Policy:

Registration Authority (Smartcard)

(Review Date extended to 30/04/2020 by EDG)

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Policy author	John Wolstenholme
Feedback on implementation to	Tom Davidson

Date of draft	19 March 2015
Date of ratification	
Ratified by	Information Governance Steering Group
Date of issue	
Date for review	30/04/2020 **[Extended from 28 February 2020 by EDG on 20/02/2020]**

Target audience	All SHSC Staff

Version 1.1 of the Registration Authority (Smart Card) Policy.

This policy is stored and available on the SHSC intranet. Human Resources department is responsible for storage of the policy and archive versions.

EDG approved third extension to review date on 20 February 2020 – review date 30 April 2020.

EDG approved second extension to review date to 28 February 2020.

EDG approved extension to review date to 31 May 2019.

Contents:

1. Introduction

For Healthcare Professionals to access HSCIC applications they need to be registered. The registration process for the National Programme has to meet the current Government requirements and will be applied nationally. All the HSCIC applications use a common security and confidentiality approach. This is based upon the NHS professional"s organisation/s role/s, area/s of work and business function. The primary method by which users will be enabled to access an HSCIC application is via a Smartcard issued during the Registration Process. Once an applicant has been successfully registered they will have a User ID, pass-codes and Smartcard – which will permit their access to the appropriate application/s and information. The process of gaining access to the National Programme applications is called National Programme Registration. The Registration Process is operated at a local level by a Registration Authority who is required to conform to the National Registration Policy and Practices identified below.

This document describes procedures for the operation of the Registration Authority (RA) within Sheffield Health and Social Care NHS Foundation Trust (hereafter known as SHSC). The use of the word staff in this document means, people who are directly employed by, or contracted to provide service to, or are part of an agreement with SHSC.

Note: - SHSC may determine that it is of benefit to have Sponsors and/or RA Agents outside of the IT Directorate. In such cases these staff, for their RA roles (Sponsor or Agent) are directly responsible to SHSC.

SHSC needs a Registration Authority to manage the distribution and use of Smartcards.

SHSC will comply fully with the latest published National Policies and Procedures.

The procedures covered in this document are the local support procedures necessary to support the National Policies and Procedures, in particular:

• Identification and Appointment of RA Team Members
• Registration of RA Manager
• Registration of RA Agents
• Registration of Sponsor
• Registration of HSCIC Application Users

- Management of HSCIC Application Users
- Management of RA/User Smartcards
- Management of RA/User PIN/Pass-codes
- Management of RA/User Profiles

2. Scope of this policy

This policy is trust-wide and covers all staff who require access to national systems which require a Smartcard log-on.

3. Definitions

The following definitions / acronyms will apply throughout this document.

RA – Registration Authority

HSCIC – Health & Social Care Information Centre

SHSC – Sheffield Health and Social Care NHS foundation Trust

'The Trust' – where used, this will mean Sheffield Health and Social Care NHS foundation Trust as detailed above.

4. Purpose of this policy

The purpose of the policy is: -

- To inform staff of the Trusts local implementation of the National Registration Authority requirements
- To provide guidance to staff about the methods for gaining a Smartcard and its appropriate use.
- To detail the methods for dealing with inappropriate Smartcard use, or use in contravention with this policy.
- To outline Staff responsibilities in relation to the policy, in particular, those which have responsibility for the authorising and issuing Smartcards and those which have responsibility for overseeing and policing the policy

5. Duties

- The Caldicott Guardian will hold overall responsibility for the RA function as designated RA owner.

- The Workforce Information & Planning Manager is the trust"s nominated RA Manager.

- The Workforce Information & Planning department will fulfil the role of RA agent and is responsible for the creation of Smart Cards within the trust.

6. Specific details

6.1. RA Organisation / Owner

The Registration Authority (RA) is an official or committee within SHSC with appropriate organisational authority who is responsible for ensuring that all aspects of registration services and operations are performed in accordance with National Policies and procedures (See section 1). They are responsible for providing arrangements that will ensure tight control over the issue and maintenance of electronic Smartcards, whilst providing an efficient and responsive service that meets the needs of the users.

