NHS
North Lincolnshire
Clinical Commissioning Group

Acceptable Computer Use Policy

Authorship:	Information Governance
Committee Approved:	Integrated Audit & Governance Committee
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Equality Impact Assessment **Sustainability Impact Assessment** **Data Protection Impact Assessment** **Target Audience:**	**Screening** **Completed** **Not Required** **All Staff**
Policy Reference No:	N/A
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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
0.1	Barry Jackson	First draft for comments	NR	
1.0	Barry Jackson	Approved version		
1.1	Chris Wallace	Updated to include social media	NR	
1.2	Chris Wallace	Amendments based on feedback		
1.3	Mark Culling	Changed NYHCSU to eMBED Health Consortium throughout		
2.0	Hayley Gillingwater	Updated Bribery Act GDPR Removal of eMBED Virtual Conferencing Investigations References Personal Confidential Data (PCD) definitions	IAGC 03.03.21	

Contents

1 INTRODUCTION AND APPLICABILITY

1.1 This Acceptable Use Policy (AUP) applies to any CCG staff or contractors using the CCG's IT systems, computer equipment and network services. This includes employed staff, temporary staff and contractors granted access, including access to the guest wireless. It is designed to protect the CCG, our employees, customers and other partners from harm caused by the misuse of our IT systems and our data. Misuse includes both deliberate and inadvertent actions.

1.2 The repercussions of misuse of our systems can be severe. Potential damage includes, but is not limited to, malware infection (e.g. computer viruses), legal and financial penalties for data leakage, and lost productivity resulting from network downtime. Everyone who works at the CCG is responsible for the security of our IT systems and the data on them. As such, all employees must ensure they adhere to the guidelines in this policy at all times. Should any employee be unclear on the policy or how it impacts their role they should speak to their manager or the Information Governance Team.

1.3 "Systems" means all IT equipment that connects to the corporate network or accesses corporate applications. This includes, but is not limited to, desktop computers, laptops, smartphones, tablets, printers, data and voice networks, networked devices, software, electronically-stored data, portable data storage devices, third party networking services, telephone handsets, video conferencing systems, and all other similar items commonly understood to be covered by this term.

2 ENGAGEMENT

This policy has been developed based on the knowledge and experience of the Information Governance team. It is derived from a number of national codes and policies which are considered as best practice and have been used across many public sector organisations.

3 IMPACT ANALYSES

3.1 Equality

An equality impact screening analysis has been carried out on this policy and is attached at Appendix 1.

As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

3.2 Sustainability

Anyone developing a policy or procedural document is required to complete a Sustainability Impact Assessment. The purpose is to record any positive or negative impacts that the policy is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment form is attached at Appendix 2 of the Policy Framework Guidance Document, together with instructions to help with completion. Include the conclusions in this section of the policy document.

Include the completed assessment paperwork as an Appendix to the policy.

3.3 General Data Protection Regulation (GDPR)

The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures. If you are commissioning a project or undertaking work that requires the processing of personal data you must complete a Data Protection Impact Assessment. Please see the CCG's Data Protection Impact Assessment Procedure and Data Protection by Design & Default procedure available on the website for guidance.

3.4 Bribery Act 2010

The Bribery Act is particularly relevant to this policy. The CCG has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from the Bribery Act 2010. Under the Bribery Act 2010 there are four criminal offences:

- Bribing or offering to bribe another person (Section 1)
- Requesting, agreeing to receive or accepting a bribe (Section 2);
- Bribing, or offering to bribe, a foreign public official (Section 6);
- Failing to prevent bribery (Section 7).

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It should be noted that there need not be any actual giving and receiving for financial or other advantage to be gained, to commit an offence.

All individuals should be aware that in committing an act of bribery they may be subject to a penalty of up to 10 years imprisonment, an unlimited fine, or both. They may also expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.

