Using this template:

Introduction:
The template has been designed to prompt the Project Manager and help in the production of the Impact Assessments.

Saving the document under its own name:
Save the document using the 'SAVE AS' command and save in the specific project folder located: ServiceTransformation\Intelligence_Planning\ProgrammeManagementOffice\PMO-CommissioningLeads\Projects.

Approval of the Assessments:
Each assessment is required to be approved by the relevant Impact Assessment Lead as the below table shows:

Impact Assessment	Impact Assessment Lead
Data Protection Impact Assessment (DPIA)	Compliance Officer – Kelly Huckvale
Equality Impact Assessment (EIA)	Director of Commissioning – Neill Bucktin
Quality Impact Assessment (QIA)	Chief Nurse – Caroline Brunt

Evidence of sign off must be saved in the specific project folder.

NHS
Dudley
Clinical Commissioning Group

Combined Impact Assessment Tool

Amendment History

Modified By	Date Modified	Version	Summary of Changes Made

Document Identification

The latest version of this document can be found in the following location: <enter location>

Note: printed copies of this document should be deemed "uncontrolled" and may not be the up to date version.

Raising Changes to this Document

Any changes to be made to this document should be made with the approval of the document owner.

Project Overview:	
Project Ref / Name:	
Author:	
Date Completed:	

Project brief	*Explain what the project aims to achieve, what the benefits will be to the organisation, to individuals and to other parties.*

Note: Please append a copy of the Summary of Impact Assessments to the Business Case as evidence of sign off.

Summary of Impact Assessments				
	Assessment	**Assessment Summary and Risk Factors**	**Approved By**	**Date**
Part 1	**Data Protection Impact Assessment (DPIA)**	*Provide a summary of the outcome of the impact assessment*	*<Compliance Officer)*	
Part 2	**Equality Impact Assessment**	*Provide a summary of the outcome of the impact assessment*	*<Director of Commissioning>*	
Part 3	**Quality Impact Assessment**	*Provide a summary of the outcome of the impact assessment including negative and positive impacts*	*<Chief Nurse>*	

PART 1

Data Protection Impact Assessment (DPIA)

The DPIA is a tool designed to help us identify and mitigate data protection risks of new projects or changes. It allows us to comply with data protection legislation.

An effective DPIA assists in:

- Uncovering and resolving issues at an early stage,
- Demonstrating our compliance to the regulation,
- Ensuring we meet expectations of Privacy

Responsible Project Lead	
Project Title / Name	
Project or Scheme Reference Number	
Estimated Project Completion Date	

Step 1: Identify the need for a DIPA:
Explain broadly what the project aims to achieve and what type of processing it involves. You may find it helpful to refer or link to other documents, such as a project Charter or Business Case.
Step 2: Describe the scope of the processing:
What is the nature of the data, does it include special category or criminal offence data?

How much data will you be collecting and using?
How often?
How long will you keep it?
How many individuals are affected?
What geographical area does it cover?
Step 3: Describe the context of the processing:
What is the nature of your relationship with the individuals?
How much control will they have?
Would they expect you to use their data in this way?
Do they include children or other vulnerable groups?

Are there prior concerns over this type of processing or security flaws?
Is it novel in any way?
What is the current state of the technology in this area?
Are there any current issues of public concern that you should factor in?
Are you signed up to any approved code of conduct or certification scheme?
Step 4: Describe the purpose of the processing:
What is the nature of your relationship with the individuals?
What do you want to achieve?
What are the benefits of the processing for you, and more broadly?

Step 5: Assess necessity and proportionality
Describe compliance and proportionality measures, in particular: *consult with the Data Protection Officer if you need help or advice with this section.*
What is your lawful basis for processing?
Does the processing actually achieve your purpose?
Is there another way to achieve the same outcome?
How will you prevent function creep?
How will you ensure data quality and data minimisation?
What information will you give individuals? How will you help to support their rights?
What measures do you take to ensure processors comply?
How do you safeguard any international transfers?