The Registration Authority has the following responsibilities:-

- Ensuring that the National Registration processes are adhered to in full.
- Ensuring that the RA01, RA02 and RA03 forms are appropriately used.
- Ensuring that any local processes developed to support the National Registration processes are adhered to in full.
- Ensuring that there is sufficient availability of resource to operate the registration processes in a timely and efficient manner to meet their organisational responsibilities.
- Ensuring that the RA team members are adequately trained and familiar with the local and national RA processes.
- Ensuring that an indexed and secure audit trail is maintained of applicant"s registration information (RA01) and profile changes (RA02, RA03).

- All completed application forms and associated documents are kept secure in an area where the RA"s and HR team have access, in line with HSC 1999/053 which stipulates the retention duration for HR type records.
- Ensure RA members are familiar with and understand Registration Policy and Practices and this document.
- Notification of the creation and revocation of RA managers (including their e-mail address) by sending an e-mail to nationalra@hscic.gov.uk
- Ensuring that there are sufficient Smartcards and Smartcard issuing and maintenance equipment for the organisation.
- Ensure sponsors identified via the Executive have the business function of "sponsor" associated with the appropriate organisation job profile/s.

All SHSC RA Members will have sufficient training to carry out their RA tasks in accordance with National Policies and Procedures. They will be individuals capable of trust as they will be handling sensitive information covered by The Data Protection Act. They will be key players in ensuring the NHS Code of Confidentiality and the Acceptable Use Policy, Terms and Conditions (available from the SHSC intranet) is followed.

The SHSC Registration Authority is made up of the following personnel:

- Registration Authority Manager.
- Registration Sponsors.
- Registration Agents.

The services available will be:

- User registration
- Role profile maintenance
  - Adding role profiles
  - Changing role profiles
  - Deactivating role profiles
- Revocation and cancelling of   Smartcards
- User suspension
- PIN / Pass-code resetting
- Changes to shared secrets

- Smartcard renewal and exchange

The above services will be available during normal working hours. The service will not be available on bank holidays.

6.2. Incident Reporting

Incidents may be reported by any member of staff where they feel that there is a risk to patient health, confidentiality or SHSC reputation. Incidents should be reported, using the SHSC Incident Procedure available from the SHSC intranet.

Examples of incidents are:
- Smartcard or application misuse.
- Smartcard theft.
- Non-compliance of local or national RA policy.
- Any unauthorised access of HSCIC applications.
- Any unauthorised alteration of patient data.

The RA manager will also consider all incidents reported to them and escalate such incidents using the SHSC incident reporting policy. Any incidents considered significant will be escalated to the SHSC IGSG, HR and/or the SHSC Caldicott Guardian depending on the nature of the incident. A major breach of security will also be reported by the RA manager to the HSCIC to ensure any risks resulting from the event can be taken into account and mitigated against.

A significant incident is an isolated incident or a series of less significant incidents that could lead to a serious degradation of healthcare or information security. The IGSG, Trust Board and Caldicott Guardian will consider incidents reported to them and decide whether SHSC systems or working practices should be reviewed as a result.

Incidents involving breaches of security or demonstrate that a User may not be considered trustworthy should also be reported to HR and Caldicott Guardian by the RA Manager so that any disciplinary measures required may be taken. HR will decide which other members of staff need to be involved (e.g. line manager, IT Manager).

In the event of system failure, staff should contact the SHSC helpdesk during normal working hours.

6.3 Responsible Parties

6.3.1 Registration Authority Manager

The RA Manager is selected by the SHSC Executive and is responsible for the set up and day to day running of the SHSC RA service. The RA Manager must ensure that all RA procedures are carried out in accordance with local and national policy.

6.3.2. Appointment of RA Managers

The Board will identify the RA Manager for SHSC. We will publish the RA Manager"s Name, role and contact details on the Trust intranet.

6.3.3. Registration Sponsors

Sponsors are appointed and entrusted to act on behalf of the Trust Executive team in determining who should have what access and maintaining the appropriateness of that access.

They have two specific responsibilities:-

- Identification of the type of access to information a user"s needs via an HSCIC application – the organisation they belong to and their Role Profile.
- Attendance at the face to face meeting if they are personally vouching for the identity of a user who they know to have worked for two or more continuous years in the Trust.

