NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Document name:	RA Smartcard Issuance and Usage Policy and Procedures (Trust-wide policy)
Document type:	Policy
What does this policy replace?	Updated version
Staff group to whom it applies:	All staff within the Trust issued with Smartcards
Distribution:	The whole of the Trust
How to access:	Intranet
Issue date:	Version No. 9 Month Year May 2022
Next review:	May 2025
Approved by:	Executive Management Team on 19 May 2022
Developed by:	Clinical Information Systems Manager
Director leads:	Director of Finance and Resources
Contact for advice:	Clinical Information Systems Manager or Clinical Information Systems Transformation Manager

Contents

1. Introduction

1.1 With the introduction of the NHS Care Records Service (NHS CRS) compliant applications, it is of paramount importance that NHS patients are confident their medical records are kept secure and confidential in line with the NHS Care Records Guarantee, NHS Constitution and local arrangements as described in the South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) Information Security Policy.

1.2 To achieve this, all employees (as described in section 1.5 and 4.1) requiring access to NHS CRS compliant applications must be registered with a smartcard and have appropriate access profiles. The registration process for NHS CRS compliant applications must meet current Government e-GIF Level 3 authentication requirements to ensure the identity of the individual applying for registration and access. All the NHS CRS compliant applications use a common security and confidentiality approach. This is based upon care setting, areas of work and business functions.

1.3 The primary method by which users will access an NHS CRS compliant application is via a smartcard issued during the formal registration process. Once an applicant has been successfully registered, they will have a User ID, pass-code and a smartcard issued to them, which will permit their individual access to the appropriate application(s) and information. The registration process is operated at a local level by an authorised Registration Authority (RA) that is required to be carried out in accordance with and conform to the National RA Policy standards (NHS Digital). The operation of the RA has been integrated, where possible, with Trust functions covering the Human Resources administration of staff starters/leavers processes and network access requests to non-NHS CRS Compliant systems.

1.4 In Public Key Infrastructure (PKI) terms there is a single RA (NHS Digital). All organisations that run a local RA operate on a delegated authority basis from NHS Digital. As NHS Digital is the single RA it needs to assure itself that organisations are operating appropriately and discharging their duties in an effective and consistent fashion. This paper sets out the policy and procedures under which all aspects of the RA function will be processed, managed, and monitored locally to ensure compliance with national guidance and organisational responsibilities.

1.5 This policy applies to all staff of SWYPFT including contracted third parties (including agency staff – where appropriate), students/trainees, people on secondment and other staff on placement with SWYPFT, and staff of partner organisations with approved access covered by contracted Service Level Agreements (SLAs).

1.6 Specifically where arrangements are in place between SWYPFT and other partner organisations (e.g. local authorities) for RA services, this policy applies to all services and locations where SWYPFT is the lead organisation.

2. Purpose and scope of the policy

2.1 The policy aims to provide the framework for the continuing development of robust RA management practices established and to summarise the procedures for the operation of the RA within SWYPFT. The operation of the RA has been integrated, where possible, with Trust functions covering the Human Resources administration of staff starters/leavers processes and network access requests to non-NHS CRS compliant systems.

2.2 This document has been developed to ensure that the RA arrangements within SWYPFT adhere to National Guidance and Standards, through: -

2.2.1 Systems in place to provide a robust structure for RA management within SWYPFT.

2.2.2 Increased staff awareness of their responsibilities with regards to RA compliance.

2.2.3 Staff being fully aware of their responsibilities with regards to usage of smartcards and general good practice.

2.2.4 Compliance with legal obligations and national requirements.

2.3 The policy and its procedures aim to provide guidance to all NHS CRS compliant application users on the processes to be followed.

2.4 The policy is intended to provide assurance to the SWYPFT Executive Management Team (EMT) and Trust Board that appropriate arrangements are in place for the safe operation, management, and monitoring of RA responsibilities.

2.5 No key updates have been added to the policy since the last version.

2.6 This policy replaces all previous versions.

3. Definitions

3.1 The use of the word staff in this document means people who are directly employed by, contracted to provide services to, or are part of a contractual agreement with SWYPFT. SWYPFT will operate the RA on behalf of the following organisations and groups of staff that operate within the geographic boundaries of Trust. This applies to: -

- Staff directly employed by SWYPFT

- Any other clinical or non-clinical person who is contracted by SWYPFT who requires access to NHS CRS compliant applications to perform the duties for which they are employed

- All staff who require access to NHS CRS compliant applications and who are not directly employed by SWYPFT but where SWYPFT is responsible for the provision of RA services across geographical responsible areas.

3.2 Glossary of Terms

CRS	(National) Care Records Service aims to create the integrated electronic care record
eReferral	Electronic Referral Service (formerly Choose & Book)
EPS	Electronic Prescription Service
ESR	Electronic Staff Record

HR	Human Resources Department within SWYPFT
NHS Digital	National body that the Trust is accountable to in respect of RA
CIS	Care Identity Services combines the currently separate processes within RA and Human Resources for capturing and managing employee identity
IM&T	Information Management & Technology Department within SWYPFT
ISTC	Independent Sector Treatment Centre
IT	Information Technology
LPC	Local Pharmaceutical Committee
RA	Registration Authority
RBAC	Role Based Access Controls are the nationally defined set of business functions that make up system roles that users can be assigned to
Role Profile	Term used to define system access levels for individual users of National Systems
SLA	Service Level Agreement
Smartcard	Photo ID Card issued to individual NPfIT system users that holds information relating to levels of system access assigned.
SUD	(National) Spine User Directory is where user registration details are held. When users access systems with their smartcard, the details on the SUD are authenticated against their smartcard as part of the login process
CIS	The Care Identity Service paperless system where user registrations are processed electronically to enable smartcards to be issued.
UUID	The User's Unique Identifier which is a number allocated to the user's CIS account and which is printed on the individual's smartcard along with their photograph.

4. Duties

4.1 All NHS organisations are responsible for the registration of NHS CRS compliant application users whether their own staff or those of independent contractors, independent providers, voluntary organisations, or other public bodies appropriate to that NHS organisation. The following responsibilities have been identified from recommended national policy.

4.2 SWYPFT Executive Management Team

The SWYPFT Executive Management Team is responsible for: -

4.2.1 Ensuring that the RA functions are embedded in the Information Governance Framework of the Trust to ensure the best interests of patients are reflected in the registration procedures.

4.2.2 Nominating an Executive member to provide leadership at Board level for registration.

4.2.3 Receiving periodic reports from the Information Governance Lead.

4.3 Caldicott Guardian

4.3.1 Responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Caldicott Guardian also has a strategic role, which involves representing and championing Information Governance requirements and issues at Board and/or Executive Management Team level and, where appropriate, at a range of levels within the organisation's overall governance framework.

4.3.2 To provide organisational and clinical assurances that the RA arrangements within the Trust comply with statutory requirements.

4.4 Assistant Director of IT Services & Systems Development; Head of IT Services & Systems Development

4.4.1 Appointing a Strategic RA Manager and a RA Manager for SWYPFT and to act as the Senior Responsible Officer (SRO) for the organisation's RA governance arrangements.

4.4.2 Ensure the nomination and revocation of RA Manager(s) is submitted to NHS Digital.

4.4.3 Agreeing RA Audits with internal and/or external agencies.

4.5 SWYPFT Improving Clinical Information Group (SWYPFT ICIG)

The (SWYPFT ICIG) is responsible for: -

4.5.1 Ensuring RA Manager(s) and RA Sponsors work within the Information Governance and Performance Management framework within the organisation.