Step 6: Identify and assess risks			
Describe the source of risk and nature of potential impact on individuals. *Include associated compliance and corporate risks as necessary.*	**Likelihood of harm** *(Remote, possible, probable)*	**Severity of harm** *(Minimal, significant or severe)*	**Overall risk** *(Low, Medium or High)*

Step 7: Identify measures to reduce risk				
Risk	**Options to reduce or eliminate risk**	**Effect on Risk** *(Eliminated, reduced or accepted)*	**Residual Risk** *(Low, medium or high)*	**Measure Approved Y/N?**

Step 8: Sign off and records outcome		
Item	**Name / Date**	**Notes**
Measures approved by:		
Residual risks approved by:		
DPO advice provided:		
Summary of DPO Advice:		
GDPR/DPA principles that apply:		
DPO advice accepted or overruled by:		If overruled you must explain your reasons. This must be the SIRO or a Director.
Comments:		
Consultation responses reviewed by:		If your decision departs from individuals views you must explain your reasons.
Comments:		
This DPIA will be kept under review by:		The DPO should also review ongoing compliance with DPIA.

Frequently Asked Questions

Question	Answer
What is a DPIA?	Data Protection Impact Assessments (DPIA) is a process that assists organisations in identifying and minimising the data protection risks of new projects or policies.
What is a data protection risk?	This is the risk of harm arising through an intrusion into an individual's physical or informational privacy.
Do I need to consult with other individuals?	Yes; the completion of a DPIA involves working with people who may be affected by the project within the organisation, partner organisations and/or the people directly affected. For example: If the people affected could be patients it may be useful to include a patient experience group within the consultation process.
Do I need to consult about the DPIA separately if I have already completed this in relation to the Project Documentation?	No; it is expected that information impacts would have been raised as part of the initial project review/documentation
Why do we need to complete a DPIA?	This will highlight any risks or unidentified risks associated with the new project, processes or policies. The ICO (Information Commissioner) may request organisations DPIAs when reviewing incidents or completing audits as this is the most effective way for an organisation to demonstrate to the ICO how they comply with the Data Protection Act. Completing a DPIA should benefit organisations by producing better policies and systems and improving the relationship between organisations and individuals.
What Projects could require a DPIA to be completed?	The core principles of a DPIA should be completed with all projects. The DPIA is suitable for a variety of situations including (but not limited to): - introduction of a new IT System for storing and accessing personal data. - a data sharing initiative - using existing data for a new and unexpected or more intrusive purpose - implementing a new surveillance system - using a new database that consolidates information from various parts of the organisation - where new or revised policies, strategies will impact on privacy through the collection and/or use of information.
When should I complete a DPIA?	DPIAs should be completed at a time when it is possible to have an impact on the project or process. This is usually near the start of the process.
Does this link with other processes within the CCG?	Yes; the DPIA incorporates any other Information Governance or Data Protection requirements.
Who approves the DPIA?	Any risks raised must be confirmed and accepted by the 'risk owner'. The DPIA will be signed off by the Data Protection Officer (DPO).

PART 2

Equality Analysis Form

Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc.

Is a full Equality Analysis required for this project?					
Yes		Proceed to the full Equality Analysis form	**No**		Explain why further analysis is not required

Reason why further analysis is not required

Equality Analysis Form

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EA. An Equality Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated.

1. Evidence Used
What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses

2. Impact of decision
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.
2.1 Age *Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues.*
2.2 Disability
Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/learning disabilities, cognitive impairments.

2.3 Gender reassignment (including transgender)
Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment.
2.4 Marriage and civil partnership   *Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.*
2.5 Pregnancy and maternity
Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.

2.6 Race
Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures and language barriers.
2.7 Religion or belief
Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end of life issues.
2.8 Sex
Describe any impact and evidence in relation to men and women. This could include access to services and employment.

