**Integrated Impact Assessment (IIA)**

**Internal (HNYICB) Policy or Project**

This impact assessment should be completed to systematically consider relevant evidence against the implementation of, or, proposals for change to policies or projects that apply only to colleagues at NHS Humber and North Yorkshire Integrated Care Board (ICB).

Any change to policies, projects or services that will have an impact on the public will require a full impact assessment.

There are 8 sections to this assessment which should be completed before the policy or project implementation or change is considered for approval:

1. Summary
2. Supporting documents
3. Workforce, including Equality Data
4. Sustainability
5. Finance
6. Digital
7. Data Protection
8. Engagement/ Consultation
9. **SUMMARY**

|  |  |
| --- | --- |
| **Policy or Project Name:** | Lone working policy |
|  |  |
| **Aims and intended effect of this policy/ project change or implementation:** | The purpose of this policy is to reduce and prevent risks involved to members of staff undertaking lone working as part of their daily work routine for the ICB. |
|  |  |
| **Details of any significant changes to the previous policy or project that is likely to have an impact on workforce or other groups:** | N/A – this is a new policy |
|  |  |
| **List of any other polices or projects that are related to or referred to as part of this analysis** |  |
|  |  |
| **Who the policy or project will affect:** | All ICB employees including those on temporary or honorary contracts, secondments, pool staff, contractors and students. |
|  |  |
| **Does the implementation or change to the policy or project rase any ethical dilemmas?**  **If yes: has this been referred to the System Ethics Group?** | No  N/A |
|  |  |
| **Completed by:** | Name: Ellen Walker  Directorate: Corporate Affairs  HNYICB Place: N/A  Date: 23-09-24 |
|  |  |
| **Approved by:**  ***All IIA’s for internal policies or projects must be signed off by the Corporate Directorate. Please send this IIA and the supporting document to*** [**hnyicb-hull.hnypolicyenquiries@nhs.net**](mailto:hnyicb-hull.hnypolicyenquiries@nhs.net) | Name: Gemma Mazingham  Directorate: Corporate Directorate  HNYICB Place: HNYICB  Date: 08/11/2024 |

1. **SUPPORTING DOCUMENTS**

Please include any relevant documents relating to your change or implementation of a new policy or project.

(To embed a document, go to Insert; Object; Create from file, then click browse and select your document from where it is saved. Select the tick box for display as icon, then select Change icon and you can amend the text that will appear below your document).

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| **Document Name** | **Embedded document** |
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1. **WORKFORCE, INCLUDING EQUALITY DATA**

Please consider the following areas in the context of the implementation of your policy or project or, the change to your policy or project :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area** | **Positive Impact?** | **Neutral Impact** | **Negative Impact** | **Evidence of impact and, if applicable, justification where are ‘genuine determining reason’ exists (see footnote)** |
| **Effective prioritisation and management of workload** |  |  |  |  |
| **Staff experience as a result of workforce changes** |  |  |  |  |
| **Contractual obligations** |  |  |  |  |
| **Workplace** |  |  |  |  |
| **Sustainability of service due to workforce issues** |  |  |  |  |
| **Support for whole system workforce integration (ICS)** |  |  |  |  |
| **Support for workforce planning** |  |  |  |  |
| **Support for colleague health and wellbeing** |  |  |  | The purpose of the policy is to reduce and prevent risks involved to members of staff undertaking lone working as part of their daily work routine for the ICB. |

‘Genuine determining reason’ means an action is proportionate to the legitimate aims of the organisation (please seek further advice).

**EQUALITY DATA**

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share one or more of the nine protected characteristics as detailed in the [Equality Act (2010)](https://www.gov.uk/guidance/equality-act-2010-guidance).