4.5.2 Reviewing and approving, where appropriate, inter-organisational agreements, fallback smartcard distribution and usage policy, the use of fallback smartcards for testing during commissioning and any other local processes proposed by the RA Manager.

4.5.3 Receiving the RA Annual Report from the Strategic RA Manager.

4.6 Strategic RA Manager

The Strategic RA Manager is responsible for: -

4.6.1 Identifying how RA services are to be delivered by the organisation (e.g. partner with other organisations to provide RA services, etc.) and the nature of service delivery (which sites, what hours, etc.). This will include the provision of RA services to non-NHS organisations where appropriate.

4.6.2 Submission to the provider contracts group for approval of any proposed agreement with other organisation to provide RA services (this includes other NHS and non-NHS organisations).

4.6.3 Identifying the appropriate number of organisational RA Sponsors and defining the process by which suitable RA Sponsor candidates will be identified for approval.

4.6.4 Ensuring that the necessary support functions (Information Services Training, Information Services (IS) and Information Technology (IT), Human Resources (HR) and RA support) are in place and are aligned with the needs of RA (i.e. out of hours arrangements, etc.). This incorporates identifying areas where the organisation's business processes need integrating to minimise risk and duplication of effort.

4.6.5 Taking account of national policies, procedures and guidance when developing the local RA governance framework i.e. Registration policy and practices for level 3 authentication, RA operational process and guidance, where relevant to SWYPFT.

4.6.6 Ensuring that there are inter-organisational agreements, and that the organisations are able to meet their RA responsibilities.

4.6.7 Ensuring a regular review of policies and procedures e.g. HR starters and leavers is undertaken in conjunction with the HR directorate and updates made, where necessary, to align them with the RA requirements

4.6.8 Ensuring that local RA operations are aligned with the SWYPFT Risk/Incident Management Process

4.6.9 Ensuring that there is sufficient capacity in the RA function to meet the operational and clinical needs of SWYPFT.

4.6.10 Ensuring that annual reviews and risk assessments of all RA related NHS CRS compliant application services is performed, thus providing the organisation with the necessary levels of assurance.

4.6.11 The Strategic RA Manager will ensure that a routine reporting process is established in place to provide the ICIG with the assurance that effective management and monitoring arrangements are in place in respect of the organisation's RA services and responsibilities.

4.6.12 Ensuring that the Trust complies with it's responsibilities in relation to the National Data Security & Protection (DSP) Toolkit Requirements, achieved through agreed reporting mechanisms.

4.7 RA Manager

The RA Manager is responsible for: -

4.7.1 Ensuring that all identified organisational RA Sponsors are assigned to the role of RA Sponsor and are aware of their associated responsibilities.

4.7.2 Ensuring adherence to national policies, procedures, and guidance and when implementing locally, establishing RA governance frameworks i.e. Registration policy and practices for level 3 authentication, RA operational process and guidance, as deemed relevant to SWYPFT.

4.7.3 Ensuring users have only one NHS CRS smartcard issued to them showing their User's Unique Identifier (UUID) and photograph, and that users are aware of their security and confidentiality responsibilities relating to smartcard use. The issue of more than one NHS CRS smartcard to a user is not permitted.

4.7.4 Ensuring compliance with procedures for identifying which temporary staff require access to NHS CRS compliant applications and their registration needs, where considered appropriate and necessary.

4.7.5 Ensuring compliance with procedures for lost, stolen, forgotten and damaged smartcards requiring urgent replacement.

4.7.6 Sending notification of the creation and revocation of RA staff (and their email address and contact telephone number to ramanagers_Agents@nhs.net to ensure the mailing list is kept up to date, permitting timely communication of policy and guidance.

4.7.7 Management of the day-to-day operation of the local RA Agents and services

4.7.8 Ensuring that the RA Agents are sufficiently responsible and trained to operate the national RA processes, equipment, and applications.

4.7.9 Ensuring that the national RA processes for smartcard issue/revocation and profile modification are adhered to within SWYPFT.

4.7.10 Informing NHS Digital of any process, hardware and application problems associated with the RA function.

4.7.11 Providing management support to the organisation's RA Agents and RA Sponsors on process, hardware, and application problems.

4.7.12 Ensuring that all RA procedures and any other material which supports the issue/revocation of a smartcard and the position/role profiles associated with the smartcard are retained in accordance with the national RA processes.

4.7.13 Ensuring that all contractors who need to use the NHS CRS compliant applications are aware of SWYPFT Information Governance.

4.7.14 Conducting annual reviews and risk assessments of all RA related NHS CRS compliant application services, providing documentary evidence to support assurance requirements.

4.7.15 Producing ad-hoc RA reports to help manage the quality of RA Services.

4.7.16 Identifying and maintaining methods of allocating user access to defined profiles, whilst indicating any process synergies, efficiency gains, and information governance risks during implementation phases.

4.7.17 Where an organisation is merging or closing, identifying where the RA records will reside and gain approval from the SWYPFT ICIG.

Typical scenarios are: -

If an organisation is being merged into a new organisation, the records should be transferred to the new organisation.

If an organisation is being merged with more than one organisation, the records should be distributed accordingly between the organisations.

If an entire organisation is being closed, the records should be transferred to a senior RA organisation.

4.7.18 Liaising with local IT Services in ensuring compliance with up-to-date versions of RA related software across all of the local IT estate, as necessary.

4.7.19 Representing the Trust at RA Leads forums both nationally and regionally as required.

4.7.20 The RA Manager will provide the routine reports to the ICIG as an assurance that effective processes and monitoring arrangements are being adhered to regarding the provision of RA Services.

4.8 RA Sponsors (RA Sponsors)

RA Sponsors are responsible for: -

4.8.1 Approving user registrations as defined by the organisation or via an inter-organisational agreement that has been approved by the Trust.

4.8.2 Working with RA Agents to maintain access to NHS CRS compliant applications within their area of responsibility that is consistent with the SWYPFT Information Security Policy (Information Security Policy). This includes access profiles change and removal, and the revocation of smartcards and smartcard certificates.

4.8.3 Identifying the levels of access (position/role profile) to information for staff who are required to use NHS CRS compliant applications as part of their job role and who are under direct line management responsibilities and ‘known’ to the RA Sponsor.

4.8.4 Initiating requests to RA personnel through the CIS system for staff registrations and position/role assignments.

4.8.5 Vouching for the identification of a user, ensuring proof of ID (National Insurance Number) and date of birth has been confirmed at the time of initiating the smartcard registration request when using the create user function of the CIS system.

4.8.6 Renewal of a user's smartcard certificate (where applicable), unlocking a user's smartcard and resetting pass codes – only where confident of the user's identity.

4.8.7 Ensuring they are familiar with the extent of the functionality and information access for a position/role profile they may grant to a user.

4.8.8 Ensuring that the position/role profile associated with a user is appropriate.

4.8.9 Informing the RA Manager of problems associated with user access levels.

4.8.10 Completing the appropriate stages of the RA registration process (via the CIS system)

4.8.11 Ensuring that the Trust Incident Report Process is fully complied with for all instances where smartcards have either been lost, misplaced, or stolen.