Sponsors are responsible for granting on behalf of SHSC, who can access what healthcare information. Sponsors will be held accountable by the Trust for their actions. Sponsors are responsible to the Trust Executive to ensure only appropriate access to HSCIC Applications is granted.

Sponsors will be identified by the SHSC Executive, or the Caldicott Guardian as being suitable persons by virtue of their status and role. Sponsors will be registered by an RA Manager or Agent on behalf of the SHSC Executive in accordance with instructions given by the Trust Executive. Sponsors will be staff with sufficient seniority to understand and accept the responsibility required. Registration Sponsors are responsible to the RA Manager for the accuracy of the information on the RA01, RA02 and RA03 forms.

The RA Manager will publish and maintain the list of sponsors and it will be available on the SHSC intranet.

6.3.4. Appointment of Registration Sponsors

Sponsors may be selected from anywhere within the Trust however the preferred choice of sponsor would be a Director or Senior Team Manager.

All Sponsors are required to provide documentary evidence to prove their identity.
The RA Manager will keep sample Sponsor"s signatures for comparison with Sponsor"s signatures on RA forms. RA forms may be scanned and transmitted by fax or e-mail and sent to RA Agents for processing. The original RA form must be sent to the RA within three working days. Registration Sponsors are responsible for making sure that National Programme application users are given the minimum appropriate level of access needed to perform their job.
The areas of responsibility with respect to HSCIC Application user access should be clearly defined for each Sponsor.

6.3.5. Sponsor Reporting

Registration Sponsors and Agents will report any RA related incidents, using the SHSC incident reporting procedure. Additionally Sponsors and RA Agents will report any operational difficulties especially where these have patient healthcare implications to the RA Manager. The RA Manager is responsible for ensuring that regular reports are presented to the Caldicott Guardian.

6.3.6. Registration Agents

Registration Agents are responsible to the RA Manager for ensuring that the National and local processes are followed and for the accurate input of information on RA forms onto the HSCIC Spine User Directory and Card Management System; RA Agents will usually be from HR or IT.

Registration Agents will ensure that all inter-Trust agreements are followed and adhered to. All incidents, misuses, anomalies and problems will be reported to the RA Manager

6.4 <u>Processes</u>

We will ensure that processes supporting the identification, registration and management of staff will be integrated with other SHSC processes as appropriate.

All our RA policies and procedures will be auditable by internal auditors as well as external auditors. Audits would typically cover:

- The issuance of Smartcards
- The management of Smartcards
- The profiles associated with users in relation to what they do
- The use of Smartcards
- The use of HSCIC applications
- Identity management
- Security of supplies and equipment

6.4.1. Starters

As part of normal induction processes new staff required to use HSCIC Applications will be:

- Introduced to the relevant Sponsor who will identify the appropriate role profile for the user and take them through the SHSC RA processes required. This could be how to become registered or, if the User already holds a Smartcard issued by another Trust, adding the necessary Role Profile/s.

- Trained on the aspects of HSCIC Application use relevant to their role/s. (This guidance must be written as well as verbal)
- Trained on the National and SHSC RA processes.

Where full registration is required; the Applicant will be required to bring suitable forms of identification with them.

Where staff are recruited to a role which requires access to National HSCIC Applications it is important that the following points are considered:

- Checks on an applicant"s ID are made during recruitment to ensure that RA Level 3 identification requirements can be met
- Offers of employment are dependent on the applicant"s ability to meet and continue to meet all requirements for HSCIC access
- Induction processes include the issuing of Smartcards (where the applicant is not an existing Smartcard holder) and adding of the appropriate role profile(s)
- Staff should be trained sufficiently prior to the use of Smartcards and/or HSCIC Applications
- Staff must sign to acknowledge that they have read and understood the policies and procedures governing the use of Smartcards and HSCIC Applications (RA01 form)
- All HSCIC Application Users must have sufficient training to carry out their HSCIC Application tasks without risk.

All the above processes will be integrated into the standard employment processes of the Trust, as much as possible to prevent duplication.

6.4.2. Leavers

When staff are leaving, the following points must be considered:

- All SHSC role profiles in the HSCIC Spine User Directory pertaining to the employee must be deactivated as soon as is practical.
- If the User if transferring to another NHS related location e.g. GP practice, Acute Trust etc. and they can provide details/proof then the current registration details will be

copied and sent to the new location – the user is allowed to retain the Smartcard but their profile in this organisation is removed.

