The State Hospital Equality Impact Assessment (EQIA)

You should read the guidance document prior to completing this template.

Please note, the EQIA should be proportionate to the significance and coverage of the policy and should take cognisance of the nature of the environment and patient group.

Step 1: Screening to determine if the policy requires a detailed EQIA

Name of the policy:

The State Hospital Freedom of Inform	mation and Data Protection policies, procedures and guidance.	
Local Policies/Procedures/Guidance a) IG01 Freedom of Informa b) IG05 Data Protection Pol c) IG10 Subject Access Pro d) IG12 Work Space Proced e) IG13 Buildings & Staff Re f) IG14 Confidentiality in Co g) IG16 Data Protection Imp h) IG18 Privacy by Design F i) IG22 Data Protection Pol	tion Policy icy cedure lures elocation Guidance ommunications pact Assessment Procedure icy (Law Enforcement)	
policies and procedures and guidance	I applied across all Freedom of Information and Data Protection ce. Unless highlighted, the statements made therefore related to provide discrete references to a specified plan as detailed	
Directorate: Finance & eHealth	Date: 30/09/2021	
Designation(s) of author(s): Info	ormation Governance and Data Security Officer	
Strategy Policy Protocol Project *Other		
(*please provide details)		
New update to existing	policy X *replacement	
(*please advise what this policy		
	outcomes of the policy and how do these fit in with the	
wider aims of the organisation,	legislation and national drivers?	
Aim(s) / Outcome(s)	Wider Aim(s)	
To document The State Hospital's approach and strategies for managing its obligations with information as a, controller, processor and public authority The State Hospital's day to day operation is under pinned by the correct access to relevant accurate information by the right people in a timely manner. These policies, procedures and guidance aim to layout how th organisation achieves this within the legislative framework.		
Compliance with legislation relating to the management of		

information; Freedom of Information (Scotland) Act (2002) Protection Act (2018) and UK General Data Protection Regulation (GDPR)	This in turn should contribute to maintaining and improving the organisation's integrity and reputation by demonstration the core values of the organisation, in particular, responsibility, openness and honesty.		
		S Scotland templates and procedures to oproach across NHS Scotland.	
2. Please identify the scope of	the policy		
Forensic Network wide	ospital wide 🔀 S	ervice specific	
Discipline specific *Other	· (*please provi	de details)	
3. Who are the key stakeholder impact on these groups in a posay this?	• •	d by the policy? Will the policy /e and/or neutral way? Why do you	
Stakeholder(s)	Impact	Rationale	
1. Staff, Patients, Volunteers and carers/visitors including, professionals, contractors and Data Subjects (those whose data the Hospital processes)	Positive	Ensures compliance with legislation and guidance and puts in place processes to protect all those whose information the Hospital processes. The policies and procedures provide mechanisms to deliver statutory functions including Freedom of Information, Environmental Information Regulations and subject access requests, upholding all stakeholders' rights to request information. Ensures consistent approach to information governance that promotes the safe management of all stakeholders' information. Maintains and improves the organisation's integrity and reputation with stakeholders. Contributes to the core values of the organisation (responsibility, quality,	
2. Staff, Patients, Volunteers and	Negative	openness and honesty). Access to information may be limited or	
carers/visitors including, professionals contractors and Data Subjects (those whose data the Hospital processes)		withheld so as to uphold the rights of others.	
3. External regulatory (e.g. Scottish government, UK government, Information Commissioner's Officer & Scottish Information Commissioner.	Positive	Regulatory organisations are reassured that robust and demonstrable processes are in place to safeguard the rights and freedoms of individuals which comply with legislation and national guidance	

4. Is a collaborative assessment with external partners required? Yes / No

Consultation has been undertaken at a national level with the NHS Scotland Information Governance Leads publishing national guidance. The State Hospital's Information Governance and Data Security Officer contributes to national discussions.

5. Specifically, in relation to the protected characteristics, please identify whether the policy impacts positively, negatively and / or neutrally on these groups, providing rationale in support of your decision. Please also describe any identified inequality and indicate practice in place which mitigates aspects of the policy contributing to any adverse impact or inequality.