Individuals should also be aware that a breach of this Act renders them liable to disciplinary action by the CCG, whether or not the breach leads to prosecution. Where a material breach is found to have occurred, the likely sanction will be loss of employment and pension rights.

It is the duty of every member of staff to speak up about any genuine concerns in relation to criminal activity, breach of a legal obligation, miscarriage of justice, danger to health and safety or the environment and the suspected cover up of any of these in the workplace. To raise any suspicions of bribery and/or corruption please contact the Chief Finance Officer. Staff may also contact the Local Counter Fraud Specialist (LCFS) at – Audit Yorkshire, on 07872 988939/ email nikki.cooper1@nhs.net or Head of Anti-Crime Services on 07717 356707 / email steven.moss@nhs.net.

The LCFS or Chief Finance Officer should be the contact for any suspicions of fraud. The LCFS will inform the Chief Finance Officer if the suspicion seems well founded and will conduct a thorough investigation. Concerns may also be discussed with the Chief Finance Officer or the Audit & Integrated Governance Committee Chair.

If staff prefer, they may call the NHS Fraud & Corruption Reporting Line on 0800 028 40 60 between 8am-6pm Monday-Friday or report online at www.reportnhsfraud.nhs.uk. This would be the suggested contact if there is a concern that the LCFS or the Chief Finance Officer themselves may be implicated in suspected fraud, bribery or corruption.

4 SCOPE

This policy applies to all staff, CCG Members, temporary staff, seconded staff, contractors and others undertaking work on behalf of the CCG etc.

5 POLICY PURPOSE & AIMS

5.1 Internet/Intranet Access

The CCG’s I.T provider operates a secure firewall and a range of technical systems to attempt to reduce the risk posed by hackers, criminals and fraudsters who may attempt to attack our systems. Users are advised that the primary purpose for the provision of the internet service is for work related matters. As a secondary use users are permitted to utilise the system for their own personal use subject to compliance with the conditions set out at point 5.2. In addition users are advised that this personal use is permitted in break times only, it is classed as a privilege which can be removed and is also subject to monitoring as set out in section 10.

5.2 Social Media

Social media is the social interaction among people in which they create, share or exchange information and ideas in virtual communities and networks. This has taken on many forms in the last 10 years and includes sites such as Facebook and Twitter. The use of social media is increasing within society and has become a common method for people to communicate with each other. Social media offers great opportunities for organisations and individuals to listen and have conversations with people they wish to influence. The NHS has steadily embraced the use of social media to allow them to better engage with service users. Below are some points to be taken into consideration when using social media for both business and personal purposes.

- Employees are personally responsible for the content they publish on blogs, wikis or any other form of user-generated media. Be mindful that what you publish will be public for a long time. When online, use the same principles and standards that you would apply to communicating in other media with people you do not know. If you wouldn’t say something in an email or formal letter, don’t say it online.
- Always identify yourself when using social media for work purposes by giving your name and, when relevant, role within the organisation.
- If you are discussing the organisation or organisation related matters in a personal post you should also identify your role within the organisation as above. Write in the first person. You must make it clear that you are speaking for yourself and not on behalf of the organisation.
- If you publish content to any website outside of the organisation that could be perceived to have a connection to the work you do or subjects associated with the organisation, use a disclaimer such as this:
- "My postings on this site reflect my personal views and don't necessarily represent the positions, strategies or opinions of the organisation."
- Respect copyright, fair use, data protection, defamation, libel and financial disclosure laws.
- Don't provide the organisation's or another's confidential or other proprietary information on external websites.
- Do not publish or report on conversations that are private or internal to the organisation (for example, do not quote such material in a discussion forum post).
- Respect your audience. Don't use personal insults, obscenities, or engage in any conduct that would not be acceptable in the workplace. You should also show proper consideration for others' privacy and for topics that may be considered objectionable or inflammatory, such as politics and religion.
- Don't pick fights, be the first to correct your own mistakes, and don't change previous posts without indicating that you have done so.
- If you read something online that you feel is factually incorrect, inaccurate or otherwise needs an official response from the organisation, then you must refer the matter to the Communications Team
- Personal use of social media for should only occur during your own time such as during lunch breaks.

