



## REGISTRATION AUTHORITY POLICY (Smartcard Access to National Programme Systems)

|                         |   |
|-------------------------|---|
| Policy Type             | People & Organisational Development   |
| Directorate             | Corporate   |
| Policy Owner            | Director of People & Organisational Development                             |
| Policy Author           | Associate Director of Human Resources                                       |
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| Policy Valid to date:   | 31 <sup>st</sup> December 2021  |

**'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'**

**DOCUMENT HISTORY**

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

| <b>Date of Issue</b>      | <b>Version No.</b> | <b>Date Approved</b> | <b>Director Responsible for Change</b>          | <b>Nature of Change</b>  | <b>Ratification / Approval</b>                         |
|---------------------------|--------------------|----------------------|---|--|--|
| 29/7/13                   | 3.1                |                      | Executive Director for Nursing and Workforce    | Throughout, replaced References to 'Connecting for Health' changed to Health and Social Care Information Centre (HSCIC).   |  |
| 29/7/13                   | 3.1                |                      | Executive Director for Nursing and Workforce    | Section 2<br>Removed reference to Commissioners and Community Pharmacy as the Trust is now recognised as a Registration Authority in its own right and is no longer a parent organisation of the PCT.<br>The CCG and GP Practices are expected to have their own RA Policy. Community Pharmacies are now child organisations of the NHS England Area Team. |  |
| 13/8/13                   | 3.1                |                      | Executive Director for Nursing and Workforce    | Approved at  | Information Governance Steering Group                  |
| 21/8/13                   | 3.1                |                      | Executive Director for Nursing and Workforce    | Approved at  | Risk Management Steering Group                         |
| 27/8/13                   | 3.1                |                      | Executive Director for Nursing and Workforce    | Consultation   | Partnership Forum                                      |
| August                    |                    |                      | Executive Director for Nursing and Workforce    | Consultation with  | Managers whose functions uses smartcard enabled system |
| August                    | 3.1                |                      | Executive Director for Nursing and Workforce    | Consultation   | HR Colleagues  |
| 24/9/13                   | 3.1                |                      | Executive Director for Nursing and Workforce    | Ratified at  | Policy Management Group                                |
| 7/10/13                   | 3.2                | 07/10/2013           | Executive Director for Nursing and Workforce    | Approved at  | Trust Executive Committee                              |
| 16/10/13                  | 3.3                |                      | Executive Director for Nursing and Workforce    | Updated Trust format   |  |
| 08/02/15                  | 3.4                |                      | Executive Medical Director – Caldicott Guardian | Updated to take into account the change in national systems for managing smartcards and smartcard users  |  |
| 24 <sup>th</sup> Feb 2015 | 3.4                |                      | Executive Medical Director – Caldicott Guardian | Amendments   | Partnership Forum                                      |
| 26 <sup>th</sup> Feb 2015 | 3.4                |                      | Executive Medical Director – Caldicott Guardian | Amendments   | Joint Local Negotiating Committee                      |

|                |     |            |   |  |   |
|----------------|-----|------------|---|--|---|
| 19/05/15       | 3.5 |            | Executive Medical Director – Caldicott Guardian   | to ratify amendments   | Policy Management Group                                 |
| 01/06/15       | 3.5 |            | Executive Medical Director – Caldicott Guardian   | to Approve amendments  | Trust Executive Committee                               |
| 19/08/16       | 3.7 |            | Executive Director of Finance and Human Resources | Policy reviewed  |   |
| September 2016 | 3.7 |            | Executive Director of Finance and Human Resources |  | Partnership Forum and Joint Local Negotiating Committee |
| 08/12/16       | 3.7 |            | Executive Director of Finance and Human Resources | For ratification   | Information Governance Steering Group                   |
| 13/12/16       | 4.0 | 13/12/2016 | Executive Director of Finance and Human Resources | For approval   | Corporate Governance & Risk Sub-Committee               |
| 27/9/2017      | 5.0 | 12/12/2017 | Deputy Chief Executive and SIRO                   | Approved at  | Corporate Governance & Risk Sub-Committee               |
| 29/01/21       | 5.0 | 12/12/2017 | Director of People and Organisational Development | 12 month blanket policy extension due to covid 19 applied with author review date set 180 days prior to Valid to Date. | Quality & Performance Committee                         |
| 20/05/21       | 5.0 | 12/12/2017 | Director of People and Organisational Development | Extended policy uploaded and linked back with new cover sheet  | Corporate Governance                                    |

