

Quality & Equality Impact Assessment (QEIA)

The Quality & Equity Impact Assessment (QEIA) is a process used to evaluate how a particular policy, programme, project, or service delivery model might impact both the quality of care provided and the equity of access for different populations, especially those who are vulnerable or disadvantaged.

Key components of the **QEIA**:

Quality Impact - Assesses how a policy, programme, project, or service delivery model will affect the quality of care, safety, clinical effectiveness, patient experience & involvement and overall service delivery. It ensures we evaluate whether the change will enhance or compromise the effectiveness of care provided.

Equity Impact - Examines how a policy, programme, project, or service delivery model might affect different groups in terms of access, fairness, and outcomes. It focuses on ensuring that any changes do not disproportionately disadvantage specific groups, such as those based on socioeconomic status, ethnicity, disability, or geographic location. It helps identify potential health inequalities and ensures that the benefits of the proposal are distributed fairly across all population groups.

When is the **QEIA** used:

When implementing changes from a policy, programme, project, transformation, procurement, quality improvement or service delivery model that could potentially have an impact on healthcare delivery or patient experience. When there is a need to evaluate whether the changes will exacerbate or reduce disparities in healthcare access and outcomes.

Changes from a policy, programme, project, or service delivery model include:

- Introducing a new service
- Changing an existing service
- Ceasing a service (decommissioning)
- Changing access criteria for a service
- Change eligibility for a service
- Choosing to be non-compliant on a key performance target
- Choosing to be non-compliant on a NICE TA
- Other change

You must have used the QEIA before you have made any decisions.

Where do you take the **QEIA**:

The **QEIA** is part of a set of important templates that need to be completed when you are introducing change via a policy, programme, project, or service delivery model. For more information on Service Change, please see the Service Change Policy - bedfordshirelutonandmiltonkeynes.icb.nhs.uk/our-publications/policies/operational-policies/service-change-policy/?layout=file

The **QEIA** once populated needs to be taken to the **Clinical Advisory Group (CAG)** for review. To book a slot on **CAG** please speak to the Quality Team. Once reviewed by **CAG**, the feedback from **CAG** needs to be added to the **QEIA** template.

For any support in completing the **QEIA** or any questions please contact the BLMK ICB Quality Team (blmkicb.quality@nhs.net)

What in the **QEIA** do I need to complete:

QEIAs need to be registered with the Quality Team before any work can commence on populating them.

Once registered with the Quality Team, you need to complete the **Details** section and **Screening Tool** sections first. The **Details** section provides more information on the change being proposed, and the Screening Tool determines whether a full **QEIA** is needed.

- If a full **QEIA** is not need, then you can stop at the **Screening Tool**. The **Screening Tool** does not need to go to **CAG** but does need your SRO and a member of the Quality Team to sign it off.
- If a full **QEIA** is needed, then proceed to complete the remainder of the template. This the needs to be signed off by a member of the Quality Team, the SRO and then taken to **CAG**.
- If you are unsure as to whether a full **QEIA** is needed, or you would like to know who in the Quality Team is best placed to support, please contact the Quality Team (blmkicb.quality@nhs.net)

The Quality Team will complete the final section of the QEIA on **CAG Recommendations**

DETAILS SECTION

Lead Organisation	Bedford, Luton and Milton Keynes ICB
Name of Proposed Change	Winter Planning Exercise 25/26
Proposed Change Lead	Georgie Brown
Date QEIA was registered	
SRO	Georgie Brown
Quality Team Lead	Sarah Watts
Type of Proposed Change <i>(delete as appropriate)</i>	Other change
Short description of proposed change	The NHS continues to experience significant pressure on Urgent and Emergency care during winter periods. This manifests in high demand and challenges discharging patients from hospital. Every system is tasked with developing a plan that attempts to mitigate these pressures. The EQIA is a summary of the impact of these winter plans.

SCREENING TOOL SECTION

Is a full QEIA required? Please colour "Yes" or "No" accordingly	Yes	A EQIA for the Winter Plan is required by NHSE.
	No	n/a

FULL QEIA

Please populate the score summary below following your assessment.