Protected Characteristic	Positive X	Adverse/Negative X	Neutral X	Identified impact / inequality and rationale, including mitigating practice where appropriate
Age	a - i			(a-i) Adherence with the policies and procedures promotes the lawful and proportionate use of personal identifiable information that respects the rights and freedoms of individuals.

	(0 i)1	a, d, f	(a i)1 Adharanaa with
Disability	(a – i)1 (a - i)2 (a, b, i)	a, u, i	(a-i)1 Adherence with the policies and procedures promotes the lawful and proportionate use of personal identifiable information that respects the rights and freedoms of individuals.
			(a-i)2 Disability is considered special category data and is afforded additional protection in law. The policies and procedures provide additional safeguards when managing this type of information so that only appropriate use is made of this highly confidential information.
			(a, b, i) When managing information requests, the format of correspondence and any information released must be communicated adopting the preferred format defined by the applicant who is responsible for communicating specific accessibility needs.
			(a) Those who have difficulty in providing a written or permanent form of request will be disadvantaged as FOI requires this to be valid.
			(d) The requirement to lock material away may take longer or be challenging for those with a disability. Work

			spaces should already have adaptations to permit access to storage. In some cases further adaptation may be needed or a review of current working practices. (f) The primary tools used are electronic. This may require additional time or an alternative method of redaction for anyone who needs support to operate a computer.
Gender	a - i		(a-i) Adherence with the policies and procedures promotes the lawful and proportionate use of personal identifiable information that respects the rights and freedoms of individuals.
Gender Reassignment	(a – i)1 (a – i)2		 (a-i)1 Adherence with the policies and procedures promotes the lawful and proportionate use of personal identifiable information that respects the rights and freedoms of individuals. (a-i)2 Any information relating to gender reassignment is considered special category data and is afforded additional protection in law. The policies and procedures provide additional safeguards when managing this type of information so that only appropriate use is made of this highly confidential information.

Marriage and Civil Partnership	a - i	(a-i) Adherence with the policies and procedures promote the lawful and proportionate use of personal identifiable information that respects the rights and freedoms of individuals.	es of
Pregnancy and Maternity	(a – i)1 (a – i)2	 (a-i)1 Adherence with the policies and procedures promote the lawful and proportionate use of personal identifiable information that respects the rights and freedoms of individuals. (a-i)2 Any information relating to pregnance is considered specion category data and i afforded additional protection in law. The policies and procedures provide additional safeguare when managing this type of information that only appropriate use is made of this highly confidential information. 	es of e on cy al s he s so

		ahai	(a_i)1 Adharanaa with
Race/Ethnicity	(a – i)1 (a – i)2	a, b, c, i	 (a-i)1 Adherence with the policies and procedures promotes the lawful and proportionate use of personal identifiable information that respects the rights and freedoms of individuals. (a-i)2 Any information relating to race or
			relating to race or ethnicity is considered special category data and is afforded additional protection in law. The policies and procedures provide additional safeguards when managing this type of information so that only appropriate use is made of this highly confidential information.
			(a)Those for whom English is not their first language may have some difficulties understanding the content of FOI responses, particularly where complex information is being communicated (e.g. use of medical terminology).
			(b, c, i)Those for whom English is not their first language may have some difficulties understanding the content of subject access responses, particularly where complex information is being communicated (e.g. use of medical terminology).

Religion and or Belief	(a – i)1 (a – i)2	 (a-i)1 Adherence with the policies and procedures promotes the lawful and proportionate use of personal identifiable information that respects the rights and freedoms of individuals. (a-i)2 Any information relating to religion or beliefs are considered special category data and is afforded additional protection in law. The policies and procedures provide additional safeguards
		when managing this type of information so that only appropriate use is made of this highly confidential information.
Sexual Orientation	(a – i)1 (a – i)2	(a-i)1 Adherence with the policies and procedures promotes the lawful and proportionate use of personal identifiable information that respects the rights and freedoms of individuals.
		(a-i)2 Any information relating to sexual orientation is considered special category data and is afforded additional protection in law. The policies and procedures provide additional safeguards when managing this type of information so that only appropriate use is made of this highly confidential information.