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

## CONTENTS

|  |    |
|--|----|
| 1. Executive Summary .....   | 5  |
| 2. Introduction.....   | 5  |
| 3. Definitions.....  | 6  |
| 4. Scope .....   | 7  |
| 5. Purpose.....  | 7  |
| 6. Access control and Smartcards .....                                   | 7  |
| 7. Care Identity Service .....   | 8  |
| 8. Roles and Responsibilities of the Registration Authority .....        | 9  |
| 9. Roles and Responsibilities of Registration Authority Partners.....    | 10 |
| 10. Security (Administration, Data Protection and Records) .....         | 12 |
| 11. Consultation .....   | 12 |
| 12. Training.....  | 13 |
| 13. Monitoring, Compliance and Effectiveness.....                        | 13 |
| 14. References and links to national policies and procedures .....       | 14 |
| 15. Links to local policies and procedures .....                         | 14 |
| 16. Appendices.....  | 14 |
| Appendix A .....   | 15 |
| Financial and Resourcing Impact Assessment on Policy Implementation..... | 15 |

## APPENDICES

|          |   |    |
|----------|---|----|
| <b>A</b> | Financial and Resourcing Impact Assessment on Policy Implementation | 15 |
| <b>B</b> | Equality Impact Assessment (EIA) Screening Tool                     | 18 |

## 1. Executive Summary

NHS Digital support the delivery of IT infrastructure, information systems and standards to ensure information flows efficiently and securely across the health and social care system, to improve patient outcomes.

The NHS Care Records Service (NHS CRS) uses a common approach to protect the security and confidentiality of every patient's personal and health care details. It is essential that everyone who has access to patient and employee information has been through the same rigorous identity checks.

Organisations that need to access patient information within the NHS Care Records Service and other National Programmes are required to set up a Registration Authority to manage this process. The Registration Authority is responsible for verifying the identity of health care professionals and workers who wish to register to use these services.

The Isle of Wight NHS Trust (hereafter referred to as The Trust) established as a Registration Authority (RA) in 2013. This policy revision reflects the local business processes and governance arrangements of smartcards and smartcard users who access national spine systems. The Trust is the parent RA organisation for the Earl Mountbatten Hospice who have their own local procedural document.

## 2. Introduction

2.1 A Registration Authority (RA) is the governance framework within which NHS Organisations can register individuals as users of the NHS Care Records Service (NHS CRS) and other services – maintaining the confidentiality and security of personal information at all times.

2.2 Registration is the process by which end-users of Smartcard-enabled IT applications are authenticated (proven who they are beyond reasonable doubt) and authorised (enabled to have particular levels of access to particular patient data).

For people working in healthcare to access Spine Compliant Applications they must to be registered.

2.3 All Spine Compliant Applications use a common security and confidentiality approach.

2.4 The only method by which users will be enabled to access a Spine Compliant Application is via a Smartcard and pass-code. These are issued prior to the user being trained for the Spine Compliant Application.

2.5 The registration process is operated at a local level by the organisation's Registration Authority, which is required to conform to the National Registration Policy and Practices.

2.6 Where services are contracted or are part of a service level agreement, then adequate provision for the necessary compliance with RA requirements must be set out in the contract/agreement.

2.7 This policy sets out the Trust's local RA process and practices including the distribution and use of Smartcards. These process and practices are underpinned by the latest published National Policies and Procedures identified in the following documents:

- Registration Authorities Setup and Operation and the NHS Employment Check Standards are available from: <http://systems.digital.nhs.uk/rasmartcards/documents>
- Department of Health Confidentiality NHS Code of Practice

[http://intranet.iow.nhs.uk/Portals/0/Assets/Corporate\\_Governance/Public/Policy%20Management/Policies%20Under%20Review/Confidentiality%20-%20Code%20of%20Practice.pdf](http://intranet.iow.nhs.uk/Portals/0/Assets/Corporate_Governance/Public/Policy%20Management/Policies%20Under%20Review/Confidentiality%20-%20Code%20of%20Practice.pdf)