- There are no restrictions on naming the organisation that you work for but it should be considered carefully what is said in regards to your employer.
- If you feel that there is an issue that needs addressing within the organisation then it is advised that you discuss this with your line manager. If this is not appropriate then concerns can be raised through the organisations whistle blowing policy.
- Do not post anything that is libellous or that cannot be supported with evidence. Such actions may be seen as bringing the organisation into disrepute and could lead to disciplinary actions.

5.3 Video Conferencing Facilities

Microsoft Teams and GoToMeeting are the only video conferencing facilities that the CCG recommends for hosting meetings. Staff can attend meetings hosted by partners on other systems, as long as done so via a web browser, and not a locally installed app.

Microsoft Teams:

MS Teams has been made available by NHS Digital to all users with an NHS Mail email account. It has all the required security accreditations for sensitive data. This is the product recommended for organisation and team meetings.

Microsoft Teams is a collaboration tool that combines voice and video conferencing with WhatsApp style chat, instant messaging and collaboration. It is however more secure and is moderated.

Teams is the preferred communication platform for the CCG as it is UK hosted, GDPR compliant, ISO/27001 compliant and provides integration with other CCG software such as Outlook and ultimately Office 365.

To ensure we keep Personal Confidential Data (PCD) secure however, we need your assistance so that Teams is used correctly, both safely and securely.

Therefore you **MUST** adhere to the following:

1. Minimise the use of PCD (Personal Confidential Data). Definition: see Appendix A.
    - Only send PCD via instant message where absolutely necessary, use NHSMail to NHSMail (nhs.net) in the first instance.
    - If it is essential to send PCD via Teams, then it must only be sent in an encrypted and password protected attachment from a CCG device.
    - However, PCD **can** be safely verbally disclosed during video and voice conferences, but
    - PCD should NOT be openly used if the Teams meeting is being recorded.

2. If you choose to access Teams on personal devices then ensure the device meets the following criteria
   - Device is encrypted
   - Device is fully security updated (Patched)
   - Device requires authentication (ie. 6 Digit PIN, Complex Password, Fingerprint, FaceID)
   - Device locks after a maximum 5 minutes of inactivity
   - Device is not Jailbroken/Rooted (All restrictions have been removed).
   - Device features a manufacturer supported Operating System (still receives security updates)

3. Do not extract or store PCD from Teams on none CCG personal or other electronic storage devices
   - Do not Copy/Paste from Teams to any other application or the device
   - Do not extract files or messages to any other application
   - Do not attach files from Teams to any other application

4. Do not install additional Add-ons or Apps to Teams

Chats

Microsoft Teams can be used for private 1:1 chats and group chats without the need to create a team. Any instant messages (IMs) received by a user whilst offline will be available next time that user goes online. Conversation history and chats are persistent, meaning conversations remain even after closing the application. Users must not share sensitive information within a chat unless it is intended for all invited participants. Invited participants will be able to read the chat even if they do not join the meeting, or if they have already been disconnected. Use a separate email or Teams chat for private conversations amongst a sub-group of colleagues.

Files use

When a Microsoft team is created, a SharePoint site is also automatically created. Each channel within that team will correspond to a folder within the SharePoint site. Any files that are shared within a Teams chat or via the channel’s files tab is automatically added. Any permissions are translated from the SharePoint site directly to the Teams site. In order to create a new document as a tab, it must first be uploaded otherwise the file will not be available to add.

GotoMeeting

GoToMeeting is designed to host meetings for multiple users and can support up to 250 participants. This is the preferred system for large formal meetings.