4.8.12 Assuring the RA Manager of the accuracy of the information recorded within the CIS system and on the paper, RA forms, where used/retained. A list of all RA Sponsors will be maintained accordingly.

4.8.13 Reviewing and confirming that all staff remain in employment with the organisation, are performing the same duties and have appropriate access levels assigned for their job role(s).

4.9 RA Agent (RA Agent)

The RA Agent is responsible for: -

4.9.1 Ensuring that the national and local operational processes are adhered to and for the collection/recording of accurate information from the registration process onto the CIS System.

4.9.2 Confirms that users have only one NHS CRS smartcard issued to them showing their User's Unique Identifier (UUID) and photograph, and that users are aware of their responsibilities relating to Information Governance and smartcard use. The issue of more than one NHS CRS smartcard to a user is not permitted.

4.9.3 Ensuring that all inter-SWYPFT agreements are followed and adhered to and reporting all incidents, misuses, anomalies, and problems to the RA Manager.

4.9.4 Day to day support of the local RA operational processes adhering to national standards.

4.9.5 Issuing smartcards to users who have been sponsored and who have suitably proven identities in accordance with the national process.

4.9.6 Ensuring that access profiles specified and agreed by sponsors follow the process and procedures developed and endorsed by the organisation. This covers the creation, maintenance and updating of individual user smartcard profiles in accordance with the RA Sponsor's requirements.

4.9.7 Renewal of a user's smartcard certificates if confident of the user's identity, where applicable. Where possible encouraging users to self-renew their smartcard certificates via the Self-Service Portal.

4.9.8 Unlocking a user's smartcard and resetting logon passwords, where applicable.

4.9.9 Cancelling and updating user details and their smartcard access in accordance with the RA Sponsor's requirements.

4.9.10 Reporting incidents of misuse, anomalies, or problems to the RA Manager and initiating local risk management procedures.

4.9.11 Escalating process, hardware, and application problems to the RA Manager/NHS Digital.

4.9.12 Providing support to RA Sponsors on process, hardware, and application problems.

4.9.13 Ensuring that all RA requirements are followed accordingly and that any other materials which support the issue/revocation of a smartcard and position/role profiles associated with the smartcard are retained in accordance with the national RA processes.

4.9.14 Completing the annual review of RA Sponsors and users to ensure that all staff are assessed to ensure they are confirmed to remain in employment with the organisation, are performing the same duties and have appropriate access levels assigned for their job role(s).

4.9.15 Adhering to the RA Audit requirements and ensuring that all RA Forms and associated information is maintained and securely stored according to national RA guidelines.

4.9.16 Ensuring that unallocated smartcards are subject to tight management controls and stock checks are performed on a regular basis to provide organisational assurances.

4.9.17 Ensuring that contact details for RA Agents including email address and telephone numbers are recorded in the Spine User Directory.

4.10 Staff (Users issued with Smartcards)

Are responsible for ensuring the safety and security of smartcards and that PIN codes and pass codes are kept confidential, thus safeguarding smartcard usage, ensuring that no one else uses/has access and in reporting any loss, theft, suspected misuse to the issuing RA function and their line manager/RA Sponsor.

5. Principles

5.1 RA Organisation

5.1.1 The organisation needs a RA function to administer the registration process; to manage the distribution and use of smartcards, and individual NHS CRS compliant applications system access rights.

5.1.2 At this time there are no plans for the NHS CRS compliant smartcard to become the SWYPFT staff identification card. However, this may be subject to change in line with any associated National Guidance.

5.1.3 All staff as detailed in 4.1 will be required to complete the registration process and be issued with a smartcard.

5.1.4 Staff who do not require access to ESR or NHS CRS compliant applications will NOT be issued with a smartcard. However, staff who are nominated to the role of RA Sponsor will be registered on the National SPINE following normal registration procedures and will be issued with a smartcard for the sole purpose of carrying out this role.

5.1.5 SWYPFT will comply fully with the latest published National RA Guidance, Policies and Procedures available from the NHS Digital Website. Depending on the extent of the changes that revised NHS Digital guidance introduces, this may result in further review of this policy.

5.1.6 The procedures covered in this document are the local support procedures necessary to adhere to the National Policies and Procedures covering: -

- Identification and Appointment of RA staff
- Registration of Strategic RA Manager
- Registration of RA Manager
- Registration of RA Agents
- Registration of RA Sponsors
- Registration of NHS CRS compliant application users
- Management of NHS CRS compliant application users
- Management of RA/user smartcards
- Management of RA/user PIN/pass-codes
- Management of RA/user profiles (Determines the level of access for system users)

5.1.7 The intended audience for this document and its awareness/use are the following: -

- Board Members
- Directors
- Senior Management
- Heads of Service
- Service Managers
- Improving Clinical Information Group (ICIG)

- All users/customers of the RA Services provided by SWYPFT
- Human Resources personnel
- IM&T personnel
- Confidentiality Specialists including Caldicott Guardian(s)
- IT Support Services or Help Desk personnel
- NHS Digital staff

5.1.8 SWYPFT RA is made up of the following personnel: -

- Senior Information Risk Officer (Executive)
- Caldicott Guardian (Executive)
- Assistant Director of IT Services & Systems Development
- Head of IT Services & Systems Development
- RA Manager
- RA Sponsors
- RA Agents

5.1.9 Those identified in 5.1.8 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. Please see Appendix D – I for the RA procedure flowcharts.

5.1.10 The RA needs to have at the heart of its thinking protecting patients' interest and the obligations placed on staff through the NHS Care Record Guarantee. Consideration also needs to be given to how the patient perspective is incorporated into this governance framework. The individuals/teams providing this governance need to be familiar with this document and the obligations it contains.

5.1.11 RA Sponsors are appointed and entrusted to determine who should have what access and maintaining the appropriateness of that access. Please refer to Appendix J.

5.1.12 Currently RA Sponsors are selected from:

- Line managers (department & service managers/team leaders)
- Service management lead for SLA Management within 3rd Party organisations (e.g. ISTCs, Hospice)
- Key administrative staff

5.1.13 The RA needs to ensure that:

The national registration processes are adhered to in full as identified in document "Registration Authorities: Governance Arrangements for NHS Organisations"

RA personnel are familiar with and understand "Registration Policy and Practices for Level 3 Authentications and Registration Authorities Operational Process and Guidance"

There are sufficient smartcards, smartcard issuing and maintenance equipment for the organisation

The process identified by NHS Digital, for enabling locum, agency and bank staff access to NHS CRS compliant applications will be strictly followed, where applicable. Refer to ”Registration Authorities: Arrangements for Temporary Access to NHS CRS Applications v1.0”

All the above referenced documentation is available at: -

https://digital.nhs.uk/services/registration-authorities-and-smartcards

An indexed and secure audit trail is maintained of applicants’ registration information and profile changes for previous paper-based registrations.

All historic completed paper RA application forms (RA Forms) and associated documents are stored securely in an area where only the RA personnel have access, in line with the Records Management Code of Practice for Health and Social Care 2016 (available via NHS Digital).

Notification of the creation and revocation of RA managers (including their e-mail address) is sent by e-mail to ramanager_Agents@nhs.net

Compliance with the NHS Care Records Guarantee is observed https://digital.nhs.uk/services/registration-authorities-and-smartcards

SWYPFT Information Governance policies are duly observed.