- Staff permanently leaving the NHS should have their certificate revoked and the Smartcard issued to them should be destroyed (Examples of permanently leaving would include retirement, leaving for employment in a non-NHS job or taking up fulltime education etc.)
- The RA Manager must be notified giving as much notice as possible.
- The required actions must be taken as soon after the staff member leaves as possible.

6.4.3. Contractors

The SHSC will ensure all contractors who need to use the HSCIC applications are bound to the Data Protection Act and The NHS Confidentiality Code of Practice (www.dh.gov.uk). This will include the process to be taken in cases of a breach and liability issues.

6.5. Management and use of RA Equipment

The RA Manager, on behalf of SHSC, will be responsible for ensuring that adequate numbers of Smartcards are available and maintaining the Smartcards throughout their useful life. The IT Manager will ensure that there is sufficient computer equipment to support all users of HSCIC applications (including those for registration). All RA equipment will be subject to policies and procedures governing the management and control of SHSC Assets.

6.6. Management of HSCIC Application Users

6.6.1. Registration Forms

SHSC will ensure they use the latest version of the RA forms as published on the SHSC intranet site. The accuracy of these documents is managed by the central RA team.
All SHSC RA Team members will receive Training on the RA forms and their use. Special training will be arranged whenever RA forms are changed significantly.

6.6.2. RA01

The RA01 form is used to record the registration of new HSCIC Application Users.

The RA01 is in three sections:

- Section 1 Applicant details – To be completed and signed by the applicant.
- Section 2 Glossary.
- Section 3 Applicant"s initial privileges and confirmation the Sponsor did/didn"t vouch for the users" identity – To be completed by the Sponsor (conformant to the Registration Policy and Practices for Level 3 Authentications) and RA Agent/Manager to record details of registration.
- Section 3 For RA & Sponsor use only.

The RA01 form is held by the applicant until the RA Manager/Agent registers the applicant on the HSCIC Spine User Database. Once registration is completed the RA01 form is delivered securely to the RA team, where the RA forms are logged and filed, to be available for RA Managers/Agents/Sponsors/auditors as necessary. RA forms should be transported in sealed opaque envelopes.

6.6.2. RA02

The RA02 form is used to record changes made to an existing HSCIC Application User"s Role Profile(s). This will be necessary whenever employee HSCIC Application related roles start or end in the Trust.
Whenever a change to a User"s Role Profile is identified the relevant Sponsor must be requested to authorise the changes required. The following are examples of when Role Profile changes would be needed:

- A Medical Admissions Secretary changes departments.
- A Senior Nurse covers a colleague"s role as a Nursing Manager during a period of sick leave.

- An Administrator takes on an extra job in a different department.
- A Junior Doctor"s assignment in a department comes to an end.

Once the relevant Sponsor has authorised the change(s) the RA02 form shall be processed by the RA. Should there be any problems with the form these will be referred to the signing Sponsor.

Once RA has completed the changes on the RA02 form it will be delivered securely to the RA team where the RA forms are logged and filed, to be available for RA Managers/Agents/Sponsors/auditors as necessary. RA forms should be transported in sealed opaque envelopes.

6.6.3. RA03

The RA03 is used to record revocations. Whenever it is necessary to revoke a certificate associated with a Smartcard a RA03 form must completed and signed by the Sponsor. Sponsor should only do this when it has been confirmed by HR the user has left the organisation or in the case of disciplinary action, on the express request by HR. Once complete the RA03 should be sent to the RA team for action.

The RA team needs to cross check revocations with HR to prior to making any changes to ensure they revoke the access of the correct user and be especially diligent.

Smartcards should be retained by SHSC and then destroyed as soon as is practical after the staff member has finished.

Once the RA has completed the changes on the RA03 form it will be delivered securely to the RA team where the RA forms are logged and filed, to be available for RA Managers/Agents/Sponsors/auditors as necessary. RA forms should be transported in sealed opaque envelopes.

6.7. Smartcards

Smartcards should be treated with care and protected to prevent loss or damage.

6.7.1. SHSC Trust name on Smartcards

The Trust name will not be printed on Smartcards issued due to the varied nature of agreements.