GoToMeeting uses robust encryption mechanisms and protocols designed to ensure the confidentiality, integrity, and authenticity for data that is transmitted between the LogMeIn infrastructure and users, and data stored within the LogMeIn systems on behalf of its users for cloud recordings, transcriptions, and meeting notes.

Users of GotoMeeting must adere to the same principles and rules as set out above for the use of Microsoft Teams.

There is a function in GotoMeeting that allows the organiser to send transcripts of the chat log to the document folders of participants. This function should only be used if there is a requirement to produce Minutes from the logs and should be restricted to relevant participants. Chat logs saved in document folders should be destroyed following approval of Minutes. Unless there is a clear purpose for sending transcripts to participants this function should not be used as it creates unnecessary duplication of information and is at odds with the data minimisation principle (Data Protection Act 2018/ General Data Protection Regulation).

Additional security steps:

- Password protect your meetings
- Lock your meeting once you are in session
- Dismiss any attendees you do not recognise
- Only allow recording access for specific people – If there is no reason to record the meeting DON'T

You can find further guidance at: https://support.goto.com/meeting/help/covid-19-tips-for-staying-secure-using-gotomeeting

Freedom of Information Act 2000 (FOIA)

Please note that all written information in the Chat Facility of Virtual Meeting remains stored within the App and may also be released under The Freedom of Information Act 2000 (FOIA), if requested. As such, all participants should ensure that the language or topics discussed and recorded are professional, appropriate and pertinent to the Agenda.

FOIA, as part of the Government's commitment to greater openness in the public sector, gives the public a right of access to recorded information held by public organisations (subject to exemptions). This right applies to anyone, anywhere in the world, and includes chat logs and minutes from meetings which are subject to FOIA 2000, and may be released if requested, (unless an exemption applies).

5.4 Inappropriate Use

Inappropriate Use of Computer/IT Services. The use of computers and internet services in the following types of activities is specifically prohibited

- Illegal, fraudulent, or malicious activities.
- Partisan political activity, political or religious lobbying or advocacy or activities on behalf of organisations having no connection with the CCG.
- Unauthorised fund-raising or similar activities, whether for commercial, personal, or charitable purposes.
- Accessing, storing, processing, displaying, or distributing offensive or obscene material such as pornography and hate literature.
- Using another person's account or identity without his or her explicit permission, e.g; by forging e-mail.
- Viewing, damaging, or deleting files belonging to others without appropriate authorisation or permission.
- Attempting to circumvent or defeat security or auditing systems without prior authorisation and other than as part of legitimate system testing or security research.
- Obtaining, installing, storing, or using software obtained in violation of the appropriate vendor's patent, copyright, trade secret, or license agreement.

6 IMPLEMENTATION

The policy will be made available electronically to all staff and highlighted to staff through newsletters, team briefings and by managers.

'Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure'.

7 TRAINING & AWARENESS

Staff will be made aware of the policy via team briefing and inductions. This document will be made available on the Internet.

8 MONITORING & AUDIT

Users are advised that all computer use, including e-mail and internet access is monitored and that staff are advised that in accordance with the Employment Practices Data Protection Code, monitoring of Internet use will take place subject to the following guidance:

- Monitoring and IT Security Audit will be carried out by the Information Governance Team.
- All audits carried out will be documented.
- Monitoring is required to ensure that employees do not breach any regulations (such as those on harassment) which could have a legal impact on the CCG.
- Traffic will be monitored as opposed to content unless there are reasons for doing otherwise.
- The Internet History on a local computer is to be set to retain information for 20 days (this is the default setting). Users are not to clear, delete or otherwise change the settings on the History settings on their PC. Such action may lead to further detailed examination of the system being necessary.
- Inappropriate use of the Internet services may result in either facility being withdrawn and may constitute an offence under the CCG disciplinary code.
- Spot checks will be done as opposed to continuous monitoring.