When considering workforce equality impacts, examples of equality date could include:

•     recruitment data (e.g., number of applications compared to our population profile, number of appointments)

•     complaints made by groups who share / represent one or more protected characteristic

•     grievances, decisions upheld or dismissals by protected group

•     findings of the NHS Staff Survey

•     data from the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports

|  |  |
| --- | --- |
| **Key Questions** | **Information provided** |
| Is any equality data available relating to the use of this policy / project. | No |
| **If yes**  List the equality used to assess the impact of this policy / project / function: | N/A |
| **If no**  List the data you will use to assess the impact of this policy / project / function: | The effectiveness of the policy will be monitored by the ICB health and safety committee. Through the incident reporting and investigation process, any newly identified risks associated with lone working will be reported to the ICB health and safety committee to ensure appropriate risk mitigations are developed and implemented. |

Details of any potential impact of this policy / project on our workforce from different protected characteristic groups should be included below.

This should be based on analysis of:

* the equality data listed above
* insights gathered through engagement
* your knowledge of the substance of this policy or project

| **Protected characteristic** | **Positive Impact** | **Neutral**  **Impact** | **Negative Impact** | **Evidence of impact and, if applicable, justification where are ‘genuine determining reason’ exists (see footnote)** |
| --- | --- | --- | --- | --- |
| **Age**  This refers to workforce of all ages. |  |  |  | No impact - generic risk assessment |
| **Disability**  Colleagues who have physical disabilities and / or impairments, learning disabilities, learning differences (for example, someone who is neurodiverse), people with mental health conditions, sensory loss and long-term chronic conditions (such as diabetes, HIV) or hidden, invisible or variable conditions |  |  |  | Individual risk assessment will record risks to lone workers with characteristics which may make them more vulnerable, such as colleagues with existing medical conditions / disabilities.  Plans need to take into account emergency evacuation provisions which may need to be reviewed and adapted for working areas specifically defined to allow for solo  evacuation. A PEEP system is in place for staff which is arranged and agreed with the line manager. |
| **Gender reassignment**  Refers to someone who is proposing to, is going through or has gone through a process to live in a gender that is different to the one assigned at birth.  For example, Trans (transgender) people, non-binary people or gender fluid / gender queer people. |  |  |  | No impact - generic risk assessment |
| **Marriage or civil partnership** Refers to legally recognised partnerships (applies to employment only). |  |  |  | No impact - generic risk assessment |
| **Pregnancy and maternity**  Refers to the pregnancy period and the first year after birth. |  |  |  | Individual risk assessment will record risks to lone workers with characteristics which may make them more vulnerable, such as pregnant colleagues. In addition, a Pregnancy Risk Assessment is undertaken by the Line Manager. |
| **Race**  Refers to people of different races which can include colour, nationality, ethnic or national origins and different ethnic backgrounds, for example, Gypsy Romany and Traveller peoples. |  |  |  | No impact. A generic risk assessment |
| **Religion or belief**  Includes all religious and philosophical beliefs including having no religious belief, |  |  |  | No impact. A generic risk assessment |
| **Sex**  This refers to biological sex eg male / female / intersex. |  |  |  | Females may be more vulnerable when lone working. A Sexual Safety Policy is in place to support and the implementation and reinforcement of this policy will reduce risk in relation to females thus having a positive impact for this cohort of our workforce . |
| **Sexual orientation**  Refers to who a person is attracted to, for example gay, lesbian, bisexual, asexual and heterosexual (straight). |  |  |  | No impact. A generic risk assessment |
| **Socio-economic deprivation** Refers to the different financial situations people may be experiencing, for example, working poverty and cost of living impacts for people from different backgrounds (not Band exclusive) |  |  |  | No impact. A generic risk assessment |
| **Working carers** Refers to anyone who cares, unpaid, for a friend or family member who due to their illness, disability, mental health condition or an addiction cannot cope without their support.  Working carers can be considered protected under the Equality Act (2010) by association. |  |  |  | No impact. A generic risk assessment |

‘Genuine determining reason’ means an action is proportionate to the legitimate aims of the organisation (please seek further advice).