6.7.2. Lost, Stolen and Broken Smartcards

Lost and damaged Smartcards should be reported to the RA Team as soon as is practicable*.*

Once notified that a Smartcard has been lost or damaged RA Agents will arrange to have the lost/damaged Smartcard revoked and replaced (see below) as soon as possible. In the case of loss or theft the RA Manager must be informed so that checks may be made to ensure that the Smartcard has not been misused.

When an issued Smartcard becomes unusable or it is lost or stolen the Smartcard certificate must be revoked, see section 6.4 Leavers and Revocation. Revocation renders the Smartcard useless.

As long as the Smartcard holder"s identity can be verified at a face to face meeting a new Smartcard may be issued.

If there is any difficulty verifying the user"s identity the user"s Sponsor must be contacted and the users identity verified. It is vital that the Sponsor"s identity can be relied upon when contacting them to verify the user"s identity.

All lost or stolen cards reported will be treated as an incident and will result in an incident form being completed.

6.7.3. PIN/Pass-code Unlocking/Changing

Users who have forgotten their PIN/Pass-code or suspect that it may be known by another or who have been locked out of HSCIC Applications because of three failed login attempts; should report the problem to the RA Team as soon as is practicable

Once notified RA Agents will arrange to have the PIN/Pass-code changed with the user. This task must be carried out by a Registration Agent or Sponsor.

The Smartcard holder must be present.

6.7.4. Smartcard Misuse

A staff member must report suspected Smartcard misuse in line with SHSC incident reporting policy and procedure. Depending on the severity of the allegation an investigation may be required. If it suspected that a Smartcard is being misused then it should be reported to HR who may request that the certificate associated with the Smartcard should be suspended or revoked as appropriate.

If Smartcard misuse by an SHSC staff member is discovered the appropriate disciplinary measures must be taken. The RA Manager will consult with HR and the matter must proceed using the SHSC Disciplinary Processes.

6.7.5. Profiles

What a user is able to access depends on the information in the profile.

Whenever there is a temporary or permanent change in the way a person works, a review of the person"s HSCIC Application access must be carried out. If there are significant changes to the staff member"s role the relevant Role Profile on the HSCIC Spine User Database must be requested via a suitable Sponsor. Examples of changes that would necessitate such changes are changes to a person"s:

- Job Title.
- Access requirements.
- Department.
- Site(s).
- Work Group.

Where new roles are being added or roles are being changed the Registration Sponsor of the relevant work area will complete an RA02 form which is used update the user"s profile.

When a particular role is no longer necessary the profile must be updated by deactivating the role as soon as is practical after the requirement for the role has ceased.

Where the user is leaving the NHS please refer to section 6.4 Leavers and Revocation.

New roles should be added to the User"s HSCIC User Directory entry a short while (a maximum of three days) prior to the start of the new role so that the profile is available for use. (Also see Section 6.1 Registration Forms)

6.7.6. Leavers and Revocation

During the leaving process HR will establish whether the User is leaving the NHS permanently (retirement, education or a non-NHS job) or joining another NHS organisation. Where the User is moving to another organisation HR will notify the RA Manager who will arrange for any Role Profiles associated with SHSC to be deactivated.

There are occasions when it is necessary to deactivate a Smartcard by revoking the Smartcard certificate. Reasons for this include:

- The Smartcard is lost or stolen.
- There has been some other security breach associated with the Smartcard or Smartcard certificate.
- The user is no longer employed by an NHS organisation

Revocation tasks can only be carried out by RA Team Members.

Where the revocation is needed due to a staff member leaving the NHS HR will inform the RA Manager accordingly so that the correct actions can be taken (Spine User Directory and/or CMS).

Where the revocation has been requested by HR because of security related events the RA Manager will authorise the appropriate action and inform the following staff as appropriate:

- The HR Manager.
- The relevant Sponsor(s).
- The RA User.

Revocation renders the Smartcard useless.

Revocation can only be carried out by Registration Managers and Agents on the request of HR.