Score Summary

SAFETY	No. Questions	Negative	Neutral	Positive	N/A
	5		1	4	

CLINICAL EFFECTIVENESS	No. Questions	Negative	Neutral	Positive	N/A
	2		1	1	

PATIENT EXPERIENCE AND INVOLVEMENT	No. Questions	Negative	Neutral	Positive	N/A
	6		6	0	

PROTECTED CHARACTERISTICS	No. Questions	Negative	Neutral	Positive	N/A
	10		7	3	

HUMAN RIGHTS	No. Questions	Negative	Neutral	Positive	N/A
	1		1	0	

HEALTH INEQUALITIES	No. Questions	Negative	Neutral	Positive	N/A
	1		1	0	

Self-Assessment Criteria

Negative	These proposed change will have a negative impact
Neutral	These proposed change will have a neutral impact
Positive	These proposed change will have a positive impact
N/A	This question is not relevant

QIA

SAFETY	ID	What is the potential impact of the proposed change on patient safety	Use these prompts to help you comprehensively evaluate the plans	Information to inform Self-Assessment	Self-Assessment <i>(Delete as appropriate)</i>
SAFETY	1a	<p>What are the known patient safety issues within the current service?</p> <p><i>(as identified by national/local audits, SIs, incident trend analysis, complaints, CQC and other external inspections, staff observation/feedback)</i></p>	<p>Has the current safety of the service been evaluated and known patient safety risks identified?</p> <p><i>Prompts to consider:</i></p> <ul style="list-style-type: none"> • <i>Specific safety issues within this pathway or service.</i> • <i>Analysis of available data/information to identify themes and trends.</i> • <i>The way in which the planned changes will address the identified patient safety issues.</i> • <i>Impact on preventable harm.</i> • <i>Back log position, current patient waits in service.</i> • <i>Has service prioritisation been considered?</i> 	<p>Due to the increased pressure on Acute and system providers during winter there is national evidence that patients receive delays in their care. Performance metrics such as 4 and 12 hour A+E waits, ambulance response times and handovers and length of stay all deteriorate leading to concerns about the impact on patient safety.</p> <p>BLMKs winter plans seek to mitigate this risk by reducing unnecessary demand in secondary care through initiatives such as virtual wards, unscheduled care hubs and maximising primary care access (including Urgent Care Services). It also attempts to ensure residents do not experience unnecessary delays in discharges by improving access to care (bedded and non-bedded) once medically fit.</p> <p>Winter plans are refreshed every year, with system engagement events to capture learning and quality issues. As part of this year's winter planning, an event occurred in May and this has informed our plan.</p>	Positive