5.1.14 An annual review will be conducted to risk assess and review all NHS CRS compliant applications such as the Electronic Staff Record (ESR) and TPP SystmOne that may operate outside of the stated core hours and manage any associated risks through the SWYPFT risk assessment process. The outcomes could include extending core hours, implementing on call services or other measures enabling emergency access, and enabling more limited subsets of the available core RA services.

5.1.15 All duties in relation to the RA function, this RA policy, and procedures, incorporating the issuance of smartcards will be conducted in adherence with the SWYPFT Equal Opportunities and Equality Schemes.

5.1.16 Where services are contracted or part of an agreement, then adequate provision for the necessary compliance with RA requirements needs to be made in the contract/agreement.

6. Equality Impact Assessment

See Appendix A for the agreed Equality Impact Assessment.

7. Dissemination and implementation arrangements (including training)

7.1 The RA Manager, on behalf of SWYPFT will be responsible for ensuring that adequate numbers of smartcards are available, in maintaining the smartcards

throughout their useful life and operational maintenance of specialised RA IT Equipment.

The Clinical Information Systems & Interoperability Manager in collaboration with the Head of IT Services & Systems Development will ensure that there is sufficient computer equipment to support all users of NHS CRS compliant applications (including those for registration). All RA equipment will be subject to policies and procedures governing the management and control of SWYPFT Assets.

8. Process for monitoring compliance and effectiveness

8.1 Consultation and Communication with Stakeholders

8.1.1 The process for consultation, negotiation and ratification will be via: -

- SWYPFT Executive Management Team
- SWYPFT Improving Clinical Information Group (ICIG)
- IM&T Task Action Group (TAG)

A news item will be placed on the Intranet asking for comments as part of the consultation.

8.2 Approval of procedural documentation

8.2.1 Procedural documentation will be considered and approved by the SWYPFT Improving Clinical Information Group, for ratification by the SWYPFT Executive Management Team and will be communicated through the Clinical Information Systems Team within IM&T who are responsible for the Trust's RA function.

8.3 Monitoring effectiveness

8.3.1 The Director of Finance and Resources requires the Head of IT Services & Systems Development to ensure that a process is in place to monitor the compliance and effectiveness of this policy and procedure. This will include: -

ICIG will receive quarterly summary performance reports for all RA activities covering but not limited to: -

Any trends and issues that arise from incidents and address actions both through feedback to Service Managers and staff, the Clinical Information Systems Team and through amendment as required to the policy and procedures.

The results of the six-monthly smartcard stock control audit (refer to Appendix K).

The smartcard stock control audits have been completed in period

Assurance that actions from any audits are being addressed

Assurance of RA compliance with national guidance and standards

Confirmation of and any changes in RA personnel that are in post

If significant risks or issues arise between reports these will be escalated to the ICIG and onto the corporate risk register if required.

9. Review and revision arrangements (including archiving)

9.1 This policy and procedures will be reviewed 2 years from the date of approval or sooner if there is a requirement to meet legal, statutory, or good practice standards.

10. References

10.1 RA Website Reference Documents

All referenced documentation, unless specifically stated, is available at https://digital.nhs.uk/services/registration-authorities-and-smartcards

10.1.1 Registration Authorities Setup and Operation

10.1.2 Registration Policy and Practices for Level 3 Authentications

10.1.3 We abide by the local confidentiality policy and code of practice (based on the national code)

10.1.4 NHS CRS Acceptable Use Policy, Terms and Conditions

10.1.5 NHS Care Records Guarantee

10.1.6 NHS Codes of Practice and Legal Obligations
NHS Codes of Practice & Legal Obligations

10.1.7 NHS Applications – NHS Spine Authentication Portal
NHS Spine Authentication Portal

11. Associated documents

None.

12. Appendices

- Equality Impact Assessment (see Appendix A)
- Checklist for the Review and Approval of Procedural Document (see Appendix B)
- Version control sheet (see Appendix C)
- Directly Employed New User Registration Flowchart (see Appendix D)
- Non-Directly Employed New User Registration Flowchart (see Appendix E)

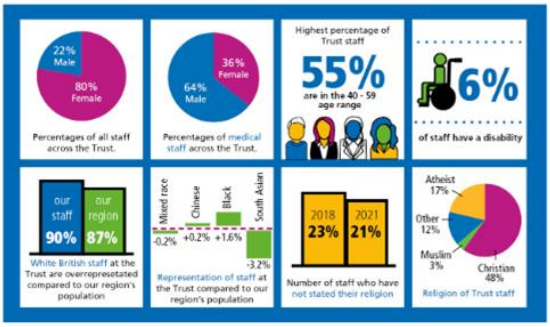
- Smartcard Access Role Change Flowchart (see Appendix F)
- Smartcard Incident Reporting Flowchart (see Appendix G)
- Resetting Smartcard Password Flowchart (see Appendix H)
- Leavers & Revocation Flowchart (see Appendix I)
- Guidance for the Approval of RA Sponsors (see Appendix J)
- Smartcard Stock Control Audit Procedure (see Appendix K)

Appendix A - Equality Impact Assessment Tool

Date of EIA: 13/04/2022 **Review Date: 13/04/2025**

Completed By: Stephen Pidgeon

	QUESTIONS	ANSWERS AND ACTIONS
1	**What is being assessed?** Prompt: what is the function of this document (new or revised)	**RA Policy** **Review**
2	**Description of the document** Prompt: What is the aim of this document	**Equality Impact Assessment**
3	**Lead contact person for the Equality Impact Assessment**	**Head of IT Services & Systems Development**
4	**Who else is involved in undertaking this Equality Impact Assessment**	**RA Manager**
5	**Sources of information used to identify barriers etc** Prompts: service delivery equality data – refer to equality dashboards (BI Reporting - Home (sharepoint.com) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight **What does your research tell you about the impact your proposal will have on the following equality groups?**	**Staffing profile data has been taken from the Equality and Diversity Annual Report 2020 to 2021. (South West Yorkshire Partnership Foundation Trust).** **Smartcards are issued to staff that require access to SystmOne and ESR and are issued based upon the role of each individual. There is no impact on any of the equality groups.**
5a	**Disability Groups:** Prompt: Learning Disabilities or Difficulties, Physical, Visual, Hearing disabilities and people with long term conditions such Diabetes, Cancer, Stroke, Heart Disease etc. Accessible information standard	**Managers must be aware that staff with disabilities may have complex needs and must be flexible in recognising and responding appropriately to these needs.**

		Our workforce data is set out below:  ***The results show that:*** **6.0% of all staff within the Trust have stated they have a disability.** **Not all business delivery units have seen an increase of disabled staff.**
	QUESTIONS	**ANSWERS AND ACTIONS**
5b	**Gender:** Prompt: Female & Male issues should be considered	**No impact.**
5c	**Age:** Prompt: Older people & Young People issues should be considered	**No impact.**
5d	**Sexual Orientation:** Prompt: Heterosexual, Bisexual, Gay, Lesbian groups are included in this Category	**No impact.**
5e	**Religion & Belief:** Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered	**No impact.**
5f	**Marriage and Civil Partnership** Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category	**No impact.**
5g	**Pregnancy and Maternity** Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered	**No impact.**
5h	**Gender Re-assignment** Prompt: Transgender issues should be considered	**No impact.**

5l	**Carers** Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered	**No impact.**
5j	**Race** Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.)	**No impact.**

Action Plan

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

- **Under-developed** – red – **No data**. **No strands** of equality
- **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
- **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
- **Excelling** – purple –**All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

Who will benefit from this action? (tick all that apply)		**Action 1: This is what we are going to do**	**Lead/s**	**By when**	**Update -outcome**	**RAG**
Age		**No actions required.**				
Disability						
Gender reassignment						
Marriage and civil partnership						
Race						
Religion or belief						
Sex						
Sexual Orientation						
Pregnancy maternity						
Carers						

Involvement & Insight: New or Previous (please include any evidence of activity undertaken in the box below)

Policy applies equally to all staff and any breaches would be monitored and investigated/reported to the Director of HR.