Investigations

During an investigation the CCG may need to access an employee’s email account. Employee email, messaging or internet browsing history will only be accessed for management investigation purposes once HR advice has been taken and the decision has been documented. Where possible employees will be consulted before their information is accessed for this purpose. Employees will not be consulted where doing would be likely to prejudice the investigation.

It is recognised that email accounts may contain private personal and sensitive information, employees should make sure all such correspondence is clearly marked, for example saved in a separate folder marked Private. The CCG will ensure steps are taken to maintain a realistic expectation of privacy during an investigation.

Virus Protection

The CCG’s IT provider will ensure that the appropriate technical steps are taken to reduce the vulnerability of the CCG system to attack from computer viruses. Users are expected to play their part by being aware of the problem of viruses and reporting anything they deem to be suspicious to the IT Helpdesk.

9 POLICY REVIEW

This policy will be reviewed in 2 years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

10 REFERENCES

Organisational Policies: -

- Information Security Policy
- Data Protection and Confidentiality Policy

Further information on the use of social media can be found below: -

Using Social Media – Practical and Ethical guidance for doctors and medical students – British Medical Association
The Nursing and Midwifery Council's social media guidance
The Royal College of General Practitioners' social media 'highway code'.
The Royal College of Nursing's 2011 congress discussion about social networking sites (social media).
The General Medical Council's social media guidance.
The Health and Care Professions Council social media guidance (PDF).

APPENDICES Appendix A

Personal Confidential Data (PCD)

Definitions

Personal Confidential Data (PCD) is legally defined in the EU General Data Protection Regulation and the UK Data Protection Act 2018, The two together form the basis for our Data Protection legislation (DPL).

Under the DPL there are two distinct areas that are defined as Personal Data and as Sensitive Personal Data. Both make up that which is defined as Personal Confidential Data.

Personal Data is classed as any information relating to an identified or identifiable natural person by reference to one or a series of identifiers including but not limited to name, address, online identifiers (such as an IP address) and location data.

Sensitive Personal Data: The GDPR singles out some types of personal data as likely to be more sensitive, and gives them extra protection:

- personal data revealing racial or ethnic origin;
- personal data revealing political opinions;
- personal data revealing religious or philosophical beliefs;
- personal data revealing trade union membership;
- genetic data;
- biometric data (where used for identification purposes);
- data concerning health;
- data concerning a person's sex life; and
- data concerning a person's sexual orientation.

These are also referred to as 'special category data'.

Both Personal Data and Sensitive Personal Data are components of PCD. Other areas that are reflected are the NHS Common Law Code of Confidentiality and the Caldicott Principles

Links covering the above can be found here:

https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/what-is-personal-data/

https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/special-category-data/what-is-special-category-data/

https://digital.nhs.uk/services/national-data-opt-out/understanding-the-national-data-opt-out/confidential-patient-information

https://www.igt.hscic.gov.uk/Caldicott2Principles.aspx

Appendix 1 – Integrated Impact Assessment

INTEGRATED IMPACT ASSESSMENT

Policy/project/function/service	Acceptable Computer Use Policy	
Date of analysis:	27/01/2021	
Type of analysis completed	Quality	X
	Equality	X
	Sustainability	X
What are the aims and intended effects of this policy/project or function?	This standard sets out what is acceptable use of computer equipment provided for use. The document provides details on expected behaviour and working practices.	
Please list any other policies that are related to or referred to as part of this analysis	Information Security Policy Data Protection and Confidentiality Policy	
Who does the policy, project, function or service affect?	Employees	X
	Service users	
	Members of the public	
	Other (please list)	Any users of IT equipment X

QUALITY IMPACT

	Please 'X' ONE for each			Brief description of potential impact	Mitigation strategy and monitoring arrangements	Risk 5 x 5 risk matrix)	
	Chance of Impact on Indicator						
	Positive Impact	No Impact	Negative Impact			Likelihood	Consequence
	X	X	X				
PATIENT SAFTEY							
Patient safety /adverse events		x					
Mortality position		x					
Infection control MRSA/CDIFF		x					
CQC status		x					