6.7.7. Locums, Agency and Bank Personnel

Temporary staff filling roles may need access to HSCIC records as part of their role. The following points should be considered:

- Staff working as part of a team may not need a Smartcard to fill the role.
- Some temporary staff could already be enrolled and will only require a role profile to be added.
- Temporary staff who are Smartcard holders may not have sufficient training in the use of the particular HSCIC Application needed to be accessed.

7. Dissemination, storage and archiving

It is intended that this document is used by the following people:

- SHSC Board Members.
- All users of the SHSC RA Service.
- SHSC Human Resources personnel.
- SHSC IT Services personnel.
- SHSC Confidentiality Specialists including the Caldicott Guardian.
- Where applicable, Local Health Community IT Support Services or Help desk personnel.

This document will be published within SHSC and made available to all HSCIC Application users.
This policy is available on the SHSC intranet and available to all staff.

The previous policy will be removed from the intranet and replaced with the current version by Human Resources. Managers are also responsible for ensuring that hard copies of the previous version are removed from any policy/procedure manuals or files stored locally.

The previous policy will be removed from the Trust website by Human Resources. Human Resources will keep an electronic copy of the previous policy. Please contact them if a copy

is needed.

8. Training and other resource implications for this policy

HSCIC Application Users who need support should contact the IT helpdesk.

This policy is currently in operation.

9. Audit, monitoring and review

The management and use of Smartcards will be subject to internal and external audit to ensure that national and local policies are being followed. Specifically, Auditors will look to confirm that:

- Smartcards are handled securely by Users.
- RA documents are used and stored appropriately.
- Access to HSCIC Applications and Records is controlled appropriately.
- Unused Smartcards are stored safely and appropriate records are kept.
- RBAC role allocation and de-allocation is performed appropriately.
- Random checking of RBAC roles with those requested by the sponsor.

To aid audit the following records will be maintained:

- The number of Smartcards held.
- Details of Smartcards issued

10. Implementation plan

This procedures identified in this policy are already implemented and in use.

11. Links to Other Policies

Incident Reporting and Investigation Policy

Disciplinary Policy

Information Security Policy

12. Contact details

Title	Name	Phone	Email
Director of IM&T	Tom Davidson	50731	tom.davidson@shsc.nhs.uk
Workforce Information & Planning Manager	Rachel Noble	63985	Rachel.Noble2@shsc.nhs.uk

13. References

Other policies mentioned within this document are available from the SHSC intranet

Specific RA documentation is available from the Workforce Information & Planning department

14. Additional Considerations specifically relevant to this Policy

Equality Impact Assessment – Due to the nature of and use of Smartcards, persons with specific disabilities may be unable to use the Smartcard in its intended manner. Where a situation such as this exists, the matter will be addressed on an individual, case by case basis. Where applicable, all reasonable adjustments will be made under the Equality Act 2010 (your employer has a duty to make 'reasonable adjustments' to make sure you're not put at a substantial disadvantage by employment arrangements or any physical feature of the workplace).

Review of This Policy – This policy will be reviewed after three years, or sooner in the event of changes to RA arrangements within the Trust or changes to nationally provided RA systems.

Supplementary Section A - Stage One Equality Impact Assessment Form

Please refer back to section 6.5 for additional information

1. Have you identified any areas where implementation of this policy would impact upon any of the categories below? If so, please give details of the evidence you have for this?

Grounds / Area of impact	People / Issues to consider	Type of impact		Description of impact and reason / evidence
		Negative (it could disadvantage)	Positive (it could advantag	
Race	People from various racial groups (e.g. contained within the census)			
Gender	Male, Female or transsexual/transgender. Also consider caring, parenting responsibilities, flexible working and equal pay concerns			
Disability	The Disability Discrimination Act 1995 defines disability as *'a physical or mental impairment which has a substantial and long-term effect on a persons ability to carry out normal day-to-day activities'*. This includes sensory impairment. Disabilities may be visible or non visible	X		Please refer to section 14 above.
Sexual Orientation	Lesbians, gay men, people who are bisexual			

Age	Children, young , old and middle aged people			
Religion or belief	People who have religious belief, are atheist or agnostic or have a philosophical belief that affects their view of the world. Consider faith categories individually and collectively when considering possible positive and negative impacts.			

2. If you have identified that there may be a <u>negative impact </u>for any of the groups above please complete questions 2a-2e below.

