E-Mail Use Policy
November 2017

Authorship:	Information Governance Manager			
Committee Approved:	Audit and Governance Committee			
Approved date:	November 2017			
Review Date:	November 2020			
	Relevant	Screening	Full / Completed	Outcome
Equality Impact Assessment	Yes	Yes	No	No issues identified
Sustainability Impact Assessment	Yes		Yes	No issues identified
Privacy Impact Assessment	No	No	No	Not Relevant
Bribery Checklist	No		No	Not Relevant
Target Audience:	All CCG Staff			
Policy Reference No:	P712			
Version Number:	V3.0			
Publication/Distribution	Website		Email Staff	Others (i.e. SBC)
	Yes		Yes	No

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
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		
2.0	IG Officer	No Changes	Audit Committee March 2016	
3.0	Principal Information Security Officer	• Updated for the use of the new secure email function within NHS Mail • Addition of rule on not to access personal email systems from work devices	Audit and Governance Committee November 2017	November 2017

Approval Record

Applicable Y/N	Committee / Group	Consultation / Ratification	Date taken to group	Date last Approved
	Governing Body	Ratification		
	Council of Clinical Representatives	Ratification		
	SMT	Ratification		
	Remuneration Committee	Ratification		
Yes	Audit and Governance Committee	Ratification	November 2017	November 2017
	Finance and Contracting Committee	Ratification		
	Business Committee	Ratification		
	Communications and Engagement Committee	Ratification		
	Quality and Performance Committee	Ratification		
	Primary Care Co-Commissioning Committee	Ratification		
	Other	Ratification		
	All Employees	Consultation		
	Public	Consultation		
	Yorkshire and Humber Social Partnership Forum	Consultation		

Contents

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1 INTRODUCTION

Scarborough and Ryedale Clinical Commissioning Group (SR CCG)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.

1.1 Applicability

All staff employed by SR CCG will have access to an NHS mail account. Contractors and temporary staff can also be granted accounts where appropriate. All SR CCG 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 Associate Director of Corporate Affairs (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.

4 SCOPE

- All employees of the CCG
- CCG Governing Body
- Contracted third parties (including eMBED and agency staff)
- Students and trainees
- Staff on secondment and other staff on placement with the CCG

5   POLICY PURPOSE AND AIMS

5.1   Security.

Patient Confidential Data (PCD) should only be exchanged electronically when encrypted. NHSmail emails sent to secure domains is automatically encrypted and complies with the pan-government secure email standard NHSmail is accredited to the NHS secure email standard and is suitable for sharing patient identifiable and sensitive information.

When sending emails outside of NHSmail, use [secure] at the start of the email subject. [Secure] is not case sensitive. The NHSmail service will assess whether encryption is required.

If the domain the email is being sent to is accredited, the email will be sent securely and no further encryption is required.

If the domain the email is being sent to is not accredited, and therefore insecure, the NHSmail service will programmatically enforce the use of the encryption tool to protect the email data. The recipient will need to log into the Trend Encryption Micro portal to unencrypt the email before it can be read.

The Cabinet Office and NHS Digital will hold a list of all the domains that are accredited which NHSmail will refresh on a daily basis to ensure that emails are encrypted as required.

Guidance is available on how to use the NHSmail encryption service.

5.2   Virus Protection.

IMT will ensure that the appropriate technical steps are taken to reduce the vulnerability of the SR CCG 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 Servicedesk. 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 that you were 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 of Email

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 SR 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, e.g., 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 or communications 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

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 SR CCG 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.

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 / General Data Protection Regulation
- 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 IT Servicedesk.
- 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

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

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

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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.

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.

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.

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 HSC 1999/053 "For The Record".

5.8 Good Practice and Effective Use of Email
The following guidelines have been included into this policy document to provide assistance to users in the effective use of Email services.

5.8.1 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

5.8.2 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

5.8.3 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

5.8.4 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

5.8.5 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

5.8.6 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 your line manager. 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

5.8.7 User Legal Responsibilities

You must not use the Organisation 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 (1998)/ General Data Protection Regulation, Freedom of Information Act (2000) and other legislation.

5.8.8 Home / Remote User Responsibilities

NHSmail 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 NHSmail at home or other remote locations outside the NHS:-

- Log in at the NHSmail website: www.nhs.net

- 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 NHSmail application when not in use
- Do not leave the NHSmail application logged in when unattended
- Maintain an awareness of relevant Organisation policies and procedures and observe these at all times

5.8.9 Passwords

Users must ensure their password is kept confidential and secure at all times. You must notify the IT Servicedesk if you become aware of any unauthorised access to your email account or if you believe your password may have been revealed.   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 IT Servicedesk 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.

5.8.10 Email Forwarding

Email communication sent from the Organisation email service to any non-NHS Mail email account is insecure. Unencrypted person-identifiable and / or sensitive information must never be sent outside the NHS N3 either automatically or as a result of re-direction or directly. To do so is in direct contravention of NHS 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.

5.8.11 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 IT Servicedesk for guidance on how to delegate these permissions to others.

5.8.12 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.

5.8.13 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.

5.8.14 Use of Personal Email systems via work devices

The Acceptable use policy prohibits staff to access personal email systems from work devices as this may allow malware to infect work devices and subsequently the CCG network.

5.8.15 Organisation wide Emails

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.

5.8.16 Policy Adherence

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

This policy will be published on the CCG website and all staff will be made aware of its publication through communications and team meetings.

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 AND AWARENESS

The Senior Management Team and line managers are responsible for ensuring that all staff are aware of the policy which will be available on the CCG intranet.