NHSLA / CNST		x					
Mandatory/statutory training		x					
Workforce (vacancy turnover absence)		x					
Safe environment	X						
Standard & suitability of equipment		x					
CLINICAL EFFECTIVENESS							
NICE Guidance and National Quality Standards, eg VTE, Stroke, Dementia		x					
Patient related outcome measures		x					
External accreditation e.g. professional bodies ie RCN		x					
CQUIN achievement		x					
PATIENT EXPERIENCE							
Will there be an impact on patient experience if so how		x					
Will it impact on carers if so how		x					

INEQUALITIES OF CARE							
Will it create / reduce variation in care provision?		x					
STAFF EXPERIENCE							
What is the impact on workforce capability care and skills?		x					
Will there be a change in working practice, if so, how?		x					
Will there be an impact on training	x			Additional training may be required to ensure all staff understand the policy and their requirement to align with it.			
TARGETS / PERFORMANCE							
Will it have an impact on performance, if so, how?		x					
Could it impact on the achievment of local, regional, national targets, if so, how?		x					

QUALITY IMPACT

Analysis Rating (see completion notes)	Red		Red/Amber		Amber		Green	X

Approved by:	Commissioner Lead:		GP lead for E&D:	
	Date		Date	

Local Profile Data

General	North Lincolnshire is predominantly a rural area and neighbours; North East Lincolnshire, West Lindsey, South Yorkshire, Nottinghamshire and the East Riding of Yorkshire. North Lincolnshire is geographically large, although the population is small in comparison with some neighbouring unitary authorities. The latest midyear population estimates for North Lincolnshire estimate that 172,292 people live in the local area (ONS, 2019). This represents more than a 3.5% growth in the resident population since 2010 and an annual growth of about 640 more residents a year. The GP registered population as at April 2020 is 181,658. Nearly half of North Lincolnshire's residents, 48%, live in rural market towns and villages, where much of the recent growth in its older population has occurred. North Lincolnshire is serviced by a medium sized Foundation Trust, NLaG, which operates from 3 sites, Grimsby, Scunthorpe and Goole. Scunthorpe General Hospital services the majority of the population providing a seven day scanning/diagnostic service and a busy emergency centre with around 60,000 attendances every year.
Gender	North Lincolnshire has 50.6% female and 49.4% male population (North Lincolnshire Strategic Needs Assessment 2018, Fingertips Public Health Data).
Race	92.3% of the resident population of North Lincolnshire are "White British" and a further 3.2% are of other White origin (not including Irish and Gypsy Travellers). The proportion of ethnic minorities in North Lincolnshire (4.5%) is significantly lower than that seen in the Yorkshire and Humber region (14.2%) and in England as a whole (20.2%) The area has a relatively small Black and Black African population making up less than 1% of residents More than 53% of the BME communities live in the northern part of Scunthorpe. The largest concentration of BME children is in Scunthorpe North, where they represent more than a fifth of the primary school age population. In North Lincolnshire, unemployment amongst the BME community is more than twice that for the White UK population – 14.5% compared with 5.9% (Annual Population Census, 2012). In 2011, more than 8.1% of all school aged children were from Black and Asian communities, with at least half as many more BME children in reception classes as in Year 11. Adding 'other, (Non UK) White', to the BME total, (including White European) the proportion increases to more than 12%. 95.5% of households all residents had English as their main language, compared to 93.4% in Yorkshire and the Humber and 90.9% nationally. More than 60 identifiable different languages are spoken across North Lincolnshire, the most common being Polish, Lithuanian, Bengali and Portuguese. Based on the latest ONS (2018) predictions, net migration in North Lincolnshire is thought to have been around 590 in 2010 and 712 in 2019. Net migration within