6. Thinking about the key stakeholders you have identified in no. 3, please explain how the policy supports the organisation to eliminate any potential unlawful discrimination, harassment and victimisation of these groups, promoting equality of opportunity and fostering good relationships between all stakeholders.

Data Subjects (those whose data the Hospital processes)

These policies and procedures ensure that standard, documented and repeatable processes are used to manage personal data. This should improve consistency and reduce the potential for one person's data protection matter to be managed differently from another's.

All groups reassured that robust processes are in place to uphold their rights and freedoms.

Freedom of Information Applicants

These policies and procedures specifically limit the dissemination of the applicant's identity so as to make the process 'applicant blind'. This is for the explicit purpose of not prejudicing the retrieval and collation of Freedom of Information requests. The processes are the same regardless of the stakeholder utilising them. All groups reassured that robust processes are in place to uphold their rights and freedoms.

Staff, volunteers and students

Clear guidance, policies and procedure enable staff to manage information in a timely and sensitive manner. They detail the organisations approach and methods to information management so as to produce consistent and repeatable results. They are also reviewed as part of the approvals process to ensure that they do not unlawfully discriminate, or allow harassment or victimisation.

All groups reassured that robust processes are in place to uphold their rights and freedoms.

Carers/visitors

The guidance, policies and procedure are reviewed as part of the approvals process to ensure that they do not unlawfully discriminate, or allow harassment or victimisation. All groups reassured that robust processes are in place to uphold their rights and freedoms.

Those with additional needs.

Where someone may experience difficulty exercising their rights, the Hospital is required to adapt practice so that the individual can exercise their rights. (e.g. someone with a visual impairment may need a Braille version of documents or electronic documents compatible with a text to speech application. A person without access to a computer needs a paper copy instead of an email with a pdf.)

TSH Board & External regulatory (e.g. Scottish Government, UK Government, Scottish Information Commissioner, UK Information Commissioner)

All those who have an interest in the management of information at the Hospital have demonstrable evidence of how the rights and freedoms of individuals are actively promoted and upheld.

7. Thinking about the key stakeholders you have identified in no. 3, please identify potential inequalities of outcome which may arise in relation to socio-economic disadvantage (low income), including material deprivation.

Data Subjects & Freedom of Information Applicants

(a) Certain requests under Freedom of Information can attract a fee. Although the Hospital has not normally levied a fee for FOI, the policy does reserve the right to do so, laying out the fee structures. Were the Hospital to levy a fee, it may disenfranchise any individual with a socio-economic disadvantage.

(b, c, i) The General Data Protection Regulation and Data Protection Act make it clear that cost is not to be a barrier for the provision of subject access responses, the legislation allows for charging at full cost for additional copies or repeat requests. Were the Hospital to make such a charge, it may disenfranchise any individual with a socio-economic disadvantage.

Please discuss with the Service Lead / Director and complete below to indicate this person is in agreement with your findings.

Service Lead / Director Designation: Director of Finance and e-Health

Date: 04/10/2021

Then forward this screening document and your policy document to the Person Centred Improvement Lead for approval.

Approved by Person Centred Improvement Lead	Da	t e: 06/	/10/2021
Comments			
Feedback incorporated. No requirement for detailed EQIA.			
Detailed EQIA required. Please contact Person Centre for advice / support	d Improv	emen	t Lead
	Date:	1	1

Following consultation, this EQIA should be attached to the policy document and included within the paperwork for consideration by the Policy Approval Group (PAG) prior to implementation. If any changes to the EQIA are required as a result of feedback from the consultation, please contact the Person Centred Improvement Lead.

Date approved by PAG: / /
Approved for upload to TSH website: Yes / *No *(please provide rationale if deemed inappropriate for upload e.g. risk to safety / security)
Date uploaded to TSH website: / /
Risk Management database updated:

Please note, as policy and EQIA documents are within the public domain, via the Hospital's website (unless identified by PAG as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.