

## Email Use Policy

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<b>Committee Approved:</b>	Integrated Audit & Governance Committee
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<b>Equality Impact Assessment</b>	<b>Screening</b>
<b>Sustainability Impact Assessment</b>	<b>Completed</b>
<b>Data Protection Impact Assessment</b>	<b>Not Required</b>
<b>Target Audience:</b>	<b>All Staff</b>
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<b>Version Number:</b>	2.0

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.

<b>New Version Number</b>	<b>Issued by</b>	<b>Nature of Amendment</b>	<b>Approved by &amp; Date</b>	<b>Date on Intranet</b>
1.0	Barry Jackson	Approved version		
1.1	Helen Sanderson	Inclusion of HSCIC NHSMail: Sending an encrypted email from NHSmail to a non-secure email address		
1.2	Mark Culling	Amendments to reflect the Data Protection Act 1998 (expected to be superseded by a Data Protection Act 2017 incorporating the requirements of the General Data Protection		
2.0	Hayley Gillingwater	Bribery Act GDPR Update to secure email accounts Removal of reference to IMT	IAGC 03.03.21	

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## 1 INTRODUCTION

### 1.1 Introduction

North Lincolnshire Commissioning Group (NLCCG) operates the national NHS Mail system as its e-mail solution for all staff. Staff must ensure that they follow the NHS Mail Policies as available with the national system as well as this local policy.

### 1.2 Applicability

All staff employed by NLCCG will have access to an NHS mail account. Contractors and temporary staff can also be granted accounts where appropriate. All NLCCG official business must be conducted on NHS Mail accounts. Non NHS Mail account will not be permitted in any formal Distribution Lists without the approval of the CCG's Senior Information Risk Owner (SIRO).

## 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

A sustainability assessment has been completed and is attached at Appendix 2. The assessment does not identify and benefits or negative effects of implementing this document.

### 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, 07872 988939/ email [nikki.cooper1@nhs.net](mailto:nikki.cooper1@nhs.net) or Head of Anti-Crime Services on 07717 356707 / email [steven.moss@nhs.net](mailto: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](http://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 Security**

NHS Mail is a secure system operated for the NHS which is approved for the sending of patient level data. It is Government accredited to RESTRICTED status and approved for exchanging clinical information with other NHS mail and Government Secure intranet users by the Department of Health and endorsed by the British Medical Association, Royal College of Nursing and Chartered Society of Physiotherapy. Guidance on domains that are secure for the exchange of patient data can be found at:

<https://www.gov.uk/guidance/securing-government-email> and <https://support.nhs.net/knowledge-base/guide-for-government-organisations/>

NHSMail also includes an encryption feature that allows users to exchange information securely with users of non-accredited or non-secure email services.

The CCG recommends that all emails sent to non nhs.net email domains, containing personal, personal sensitive or commercially sensitive data in them be sent using the [secure] encryption function from NHSMail.

<https://digital.nhs.uk/services/nhsmail/guidance-for-sending-secure-email>

Once a message is sent from NHSmail it is encrypted and protected with a digital signature to assure the recipient that the message is authentic and has not been forged or tampered with. Formatting of the message is preserved and attachments can be included.

## 5.2 Virus Protection

The CCG's IT provider will ensure that the appropriate technical steps are taken to reduce the vulnerability of the NLCCG systems 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. Users should note in particular to be very wary of e-mails from addresses that they do not recognise and under no circumstances should you open an attachment on an e-mail if it is not from an address you recognise and you were not expecting the attachment.

## 5.3 Bandwidth

This is the term that is used to describe the amount of information that can be transmitted on a network over a given time. Individual users sending very large files such as videos or sending to large numbers of addressees can have an adverse effect on the availability of the network for other users. To avoid this, users should be aware of the problem and where possible avoid sending large e-mails with attachments. Text should be included in the body of the message as opposed to attaching a Word document, and where a file can be located on the network or Intranet the location should be given rather than copying the file. This is particularly important for multiple addressees.

## 5.4 Access

Email accounts can be accessed in the following ways:

- Organisation PC or laptop using Microsoft Outlook.
- Organisation PC or laptop using Outlook Web Access.
- Non-Organisation PC or laptop using Outlook Web Access (Webmail client) through a web-browser.
- Organisation owned mobile device.
- Personal mobile devices which support appropriate security measures including non-removable 'at rest' encryption (See list in NHS Mail Guidance section for up to date information). The Organisation provides no support for personal devices connected to NHSmail.