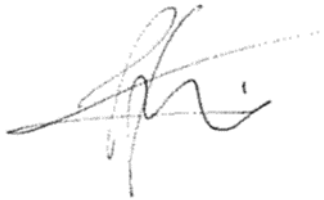
7 Methods of Monitoring progress on Actions

No actions identified.

8 Publishing the Equality Impact Assessment

The EIA can be published once signed off by the Service Manager and the Equality & Engagement Manager.

9 Signing off Equality Impact Assessment:



Service Manager

Once approved, you must forward a copy of this Assessment/Action Plan by email to:

InvolvingPeople@swyt.nhs.uk

Please note that the EIA is a public document and will be published on the web. Failing to complete an EIA could expose the Trust to future legal challenge.

Appendix B - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	Policy
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	No	Not appropriate
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	

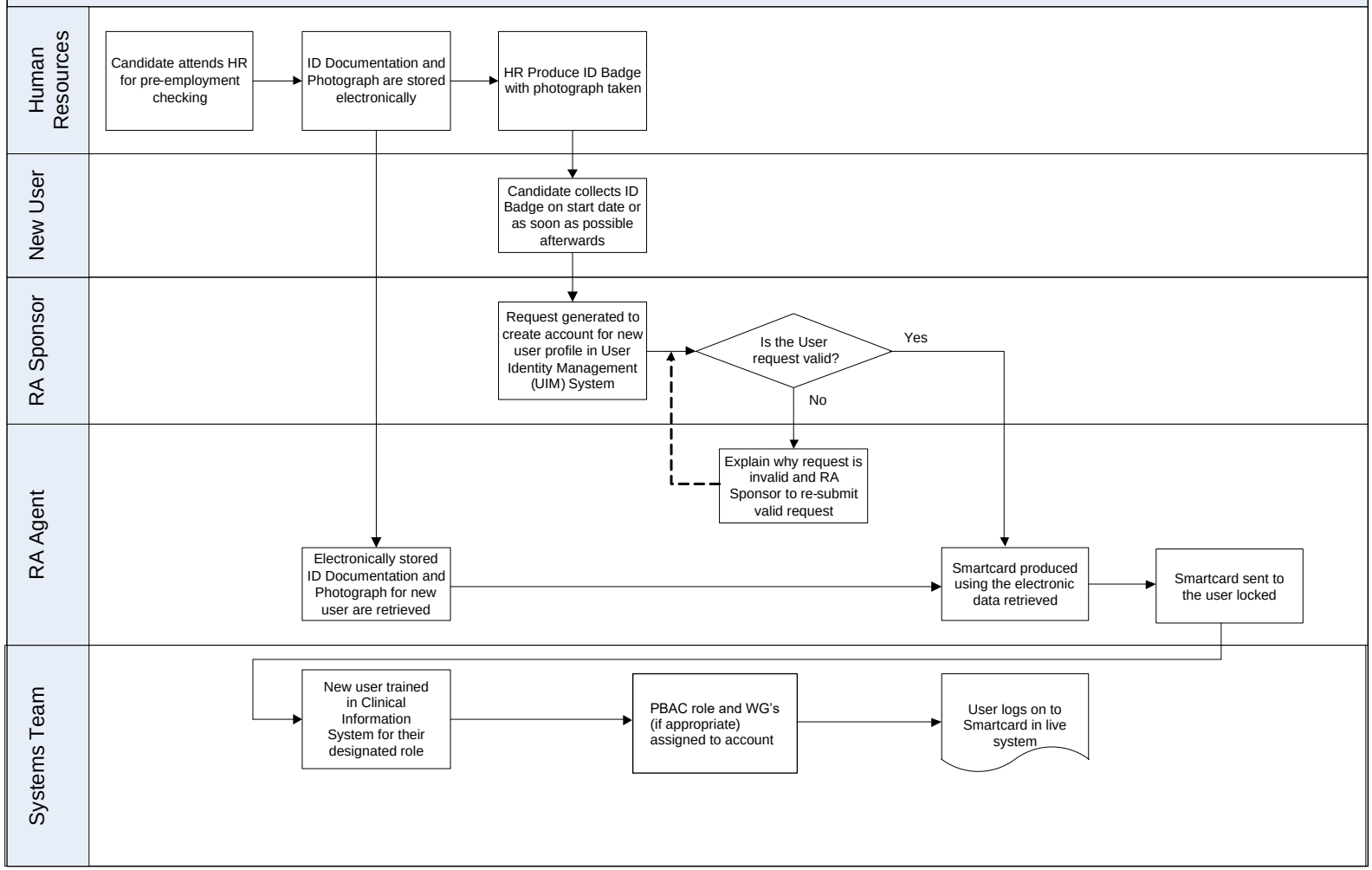
	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible implementation and review of the document?	Yes	

Appendix C - Version Control Sheet

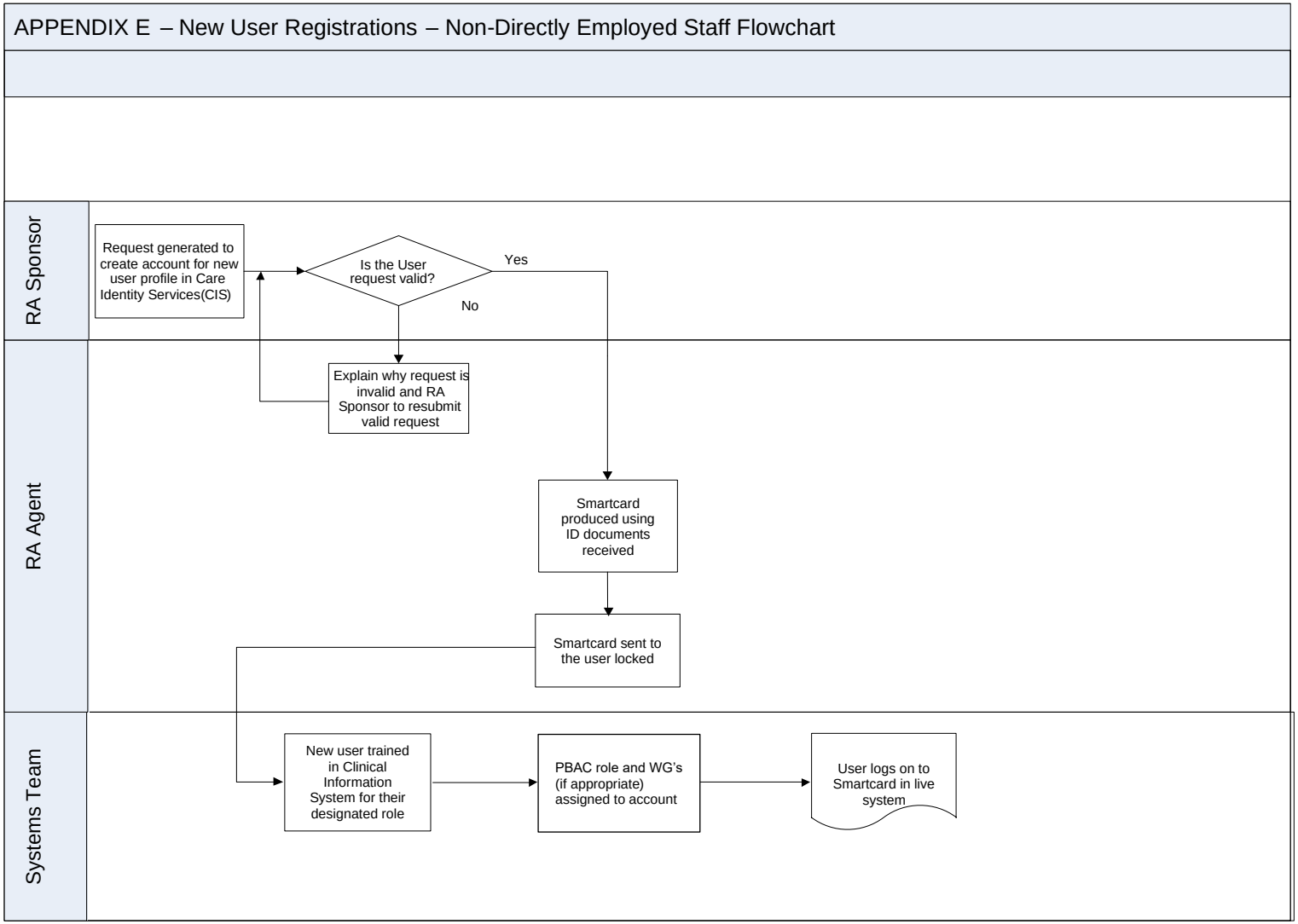
This sheet should provide a history of previous versions of the policy and changes made