2.9 Sexual orientation
Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.
2.10 Carers
Describe any impact and evidence in relation to part-time working, shift-patterns, general caring responsibilities. (Not a legal requirement but a CCG priority and best practice)
2.11 Other disadvantaged groups
Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the CCG in meeting its legal duties to identify and reduce health inequalities.

3. Human Rights					
The principles are Fairness, Respect, Equality, Dignity and Autonomy.					
Will the proposal impact on human rights?	**Yes**		**No**	X	
Are any actions required to ensure patients' or staff human rights are protected?	**Yes**		**No**	X	
If so what actions are needed? *Please explain below.*					

4. How will you measure how the proposal impacts health inequalities? The CCG has a legal duty to identify and reduce health inequalities
e.g. patients with a learning disability were accessing cancer screening in substantially smaller numbers than other patients. By revising the pathway the CCG is able to show increased take up from this group, this a positive impact on this health inequality.

5. Engagement/consultation		
What engagement is planned or has already been done to support this project?		
Engagement activity	**With who?** **E.g. protected characteristic/group/community**	**Date**

Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will… (If a supporting document is available, please provide it or a link to the document)

6. Mitigations and changes
If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue.

7. Is further work required to complete this EA?			
Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)			
Work needed	**Sections**	**When**	**Date completed**
e.g. Further engagement with disabled service users to identify key concerns around using the service.	*2 - Disability*	*June - July 2017*	*Sep-17*

8. Development of the Equality Analysis		
If the EA has been updated from a previous version please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data		
e.g. Version .01	*The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.*	26-Sep-17

9. Final sign off	
Completed EA forms must be signed off by the Head of Corporate Governance. They will be reviewed as part of the decision making process. Completed forms should be sent to: sara.saville@nhs.net so that the CCG can maintain an up to date log of all EAs.	
Version approved:	

PART 3

Quality Impact Assessment

Risk Scoring Guide:	**Instructions for use** **1** Define the risk(s) explicitly in terms of the negative consequence(s) that might arise from the risk. **2** Use table 1 to determine the likelihood score (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score **3** Determine the consequence score (C) for the potential adverse outcome(s) relevant to the risk being evaluated. **4** Calculate the risk score the risk multiplying the likelihood by the consequence: L (likelihood) x C (consequence) = R (risk score) **5** Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level

Risk Quantification Matrix
Table 1 Likelihood Score (L)
What is the likelihood of the consequence occurring?

Likelihood Score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so.	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur

Risk System

Likelihood Score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
5 Catastropic	**5**	**10**	**15**	**20**	**25**
4 Major	**4**	**8**	**12**	**16**	**20**
3 Moderate	**3**	**6**	**9**	**12**	**15**

2 Minor	**2**	**4**	**6**	**8**	**10**
1 Negligible	**1**	**2**	**3**	**4**	**5**

Risk Scoring = consequence X likelihood (L X C)

1 to 3	Low Risk	8 to 12	High Risk
4 to 6	Moderate Risk	15 to 25	Extreme Risk

Quality Indicators

Please add quality indicators

Quality Impact Assessment

Patient Safety	*provide details of positive impacts of the project*	*provide details of negative impacts of the project*
Patient Experience	*provide details of positive impacts of the project*	*provide details of negative impacts of the project*
Clinical Effectiveness	*provide details of positive impacts of the project*	*provide details of negative impacts of the project*
Other	*provide details of positive impacts of the project*	*provide details of negative impacts of the project*

Mitigation	*provide mitigations to negative impacts*

Risk Grading (What is the Risk of the negative Impact occurring)			
	Likelihood Score	**Consequence Score**	**Overall Risk Score**
	1 Rare; 2 Unlikely; 3 Possible; 4 Likely; 5 Almost Certain	***1 Negligible; 2 Minor; 3 Moderate; 4 Major; 5 Catastrophic***	***Likelihood x Consequence (L x C) = R (Risk score)***
Patient Safety			
Patient Experience			
Clinical Effectiveness			
Other			