### 3. Definitions

This table illustrates the key terms and definitions used throughout this policy

| Term                       | Acronym | Definition  |
|----------------------------|---------|---|
| Registration Authority     | RA      | Any entity that is appointed by the Executive of a NHS Organisation as being responsible for the identification and authentication of applicants for the use of NHS Spine Compliant Applications systems  |
| RA Managers                | RAMS    | Manages the RA service provision and operation to meet the needs of an Organisation and all its users. Additionally the RA Manager is responsible for briefing and registering RA agents.   |
| RA Agents                  | RAAS    | RAA's administers the RA function under the direction of the RA manager, responsible for performing registration and maintenance of sponsors and healthcare professionals in the Organisation (or other Organisations if inter-Organisation agreements exist). Ensures that the national and local RA processes are followed.                                       |
| Users                      | Users   | Staff members who will access Spine Compliant applications according to assigned roles, responsible for using system functionality and information securely and responsibly according to agreed policies and procedures   |
| Care Identify Service      | CIS     | Manages RA processes and workflows, and reduce the time and complexity required to complete the most common RA tasks.<br>It improves the relationship between RA governance and the practical application of this on the ground, be more efficient for new user registration, and reduce the clinical risks associated with limited emergency access to smartcards. |
| Role Based Access Control  | RBAC    | The means by which NHS staff are identified by their job functions. This in turn dictates the type of access that they are granted to Spine Compliant Applications.   |
| Unique User Identification | UUID    | Unique ID identifying a user of Spine Compliant Applications  |
| Access Control Position    | ACP     | ACP's links the job to the access rights it requires.<br>Provides users the access they need in the course of their   |

|               |  |  |
|---------------|--|--|
|               |  | work, whilst also ensuring that these access rights are properly managed and appropriate for the job they are doing.                                       |
| E-gif level 3 |  | E-Gif is an E-government Interoperability Framework. It defines technical policies and specifications governing information flows across the public sector |

#### 4. Scope

- 4.1. This Policy applies to all Registration Authority processes, procedures and activities carried out by the Trust.
- 4.2. The use of the word 'staff' in this document means, people who are directly employed on a permanent or temporary basis by the Trust or contracted to provide services to, or who work in partnership as part of an integrated or joint team such as SBS Payroll.
- 4.3. Bank or locum staff are also to be covered by this policy and will be subject to the same identity check as a substantive post holder.

#### 5. Purpose

The purpose of this policy is:

- 5.1. To ensure that all national requirements of RA are met and maintained. This policy is based on National RA policy requirements.
- 5.2. To recognise that RA is a vital information governance requirement and gives the Trust assurance that the confidentiality of personal data is being maintained.
- 5.3. Ensure that only staff registered through the RA will have access to Spine Compliant Applications.
- 5.4. To make explicit the relevant RA roles and responsibilities, in particular:
  - Within Human Resources
  - Line Management
  - Smart card Users
  - System Trainers
  - System commissioners/project managers

#### 6. Access control and Smartcards

- 6.1. Access control and Smartcards are secure measures which are put in place to protect patient and employee data. Access control means that only those people who are directly involved in care, and have a legitimate reason to access personal information can do so.
- 6.2. Access control includes a rigorous identity check of all those who need access to personal records and careful control of what access any individual should have. The NHS has set

out the principles that govern how personal information, in particular, is held in the NHS, and the way it can be shared.

- 6.3. NHS systems and related services such as [NHS e-Referral Service](#), [Summary Care Record](#) and the [Electronic Prescription Service](#) use smartcards to protect the security and confidentiality of every patient's personal and healthcare details. NHS Electronic Staff Record (ESR) also uses this common approach to protect the security and confidentiality of staff employment records.
- 6.4. NHS CRS Smartcards help control **who** accesses the NHS CRS and **what level of access** that they can have.
- 6.5. Access control is managed using an interface between ESR and the Care Identity Service.
- 6.6. A smart card is similar to a chip and PIN credit or debit card, but is more secure. A user's Smart card is printed with their name, photograph and unique user identity number.



- 6.7. Each time someone accesses a patient's record, it will be recorded and patients can formally request to see this information.
- 6.8. Staff will continue to be bound by professional codes of conduct, local regulations, the Data Protection Act 1998 (DPA 1998), General Data Protection Regulations (GDPR) and the NHS Code of Confidentiality.

## 7. Care Identity Service

### 7.1. Employment Check Standards

The Trust is required to meet the [NHS Employment Check Standards \(July 2013\)](#) for all staff, volunteers, contractors etc. providing NHS services. It is the responsibility of the Human Resources Department for ensuring these checks are undertaken and recorded. The Care Identity Services (CIS) will be used for authenticating an individual's identity and authorising access rights for NHS CRS systems.

