

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: Mobile Device Policy		
Directorate: Finance & E-Health		Date: 07/09/2022
Designation(s) of author(s): Senior IM&T Infrastructure Analyst & ITSO		
Strategy <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Project <input type="checkbox"/> *Other <input type="checkbox"/> (*please provide details)		
New <input type="checkbox"/> update to existing policy <input checked="" type="checkbox"/> *replacement <input type="checkbox"/> Update to existing policy but no changes to the policy being made. (*please advise what this policy is replacing)		
1. What are the main aims and 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) Implement legislation.	Wider Aim(s) To comply with Network Information System Regulation (NIS) and General Data Protection Regulation (GDPR).	
2. Please identify the scope of the policy		
Forensic Network wide <input type="checkbox"/> Hospital wide <input checked="" type="checkbox"/> Service specific <input type="checkbox"/> Discipline specific <input type="checkbox"/> *Other <input type="checkbox"/> (*please provide details)		
3. Who are the key stakeholders potentially affected by the policy? Will the policy impact on these groups in a positive and/or negative and/or neutral way? Why do you say this?		
Stakeholder(s)	Impact	Rationale
1. Staff	Negative	Staff will no longer be able to use mobile devices as a personal device. Devices will no longer allow the use of personal email or unauthorised applications being installed without prior consent.
	Positive	Assurances that devices are protected and can be wiped if lost or stolen.

2. Patients	Positive	Reassurance that there are processes in place to support patient confidentiality through the use of encrypted devices.
3. Carers	Positive	Reassurance that there are processes in place to support patient confidentiality, which impacts on carer privacy, through use of encrypted devices.
5. Regulatory organisations e.g. Scottish government, Mental Welfare Commission	Positive	Commitment to uphold legislation.
6. Victims	Positive	Reassurance that details of index offence are not leaked through unsecured electronic communication.
<p>4. Is a collaborative assessment with external partners required? *No</p> <p>This is an internal policy, specific to this environment.</p> <p>* If not, please provide rationale</p>		
<p>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.</p>		

Protected Characteristic	Positive X	Adverse / Negative X	Neutral X	Identified impact / inequality and rationale, including mitigating practice where appropriate
Age			X	
Disability	X			Protects the identity of patients with a mental health diagnosis, intellectual or any form of physical disability
Gender			X	
Gender Reassignment	X			Protects the identity of patients / staff who may be transgender and who may wish this to be confidential.
Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	
Race/Ethnicity			X	
Religion and or Belief			X	
Sexual Orientation			X	

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.

Policy applies equally to all staff, regardless of role, hierarchy.
Fosters positive relationships between stakeholder groups including patients / staff, staff / carers and TSH / regulatory organisations in terms of providing reassurance that data protection is of the utmost importance in the work of the Hospital.

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.

None identified.

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 eHealth

Date: 07/09/22

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

Approved by Person Centred Improvement Lead **Date:** 13/09/22

Comments

No requirement for detailed EQIA.

Detailed EQIA required. Please contact Person Centred Improvement Lead for advice / support **Date:** / /

Following consultation, this EQIA should be attached to the policy document and included within the paperwork for consideration by the Policy Approval Group 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.

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