yes / No
<p>3. Could the project directly affect staff? For example, would staff need to work differently / could it change working patterns, location etc.? Is it likely to specifically affect staff from protected groups?</p> <p>The funding pays for three members of staff and the time, in hours, of a number of clinicians from a range of services.</p>	Yes
<p>4. Does the project build on feedback received from patients, carers, and families, including patient experience? What feedback and include links if available.</p> <p>Whole system approach supported by Leeds Beckett University and survey by Healthwatch Leeds (https://www.leedspalliativecare.org.uk/professionals/resources/leeds-dying-well-in-the-community-project-resources/)</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?	No
Formal consultation activity required?	No
Full Equality Impact Assessment (EIA) required?	No
Communication activity required (patients or staff)?	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
Research and guidance (local, regional, national)	N/A
Service delivery data such as who receives services	N/A

Evidence Source	Details
Consultation / engagement	N/A
Experience of care intelligence, knowledge, and insight (complaints, compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)	N/A
Other	N/A

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 [Appendix A](#).

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	Workforce training, skills, and competence in EoL care. Clinical guidelines and patient information leaflets. Current patient safety will not be impacted	0 – Not Applicable / Neutral	Monitoring via EoL / LPCN as agreed 2024 / 2025 changes are implemented.
2. Experience of care	The focus of the LPCN is to improve outcomes and the experience of care for this population. 2024 / 2025 efficiency agreement at 8.9% may result in: <ul style="list-style-type: none"> • Compromised ability to drive improvement work linked to citywide palliative and EoL care heart failure (HF) workstream • Compromised ability to deliver new ECHO based education 	-6 – Possible / Minor	Monitoring via EoL / LPCN as agreed 24 / 25 changes are implemented. Risk re HF BAU element with St Gemma's (to cover specifically within notice arrangements).
3. Clinical Effectiveness	<ul style="list-style-type: none"> • Compromised ability to drive improvement work linked to citywide PEOHC HF workstream 	-6 – Possible / Minor	Monitoring via EoL / LPCN as agreed 24 / 25 changes are implemented.

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	<ul style="list-style-type: none"> Compromised ability to deliver new ECHO based education 		
4. Equality	The Leeds Palliative Care Network (LPCN) have recently established an Equality, Diversity and Inclusion (EDI) group to support the city in its commitment to improve access to palliative and end of life care for all people from all the communities in the city, regardless of background, and at the 2023 LPCN celebration event this was the area voted the highest priority by members.	0 – Not Applicable / Neutral	Equality workstream not impacted. Monitoring via EoL / LPCN as agreed 24 / 25 changes are implemented.
5. Safeguarding	No risks relating to safeguarding identified.	0 – Not Applicable / Neutral	Monitoring via EoL / LPCN as agreed 24 / 25 changes are implemented.
6. Workforce	The existing funding directly pays for three members of staff: the network manager, administrative support, and education lead. 24 / 25 agreed approach will see no	0 – Not Applicable / Neutral	Monitoring via EoL / LPCN as agreed 24 / 25 changes are implemented.

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?
	changes to employed staff. Funding for HF resource will be redirected to St Gemma's (BAU).		
7. Health inequalities	As at 4, the Leeds Palliative Care Network (LPCN) have recently established an Equality, Diversity and Inclusion (EDI) group to support the city in its commitment to improve access to palliative and end of life care for all people from all the communities in the city, regardless of background, and at the 2023 LPCN celebration event this was the area voted the highest priority by members.	0 – Not Applicable / Neutral	Monitoring via EoL / LPCN as agreed 24 / 25 changes are implemented.
8. Sustainability	The agreement of 8.9% ensures continued sustainable delivery against current priorities.	0 – Not Applicable / Neutral	Ongoing discussion re EOL priorities during 24 / 25 to inform and monitor for future years
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)
Compromised ability to drive improvement work linked to citywide P&EoLC HF workstream.	Agreed LPCN plan for 24 / 25 - continuous monitoring of progress and assessment of impacts.	Achievement of objectives against plan / priorities.	Throughout 24 / 25	[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)
Compromised ability to deliver new ECHO based education.	Agreed LPCN plan for 24 / 25 - continuous monitoring of progress and assessment of impacts.	Achievement of objectives against plan / priorities.	Throughout 24 / 25	[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. End of Life population board	Oversight	Bi-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. End of Life population board	Oversight	Bi-Monthly

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?	End of Life population board	Oversight	

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.

Position 30th April 2024: The proposed change was to reduce funding to the LPCN by 15%, which is £30,000 value of the LPCN contract. In recent months the LPCN have been asked by the ICB in Leeds to explore opportunity for efficiency savings (15%). There is a proportion of the provision that is a management / administration function similar to the ICB, where reductions have recently been made of 30% (nationally mandated).

The LPCN is a key enabler in the oversight and delivery of more than 20 workstreams, all in support of the End-of-Life programme.

- Following review and discussion by the LPCN savings of 8.9% (£17,820) have been identified FYE in 24 / 25 and recurrently.
- The ICB has accepted this offer with the ask that further efficiencies (up to 15%) are explored in future years.
- Efficiencies in 24 / 25 (by LPCN) have been identified in the areas of website, communications, sundries, and expenses with some changes also to education / training capacity and Heart Failure Improve Work. Impacts to note include:
 - Compromised ability to drive improvement work linked to citywide PEO LC HF workstream.
 - Compromised ability to deliver new ECHO based education.

This is factored into the impact assessment scoring – section c. Impacts will be monitored closely by the EoL board during 2024 / 25, and as we explore opportunities to achieve the full 15% in 25 / 26 and beyond. Impacts of this change will not have a direct impact on the population; careful assessment and consideration has been made as to the elements which can cease which will not have a direct impact on our EoL population; specifically, also with a focus on patient safety and equality. Impacts are to be monitored and assessed by the EoL population board.

K: For Team use only

1. Reference	XX /
2. Form completed by (names and roles)	

3. Quality Review completed by:	Name: Date:
4. Equality review completed by:	Name: Date:
5. Date form / scheme agreed for governance	Reviewed at Panel Assurance meetings: 16/05/2024 & 13/06/2024
6. Proposed review date (6 months post implementation date)	January 2025
7. 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			

Approval to proceed	Name / Role	Yes / No	Date
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.