



South, Central and West Commissioning Support Unit

NHS South, Central and West Commissioning Support Unit

Registration Authority Policy

This document can be made available in a range of languages and formats on request to the policy author.

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Table of Contents

2.	Introduction	4
3.	Aims of the Registration Authority Policy	4
4.	Scope	4
5.	Responsibilities	5
6.	Audit	6
7.	Accountability	6
8.	Monitoring and review	6
9.	Procedural and related documents	7

1. NHS South, Central & West CSU (SCW) Registration Authority (RA) Policy

- 1.1. The NHS Care Records Service (NHS CRS) and related National Programmes use a common approach to protect the security and confidentiality of every patient's personal and health care details.
- **1.2.** It is essential everyone who is given access to patient information has been through the same rigorous identity checks.
- 1.3. The NHS has set out the principles that govern how patient information is held in the NHS CRS and the way it is shared.

2. Introduction

- 2.1. The purpose of this policy is to provide guidance to all SCW staff on Registration Authority issues.
- 2.2. Users require a Smartcard to access the national applications linked to the NHS spine e.g. Electronic Staff Records, Choose and Book, Summary Care Records, Electronic prescriptions and the issuance of Smartcards to access these systems is governed by the Registration Authority process.
- 2.3. It is the responsibility of all SCW staff including those on temporary or honorary contracts, agency staff and students to comply with this policy, RA Operating Guidance and supporting procedures.

3. Aims of the Registration Authority Policy

- 3.1. The principles of the Registration Authority procedures are to ensure that:
 - All Smartcards are issued in accordance with the relevant SCW procedures
 - All Users issued with a Smartcard are made aware of their roles and responsibilities for the use of that Smartcard and comply with those requirements
 - All Users comply with the guidance in the RA Operating Guidance (2013)
 - Audit of Smartcard use is carried out in accordance with the RA Operating Guidance

4. Scope

- 4.1. This policy applies to those members of staff directly employed by SCW and for whom the SCW has legal responsibility. For those staff covered by a letter of authority/honorary contract or work experience, the organisation's policies are also applicable whilst undertaking duties for or on behalf of the SCW.
- 4.2. This policy applies to all third parties and others authorised to undertake work on behalf of the SCW.

5. Responsibilities

5.1 The SCW Registration Authority will

5.1.1. Produce quarterly reports

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

5.1.3. Identify to the IT Senior Management Team, for approval, any proposed agreement with another organisation to provide RA services (this includes other NHS and non-NHS organisations)

5.1.4. Develop the procedure guidelines for the issuing of Smartcards by SCW Registration Authority staff.

5.1.5. Ensure the necessary support functions are in place and are aligned with the needs of the RA including training, IT, HR and RA support.

5.1.6. Ensure the national policies and procedures for RA are considered when developing the SCW Information Governance framework.

5.1.7. Ensure an annual review of the RA policy and procedures is undertaken and updated as required.

5.1.8. Establish and update the incident and risk management register and report on this on an annual basis to the SCW board.

5.2 RA Manager Responsibilities

The RA Managers will be responsible for ensuring the adherence to policy and governance related to the RA, for the efficient day-to-day operation and capacity planning of the RA services.

5.3 RA Agent Responsibilities

The RA Agent(s) will be responsible for ensuring RA services are delivered in accordance with the RA procedures and governance to users of RA services.

5.4 RA Sponsor Responsibilities

The Sponsors will be responsible for approving the registration and profiles granted to users. Additionally, they may be responsible for the appropriate issue of Fallback Smartcards, Passcode resetting and vouching for the identity of users – all subject to the RA procedures and governance

6. Audit

6.1 The use of Smartcards and RA actions will be audited in accordance with the RA Operating Guidelines 2013.

6.2. The audit will:

- Identify areas of operation that are covered by the SCW policies and identify which procedures and/or guidance should comply to the policy
- Follow a mechanism for adapting the policy to cover missing areas if these are critical to the creation and use of records, and use a subsidiary development plan if there are major changes to be made
- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance
- Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.

6.3 The results of audits will be reported to the Director of Corporate Development & Performance and Business Support Services and the Associate Director of IT Services.

7. Accountability

- 7.1. Overall accountability for policy documents across the organisation lies with the Director of Corporate Development & Performance and Business Support Services who has responsibility for meeting all statutory requirements and adhering to guidance issued in respect of policy documents.
- 7.2. Overall responsibility for the Registration Authority Policy lies with the Registration Authority Managers who have delegated responsibility for managing the development and implementation of Registration Authority policy and procedural documents.
- 7.3. All NHS employees, contractors and other staff who have been issued with Smartcards for use in their work with the NHS are responsible for that Smartcards and must abide by all current terms and conditions of use.
- 7.4. Failure to adhere to National RA Policy and guidance may lead to revocation of the Smartcard and/or disciplinary procedures.

8. Monitoring and review

8.1. Performance against Key Performance Indicators will be reviewed on an annual basis and used to inform the development of future policy and procedural documents.

8.2. This policy will be reviewed on an annual basis and in accordance with the following, as and when required:

- Legislative changes
- NHS good practice guidance
- Significant incidents reported
- Changes to organisational infrastructure

8.3. Equality Impact Assessment

8.3.1. SCW aims to design and implement services, policies and measures that are fair and equitable. As part of its development, this policy and its impact on staff, patients and the public have been reviewed in line with the SCW's legal equality duties. The purpose of the assessment is to improve service delivery by minimising and if possible removing any disproportionate adverse impact on employees, patients and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation or religion/ belief.

8.3.2. The Equality Impact Assessment has been completed. It has identified impact or potential impact as 'no impact'.

9. Procedural and related documents

9.1. The RA procedures document will be made available to all staff and contractors via the SCW intranet.

9.2. All changes to the RA procedures will be communicated to SCW staff and contractors using appropriate methods.