Version	Date	Author	Status	Comment / changes
1	November 2016	Business Change & IT Training Support Officer	Draft	Draft version updated from original.
2	December 2016	IT Services Manager	Final Draft	Changes made following review and subsequent recommendations from IG Manager
3	January 2017	Head of IT Services & Systems Development	Final	Inclusion of Equality Impact Assessment.
4	February 2017	Head of IT Services & Systems Development	Final	Submission to EMT
5	February 2019	Head of IT Services & Systems Development	Draft	Draft version updated to reflect required review
6	March 2019	Equality & Engagement Development Support Team	Draft	EIA reviewed and approved
7	May 2019	Head of IT Services & Systems Development	Final	Submission to EMT
8	April 2022	RA Manager	Draft	Draft version updated from original.
9	April 2022	Chris Crocker - Head of IT Services & Systems Development	Draft	Reviewed and suggested minor revisions.
10	April 2022	Paul Foster – Assistant Director of IT Services & Systems Development	Draft	Final review.

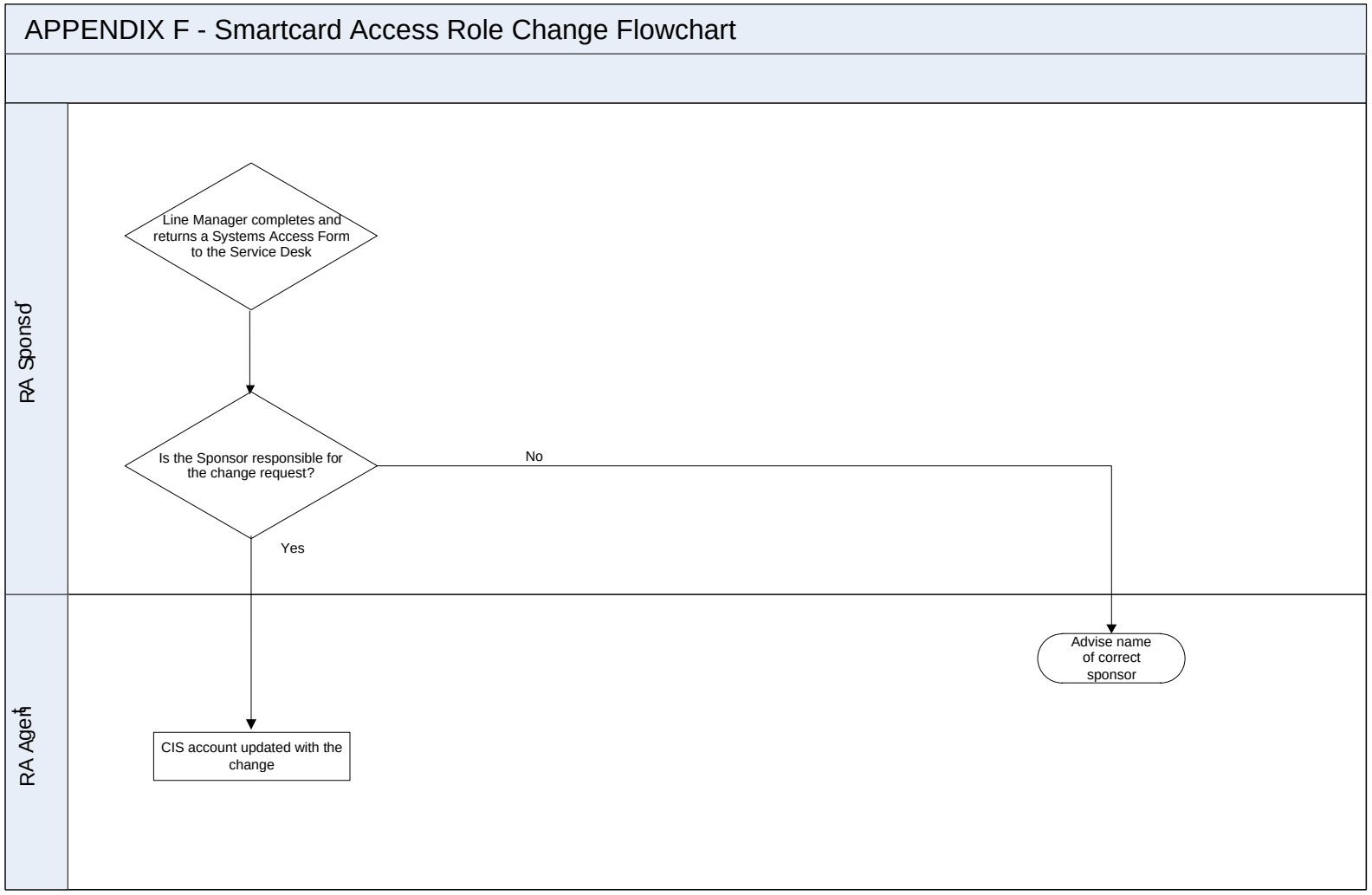
APPENDIX D - New User Registrations - Directly Employed Staff Flowchart