<p>1b</p>	<p>What staffing, skill mix, and workload issues have been considered within the proposed change?</p>	<p>What assurances have the service providers given regarding assessing their workforce requirements to deliver this service/pathway safely?</p> <p><i>Prompts to consider:</i></p> <ul style="list-style-type: none"> • <i>Skill mix, recruitment activity, vacancy, training etc.</i> • <i>What is the impact on staff, other services, retention, staff development?</i> • <i>Is there cross provider working.</i> 	<p>Providers will prioritise UEC related services during winter to minimise the risk to residents. This may create some additional concerns about delays in planned care services, such as cancellations in surgical or outpatients care, but this risk will be carefully assessed by providers in their decision-making processes. One of the winter plan objectives is to eliminate or minimise elective cancellations – this is monitored daily by the SCC.</p> <p>Winter periods raise the risk of infections such as flu. An improving vaccination workstream is within the winter plan, aiming to improve access to vaccinations to residents and staff. Reducing sickness rates throughout winter is critical to maintaining a consistent safe workforce and reducing unnecessary cost.</p> <p>The ICB is engaging with all providers to specifically increase staff vaccinations following sub-optimal rates last year. Progress is discussed in ICB Quality forums with providers.</p> <p>Providers work together in many ways and one of the improvements this year is mature integrated discharge teams who collaborate to improve safe, but timely, discharges from acute Trusts.</p> <p>Processes to instigate escalation calls are well embedded. Workforce issues can be flagged with partners agreeing how to mitigate any service disruption.</p>	<p>Neutral</p>
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1c	Does the proposed change include changes to treatment / clinical pathways?	<p>What impact will the plans have on clinical pathways, and have you received assurance as to how any risks will be mitigated?</p> <p><i>Prompts to consider:</i></p> <ul style="list-style-type: none"> • <i>Patient safety.</i> • <i>Competency in medicines administration and medication safety</i> • <i>Systems in place to ensure appropriate monitoring of patient outcomes/safety.</i> • <i>Have you sought support/advice from the Meds Management Team?</i> • <i>A geographical change - includes transport considerations.</i> • <i>Treatment of patients including virtual assessments – OPD assessments for clinical presentations.</i> • <i>What safety consideration are in place in using technology for assessment?</i> • <i>What are positives for patient safety using technology?</i> • <i>Infection prevention and Control response requires cautious consistent consideration and adherence to specific Public Health England guidance. How has this been considered?</i> 	<p>UEC pathways are sustained throughout the year with pressures arising at any time. During Winter, the plans look to ensure the outputs of those pathways a maximised at anyone time to avoid compounding a deteriorating safety risk in the acutes.</p> <p>The ICB System Co-ordination Centre will convene, and lead escalation calls throughout the winter and where necessary call for partners to improve their performance or clinical pathways in response to changing need.</p> <p>Residents may experience transfers to discharge to assess beds earlier than normal as the system mitigates the escalating risk across the system. This will only occur if the patient is medically fit to be discharge and any ongoing care needs will be safely met through community services in-reach.</p> <p>Ambulance crews will adopt a call before convey model to avoid as many unnecessary conveyances to secondary care as possible. During 25/26 the UCCH has reduced the number of conveyances into the Acute Trust and a business case is being developed to ensure the community capacity is able to meet this new demand.</p> <p>When community services are under pressure, they will respond to the most pressing clinical need first, which will mean response times for lower complexity care is lengthened. The community services will maintain contact with residents to ensure their needs are not deteriorating. The business case to improve community resilience will reduce the risk of this occurrence.</p>	Positive
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			Additional capital funding has been awarded to BLMK providers to support improvements in UEC care. Specifically for winter, examples include Redrooms to isolation patients quicker, improved TTO dispensing with robotic arms, mobile X-rays pilots and a modernised Same Day Emergency Care department in Bedford (SDECs also exist in Milton Keynes and Luton).	
1d	Explain any impact on the organisation's duty to protect children, young people and adults?	<p>Protocols to consider include:</p> <ul style="list-style-type: none"> • <i>The NHS Constitution, Partnership working, Safeguarding children or adults.</i> • <i>Have you sought support/advice from the Safeguarding Team?</i> • <i>How will safeguarding be considered in virtual assessment settings?</i> • <i>Digital technology – has robustness and safety of service been assessed to prevent against any safeguarding concerns.</i> • <i>Mental Capacity Act, Mental Health Act, Dangerous Drugs Act, Children's Act, No Secrets, GMC, NMC etc.</i> 	No impact – Safeguarding policies are embedded in all organisations. Providers have safeguarding teams with training on processes to protect children and adults.	Positive