☐ ☐

2a. The negative impact identified is **intended**   OR **2b**. The negative impact identified **not intended**

2c. The negative impact identified is **legal** ☐   OR **2d**. The negative impact identified is **illegal** ☐   **OR (see 2e)**
(i.e. does it breach antidiscrimination legislation either directly or indirectly?)

☐

2e. I **don't know** whether the negative impact identified is legal or not
(If unsure you must take legal advice to ascertain the legality of the policy)

3. What is the level of impact?

☐

　　HIGH - Complete a **FULL** Impact Assessment (see end of this form for details of how to do this)

☐

　　MEDIUM - Complete a **FULL** Impact Assessment (see end of this form for details of how to do this)

☐　LOW　　-　Consider questions 4-6 below

4. Can any low level negative impacts be removed (if so, give details of which ones and how)

5. If you have not identified any negative impacts, can any of the positive impacts be improved? (if so, give details of which ones and how)

6. If there is no evidence that the policy promotes equality and equal opportunity or improves relations with any of the above groups, could the policy be developed or changed so that it does?

7. Having considered the assessment, is any specific action required - Please outline this using the pro forma action plan below

(The lead for the policy is responsible for putting mechanisms in place to ensure that the proposed action is undertaken)

Issue	Action proposed	Lead	Deadline

8. Lead person Declaration:

8a. Stage One assessment completed by : ……………………..……(name)   ……………………………(signature)   …………..…(date)

8b. Stage One assessment form received by Patient experience and Equality Team   …………………………..(date)

☐

8c. Stage One assessment outcome agreed   ……………………*(sign here)*…….....…   (Head of Patient Experience and Equality)

OR   ………………………………   (date agreed)

8d. Stage One assessment outcome need review ☐ ………….. ………*(sign here)……...…..* (Head of Patient Experience and Equality)

…………………………….. (date returned to policy lead for amendment)

(if review required – please give details in text box below)

| |
| |

If a full EQIA is required the stage 1 assessment form should be retained and a completed EQIA report submitted to the relevant governance group for agreement by the chair. The chair will forward the completed reports to the Patient Experience and Equality team for publication.

Any questions relating to the completion of this form should be directed to the Head of Patient Experience and Equality.

Supplementary Section B - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a persons Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site http://www.sct.nhs.uk/humanrights-273.asp (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. **Is your policy based on and in line with the current law (including caselaw) or policy?**