To register for a Smartcard, applicants are required to provide identification which satisfies the government recommended standard 'e-Gif Level 3', providing at least three forms of ID (photo and non-photo), including proof of address.



7.2. Access Control Position (ACP) defines the access rights to an NHS CRS system. Within the Trust an ACP is linked to the employees' organisational position in the Electronic Staff Record, and that the access rights reflect Trust requirements.

7.3. Further information about CIS and Access Control Positions can be found by following this link <https://digital.nhs.uk/Registration-Authorities-and-Smartcards>

## 8. Roles and Responsibilities of the Registration Authority

There are five key roles involved in the setup and maintaining a Registration Authority. These are:

8.1. **Registration Authority Manager:** The Trust's Registration Authority Manager (RAM) is appointed by the Chief Executive. The RAM must be an employee within the organisation.

The RAM is responsible for ensuring compliance with the following Information Governance Toolkit requirements:

**Requirement 303** – "There are established business processes and procedures that satisfy the organisations obligation as a Registration Authority"

**Requirement 304** – Monitoring and enforcement processes are in place to ensure NHS national application Smartcard users comply with the terms and conditions of use.

8.2. **Advanced Registration Agent:** Has permissions to approve, create and modification of positions. Someone with this level of access can also set up new users, unlock smartcards and modify ACP's

8.3. **Registration Agents (RA's):** Are responsible for ensuring that all users are registered on to the Spine and when required issued with a Smartcard containing a Unique User Identification (UUID) and their photograph.

8.4. **Sponsors:** Determine who should have what access and maintain the appropriateness of access and make sure that Smartcard users are given the minimum appropriate level of access needed to perform their duties.

8.5. **Card Unlocker** is able to unlock smartcards of other smartcard users.

For further details of these roles and their responsibilities of these roles follow this link <http://nww.hscic.gov.uk/rasmartcards/users/outline/index.html>

8.6. Functional responsibilities of the registration authority include carrying out and ensuring that:

- a) Regular audits of processes and procedures are undertaken;
- b) Ensuring locally developed processes are adhered to in full and are integrated with other local workforce, information governance and security policies;

- c) Resources are identified and made available to operate the registration processes in a timely and efficient manner to meet Trust requirements;
- d) That the RA Team Members are adequately trained and familiar with the local and national RA Processes;
- e) That Line Managers of smart card users are familiar with and understand the RA Policy;
- f) That the RA Members are aware that sensitive information being processed and adhere to The Data Protection Act 1998 (DPA 1998), General Data Protection Regulations (GDPR) and the Confidentiality NHS Code of Practice.
- g) The Trust has a designated the RAM responsible for all administrative processes and ensuring compliance with the policies and associated requirements.
- h) The Trust is responsible for appointing a Board level member to be corporately responsible for the Registration Authority.

8.7. The RA Policy and procedures are subject to internal and external audits.

Audits would typically cover:

- the issue of Smartcards
- the management of Smartcards
- the profiles associated with users in relation to what they do
- the use of Smartcards
- the use of NHS CRS Applications
- identity management
- security of supplies and equipment

## **9. Roles and Responsibilities of Registration Authority Partners**

### **9.1 Caldicott Guardian (CG)**

The CG has a particular responsibility under the Caldicott Recommendations 1997 and Caldicott (2013) for reflecting patients' interest regarding the use of PID and for ensuring PID is only shared and accessed appropriately and securely throughout the Trust. The CG acts as the conscience of the Trust in matters regarding data confidentiality and sharing. They work as part of a broader IG function across the Trust and support effective decision making regarding appropriate data sharing and access.

### **9.2. Information Communication Technology (ICT) Department**

- Ensuring that all systems are kept up to date with changes to smart card and spine compliant software programmes
- Maintaining hardware
- Providing technical advice and guidance
- Participating in the decision-making process regarding approaches to temporary staff.