1. **SUSTAINABILITY**

Sustainability = how to meet the needs of the current generation without compromising the ability of future generations to meet their needs. This area includes waste and pollution, recycling, use of resources, ethical purchasing, biodiversity, provision of green spaces.

| **AREA** | **Positive Impact** | **Neutral Impact** | **Negative Impact** | **Evidence of impact and, if applicable, justification where are ‘genuine determining reason’ exists (see footnote)** |
| --- | --- | --- | --- | --- |
| **Travel**   * Will it provide / improve / promote alternatives to car-based transport and promote active travel (cycling, walking)? * Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? * Will it reduce ‘care miles’ (telecare, care closer) to home? * Will it improve access to opportunities and facilities for all groups? |  |  |  |  |
| **Procurement**   * Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery? * Will it stimulate innovation among providers of services related to the delivery of the organisations’ social, economic and environmental objectives? * Will it promote ethical purchasing of goods or services? * Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)? * Will it support local or regional supply chains? * Will it make current activities more efficient or alter service delivery models |  |  |  |  |
| **Facilities Management**   * Will it reduce the amount of waste produced or increase the amount of waste recycled? * Will it reduce water consumption? |  |  |  |  |
| **Social Value**   * Will it provide employment opportunities for local people? * Will it promote or support equal employment opportunities and/ or offer employment opportunities to disadvantaged groups? * Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? |  |  |  |  |
| **Community Engagement**   * Have you sought the views of our communities in relation to the impact on sustainable development for this activity |  |  |  |  |
| **Buildings**   * Will it increase safety and security in new buildings and developments? * Will plans include improvement to the biodiversity of the area? * Will it improve access to the built environment? * Will plans have sufficient local infrastructure to support them? |  |  |  |  |
| **Partnership and Integration**   * Will it support for whole system workforce integration? * Will there be support for workforce planning? * Will it minimising ‘care miles’ making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people’s homes? * Will it promote prevention and self-management? * Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? |  |  |  |  |
| **CO2 reduction**   * Will it reduce the carbon footprint or be carbon neutral? * Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? |  |  |  |  |
| * **Adaptation to Climate Change** * Does this take into account climate change risks for the area (increased flooding, higher summer temperatures)? |  |  |  |  |
| **Rural Proofing**   * Almost a third of the CCG’s population live in rural areas – how will this course of action affect their ability to access services? Increases in age and disability lead to a reduced ability to drive and greater dependence on public transport. * Guidance available here: [https://www.gov.uk/government/publications/rural-proofing](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Frural-proofing&data=05%7C02%7Cg.mazingham%40nhs.net%7C2a4d5539265749d473d408dc394ae685%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638448243516517641%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Rw%2BS1jay8ttsVe0Qm%2Bt3V5vzXo71IpOcP6P6NC%2ByJME%3D&reserved=0) |  |  |  |  |

For further information see:

Greener NHS:  [https://www.england.nhs.uk/greenernhs/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fgreenernhs%2F&data=05%7C02%7Cg.mazingham%40nhs.net%7C2a4d5539265749d473d408dc394ae685%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638448243516527948%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=%2FgTIQms5w7krb1Ve%2FXYC5RcfHa9CZeij409io7zo7uQ%3D&reserved=0)

Centre for Sustainable Healthcare: [https://sustainablehealthcare.org.uk/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsustainablehealthcare.org.uk%2F&data=05%7C02%7Cg.mazingham%40nhs.net%7C2a4d5539265749d473d408dc394ae685%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638448243516535014%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=itZNDciYjZOqurrOuOHiJLbWIPO7gr%2FpxDEjJnwtc5k%3D&reserved=0)

1. **FINANCE**

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| --- | --- | --- |
| **Current spend (£ / £k / £million)** | No additional financial implications result from the implementation of this policy | |
| **Implementation date** |  | |
| **Type of savings** |  |  |
|  |  |
|  |  |
| **Potential Savings (gross)** If you have answered 'no savings' above you do not need to complete this question | Part year effect: |  |
| Full year effect: |  |
| **Potential Investment Needed (gross)** | Part year effect: |  |
| Full year effect: |  |
| **Net effect** | Part year effect: |  |
| Full year effect: |  |
| **Level of confidence in achieving savings - high/medium/low** |  | |

1. **DIGITAL**

The assessment will focus on ensuring that people are not digitally excluded and on making sur the right safeguards are in place.