1e	Explain how the proposed change will be ratified through a governance process?	<p>In the event of a legal challenge, how thorough is the ratification process?</p> <p>Where is clinical leadership and decision making?</p> <p><i>Prompts to consider</i></p> <ul style="list-style-type: none"> • <i>Current statutes / professional standards.</i> • <i>Involvement of the appropriate specialist responsible committees within each organisation and across the pathway.</i> • <i>Overview and Scrutiny Committee; who and how will the changes/KPI's be monitored; what early warning flags will be monitored/reviewed and by whom?</i> • <i>Where is governance agreement across BLMK commissioning and provision?</i> • <i>Has clinical leadership and involvement been sought?</i> 	<p>Winter Planning commences in Q2 with engagement and pre-planning exercises involving health and social care all partners. This includes learning from previous years and membership includes leaders and clinicians from across the system.</p> <p>The UEC Board has overseen the progress of the winter plan with updates and drafts shared with Bedfordshire Care Alliance and the Milton Keynes Improving System Flow group.</p> <p>A winter plan stress test exercise in September will ensure there is strong governance on winter plan decisions. Learning from this event will inform any revisions to the winter plan.</p> <p>The ICB board will consider the Winter Plan in September. Partner organisations will have approved their individual plans as part of the winter plan development process.</p>	Positive
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	ID	What is the potential impact of the proposed change on patient safety	Use these prompts to help you comprehensively evaluate the plans	Information to inform Self-Assessment	Self-Assessment (Delete as appropriate)
CLINICAL EFFECTIVENESS	2a	<p>How is the proposed change in line with the most up-to-date guidance ensuring the business case is evidence-based?</p> <p><i>NICE baseline assessment tool can be accessed from: www.nice.org.uk</i></p> <p><i>Has the NICE commissioning Costing Tools been used?</i></p> <p><i>How does this align with ICS priorities and population health planning</i></p>	<ul style="list-style-type: none"> • Has a baseline assessment against recommendations/indicators been undertaken? • Please state which evidence bases have been used. • Does the plan reflect the Quality Standard Indicators? Are there gaps? If there are gaps, how will these be addressed? • Use NICE costing tools alongside the guidance, where available. These can be accessed from: www.nice.org.uk. • Audit against standards outlined in NICE guidance or professional standards. Use the NICE clinical audit tool where available. www.nice.org.uk. • If this is a service delivery change or service change, due to Covid/backlog/recovery impact, how will this service and how quickly be evaluated? What are timelines and where will this evaluation be shared? • What plans are in place for clinical audit or evaluation? • Alignment with ICB/Place Based priorities. 	Not applicable. Clinical guidelines are not changing. All providers are expected to deliver best practice guidelines	Neutral
	2b	<p>What are the Outcomes for the population?</p>	<ul style="list-style-type: none"> • What are the expected outcomes for patients? • How will the success against your expected outcomes be measured? • How do these compare with other available treatment or care pathway alternatives? 	<p>Residents experience timely access to UEC related care and are discharged to the most appropriate location for their need.</p> <p>Within provider and ICB UEC organisations, metrics are monitored on a hourly basis to enable a speedy response to deteriorating positions. The</p>	Positive

			<p>system wide UEC risk, which is part of the Board Assurance Framework, has metrics which track longer term trends enabling all partners to determine if actions are mitigating the risks to residents.</p> <p>A winter plan learning event will occur in Q1. This will inform future planning and help all partners to understand how successful actions have been.</p>	
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PATIENT EXPERIENCE AND INVOLVEMENT	ID	What is the potential impact of the proposed change on patient safety	Use these prompts to help you comprehensively evaluate the plans	Information to inform Self-Assessment	Self-Assessment (Delete as appropriate)
	3a	What do patients, carers and the wider population say about the current services?	<p>Use positive and negative feedback from:</p> <ul style="list-style-type: none"> PALS and complaints, patient opinion, surveys. Real time feedback, focus groups, LINK / Healthwatch. 	<p>National evidence suggests patients are not satisfied with the NHS and UEC related care will be a component of that dissatisfaction.</p> <p>Partners and ICB continue to listen to patient feedback and address concerns where its right to do so. Residents can feedback to provides through their PALS services or to the ICB via ContactUs</p> <p>Resident feedback or safety concerns are routinely captured and summarised as part of the winter learning exercise. This informs future planning.</p> <p>The improvement actions within the winter plan are intended to improve the experience of residents.</p>	Neutral
	3b	How have patients, carers and key stakeholders been involved in the decision-making process around the proposed change?	<ul style="list-style-type: none"> How have patients and the public had an opportunity to influence the service development? What methods have been used to involve patients, public and stakeholders? Has advice been sought from the Strategic Public Involvement Group/relevant groups as 	<p>Whilst residents have not been specifically engaged in the winter planning process, resident feedback or safety concerns are routinely captured and summarised as part of the winter learning exercise. This informs future planning.</p> <p>All key stakeholders are otherwise engaged with throughout the winter planning process</p>	Neutral

