# 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](mailto:wyicb-leeds.qualityteam@nhs.net)

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

| **Assessment Completion** | **Name** | **Role** | **Date** | **Email** |
| --- | --- | --- | --- | --- |
| **Scheme Lead** | [Removed for publication] | Senior Pathway Integration Manager for Children’s Physical Health and Maternity | 25/09/2023 | [Removed for publication] |
| **Programme Lead**  **sign off** |  |  |  |  |

|  |  |
| --- | --- |
| 1. **Scheme Name** | O051 - Section 256 - Formula milk for infants born to HIV positive mothers |
| **Type of change** | Adjust existing |
| **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).

|  |
| --- |
| As part of the ICB’s children and young people’s population board allocated spend, a section 256 agreement has been in place to provide funding for formula milk for infants born to HIV positive mothers. The most recent section 256 agreement covered allocated budgets of £14,000 for 3 recurrent years spanning from April 2021 to March 2024 to a total of £42,000.  Prior to this, a section 256 agreement was in place for the financial year 2020/2021 for 6 months to the effect of £7,000.  Upon recent activity review with BHA – Leeds Skyline our third sector provider who deliver this service reported a Q1 spend for 23/24 of £1,800 for Leeds patients. On average it will cost £700 per infant born to a HIV positive mother. This is to provide formular milk and relevant equipment to support feeding. It is estimated that over a 2-year period a maximum of 23 infants from Leeds are supported through this service. (700x23÷2 = 8,050). Previous years spends on formula milk and relevant equipment only were £4,787 in 2021/22 and £7,701 in 2022/23.  Across the region BHA – Skyline are also commissioned to provide health promotion, emotional and practical support, reducing HIV transmission rates, increasing HIV testing in most at risk populations.  The ICB are required to review spend allocation and ensure this is in line with current activity. For this reason and the activity listed above it is suggested that a new section 256 agreement be put in place for 2 years to cover 2024/2025 and 2025/2026 for the cost of £8,000 per annum, to a total of £16,000.  The remaining £6,000 per year, £12,000 in total will be saved by the system. |

## 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** |
| --- | --- |
| 1. Could the project change the way a service is currently provided or delivered? | **No** |
| 1. 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](#_Appendix_A:_Impact) for more detail. | **No** |
| 1. 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? | **No** |
| 1. Does the project build on feedback received from patients, carers, and families, including patient experience?What feedback and include links if available. | **No** |

## 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** |
| --- | --- |
| 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](mailto:wyicb-leeds.dpo@nhs.net) for Leeds ICB or [wyicb-wak.informationgovernance@nhs.net](mailto: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) | N/A |
| Service delivery data such as who receives services | Local patient data held by the third sector organisation who provide the service. Assessment of service delivery levels used to inform the decision to reduce allocated spend to this service. |
| Consultation / engagement | Third sector organisation in agreement to reduce allocated budget for Leeds place for the next two financial years with a plan to regularly review activity levels. |
| 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 on [pages 10 -11](#_Appendix_A:_Impact).

| **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](#_Appendix_A:_Impact); 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** | An increase of the predicted number of children born to HIV positive mothers could result in preventable harm if funding was not allocated through other budget lines within the third sector organisation. | **-3 -** **Moderate** | Regular service activity reviews to monitor activity Vs spend and budget allocated for Leeds patients.  Furthermore, predicted activity levels are calculated on recent activity and allows for a small amount of additional capacity. |
| 1. **Experience of care** | We would expect patient experience to remain the same as within the current service offer as there is no change to service (reducing spend to match anticipated demand) | **0 - Neutral** | No mitigating actions required |
| 1. **Clinical Effectiveness** | Locally agreed pathways are to remain the same. | **0 - Neutral** | No mitigating actions required |
| 1. **Equality** | No change to current equality / access support is offered to all infants born to HIV positive mothers within Leeds. | **0 - Neutral** | No mitigating actions required |
| 1. **Safeguarding** | An increase of the predicted number of children born to HIV positive mothers could result in preventable harm if funding was not allocated through other budget lines within the third sector organisation. | **-3 -** **Moderate** | Regular service activity reviews to monitor activity Vs spend and budget allocated for Leeds patients.  Furthermore, predicted activity levels are calculated on recent activity and allows for a small amount of additional capacity. |
| 1. **Workforce** | Staffing levels and resource to remain the same. BHA – Skyline are commissioned across the region to provided wider public health support to the HIV community. | **0 - Neutral** | No mitigating actions required |
| 1. **Health inequalities** | No predicted impact on health inequalities as no change to current equality / access support is offered to all infants born to HIV positive mothers within Leeds. | **0 - Neutral** | No mitigating actions required |
| 1. **Sustainability** | N/A | **0 - Neutral** | No mitigating actions required |
| 1. **Other** | N/A | **0 - Neutral** | No mitigating actions required |