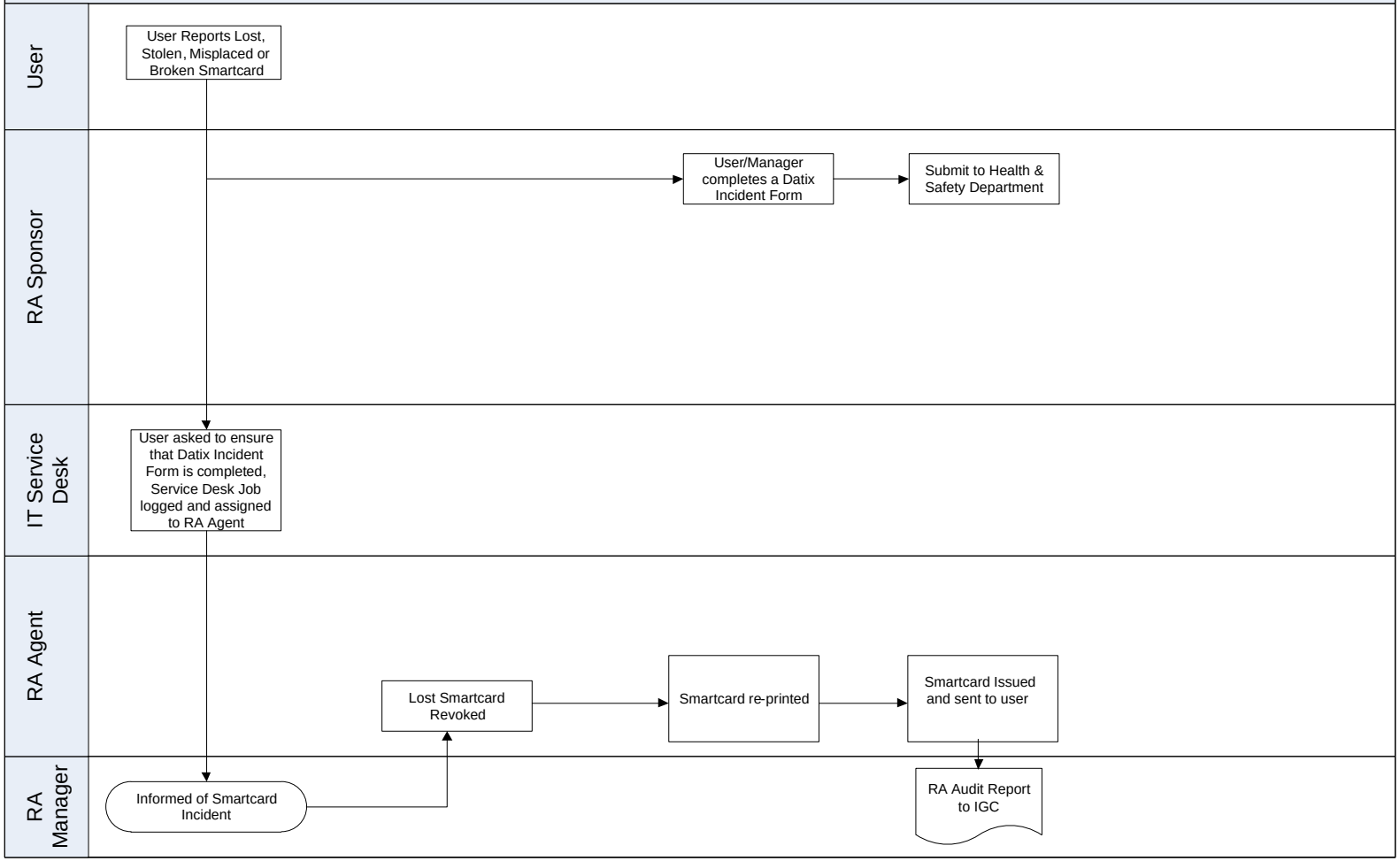
APPENDIX E – New User Registrations – Non-Directly Employed Staff Flowchart



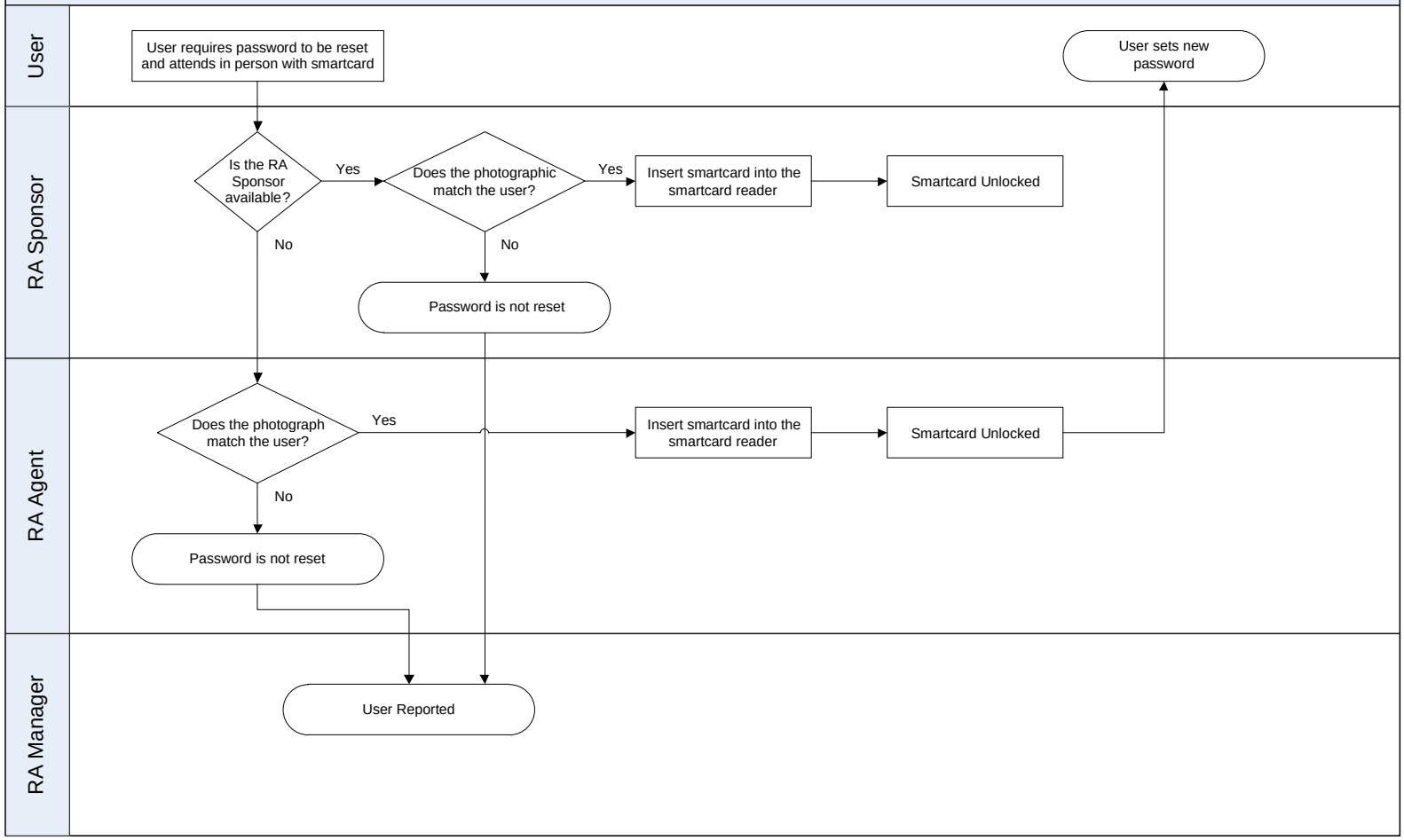
APPENDIX F - Smartcard Access Role Change Flowchart

