

**Guidance for completion**

This impact assessment will be used by HNY ICB to ensure providers technical and professional ability to perform the contract to an appropriate quality standard under Direct Award process B.

The application will be assessed under the key criteria set out below – examples of the evidence that will be considered is provided to support applications and should be overwritten in the submission.

<b>National criteria</b>	<b>HNY Outcome</b>	<b>Key criteria</b>	<b>Examples of evidence</b>
1: Quality and innovation  1000 words	Patient safety	How will the service ensure preventable harm is mitigated  What robust systems and processes are in place to ensure patient safety  How will the service ensure the environment is safe  How will the service ensure safeguarding requirements are met	<i>Infection prevention policies and procedures</i>  <i>Serious incidents and Never Events/Always Events reporting</i>  <i>Governance, clinical audit, CQC standards, NICE and Royal colleges compliance, surgery checklist, accreditation</i>  <i>Procedures and policies to ensure cleanliness, suitability, upkeep of equipment, potential from healthcare associated infections</i>  <i>Supporting and identifying adults and children at risk</i>  <i>Safeguards against abuse or improper treatment when receiving care including neglect, degrading treatment, unnecessary or disproportionate restraint, inappropriate limits on freedom</i>
	Clinical effectiveness	How will patient outcomes including	<i>Clinical leadership and engagement</i>

		<p>health inequalities be monitored</p> <p>How will the service ensure development and improvement of pathways</p> <p>How will the service implement evidence based practice, including HNY ICB clinical commissioning policies</p> <p>Will the service impact on unwarranted variation in care</p> <p>How will the service ensure parity of esteem</p> <p>How will the service deliver care in the most clinically effective way</p>	<p><i>Use of clinical evidence and clinical best practice including NICE guidance</i></p> <p><i>Impact on health inequalities including risk of widening health inequalities</i></p> <p><i>Knowledge and use of GIRFT guidance and processes</i></p> <p><i>How you will deliver care (for the referrals that you receive and accept) that is inclusive of pathology tests, diagnostic tests and discrete therapies, to achieve the clinical outcomes that patients require. This may be directly, or via a proposed sub-contracting arrangement that would be subject to ICB approval.</i></p>
2: Value	Assessed through part A		

<p>3: Integration, collaboration and service sustainability  1000 words</p>	<p>Workload and workforce</p>	<p>Effective prioritisation and management of workload</p> <p>How will the service ensure sustainability of service due to workforce issues</p> <p>How will you ensure workforce diversity</p> <p>How will you ensure staff experience</p> <p>Effective prioritisation and management of workload</p>	<p><i>Triage and pathways to wider system</i></p> <p><i>Staff ability to deliver role effectively and appropriately</i></p> <p><i>Career progression, deskillng/upskilling staff, morale and satisfaction</i></p> <p><i>Recruitment processes</i></p> <p><i>Safe staffing levels</i></p> <p><i>Differential impacts on staff groups with protected characteristics</i></p> <p><i>Commitment to high quality workplaces</i></p> <p><i>Resilience and skills, retention and career pathways</i></p>
	<p>Data</p>	<p>Systems and processes to record monitor and report on clinical and non-clinical data</p>	<p><i>Use of clinical systems</i></p> <p><i>Compliance with NHS England standards to ensure security, confidentiality, and protection of data</i></p> <p><i>Submission of service activity/financial and performance data in accordance with national standards including clinical coding, ensuring data quality.</i></p> <p><i>Management of patient tracking list in accordance with all NHS England statutory requirements</i></p>

			<i>Systems and processes in place for prescribing</i>
<p>4: Improving access, reducing health inequalities and facilitating choice</p> <p>1000 words</p>	<p>Patient experience</p>	<p>How will the service ensure a positive impact on patient experience, patient choice and patient access</p> <p>How will the service ensure compassionate and personalised care</p> <p>How will the service be responsive to the needs of patients</p> <p>How will the service promote self care and support people to stay well</p>	<p><i>Complaint themes and trends,</i></p> <p><i>Incident themes and trends</i></p> <p><i>Patient reported experience questionnaires</i></p> <p><i>Physical access, systems or communication including travel and accessibility</i></p> <p><i>Hours of service</i></p> <p><i>Waiting times</i></p> <p><i>Ensuring patient dignity and respect, empathy and control of care</i></p> <p><i>Ensuring patient/carer involvement</i></p> <p><i>Ensuring patient-centred values including cultural issues and expressed needs</i></p> <p><i>Promoting quality of life and shared decision making</i></p> <p><i>Responding to communication needs</i></p> <p><i>Co-ordination and integration of care across the health and social care system</i></p> <p><i>Information that will help patients care for themselves away from a clinical setting, and co-ordination, planning and support to ease transitions.</i></p>