	North Lincolnshire was expected to increase gradually, averaging around 750 people per year over the next 24 years but may be affected substantially by the UK exit from Europe.
Disability	In the last census (2011) 19% of residents identified as having day to day activities being limited either a little or lot (due to impairment or health condition); with approximately 6% of residents being blue badge holders. The Life Opportunities Survey (2011), identified that nearly one third of adults aged 16 and over had at least one impairment and 26% of adults aged 16 and over in Great Britain would be covered by the rights under the provision of the Equality Act. • 23.8% of the working population are EA core or registered as having a work-limiting disability (24,700). This is significantly higher than Yorkshire and the Humber (21.4%) and England (19.4%). • 26.7% of all households in North Lincolnshire have at least one person with a long-term health problem or disability (18,899). • 9.2% of the resident population (an estimated 15,333 residents) stated that their daily activities were significantly limited due to a health condition or disability. • 19.3% of the population had some form of day-today activity limiting disability, compared with 18.9% and 17.6% for Yorkshire and Humber and England respectively. • More women have a disability (24.7%) than men (23.0%). This is broadly significantly higher than national values and higher than Yorkshire and Humber comparator groups. • Figures for August 2017 show 5910 people claiming ESA or IB equivalent equates to 3.46% of the total population, which is lower than Yorkshire and Humber figures (3.65%), and higher than the national rate (3.22%). • In 2017, 3485 (14.3%) of school pupils were identified as having Special Education Needs - this was below the national average (14.4) and higher than Yorkshire and Humber (14.0%). Of the 3485 children receiving SEN support 755 had EHC or SEN plans.6 • According to the Census 2011, the number of residents of North Lincolnshire who stated that their 'Day-to-Day Activities were Limited a Lot' was 14,207, 8.6% of all household residents. This compares to 8.7% regionally and 7.9% nationally. However there is significant difference across the age bands, the older people become the higher the percentage of residents whose activities are limited.
Religion or Belief	• The 2011 census stated that 69% of North Lincolnshire residents identified as having a belief. 66% Christian, 2.6% Muslim and 1.8% other (Sikh, Hindu, Buddhist, Jewish or other). For Christianity, this is higher than the national average but lower for other religions. • 7.1.% of residents do not state their religion and 24% state they are of no religion
Sexual Orientation	There are limited accurate statistics available regarding the profile of the lesbian, gay, bisexual and transgender (LGBT) population in North Lincolnshire, the region, or indeed, across England as a whole. Sexuality as a whole has historically not been included in censes or most other official statistics. However, this continues to change and become integrated within demographic studies. The 2011 census estimated 185 persons in a registered same-sex civil partnership. In the Yorkshire and Humber region 94.4% of survey respondents aged 16 or over identified themselves as heterosexual/ straight. Percentages of people identifying as sexualities other than heterosexual/ straight are broadly similar for the Yorkshire and Humber and all England geographical regions with gay/lesbian being the highest percentage at 1%