## 5.5 Inappropriate Use

The use of e-mail 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.
- Annoying or harassing another person, eg; by sending or displaying uninvited e-mail of a personal nature or by using lewd or offensive language in an e-mail message.
- 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.

These, and other inappropriate activities, may result in disciplinary action being taken against the person found misusing the e-mail service for such purposes.

## 5.6 Management of Email

5.6.1 There is a common misconception that email messages constitute an ephemeral form of communication. This misconception about how email messages can be used could result in legal action being taken against NLCCG or individuals. All email messages are subject to Data Protection and Freedom of Information Legislation and can also form part of the corporate record. Staff should also be aware that email messages could be used as evidence in legal proceedings.

5.6.2 There may be occasions when it is necessary to access email messages from an individual's mailbox when a person is away from the office for an extended period, for example holiday or sickness. Whilst users are entitled to expect a level of privacy in relation to their e-mail correspondence they must understand that this will not be an absolute right and that the needs of the organisation may override it in certain circumstances. The reasons for accessing an individual's mailbox are to action:

- Subject access request under the Data Protection Act 2018/ General



#### Data Protection Regulation (GDPR)

- Freedom of Information request
- Evidence in legal proceedings
- Evidence in a criminal investigation
- Line of business enquiry
- Evidence in support of disciplinary action

Where it is not possible to ask the permission from the member of staff whose mailbox needs to be accessed, the procedure for gaining access their mailbox is:

- Gain authorisation from Head of Department.
- Submit a request to the IT Help Desk.
- Request must be authorised by a senior manager in the IT Department.
- A record is made of the reasons for accessing the mailbox together with the names of the people who were present.
- Inform the person whose mailbox was accessed at the earliest opportunity. It is less likely that this procedure will need to be followed if email records are managed appropriately or mailbox access has been delegated to a trusted third party.

## 5.7 Records Management

5.7.1 Email messages can constitute part of the formal record of a transaction, decision or communication about an issue. All members of staff are responsible for identifying and managing emails messages that constitute a record of their work. When an email is sent or received a decision needs to be made about whether the email needs to be captured as a record. Once an email message has been captured as a record it should be deleted from the email client. The main points to consider when managing email records are:

- Identifying email records
- Who is responsible for capturing email records
- Email messages with attachments
- When to capture email records
- Where to capture email records
- Titling email records

5.7.2 Email messages with attachments. Where an email message has an attachment a decision needs to be made as to whether the email message, the attachment or both should be kept as a record. The decision on whether an email and/or its attachment constitute a record depends on the context within which they were received. It is likely that in most circumstances the

attachment should be captured as a record with the email message as the email message will provide the context within which the attachment was used. There are instances where the email attachment might require further work, in which case it would be acceptable to capture the email message and the attachment together as a record and keep a copy of the attachment in another location to be worked on. In these circumstances the copy attachment that was used for further work will become a completely separate record.

5.7.3 When to capture. Email messages that can be considered to be records should be captured as soon as possible. Most email messages will form part of an email conversation string. Where an email string has formed as part of a discussion it is not necessary to capture each new part of the conversation, i.e. every reply, separately. There is no need to wait until the end of the conversation before capturing the email string as several subjects might have been covered. Email strings should be captured as records at significant points during the conversation, rather than waiting to the end of the conversation because it might not be apparent when the conversation has finished.

5.7.4 Where to capture. Email messages that constitute records must be either printed to paper or saved on shared drives. Email messages captured as records should be located with other records relating to the same business activity. Personal mailboxes should not be used for long-term storage of email messages. Personal mailboxes should be used for personal information or short-term reference purposes, when these emails are no longer required they should be deleted.

5.7.5 Storage. Once captured and stored the e-mail becomes subject to the same policy for records retention as any other record. The main policy for this being [Records management: NHS code of practice: Parts 1 and 2 \(April 2006\)](#)

## 5.8 Good Practice and Effective Use of Email

5.8.1 The following guidelines have been included into this policy document to provide assistance to users in the effective use of Email services.