			<p><i>Involvement of family and friends in decision making</i></p> <p><i>Information on clinical status, progress, prognosis to facilitate autonomy, self-care and health promotion</i></p> <p><i>Providing emotional support including fear and anxiety about issues</i></p>
	<p>Health Inequalities</p>	<p>What impacts (positive and negative) will the service have on:</p> <ul style="list-style-type: none"> <li>• Socio-economic deprivation</li> <li>• Age</li> <li>• Disability</li> <li>• Pregnancy and maternity</li> <li>• Ethnicity</li> <li>• Religion or belief</li> <li>• Sex</li> <li>• Sexual orientation</li> <li>• Marital status</li> <li>• Gender reassignment</li> <li>• Carers</li> </ul>	<p>See equality guidance below</p>

<p>5: Social value 1000 words</p>	<p>Sustainability</p>	<p>How will the service deliver CO2 reduction and climate change adaptation</p>	<p><i>Consideration of waste pollution, recycling, use of resources, ethical purchasing, provision of green spaces</i></p> <p><i>Safe disposal of clinical waste</i></p> <p><i>Impact on use of fossil fuels including travel</i></p> <p><i>Use of more efficient buildings – better insulation, use less heating/air conditioning</i></p> <p><i>Climate change risks – for example flooding, higher summer temperatures</i></p> <p><i>Rural proofing</i></p> <p><u><a href="https://www.gov.uk/government/publications/rural-proofing">Guidance available here: https://www.gov.uk/government/publications/rural-proofing</a></u></p>

## Equality Guidance

### AGE

- Any discriminatory employment practices including recruitment, personal development, promotion, entitlements and retention.
- Services should be provided, regardless of age, on the basis of clinical need alone.
- Services tackling known health inequalities experienced by younger / older people, for example, in relation to isolation and older people.

### DISABILITY

- Services tackling known health inequalities experienced by disabled people, for example, people with learning disabilities have a shorter life expectancy than the general population.
- Reasonable steps that can be taken to accommodate the disabled persons requirements, including:

- o Physical access
- o Format of information
- o Time of interview or consultation event
- o Personal assistance
- o Interpreter
- o Induction loop system
- o Independent living equipment
- o Content of interview of course etc.

- Steps to make reasonable adjustments to service delivery and employment practices to ensure 'accessible to all'.

### **PREGNANCY AND MATERNITY**

- Equal access to recruitment, personal development, promotion and retention for female employees who are pregnant or on maternity leave.
- Equality of opportunity in relation to health care for women irrespective of whether they are pregnant or on maternity leave or breast feeding.
- Unlawful to treat a woman unfavourably because she is breast feeding.

### **ETHNICITY**

- The provision of an interpreter for people whose first language is not English.
- Written communication support / the use of language particularly jargon or colloquialisms etc.
- Services tackling known health inequalities experienced by different ethnic groups, for example, high rates of diabetes amongst the Bangladeshi community etc.

### **RELIGION / BELIEF AND CULTURE**

- Prayer facilities for service users and staff.
- Dietary requirements.
- Gender of staff when caring for patients of the opposite sex.
- Respect for requests from staff to have time off for religious festivals.
- Respect for dress codes
- Respect in terms of religion, belief and culture.

### **SEX**

- Equal access to recruitment, personal development, promotion and retention.
- Childcare arrangements that do not exclude a candidate from employment and the need for flexible working.
- The provision of single sex facilities, toilets, wards etc.
- Equality of opportunity in relation to health care for individuals irrespective of whether they are male, female, single, divorced, separated, living together or married.

### **SEXUAL ORIENTATION**

- Services tackling known health inequalities experienced by LGBT people, for instance, a higher rate of mental health problems.
- Recognition and respect of individual's sexuality.
- Recognition of same sex relationships in respect to consent, next of kin, visiting etc.
- The maintenance of confidentiality about an individual's sexuality.

### **MARITAL STATUS**

- Equal access to recruitment, personal development, promotion and retention.
- Equality of opportunity in relation to health care for individuals irrespective of whether they are single, divorced, separated, living together or married or in a civil partnership.

### **GENDER REASSIGNMENT**

The process of transitioning from one gender to another.

- Equal access to recruitment, personal development, promotion and retention.
- Equality of opportunity in relation to healthcare for individuals irrespective of whether they were male or female, Trans or 'cis' or 'whether they identify with the gender they were assigned at birth'.
- The maintenance of confidentiality about an individual's trans identity/history

### **CARERS**

- Reasonable steps that can be taken to accommodate carer's requirements, such as:
  - o Time of meetings or interviews
  - o Flexible working
  - o Carer's assessments



**Key Criteria**

<b>Assessment</b>	<b>Description</b>	<b>Score</b>
Meets requirements	Demonstration and evidence of the Key Criteria requirement will be achieved, which is proportionate to the healthcare service being commissioned.	3
Meets requirements with some reservation - action plan in place	Demonstration and evidence of the Key Criteria requirement with some reservations, which is proportionate to the healthcare service being commissioned. For identified reservations an action plan is in place to address concerns / issues with clear timescales for resolution.	2
Meets requirements with some reservation - no action plan in place	Demonstration and evidence of the Key Criteria requirement with some reservations, which is proportionate to the healthcare service being commissioned. For identified reservations no action plan in place to address concerns / issues.	1
Doesn't meet requirements	No demonstration, or evidence that the Key Criteria requirement will be achieved.	0