   ☐   **Yes. No further action needed.**
   ☐   **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. **On completion of flow diagram – is further action needed?**
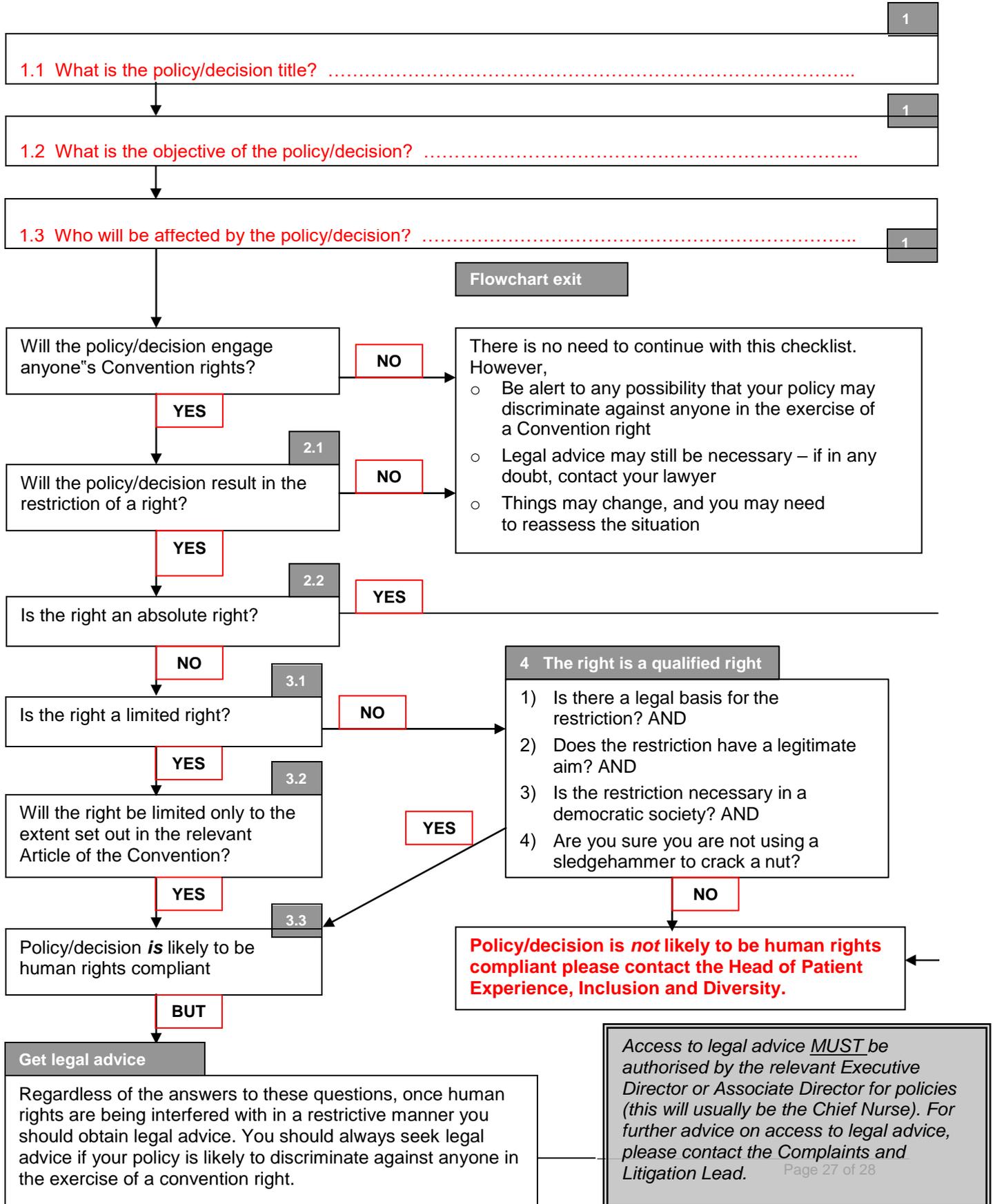   ☐   **No, no further action needed.**
   ☐   **Yes, go to question 3**

3. **Complete the table below to provide details of the actions required**

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose „Format Text Box" and choose red from the Fill colour option).
Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

1

1.1 What is the policy/decision title? ……………………………………………………………..

1

1.2 What is the objective of the policy/decision? …………………………………………………..

1.3 Who will be affected by the policy/decision? …………………………………………………….. **1**

Flowchart exit

Will the policy/decision engage anyone"s Convention rights?	**NO** →	There is no need to continue with this checklist. However,

YES

o Be alert to any possibility that your policy may discriminate against anyone in the exercise of a Convention right

2.1

| Will the policy/decision result in the restriction of a right? | **NO** → |

o Legal advice may still be necessary – if in any doubt, contact your lawyer

o Things may change, and you may need to reassess the situation

YES

2.2

| Is the right an absolute right? | **YES** ———— |

NO

4   The right is a qualified right

3.1

| Is the right a limited right? | **NO** → |

1) Is there a legal basis for the restriction? AND

2) Does the restriction have a legitimate aim? AND

YES

3.2

| Will the right be limited only to the extent set out in the relevant Article of the Convention? |

3) Is the restriction necessary in a democratic society? AND

4) Are you sure you are not using a sledgehammer to crack a nut?

YES

YES

YES

NO

3.3

Policy/decision *is* likely to be human rights compliant

Policy/decision is *not* likely to be human rights compliant please contact the Head of Patient Experience, Inclusion and Diversity.

BUT

Get legal advice

Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. You should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right.

Access to legal advice MUST be authorised by the relevant Executive Director or Associate Director for policies (this will usually be the Chief Nurse). For further advice on access to legal advice, please contact the Complaints and Litigation Lead.

Supplementary Section C - Development and consultation process

This section should include details of:

- o *Who was involved in developing the policy and any guidance followed.*
- o *Groups and individuals consulted (including staff side groups and service user / carer involvement).*
- o *Any changes made as a result of the consultation process.*
- o *Which governance group approved the document*
- o *Dates for consultation and approval.*