### 5.8.2 Subject Line.

- Ensure the subject line gives a clear indication of the content of the message

- Indicate if the subject matter is sensitive
- Use flags to indicate whether the message is of high or low importance and the speed with which an action is required
- Indicate whether an action is required or whether the email is for information only

### 5.8.3 Subject and Tone.

- Greet people by name at the beginning of an email message
- Identify yourself at the beginning of the message when contacting someone for the first time
- Ensure that the purpose and content of the email message is clearly explained
- Include a signature with your own contact details
- Ensure that the email is polite and courteous
- Tone of an email message should match the intended outcome
- Make a clear distinction between fact and opinion
- Proof read messages before they are sent to check for errors
- Try to limit email messages to one subject per message
- Include the original email message when sending a reply to provide a context
- Where the subject of a string of email messages has significantly changed start new email message, copying relevant sections from the previous string of email messages
- Ensure email messages are not unnecessarily long
- Ensure that attachments are not longer versions of emails
- Summarise the content of attachments in the main body of the email message

### 5.9 Structure and Grammar

- Try to use plain English
- Check the spelling within the email message before sending
- Use paragraphs to structure information
- Put important information at the beginning of the email message
- Take care when using abbreviations
- Avoid using CAPITALS
- Try not to over-use bold and coloured text

### 5.10 Addressing

- Distribute email message only to the people who need to know the information

- Using 'reply all' will send the reply to everyone included in the original email. Think carefully before using 'reply all' as it is unlikely that everyone included will need to know your reply.
- Use the 'To' field for people who are required to take further action and the 'cc' field for people who are included for information only.
- Think carefully about who should be included in the 'cc' field
- Ensure the email message is correctly addressed

### 5.11 General

- Be aware that different computer systems will affect the layout of an email message
- Avoid sending email messages in HTML format
- Be aware that some computer systems might have difficulties with attachments
- Internal emails should use pointers to attachments and information held on shared drives or the Intranet

### 5.12 User General Responsibilities

- It is your personal responsibility to check that you are sending email to the right recipient, as NHSmail is a national system where there may be more than one person with the same name. Always check that you have the correct email address for the person you wish to send to.
- You must ensure that it is appropriate for all recipients to access the content of any email you send. Use 'reply to all' with caution.
- Emails should be treated like any other clinical / business communication and care should be taken to ensure that content is accurate and the tone is appropriate in accordance with the Organisation Values.
- You must not send any material by email that could cause distress or offence to another user. You must not send any material that is obscene, sexually explicit or pornographic.
- If you need to transmit sexually explicit material for a valid clinical reason then you must obtain permission from the Information Governance Team. Where this is the case you must keep adequate records.
- Do not send email messages using another person's email account
- Your use of the NHS Mail system must be in accordance with the organisations Acceptable Computer Use Policy

### 5.13 User Legal Responsibilities

- You must not use the Organisation's email service to violate any laws or regulations of the United Kingdom or other countries.

- Use of the service for illegal activity is usually grounds for immediate dismissal and any illegal activity will be reported to the police.
- Illegal activity includes, but is not limited to, sending or receiving material related to paedophilia, terrorism, incitement to racial harassment, stalking, sexual harassment or treason.
- You must not attempt to interfere with the technical components, both hardware and software, of the Organisation email service in any way.
- You must not use the Organisation email service for harassment by sending persistent emails to individuals or distribution lists.
- Do not breach copyright or licensing laws when composing or forwarding emails and email attachments.
- Email is admissible as evidence in a court of law and messages are classified as legal documents. Internal emails may also need to be disclosed under the Data Protection Act 2018, the General Data Protection Regulation (GDPR), Freedom of Information Act (2000) and other legislation.

#### 5.14 Home / Remote User Responsibilities

NHSmial may be used outside the NHS network on any computer with an internet connection. However the user is personally responsible for the information security and confidentiality of e-mail in their account and must observe the following conditions when accessing NHSmial at home or other remote locations outside the NHS:-

- Log in at the NHSmial website: [www.nhs.net](http://www.nhs.net)
- Always select the “public or shared computer” option
- Do not save confidential information on a non-Organisation device. Only print confidential information when you are certain that you will always collect the printouts immediately and secure them
- Ensure that you are not overlooked by family members and other 3rd parties
- Do not record your password on a non-Organisation device
- Passwords must be memorised, not written down
- Log out of the NHSmial application when not in use
- Do not leave the NHSmial application logged in when unattended
- Maintain an awareness of relevant Organisation policies and procedures and observe these at all times

#### 5.15 Passwords

Users must ensure their password is kept confidential and secure at all times. You must notify the Informatics Service desk if you become aware of

any unauthorised access to your email account or if you believe your password may have been revealed. Further password guidance can be found in the CCG's Code of Confidentiality Policy and Information Governance Handbook.