Further information can be found here:

AI and Data Protection Risk Toolkit: [https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/artificial-intelligence/guidance-on-ai-and-data-protection/ai-and-data-protection-risk-toolkit/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fico.org.uk%2Ffor-organisations%2Fuk-gdpr-guidance-and-resources%2Fartificial-intelligence%2Fguidance-on-ai-and-data-protection%2Fai-and-data-protection-risk-toolkit%2F&data=05%7C02%7Cg.mazingham%40nhs.net%7C2a4d5539265749d473d408dc394ae685%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638448243516540360%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=oCkQ%2BqGOehzQ%2FXGNYmKbJwXpWtIE8ZELffrxBbq4mjY%3D&reserved=0)

Digital Technology Assessment Criteria for Health and Social Care: [https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Ftransform.england.nhs.uk%2Fmedia%2Fdocuments%2FDTAC\_version\_1.0\_FINAL\_updated\_16.04.odt&wdOrigin=BROWSELINK](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fview.officeapps.live.com%2Fop%2Fview.aspx%3Fsrc%3Dhttps%253A%252F%252Ftransform.england.nhs.uk%252Fmedia%252Fdocuments%252FDTAC_version_1.0_FINAL_updated_16.04.odt%26wdOrigin%3DBROWSELINK&data=05%7C02%7Cg.mazingham%40nhs.net%7C2a4d5539265749d473d408dc394ae685%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638448243516546171%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Qru6mh2PfW%2Fj43kAMsu65%2FsHuOngYlyi%2FRArIYADvlc%3D&reserved=0)

1. **DATA PROTECTION**

|  |  |  |
| --- | --- | --- |
| **Screening Questions** | | **Tick if yes** |
| 1 | Will the project involve the collection of new identifiable or potentially identifiable data about individuals? (If the ICB do not process personal data but another organisation or a service provider does as part of the project, a DPIA must still be completed). |  |
| 2 | Will the project compel individuals to provide data about themselves or involve the processing of personal data not obtained directly from the individual? i.e. where they will have little awareness or choice or where it is impossible, or would involve disproportionate effort, to inform the individuals that the processing is taking place |  |
| 3 | Will identifiable data about individuals be shared with other organisations or people who have not previously had routine access to the data? |  |
| 4 | Are you using data about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for a service evaluation; data matching where data obtained from multiple sources is combined, compared or matched. |  |
| 5 | Where data about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, genetic data, criminal records or other information that people may consider to be sensitive and private and may cause them concern or distress. |  |
| 6 | Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent. |  |
| 7 | Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives? Is it based on automated decision making (including profiling)? |  |
| 8 | Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition, Artificial Intelligence or tracking (such as tracking an individual’s geolocation or behaviour) |  |
| 9 | Is a service/processing activity being transferred to a new supplier/organisation (or re-contracted) at the end of an existing contract |  |
| 10 | Will the project involve systematic monitoring of a publicly accessible area on a large scale? i.e. use of CCTV |  |
| 11 | Will the project involve the targeting of children or other vulnerable individuals? i.e. for marketing purposes, profiling or other automated decision making |  |
| \* | If none of the above are applicable please tick to confirm you have considered completion of a DPIA and determined it is not required. |  |

1. **Engagement/ Consultation**

If there is likely to be an impact on workforce, engagement with the following groups should be made.

|  |  |
| --- | --- |
| **Group** | **Feedback** |
| **Social Partnership Forum (SPF)**  (please contact [hr.hnyy@nhs.net](mailto:hr.hnyy@nhs.net) for meeting dates and attendance) | Date attended: 24-10-24  Feedback received:  Engagement and feedback received from the SPF policy sub-group was generally positive. Some minor updates were requested to the definition of the lone worker for clarity. These updates have been incorporated into the final version. |
| **Staff Wellbeing Group**  (please contact nicky.lowe@nhs.net for meeting dates and attendance) | Date attended: 22-08-24  Feedback received:  Engagement and feedback received from the staff wellbeing group was generally positive and updates to enhance the policy were made in response. |