9.3. **Line Managers** who have employees who use smartcards will be responsible for:

- Ensuring access to NHS Spine application systems are identified at recruitment stage and at the initiation stage of the deployment of any smart card enable system
- Ensuring access to NHS Spine application systems are taking into account when changing establishment
- Ensuring their staff comply with the smartcard terms and conditions and are aware of the correct actions to take if an employee (s) misuses of their smartcard.
- Ensuring work stations are compatible for using smartcards.
- Ensuring that all end users within their sphere of responsibility adhere to this policy. Any failure to adhere to this policy may result in disciplinary action for end users.
- Notify RA if an employee loses or damages their card
- Notifying HR of any changes to ACP
- Taking into account changes to NHS CRS access with an employee:
  - moves role within the organisation
  - changes pay band; permanent or temporarily

#### 9.4 **Project Managers for new NHS CRS applications**

When implementing a new system an option to procure a spine compliant system should be a consideration.

When implementing a spine compliant system the project manager will:

- In conjunction with the RAM determine Access Controls (PBAC) positions
- Ensure that RA processes are implemented and maintained in accordance with local and national policy

#### 9.5 **Information Systems Management and Trainers**

- Train new users how to access NHS Spine application using their smartcard
- Train users how to re-set their own pass-code
- Provide application expertise when creating ACP roles
- Support the Registration Authority to provide evidence against The Information Governance Toolkit.

#### 9.6 **Human Resources**

- Saving ID documents seen in a secure environment
- Recording ID documents seen in ESR
- Assigning ACP to ESR positions
- Associating employees to ACP
- Producing smart cards.

#### 9.7 **NHS Digital; Information Governance and Security Specialists**

- Disseminate information pertaining to changes in Role Based Access Control database

- Provide expert knowledge and guidance.

#### 9.8 External Agencies

- Provide evidence that their user has met e-gif level 3 compliance.

#### 9.9 Smart Card Users

- Must comply with the national terms and conditions that govern the use of a smartcard.

### 10. Security (Administration, Data Protection and Records)

10.1. All documentation and photographic information concerning registration identity must be kept in accordance with Trust Policies.

10.2. All information relating to the verification of identity is to be treated as strictly confidential and used only for the purposes of the selection, appointment and registration procedures.

10.3. Records and documentation required for evidence and used for authentication must be retained in accordance with the Information Governance Alliance/DoH Records management Code of Practice for Health and Social Care 2016 and kept for six years after individual leaves service, at which time a summary of the file must be kept to the individual's 70<sup>th</sup> birthday.

10.4. The information for NHS e-gif level 3 authentications where practical, file copies of the supporting evidence should be retained. Alternatively, the reference numbers and other relevant details of the identification evidence obtained should be recorded to enable the documents to be obtained again.

10.5. RA documentation is in a locked and secure area and auditable. Access to stored documents is strictly limited to staff whose role includes a Registration Authority element.

10.6. Any misuse of information by staff which breaches security will be dealt with under the Trust's Disciplinary and Dismissal Policy and Procedure. In the case of medical and dental practitioners the Trust's Conduct, Capability and Ill Health Policy and Procedure will be followed. It is acknowledged that it is a criminal offence to pass this information to anyone who is not entitled to receive it and breaches of confidentiality could result in prosecution.

### 11. Consultation

As part of the consultation process the policy has been presented at the following Forums:

|  |              |
|--|--------------|
| Information Governance Steering Group                                | October 2017 |
| Partnership Forum  | October 2017 |
| Joint Negotiation and Consultation Committee                         | October 2017 |
| Managers of staff who use smartcard enabled systems via email during | October 2017 |
| HR staff with RA responsibilities                                    | October 2017 |

## 12. Training

This Registration Authority Policy has a mandatory training requirement as set out in the table below.

|                                  | Introduction to RA   | RA Agent | RA Manager | RA card unlocker | RA Sponsor |
|----------------------------------|--|----------|------------|------------------|------------|
| HR Resourcing Assistant          | ✓  | ✓        |            |                  |            |
| HR Resourcing Manager            | ✓  | ✓        |            |                  |            |
| Workforce Information staff (x3) | ✓  | ✓        |            |                  |            |
| Performance Support Officers     | ✓  |          |            | ✓                |            |
| Urgent Care Centre Senior Admin  | ✓  |          |            | ✓                |            |
| Registration Manager             | ✓  |          | ✓          |                  |            |
| Information Systems Trainers     | ✓  |          |            | ✓                |            |
| Pharmacy Card Unlocker           |  | ✓        |            |                  |            |
| OPARU Manager                    |  |          |            | ✓                |            |
| SystemOne Card unlocker          |  |          |            | ✓                |            |
| Line Managers                    | How to request a smartcard is available on the Human Resources intranet site |          |            |                  |            |

12.2 RA Role specific courses will be delivered by the RA Manager either as a group or on a one to one basis.

12.3 CIS Quick Guides are available from the HSCIC website:

<https://digital.nhs.uk/Registration-Authorities-and-Smartcards/Registration-Authority-training>

## 13. Monitoring, Compliance and Effectiveness

13.1. Compliance of this policy will form part of the requirements of the Information Governance Toolkit. Information will be provided by the RAM in line with toolkit reporting timescales.