#### 5.16 Generic / Departmental Email Address

Generic mailboxes should be used where there are a group of people responsible for the same area of work to ensure that queries are answered quickly when members of the team are away from the office. Requests for the setting up of generic mailboxes must come from the Service Manager and be forwarded to the Informatics Service Desk for approval and creation. Access to the generic mailbox will be setup for the designated owner and it is this person's responsibility to manage and delegate access for other staff members.

#### 5.17 Email Forwarding

Email communication sent from the Organisation email service to any non-NHS Mail or non .uk or.gov.uk email account is insecure. Unencrypted person-identifiable and / or sensitive information must never be sent outside the NHS N3 or secure public sector network, either automatically or as a result of re-direction or directly. To do so is in direct contravention of NHS and Government data security requirements, and has been a prohibited practice since February 2008. Email auto-forwarding is therefore prohibited by Information Governance rules. The Information Governance team are happy to advise on the safe transport of confidential / sensitive content to non- Organisation email accounts if required.

#### 5.18 Email Delegation

Passwords to NHSmail must not be shared (other than where specific authorisation has been given for technical reasons). The Organisation email service allows users to delegate permissions to their own email account and calendar. Contact the Informatics Service Desk for guidance on how to delegate these permissions to others.

#### 5.19 Personal Use

Organisation email services are established to help with the provision of health and social care and this should be the main use of the service. The Organisation allows the reasonable use of email for personal use if certain guidelines are adhered to:-

- Personal use of email must not interfere with work.

- Personal emails must also adhere to the guidelines in this policy.
- Personal emails are kept in a separate folder, named 'Private'. The emails in this folder must be managed.

## 5.20 Private Business Use

The use of NHSmail and other resources for private business is strictly forbidden. You must not use Organisation or NHS systems for personal commercial gain, or for the personal or commercial gain of relatives or other 3rd parties. This includes, but is not limited to marketing, advertising and selling goods or services.

## 5.21 Email Confidentiality and Security

NHSmail is automatically encrypted in transit, therefore any email sent from one NHSmail account to another (e.g. xxx@nhs.net to yyy@nhs.net) is secure.

### **Are emails that I send from my normal @nhs.net address secure?**

You can use your normal email account (@nhs.net) for sending emails containing personal or otherwise confidential details to:

- Internal colleagues using nhs.net
- When sending email to addresses that do not end in nhs.net please see: <https://www.gov.uk/guidance/securing-government-email> for guidance on sending emails to other government and public sector organisations.

When sending outside the above listed networks, personal, sensitive and confidential information must be removed from the subject line and body text of the document and sent as an encrypted attachment.

The Information Governance team is happy to advise on the safe transport of confidential / sensitive content to any email accounts not listed above if required.

NHSMail also includes an encryption feature that allows users to exchange information securely with users of non-accredited or non-secure email services.

Once a message is sent from NHSmail it is encrypted and protected with a digital signature to assure the recipient that the message is authentic and has not been forged or tampered with. Formatting of the message is preserved and attachments can be included.

Guidance as to how to use this the [secure] facility is available at:  
<https://digital.nhs.uk/services/nhsmail/guidance-for-sending-secure-email>

The CCG recommends that all emails sent to non nhs.net email domains, containing personal, personal sensitive or commercially sensitive data in them be sent using the [secure] encryption function from NHSMail.

## 5.22 Organisation wide Emails

Users are limited to sending out emails to a maximum of 200 users. Access to distribution lists such as “all staff” is restricted to Directors, their PA’s and certain specific post holders. This facility must be used with due care and consideration.

## 5.23 Policy Adherence

The Organisation does not require a signed document from email users.

All email users are responsible for ensuring that they understand and comply with the contents of this policy. Individual’s use of organisation computing equipment demonstrates their consent to the terms of this policy.

## 6 IMPLEMENTATION

The policy will be disseminated by being made available electronically and will be 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 the website and staff communications.



## **8 MONITORING & AUDIT**

Staff are advised that in accordance with the Employment Practices Data Protection Code monitoring of E-mail traffic will take place subject to the following guidance:

Monitoring is required to ensure that employees do not breach any regulations (such as those on harassment) which could have a legal impact on NLCCG. The Information Governance Team, on the specific authorisation of the Head of Finance/ Head of IT, will carry out checks. Spot checks will be done as opposed to continuous monitoring. Traffic will be monitored as opposed to content unless there are reasons for checking specific e-mails.

E-mails that are obviously personal will not be opened without the individuals consent.

Inappropriate use of the e-mail may result in the facility being withdrawn and may constitute an offence under the NHS disciplinary code.