		<p>to how best to manage this?</p> <ul style="list-style-type: none"> • How have you engaged for co-production with service users /patients on service change? • What changes were made as a result of patients, carers, or key stakeholder's involvement? 		
3c	How will the proposed change improve the patient experience and how will patient experience of any change be monitored?	How will this be captured? Who will be analysing it and when?	Providers have long standing processes to capture patient experience. These will not change during the winter period	Neutral
3d	Will patient choice be affected?	<ul style="list-style-type: none"> • Will choice be reduced, increased, or stay the same? • Do the plans support the compassionate and personalised care agenda? • Have you sought specialist Equality and Diversity support and advice? • If choice will be reduced how has this been communicated to patients and key stakeholder? 	<p>If elective care is cancelled or postponed this may result in some residents choosing alternative providers or requesting their care is transferred. This is a permitted request under choice legislation and where necessary the ICB can support finding alternative providers.</p> <p>Otherwise, no impact on patient choice</p> <p>There are no changes to the way residents choose to access urgent or emergency care through.</p>	Neutral
3e	What is the level of public support for this proposed change?	<ul style="list-style-type: none"> • Are people supportive? • What sources of information have you gathered to make a judgement on the level of public support? • Or are people a little concerned where they may contact their MP or the press as a result of their objections? 	Not applicable however resident feedback has supported the approach of care being delivered by the right clinician first time. The winter plan seeks to deliver this.	Neutral

	3f	Who will be affected by this proposed change?	<p>Name all the stakeholder who might be affected by the proposed change. This includes:</p> <ul style="list-style-type: none"> • Staff • Patients • Service Users • Residents • Partner Organisations • Others 	<ul style="list-style-type: none"> • Staff • Patients • Service Users • Residents • Partner Organisations 	Neutral
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PROTECTED CHARACTERISTICS	ID	What is the potential impact of the proposed change on the Protected Characteristics	Information to inform Self-Assessment	Self-Assessment (Delete as appropriate)
	4a	Age	Winter plans focus improving children's access to A+E. Actions to improve flow through secondary care will impact all age ranges but proportionately impacts the elderly more.	Positive
	4b	Disability	Winter plans focus improving access and wait times in A+E which will improve the care for people with disabilities. Actions to improve flow through secondary care will impact all age ranges and conditions.	Positive
	4c	Gender Reassignment – including Transgender	The proposed change does not impact those undergoing/have undergone gender reassignment.	Neutral
	4d	Marriage & Civil Partnership	The proposed change is not affected by marriage or civil partnership.	Neutral
	4e	Pregnancy & Maternity	A new Maternity escalation framework is being developed to ensure a timely system response to maternity pressures in an acute Trust	Positive
	4f	Race	The proposed change does not impact on race of residents.	Neutral
	4g	Religion & Belief	The proposed change does not impact on the religious or beliefs of residents.	Neutral

	4h	Sex	The proposed change does not impact on the sex of residents.	Neutral
	4i	Sexual Orientation	The proposed change does not impact on the sexual orientation of residents.	Neutral
	4j	Other Characteristics	The proposed change does not impact on other characteristics.	Neutral

HUMAN RIGHTS	ID	What is the potential impact of the proposed change on the Human Rights	Information to inform Self-Assessment	Self-Assessment (Delete as appropriate)
	5a	Human Rights	The proposed change will not impact on Human Rights.	

HEALTH INEQUALITIES	ID	What is the potential impact of the proposed change on the Health Inequalities	Information to inform Self-Assessment	Self-Assessment (Delete as appropriate)
	6a	Health Inequalities	The proposed change is not likely to have a huge impact on health inequalities.	

CAG RECOMMENDATIONS (if appropriate)

Date QEIA went to CAG	
Feedback from CAG	

Recommendations from CAG	
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