NHS
Bath and North East Somerset
Clinical Commissioning Group

Combined Tool:
Quality Impact Assessment Tool
Privacy Impact Assessment Tool

Please refer to the combined guidance document for any assistance in completing this

Title of service or policy	Endoscopy Service
Name of directorate and service	Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD)
Name and role of officers completing the Impact Assessments	Amanda Pacey- Head of Nursing and Operational General Manager (RNHRD) Dawn Clarke- Director of Nursing and Quality- BaNES CCG
Date of assessment	December 2014

The Quality Impact Assessment Tool
This involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Privacy Impact Assessment
Privacy impact assessments (PIAs) are a tool that you can use to identify and reduce the privacy risks of your projects. A PIA can reduce the risks of harm to individuals through the misuse of their personal information. It can also help you to design more efficient and effective processes for handling personal data

1.	Identify the aims of the policy or service and how it is implemented	
	Key questions	**Answers / Notes**
1.1	Briefly describe purpose of the service/policy including • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes	289 number of patients attend the Endoscopy service at the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD) as part of an annual or bi annual surveillance programme As a result of significant and longstanding financial challenges the RNHRD cannot continue in its current form and needs to become part of a larger organisation. The RNHRD Trust Board has outlined a strategic intent to be acquired by the Royal United Hospitals Bath NHS Foundation Trust (RUH). The RNHRD Board agree that this is the best opportunity to ensure the future provision and continuity of the RNHRD's high quality patient services. The RNHRD is proposing to transfer its Endoscopy service to the Royal United Hospitals Bath NHS Foundation Trust (RUH) as a result of the proposed acquisition, with a view to integrate the two services from 1st February 2015.
1.2	Provide brief details of the scope of the policy or service being reviewed, for example: • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there?	This is an existing service within the RNHRD that is to be transferred and absorbed into the existing RUH in February 2015
1.3	Do the aims of this policy link to or conflict with any other policies of the CCG?	**Links to CCG Five Year Plan.** Patients can be assured that they will continue to have access to an endoscopy service. The proposed transfer will ensure service continuity and that patients will benefit from the added

		assurance of externally accredited standards of care. (Joint Advisory Group (JAG) Accreditation https://www.rcplondon.ac.uk/projects/JAG

Overview

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Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

A fuller description of impact scores can be found at appendix 1.

	IMPACT				
	1	**2**	**3**	**4**	**5**
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

(LIKELIHOOD on vertical axis)

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 6 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Answer positive/negative (P/N) in each area. If N score the impact, likelihood and total in the appropriate box. If score > 8 insert Y for full assessment

Area of Quality	Impact question	P/N	Impact	Likeli-hood	Score	Full Assessment required
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P	*4*	5	20	No as impact considered positive
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	P	*4*	5	20	No as impact considered positive
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to	P	*4*	5	20	No as impact

Area of Quality	Impact question	P/N	Impact	Likeli-hood	Score	Full Assessment required
	prevent harm, including infections?					considered positive
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	P	4	5	20	No as impact considered positive
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P	3	3	9	No
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P	4	5	20	No as impact considered positive
Vacancy impact	Could the proposal impact positively or negatively as a result of staffing posts lost?	P	3	3	9	No as impact considered positive
Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. Social care/voluntary sector/District nursing	P	3	3	9	No as impact considered positive

Please describe your rationale for any positive impacts here:
The RUH has an accredited endoscopy service. The staff working within the current RNHRD service will be TUPED across to the RUH so there will be some continuity for patients. The impact of the change to patient care is deemed to be minimal with different travel and car parking arrangements the biggest impact

Privacy Impact Assessment screening questions

These questions are intended to help you decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise. You can expand on your answers as the project develops if you need to.

PIA Screening Questions	Yes	No
Will the project involve the collection of new information about individuals?	Yes	
Will the project compel individuals to provide information about themselves?	Yes	
Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	Yes	
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		No
Does the project involve you using new technology that might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.		No
Will the project result in you making decisions or taking action against individuals in ways that can have a significant impact on them?		No
Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example, health records, criminal records or other information that people would consider to be private.	Yes	
Will the project require you to contact individuals in ways that they may find intrusive?	Yes	

If you have answered yes to any of the questions above please complete the following template, you may find it helpful to refer to the guidance document which sets out the data protection principles

Summarise why the need for a PIA was identified (from screening questions above)	The RNHRD service is to move to the RUH. This will mean that personal information previously only held by the RNHRD will need to be shared with the RUH.
Describe the information flows:	289 patients will be affected. The IT systems are not integrated at

You should describe the collection, use and deletion of personal data here and it may also be useful to refer to a flow diagram or another way of explaining data flows. You should also say how many individuals are likely to be affected by the project	present between the RNHRD and the RUH. It is being explored if there can be process to transfer record by IT.If not, it will be completed manually. The patients who are currently RHNRD patients will have the notes photocopied and transferred to the RUH. The patient's transferring who do not access other services at the RNHRD can be transferred. A checklist back up system will be in place to identify any gaps.
Consultation requirements: Explain what practical steps you will take to ensure that you identify and address privacy risks. Who should be consulted internally and externally? How will you carry out the consultation? You should link this to the relevant stages of your project management process. You can use consultation at any stage of the PIA process	All patients have been written to personally about the change and have had an opportunity to respond. The patients GPS have also been advised of the proposed change
Identify the privacy and related risks: Identify the key privacy risks and the associated compliance and corporate risks. Larger-scale PIAs might record this information on a more formal risk register.	<table><tr><th>Privacy issue</th><th>Risk to individuals</th><th>Compliance risk</th><th>Associated organisation / corporate risk</th></tr><tr><td>None</td><td>None</td><td>JAG accreditation if transfer of endoscopy services does not occur</td><td>None</td></tr></table>

Identify privacy solutions: Describe the actions you could take to reduce the risks, and any future steps which would be necessary (eg the production of new guidance or future security testing for systems).	Risk	Solution(s)	Result: is the risk eliminated, reduced, or accepted?	Evaluation: is the final impact on individuals after implementing each solution a justified, compliant and proportionate response to the aims of the project?

Sign off and record the PIA outcomes: Who has approved the privacy risks involved in the project? What solutions need to be implemented?	Risk	Approved solution	Approved by

Integrate the PIA outcomes back into the project plan:
Who is responsible for integrating the PIA outcomes back into the project plan and updating any project management paperwork? Who is responsible for implementing the solutions that have been approved? Who is the contact for any privacy concerns that may arise in the future?

Quality Impact Assessment and Privacy Impact assessment Improvement Plan

Please list actions that you plan to take as a result of this combined assessment. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
No issues have as yet been identified				

Sign off and publishing
Once you have completed this form, it needs to be 'approved' by your Lead Director or their nominated officer.   Keep a copy for your own records.

Signed off by:	Dawn Clarke, Director of Nursing and Quality- BaNES CCG (Executive Director or nominated senior officer)

Date: 5th Jan 2015