### **System Monitoring**

All emails are monitored for viruses.

All email traffic (incoming and outgoing) is logged automatically. These logs are audited periodically. The content of emails are not routinely monitored. However, the Organisation reserves the right to retain and review message content as required to meet organisational, legal and statutory obligations. Breach of this policy may have contractual consequences for members of staff and could lead to legal action being taken against individuals and / or the Organisation.

## **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

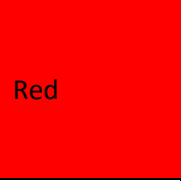

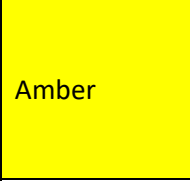
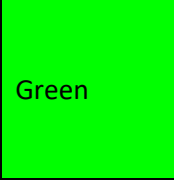
## Appendix 1 – Integrated Impact Assessment

INTEGRATED IMPACT ASSESSMENT		
Policy/project/function/service	Email Use Policy	
Date of analysis:	29/01/2021	
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 provides practice advice on the use of the nationally provided email system NHSmail as well as detailing expected use and etiquette within the system.	
Please list any other policies that are related to or referred to as part of this analysis	Code of Confidentiality Information Governance Handbook	
Who does the policy, project, function or service affect?	Employees	X
	Service users	
	Members of the public	
	Other (please list)	

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					Likelihood	Consequence
	Positive Impact	No Impact	Negative Impact				
	X	X	X				
<b>PATIENT SAFETY</b>							
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					
<b>CLINICAL EFFECTIVENESS</b>							
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					
<b>PATIENT EXPERIENCE</b>							
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	There may be additional training required to ensure all staff are compliant with the policy.			
TARGETS / PERFORMANCE							
Will it have an impact on performance, if so, how?		x					
Could it impact on the achievement of local, regional, national targets, if so, how?		x					

<b>QUALITY IMPACT</b>					
Analysis Rating (see completion notes)					X
Approved by:	Commissioner Lead:		GP lead for E&D:		
	Date		Date		
<b>Local Profile Data</b>					
General	<p>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.</p>				
Gender	<p>North Lincolnshire has 50.6% female and 49.4% male population (North Lincolnshire Strategic Needs Assessment 2018, Fingertips Public Health Data).</p>				
Race	<p>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%)</p> <p>The area has a relatively small Black and Black African population making up less than 1% of residents</p> <p>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.</p> <p>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).</p> <p>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%.</p> <p>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.</p>				

	<p>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.</p>
Disability	<p>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.</p> <ul style="list-style-type: none"> <li>• 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%).</li> <li>• 26.7% of all households in North Lincolnshire have at least one person with a long-term health problem or disability (18,899).</li> <li>• 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.</li> <li>• 19.3% of the population had some form of day-to-day activity limiting disability, compared with 18.9% and 17.6% for Yorkshire and Humber and England respectively.</li> <li>• 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.</li> <li>• 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%).</li> <li>• 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.<sup>6</sup></li> <li>• 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.</li> </ul>
Religion or Belief	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 7.1.% of residents do not state their religion and 24% state they are of no religion</li> </ul>
Sexual Orientation	<p>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 censuses or most other official statistics. However, this continues to change and become integrated within demographic studies.</p> <p>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.</p> <p>Percentages of people identifying as sexualities other than heterosexual/ straight are</p>

	<p>broadly similar for the Yorkshire and Humber and all England geographical regions with gay/lesbian being the highest percentage at 1%</p>
Pregnancy and Maternity	<p>Locally, according to the ONS in 2018 there were 1,673 live births registered within North Lincolnshire with 2 registered still births.</p> <p>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.</p> <p>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.</p>
Gender Reassignment	<p>No local data available.</p> <p>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.</p>
Marital Status	<p>No local data available.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>In 2015, civil ceremonies among opposite-sex couples decreased by 1.6%, while religious ceremonies decreased by 8.0% compared with 2014.</p> <p>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.</p> <p>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.</p>
Age	<p>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%).</p> <p>The working age population is less (60.2%) than that estimated in the Yorkshire and</p>

	<p>Humber region (62.1%) or over England as a whole (62.4%).</p> <p>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%).</p> <p>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%.</p> <p>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.</p>
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<b>Equality Data</b>				
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			
<b>Equality Impact Risk Assessment test</b>				
What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by <i>The Equality Act 2010</i> ?				
Protected Characteristic:	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable justification where a <i>Genuine Determining Reason</i> 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	