13.2. All staff employed by or working in partnership covered by the remit of this Trust's Registration Authority has a duty to report untoward incidents regarding smartcard access or use where staff feel that there is a risk to service users, health and confidentiality or the Trust's reputation.

Examples of incidents are:

- Smartcard or application misuse
- Smartcard theft / loss;
- Non-compliance of local or national RA policy;
- Any unauthorised access of Spine Compliant Applications;
- Any unauthorised alteration of service user data.

- 13.3. These should be reported in line with the organisations Incident Management Policy. The RAM must consider all incidents reported to them and take appropriate action.
- 13.5. 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.
- 13.6. Incidents involving breaches of security or which demonstrate that a person who has a smartcard may not be considered trustworthy must be reported via the Trust's incident reporting system. This will be notified to the Information Governance Lead Officer, the Trust's Caldicott Guardian and/or the Senior Information Risk Owner. The incident will initially be graded and reported under the NHS Digital, Checklist Guidance for reporting, managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation (IG CSSRI). Any incident which meets the criteria for reporting to the Information Commissioner will be reported through the IG Toolkit. The RAM must inform the end user's line manager. The line manager, in consultation with Human Resources, must instigate any disciplinary measures required and take any corrective action.
- 13.7. Ad hoc reports will be provided to the Information Governance Steering Group.

#### **14. References and links to national policies and procedures**

- NHS Digital <https://digital.nhs.uk/article/311/Registration-Authorities-and-Smartcards>
- Registration Authority Operational Procedures <http://systems.hscic.gov.uk/rasmartcards/documents/raopuide2013.pdf>
- Information Governance Toolkit
- Registration Authorities; Governance Arrangements for the NHS Organisations: Gateway Reference Number 6244

#### **15. Links to local policies and procedures**

- Recruitment and Selection Policy
- Incident reporting and Management Policy
- Information Governance and Risk Policy
- Disciplinary and Dismissal Policy and Procedure
- Confidentiality NHS Code of Practice
- Security Policy
- Records Management Policy
- Records Management Code of Practice for Health and Social Care 2016
- Disciplinary and Dismissal Policy

#### **16. Appendices**

- A** Financial and Resourcing Impact Assessment on Policy Implementation
- B** Equality Impact Assessment (EIA) Screening Tool

## Financial and Resourcing Impact Assessment on Policy Implementation

|  |   |                    |                        |
|--|---|--------------------|------------------------|
| <b>Document title</b>  | Registration Authority Policy   |                    |                        |
| <b>Totals</b>  | <b>WTE</b>  | <b>Recurring £</b> | <b>Non-Recurring £</b> |
| <b>Manpower Costs</b>  |   |                    |                        |
| <b>Training Staff</b>  | Using a smartcard is incorporated into the system end user training.<br><br>Ad hoc training is available to RA Agents from the RA Manager |                    |                        |
| <b>Equipment &amp; Provision of resources</b><br>Printing Consumables (already within the HR budget) |   | <b>1,000</b>       |                        |

**Summary of Impact:**

**Risk Management Issues:** *Failure to adhere to this policy and the Registration Authority terms and conditions could result in someone who has not been authorised to have access to patient and employee information.*

**Benefits / Savings to the organisation:** *The benefit of having this policy is that it sets out the expectations of all employees who need a smartcard for them to perform their role.*

**Equality Impact Assessment**

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If "YES" please specify:

