**Digital Inclusion Impact Assessment**

**INSERT PROJECT/PROGRAMME NAME**

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| **Date of assessment :**  |  |
| **Programme/Project/Service/System Start Date:**  |  |
| **ICB Digital Inclusion Service (Digital Programmes Team) Signature and Date:**  |  |  |
| **Project/Programme Finish Date:**  |  |
| **Authorising Signature, Role and Date**  |  |  |
| **Impact Assessment Review date** *(recommendation 6/12 monthly review***) :**  |  |

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| **Programme/Project/Service/System Details** |
| **Name of transformation** **Programme/Project/Service/System being assessed** | *Title of the Programme/Project/Service/System being assessed* |
| **Summary of aims and objectives** | *Describe the project/programme including:** *Scope*
* *Objectives and strategy*
* *Stakeholders*

*Digital Technology being deployed* |
| **Who is affected by the transformation Programme/Project/Service/System?****(public/patient/workforce)** | *Outline the main stakeholders and those affected by the digital transformation work. A detailed stakeholder/involved persons map should be completed* |
| **What involvement and engagement has been done in relation to this Programme/Project/Service/System ? (e.g. with relevant groups and stakeholders)** | *Describe the engagement and involvement of stakeholders in this work; specifically ensuring that all relevant considerations have been made* |
| **What are the arrangements for monitoring and reviewing the actual digital inclusion impact of the Programme/Project/Service/System?** | *Outline the frameworks and arrangements for ongoing monitoring of digital inclusion. This should be completed in line with all assurance and monitoring timelines* |
| **Impact on Digital Inclusion** |
| **Please outline any way this Programme/Project/Service/System positively impacts or supports Digital Inclusion** |  |
| **Please outline any way that this Programme/Project/Service/System negatively impacts people that may be at risk of digital exclusion**  | *Please include* workforce as well as people – anyone that would be considered an ‘end user’ of the Programme/Project/Service/System *Please list and number who and how**Include reference to the digital inclusion toolkit – heatmap and research (under development)* |
| **Mitigations or considerations to overcome any potential barriers to digital inclusion** | *Please give details here and risk summary in the Risk table below* |
| **Protected Characteristics** |
| **Has an Equality Impact Assessment been completed?****(this form does not replace the need for an EIA)** | Yes/noDate completed  |
| **Have considerations regarding the Public Sector Equality Duty been made?** | As Above |
| **Is it possible the proposed work could discriminate or unfairly disadvantage people?** | Include a brief explanation and justification followed by mitigating actions. – full details to be included in the EIA |

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| **Specific Criteria to review** |
| **Materials & Technology** | *What materials and technology will be used?**Who will provide/own the kit?**Affordability?**Will the access be backwards compatible with older devices and including dynamic design?**Will the software have inbuilt accessibility features or enable the device default features to be used?**Will this require high battery usage – a problem for older devices?**Does the device have adequate storage/memory for the tech being installed?**Will this be visible on a small mobile phone screen?**Are on screens buttons sufficient spaced to avoid accidental button press.**Are there versions that cater to those who find touch-screen technology difficult to use? (eg rheumatoid arthritis)* |
| **Access** | *Will the digital technology require the use of internet/data signal? Will the recipient be able to access free Wi-Fi/4G/broadband? – Can the recipient afford to pay for data broadband/4G* |
| **Environment** | *Has the recipient of the technology the appropriate environment in which to use it? – consider space, privacy, connections, electric supply, safety**Are they in a multi-occupancy residence with available private locations to interact?* |
| **Protected Characteristics** | *Are there specific adaptations and adjustments that need to be considered as a result of any of the protected characteristics. Are there religious, cultural or ethnicity matters that need to be addressed.**Does the recipient have any cultural barriers to the use of the digital technology?* |
| **Skills - Workforce** | *What level of skills will this device/software need?**Can it be used by any person?**Will there be sufficient training and support deploy to help launch* ***and*** *ongoing support during the lifetime of the solution?**Will the tech be provided or will the person be expected to use their own device?* |
| **Skills – Patient/Community** | *What level of skills will this device/software need?**Can it be used by any person?**Will there be sufficient training and support deploy to help launch* ***and*** *ongoing support during the lifetime of the solution?**Has this been user tested**Is this intuitive/easy to access* |
| **Safety**  | *Please consider :** *patient vulnerability*
* *cyber security*
* *data security (DPIA)*
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Please insert a row for any other specific criteria reviewed as part of this assessment.

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| **Overall Assessment of Digital Inclusion** |
| **Assessment** | **Tick appropriate box** | **Justification and Explanation**Full justification must be given as to approach |
| **No barriers identified at time of assessment and activity may proceed, however you can decide to stop the project at some point because upon review, the data shows bias towards one or more groups** |  |  |
| **You have identified barriers to digital inclusion, however, you can adapt or change the project in a way which you think will eliminate the bias** |  |  |
| **You have identified barriers to digital inclusion, however the impact is identified, mitigated or accepted. All available options have been considered carefully and there appear to be no other proportionate ways to achieve the aim of the project.****Therefore, you are going to proceed with caution with this project knowing that it may favour some people less than others, providing justification for this decision and a non digital alternative where appropriate** |  |  |

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| **Assessment of any identified risks, blockers, trends and mitigation strategy** |
| **No.**  | **Risk Summary** | **Initial Score**  | **Mitigation** | **Follow up Score post mitigation** |
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|  | Impact |
| Likelihood |  | 1 | 2 | 3 | 4 | 5 |
| 5 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 1 |  |  |  |  |  |

For next steps and further guidance please see Guidance notes or contact jenny.mason@cheshireandmerseyside.nhs.uk