Pregnancy and Maternity	Locally, according to the ONS in 2018 there were 1,673 live births registered within North Lincolnshire with 2 registered still births. On a National level, there were 657,076 live births recorded in 2018 compared with 679,106 in 2017. In 2018 339,267 of births were registered born within marriage and 317,809 were registered outside of marriage. Since 2009, there has been a National increase in the number of live births registered within a same sex couples. In 2017 1,137 live registered births were recorded within a same sex marriage, whilst 450 were registered outside of marriage.
Gender Reassignment	No local data available. The Home Office 'Report of the interdepartmental working group on transsexual people' based on research from the Netherlands and Scotland, estimates that there are between 1,300 and 2,000 male to female and between 250 and 400 female to male transsexual people in the UK. However, Press for Change estimate the figures at around 5,000 post-operative transsexual people. Further, GIRES (2008) claims there are 6,200 people who have transitioned to a new gender role via medical intervention and approximately 2,335 full Gender Recognition Certificates have been issued to February 2009.
Marital Status	No local data available. There were 239,020 marriages between opposite-sex couples in 2015, a decrease of 3.4% from 2014 when there 247,372 marriages, and 0.8% lower than in 2013. Marriage rates for opposite-sex couples in 2015 were the lowest on record, with 21.7 marriages per thousand unmarried men and 19.8 marriages per thousand unmarried women. Compared with 2005, marriage rates for opposite-sex couples marrying in 2015 were lower at all ages, except for men aged 65 and over and women aged 55 and over where marriage rates increased. In 2015 there were 6,493 marriages between same-sex couples, 56% were between female couples; a further 9,156 same-sex couples converted their civil partnership into a marriage. In 2015, civil ceremonies among opposite-sex couples decreased by 1.6%, while religious ceremonies decreased by 8.0% compared with 2014. Same-sex couples mostly solemnised their marriages in civil ceremonies; there were only 44 religious ceremonies accounting for 0.7% of all marriages of same-sex couples. In 2015, of all individuals marrying a same-sex partner, 85% were forming their first legally recognised partnership compared with 76% for opposite-sex couples.
Age	Based on 2019 estimates, North Lincolnshire's proportion of older people (pensionable age) represents a higher percentage of the total population (21.3%) than seen in Yorkshire and Humber (18.8%) and England (18.4%). The working age population is less (60.2%) than that estimated in the Yorkshire and Humber region (62.1%) or over England as a whole (62.4%). North Lincolnshire's proportion of children represents a lower percentage of the total population (18.5%) than seen in Yorkshire and Humber (19.1%) and England (19.2%). In 2016, the median age of North Lincolnshire residents was 43.8 years, compared with 40 years nationally. North Lincolnshire already has a larger than average population of people aged 65+, and between 2019 and 2043 the 65+ population is projected to grow by a further 37%. Overall, the latest (2018) projections indicate a rise of 3.3% over the next 24 years, from an estimated 172,607 in mid-2019 to 178,336 in mid-2043. The projected

	increase in population in North Lincolnshire is not consistent across the age bands: the population aged 0-14 is projected to decrease by 12.1% from 30,101 in 2019 to 26,456 in 2043; the working age population is projected to decrease by 4% from 105,855 to 101,786; the 65+ population is expected to increase by 37% from 36,651 to 50,095. This age profile, combined with outward migration of working age adults and rising life expectancy, means that the number of people aged 80+ who are most vulnerable to frailty in older age is increasing faster in North Lincolnshire than nationally.

Equality Data

Is any equality data available relating to the use or implementation of this policy, project or function?	n/a
List any consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function.	
Promoting inclusivity; How does the project, service or function contribute to our aims of eliminating discrimination and promoting equality and diversity?	Equal rights and access for all

Equality Impact Risk Assessment test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Protected Characteristic:	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable justification where a *Genuine Determining Reason* exists
Gender (Men and Women)	X			
Race (All Racial Groups)	X			
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	X			
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			

Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age	X			

Action Planning

As a result of performing this Equality Impact Analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by The Equality Act 2010?

Identified Risk:	Recommended Action:	Responsible Lead	Completion Date	Review Date

SUSTAINABILITY IMPACT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes.

	Positive Impact	**Negative Impact**	**No Specific Impact**	**What will the impact be? If the impact is negative, how can it be mitigated? (action)**
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			**X**	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			**X**	
Reduce the risk of pollution and avoid any breaches in legislation.			**X**	
Goods and services are procured more sustainability.			**X**	
Reduce carbon emissions from road vehicles.			**X**	

Reduce water consumption by 2020.			**X**	
Ensure legal compliance with waste legislation			**X**	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			**X**	
Increase the amount of waste being recycled to 40%.			**X**	
Sustainability training and communications for employees.			**X**	
Partnership working with local groups and organisations to support sustainable development.			**X**	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			**X**	