## 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) |
| --- | --- | --- | --- | --- |
| Possibility of increase in demand compared to anticipated demand. | Regular service activity reviews to monitor activity Vs spend and budget allocated for Leeds patients. | Through contract monitoring discussions. | Ongoing throughout financial years 2024/25 and 2025/26. | [Removed for publication] Senior Pathway Integration Manager for Children’s Physical Health and Maternity |

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

The action plan should be monitored regularly to ensure:

1. actions required to mitigate negative impacts are undertaken.
2. 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](#_H._Action_Plan) 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. Contract monitoring [Removed for publication] and [Removed for publication]  Children’s Population Board | Accountable for the delivery of the section 256 agreement | 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. Contract monitoring [Removed for publication] and [Removed for publication]  Children’s Population Board | Accountable for the delivery of the section 256 agreement | Quarterly |

| **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? | Children’s Population Board | Accountable body for the contracts developed for the children and young people’s population of Leeds | April 24 |

## 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.

|  |
| --- |
| As this funding allocation change is based on service activity levels and has been done in agreement with the organisation providing the service it is expected that there will be no impact on the current service delivery.  Service demand and activity levels will be monitored quarterly going forward to regularly review with an aim to pre-empt any potential impact in future years. |

## K: For Team use only

|  |  |
| --- | --- |
| 1. **Reference** | XX / |
| 1. **Form completed by (names and roles)** |  |
| 1. **Quality Review completed by:** | Name: [Removed for publication]  Role: Quality Improvement and Patient Safety Manager  Date: 02/10/2023  Name: [Removed for publication]  Role: Quality Improvement and Patient Safety Manager  Date: 23/05/2024  Name: [Removed for publication]  Role: Senior Equality, Diversity and Inclusion Manager  Date: 02/10/2023 and 23/05/2024  Name: Involvement Team  Date: 10/04/2024 |
| 1. **Equality review completed by:** | Name: [Removed for publication]  Role: Quality Improvement and Patient Safety Manager  Date: 02/10/2023  Name: [Removed for publication]  Role: Quality Improvement and Patient Safety Manager  Date: 23/05/2024  Name: [Removed for publication]  Role: Senior Equality, Diversity and Inclusion Manager  Date: 02/10/2023 and 23/05/2024  Name: Involvement Team  Date: 10/04/2024 |
| 1. **Date form / scheme agreed for governance** | Reviewed at panel assurance meeting: 06/06/2024 |
| 1. **Proposed review date (6 months post implementation date)** |  |
| 1. **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) |  |  | January / February 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?) |
| --- |
|  |

| 1. **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? |
| --- |
|  |

| 1. **Overall conclusion**   Please provide brief feedback of scheme, i.e. its function, what went well and what didn’t. |
| --- |
|  |

| 1. **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. |
| Positive | 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. |
| **Positive** | 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. |
| Positive | 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. |
| Positive | 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. |
| 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. |
| Negative | -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. |
| **Negative** | -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. |
| Negative | -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. |
| Negative | -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.  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. |
| 1. **Experience of care**   **(1 of 2)** | * 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. |
| **Experience of care**  **(2 of 2)** | * 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> |
| 1. **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. |
| 1. **Equality**   **(1 of 2)** | 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> |
| **Equality**  **(2 of 2)** | 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. |
| 1. **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? |
| 1. **Workforce** | * Staffing levels. * Morale. * Workload. * Sustainability of service due to workforce changes (Attach key documents where appropriate). |
| 1. **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. |
| 1. **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.  VisitGreener NHSfor more info: <https://www.england.nhs.uk/greenernhs/> |
| 1. **Other** | * Publicity / reputation. * Percentage over / under performance against existing budget. * Finance including claims. |