

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: Password Policy		
Directorate: Finance and eHealth		Date: 02/12/2021
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 type="checkbox"/> *replacement <input checked="" type="checkbox"/>		
(*please advise what this policy is replacing) Part of current IT Security Policy (IG08)		
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)	Wider Aim(s)	
The purpose of this policy is to outline the acceptable use and behaviour of all State Hospital Boards for Scotland (TSH) staff and their use of passwords.	To comply with Network and Information Systems Regulation (NIS) and General Data Protection Regulation (GDPR). Policy is providing new guidance.	
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 / Volunteers / Students	Negative	Changes to the guidance on password usage may create issues for staff who may experience difficulties with to using different passwords for different systems. Complex passwords may create issues with staff who have difficulty with memory retention.

	Positive	Protects data in different repositories from being accessed in the case of a breach of another system. Guidance can be used for personal reasons. Protects personal data of staff and volunteers.
3. Patients	Positive	Provides guidance to staff to ensure patient data is kept secure.
4. Carers / Named Persons / Patient Visitors	Positive	Provides guidance to staff to ensure data relating to carers / Named Person/ Patient Visitors is kept secure.
5. The State Hospitals Board	Positive	Provides guidance on good password hygiene to ensure systems and data are protected. Supports robust approach to compliance with legislation.
6. External visitors / Contractors	Positive	Provides guidance to staff to ensure data relating to external visitors / Contractors is kept secure.
<p>4. Is a collaborative assessment with external partners required? No, as the policy is aimed at those with access to internal systems no external partners should be affected by the policy.</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			The policy protects the confidentiality of patients with an age related condition e.g. Dementia
Disability	X			The policy protects the confidentiality of patients with a mental health disorder / physical disability and other stakeholders who have shared this information.
Gender	X			The policy protects the confidentiality of staff, volunteers and patients in relation to disclosure of gender related data.
Gender Reassignment	X			The policy protects the confidentiality of all stakeholders in relation to disclosure of gender reassignment related data.
Marriage and Civil Partnership	X			The policy protects the confidentiality of all stakeholders in relation to disclosure of relationship data.
Pregnancy and Maternity	X			The policy protects the confidentiality of all stakeholders in relation to disclosure of relationship data.
Race/Ethnicity	X			The policy protects the confidentiality of individuals who may, as a result of their race / ethnicity be otherwise subject to racist behaviour.
Religion and or Belief	X			The policy protects the confidentiality of individuals who may, as a result of their religion / belief be otherwise subject to discriminatory behaviour.
Sexual Orientation	X			The policy protects the confidentiality of individuals who may, as a result of their sexual orientation be otherwise subject to discriminatory behaviour.

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.

The policy aims to protect individuals from potential discrimination, harassment and victimisation through principles of confidentiality.

The policy supports staff and volunteers to ensure they remain safe in their personal life and not just in relation to their role within TSH.

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: 10/12/21

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

Approved by Person Centred Improvement Lead

Date: 14/12/21

Comments

Feedback incorporated. 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 (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.

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