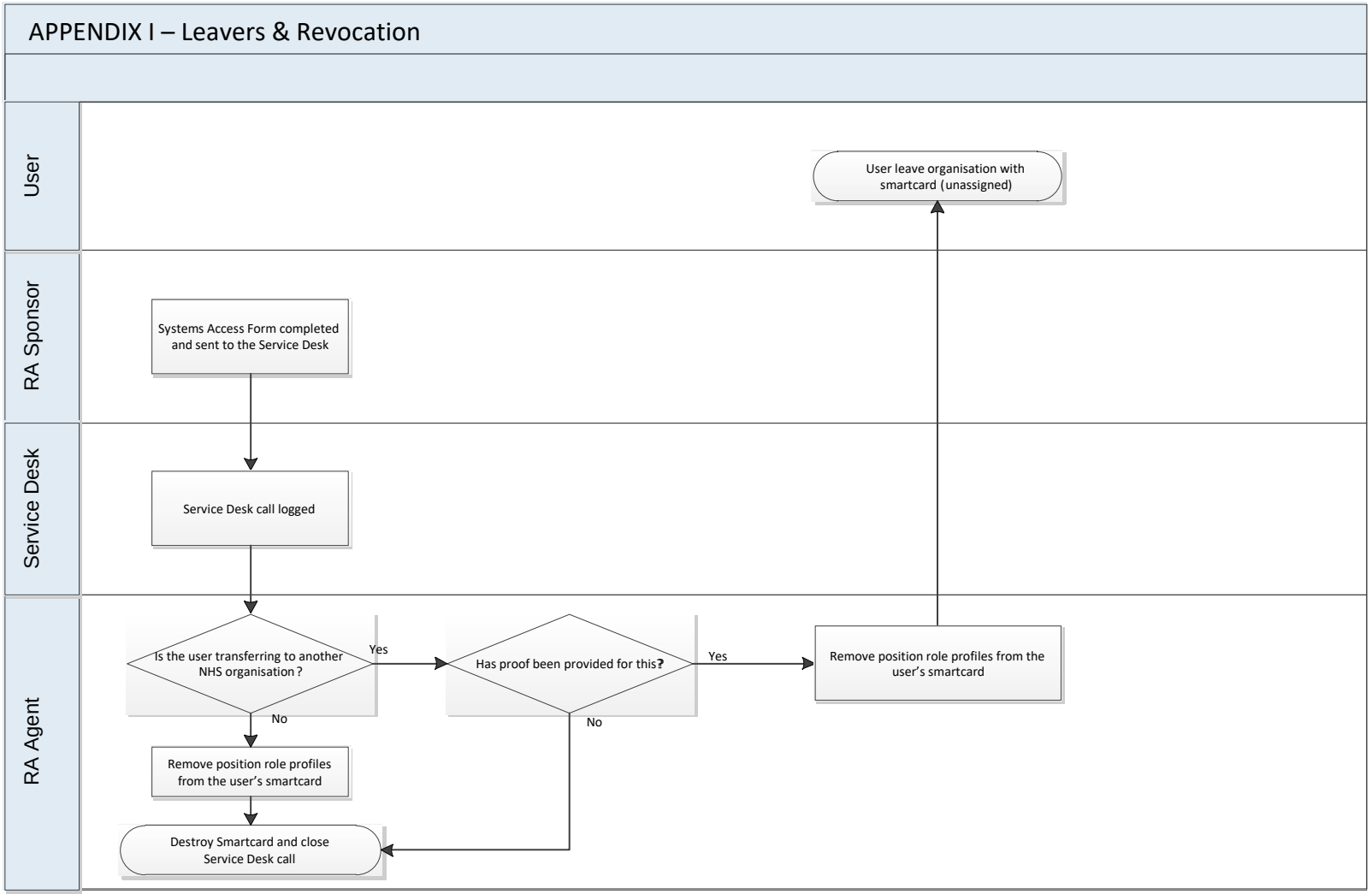


APPENDIX G - Smartcard Incident Reporting Flowchart - Lost, Stolen, Misplaced or Broken Smartcards



APPENDIX H - Resetting Smartcard Password/Unlocking Smartcard Flowchart




APPENDIX I – Leavers & Revocation
User
RA Sponsor
Service Desk
RA Agent
User leave organisation with smartcard (unassigned)
Systems Access Form completed and sent to the Service Desk
Service Desk call logged
Is the user transferring to another NHS organisation ?
Yes
No
Has proof been provided for this?
Yes
No
Remove position role profiles from the user's smartcard
Remove position role profiles from the user's smartcard
Destroy Smartcard and close Service Desk call

APPENDIX I

APPENDIX J

South West Yorkshire Partnership NHS Foundation Trust

Guidance for the Approval of RA Sponsors

Requirement for RA Sponsors

In order to use an NHS CRS compliant application, users need to be set up appropriately in the CIS system. This is performed via the RA (RA/smartcard) Process.

To proceed with the RA Process, it is necessary to appoint 'RA Sponsors'. RA Sponsors are usually Service Team Leaders, Heads of Department or Line Managers within the organisation.

RA Sponsors have the following responsibilities with regards to their involvement in a user's Registration:

- Identify the user's use and access to information of an NHS CRS compliant application – the organisation they belong to and their Role Profile.

- To manage certificate renewals and PIN re-sets of employees' smartcards.

APPENDIX K

Title:	RA Smartcard Stock Control Audit Procedure

INTRODUCTION

For Healthcare Professionals to access NHS CRS compliant applications they must have completed the registration process. The registration process for NHS CRS compliant applications must adhere to current Government requirements and will be applied nationally. All the NHS CRS compliant applications use a common security and confidentiality approach.

The primary method by which system users will access an NHS CRS compliant application is via a smartcard issued during the registration process. Once an applicant has been successfully registered, they will have a User ID, pass-code and smartcard, which will permit their access to the appropriate application(s) and information. The registration process is operated at a local level by an authorised RA that are required to conform to the National Registration Policy and Practices.

This document describes procedures for the stock management of unissued blank smartcards and the recording of smartcards issues to ensure that all smartcards obtained from the SHA can be accounted for.

Provision of Smartcards

Blank smartcards are provided to the Trust via the NHS Digital. Smartcards are obtained through the NHS Digital by the Trust submitting orders for additional smartcards. Smartcards are provided in boxes of 200. Each box is sealed and has a label stating the range of serial numbers which are contained in the box. Each smartcard has its own individual serial number printed upon it.

Smartcard Issuance

During the registration and smartcard issuance process for staff, the serial number of the smartcard that is to be issued to each individual member of staff is recorded within the RA & Training Database (historically, the serial number was recorded at the top of the completed RA paper form) at the time of issue.

Smartcard Stock Checks

On a six-monthly basis, stock checks of both issued and unissued blank smartcards are reconciled to ensure that all smartcards allocated to the Trust can be accounted for.

The RA & Training Database is used primarily for the purpose of checking the smartcard stock levels, reconciling blank cards and issued cards to ensure all are accounted for. This function is performed by the RA Manager.

The stock of blank smartcards is reconciled against those issued, this includes any blank unissued smartcards that the RA Agents have for issuance purposes.

Occasionally, faulty smartcards are encountered during the issuance process. These faulty smartcards are retained by the RA Team for the sole purpose of stock control checking.

Outcomes of Smartcard Stock Control Audit

The outcomes of the smartcard stock control checks are summarised into a report and presented to the ICIG as part of the RA reporting mechanisms.