**Use additional sheets if necessary.**

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

| <b>Manpower</b>   | <b>WTE</b> | <b>Recurring £</b> | <b>Non-Recurring £</b> |
|---|------------|--------------------|------------------------|
| <b>Operational running costs</b>                                |            |                    |                        |
| Additional staffing required - by affected areas / departments: | None       |                    |                        |

| <b>Staff Training Impact</b> | <b>Recurring £</b> | <b>Non-Recurring £</b> |
|------------------------------|--------------------|------------------------|
| Affected areas / departments | None               |                        |

|                          |  |  |
|--------------------------|--|--|
| e.g. 10 staff for 2 days |  |  |
|--------------------------|--|--|

| Equipment and Provision of Resources            | Recurring £ * | Non-Recurring £ * |  |
|---|---------------|-------------------|--|
| <b><i>Accommodation / facilities needed</i></b> |               |                   |  |
| Building alterations (extensions/new)           | <b>None</b>   |                   |  |
| IT Hardware / software / licences               |               |                   |  |
| Medical equipment                               |               |                   |  |
| Stationery / publicity                          |               |                   |  |
| Travel costs                                    |               |                   |  |
| Utilities e.g. telephones                       |               |                   |  |
| Process change                                  |               |                   |  |
| Rolling replacement of equipment                |               |                   |  |
| Equipment maintenance                           |               |                   |  |
| Marketing – booklets/posters/handouts, etc.     |               |                   |  |
|   |               |                   |  |
| <b>Totals:</b>                                  |               |                   |  |

- Capital implications £5,000 with life expectancy of more than one year.

|   |  |
|---|--|
| Funding /costs checked & agreed by finance:               |  |
| Signature & date of financial accountant:                 |  |
| Funding / costs have been agreed and are in place:        |  |
| Signature of appropriate Executive or Associate Director: |  |



### Equality Impact Assessment (EIA) Screening Tool

|   |   |
|---|---|
| Document Title:   | Registration Authority Policy (Smartcards)  |
| Purpose of document   | To set out how the Trust’s Registration Authority will be managed, operationally and define the roles and their responsibilities for the governance of the RA function. |
| Target Audience   | Registration Authority community within the Trust, in Primary Care and external RA Agencies and partners  |
| Person or Committee undertaken the Equality Impact Assessment | Elizabeth Nials – Senior Human Resources Manager  |

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

|               |                                       | Positive Impact | Negative Impact | Reasons  |
|---------------|---------------------------------------|-----------------|-----------------|--|
| <b>Gender</b> | Men                                   | ✓               |                 |  |
|               | Women                                 | ✓               |                 |  |
| <b>Race</b>   | Asian or Asian British People         |                 | ✓               | <i>This may have a negative impact if the individual cannot provide ID documentation to e-gif level 3.</i> |
|               | Black or Black British People         |                 | ✓               |  |
|               | Chinese people                        |                 | ✓               |  |
|               | People of Mixed Race                  |                 | ✓               |  |
|               | White people (including Irish people) |                 | ✓               |  |
|               | People with Physical                  | ✓               |                 |  |

|  |   |                |  |  |
|--|---|----------------|--|--|
|  | Disabilities, Learning Disabilities or Mental Health Issues |                |  |  |
| <b>Sexual Orientation</b>                            | Transgender   | ✓              |  |  |
|  | Lesbian, Gay men and bisexual                               | ✓              |  |  |
| <b>Age</b>   | Children  | Not applicable |  |  |
|  | Older People (60+)  | ✓              |  |  |
|  | Younger People (17 to 25 yrs.)                              | ✓              |  |  |
| <b>Faith Group</b>                                   |   | ✓              |  |  |
| <b>Pregnancy &amp; Maternity</b>                     |   | ✓              |  |  |
| <b>Equal Opportunities and/or improved relations</b> |   | ✓              |  |  |

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

### 3. Level of Impact

|  |  |            |           |
|--|--|------------|-----------|
| If you have indicated that there is a negative impact, is that impact: |  |            |           |
|  |  | <b>YES</b> | <b>NO</b> |
| <b>Legal</b> (it is not discriminatory under anti-discriminatory law)  |  | ✓          |           |
| <b>Intended</b>  |  |            |           |

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

|  |
|--|
| 3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:   |
| This is a legal requirement. Failure to comply could potentially put patients at risk.   |
| 3.2 Could you improve the strategy, function or policy positive impact? Explain how below:   |
| No   |
| 3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not? |
|  |

|   |                                      |
|---|--------------------------------------|
|   |                                      |
| Scheduled for Full Impact Assessment                  |                                      |
| Name of persons/group completing the full assessment. |                                      |
| Date Initial Screening completed                      | Date: 24 <sup>th</sup> November 2017 |

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