8   MONITORING AND 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 SR CCG.

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

8.1 System Monitoring

All emails are monitored for viruses.

All email traffic (incoming and outgoing) is logged automatically by NHSmail. 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

The policy and procedure will be reviewed at least every three years by the CCG in conjunction with managers, and Trade Union representatives if appropriate, with changes made as required and the outcome published. Where review is necessary due to legislative change, this will happen immediately.

Audit and Governance Committee has delegated responsibility for monitoring and reviewing the policy and will report any concerns to the Governing Body.

Equality Impact Assessment Strategy Policies

General Information

Policy:	Email Use Policy
Date of Analysis:	November 2017
Policy Lead: **(Name, job title and department)**	Corporate Services Manager
What are the aims and intended effects of this policy?	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.
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?	None
Please list any other policies that are related to or referred to as part of this analysis	None

Who is likely to be affected by this policy?	General Public	☐
	Service Users	☐
	Staff	☒

What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	Not Applicable
Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives	Not Applicable

Equality Data

	Data provided below is from Census 2011
Age	<table><tr><th>Age Range</th><th>Number</th><th>%</th></tr><tr><td>0-14</td><td>17,672</td><td>14.9</td></tr><tr><td>15-44</td><td>39,530</td><td>33.2</td></tr><tr><td>45-64</td><td>15,427</td><td>13.0</td></tr><tr><td>65-74</td><td>9,083</td><td>7.6</td></tr><tr><td>85+</td><td>3,820</td><td>3.2</td></tr></table>
Gender	JSNA 2016 <table><tr><th></th><th>%</th></tr><tr><td>Male Residents</td><td>49.6</td></tr><tr><td>Female Residents</td><td>50.4</td></tr></table>
Race / Nationality	BME – 2011 Census Data <table><tr><th></th><th>%</th></tr><tr><td>White</td><td>97.5</td></tr><tr><td>Mixed</td><td>0.8</td></tr><tr><td>Asian</td><td>1.2</td></tr><tr><td>Black</td><td>0.2</td></tr><tr><td>Other</td><td>0.2</td></tr></table> Languages – 2011 Census Data <table><tr><th></th><th>%</th></tr><tr><td>English</td><td>97.5</td></tr><tr><td>Polish</td><td>0.8</td></tr><tr><td>Other EU Language</td><td>0.6</td></tr><tr><td>Other</td><td>1.86</td></tr></table> Gypsy and Travellers – 2011 Census Data <table><tr><th></th><th></th></tr><tr><td>Scarborough</td><td>37</td></tr><tr><td>Ryedale</td><td>81</td></tr></table>

Disability

2011 Census Data

	%
Long Term Health Problem/Disability	21.3
Limiting Long Term Illness	20.4

Projecting Adult Needs and Service Information (PANSI)-2017 Estimates

	Scarborough	Ryedale
Limiting Long Term Illness - day to day activities limited a little	7,507	3,455
Limiting Long Term Illness - day to day activities limited a lot	6,513	2,462
Mobility - unable to manage at least one activity on their own	5,210	2,509
Learning Disability – Including Down's syndrome	947	469
Learning Disability – Autistic Spectrum Disorders and Down's Syndrome	81	134
Visual Impairment - Moderate or severe	3,323	1,588
Hearing Impairment – some hearing loss	17,167	8,370
Hearing Impairment – Moderate or Severe	2,215	1,070
Dementia	1,973	959
Depression	2,474	1,585
Learning Disability – Baseline	1,454	708
Learning Disability – Moderate - Severe	415	1,128
Learning Disability – Autistic Spectrum Disorders	592	289
Learning Disability – Down's syndrome	38	18
Physical Disability – Moderate	5,176	2,620
Physical Disability – Serious	1,605	824
Physical Disability – Personal Care	3,198	1,639
Visual Impairment – Serious	39	19
Hearing Impairment – Some hearing loss	69,328	3,565
Hearing Impairment – Severe	395	203
Mental Health Problems	4,331	2,096

Sexual Orientation	In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5% of the population are lesbian, gay or bisexual communities.
Gender Reassignment	There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.

Religion / Belief

2011 - Census Data

	%
Christian	67
Buddhist	0.3
Hindu	H0.1
Jewish	0.1
Muslim	0.5
Sikh	0.1
Other Religion	0.4
No Religion	24.3
Religion not stated	7.4

Pregnancy and Maternity

	Live Births (ONS 2016)	Still Births (ONS 2016)
Scarborough	1,034	4
Ryedale	439	2

Marriage and civil partnership

Data provided below is from Census 2011

	Number	%
Single	32,890	28.2
Married	57,934	49.7
In registered same sex civil partnership	259	0.2
Separated (incl civil partnership)	2,866	2.5
Divorced (incl civil partnership)	12,043	103
Widowed	10,486	9

This protected characteristic generally only applies in the workplace.

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?
(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a *Genuine Determining Reason*[1] exists (see footnote below – seek further advice in this case)
Gender	X			
Age	X			
Race / ethnicity / nationality	X			
Disability	X			
Religion or Belief	X			
Sexual Orientation	X			
Pregnancy and Maternity	X			
Transgender / Gender reassignment	X			
Marriage or civil partnership	X			

What sources of equality information have you used to inform your piece of work?
(Please refer to the JSNAs and Population data, previous engagement findings, research, patient experience reports etc.)

Not applicable

What measures have been put in place to mitigate any potential impact?

Not applicable

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1. [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

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

Sign-off

All EIAs must be signed off by a member of SMT

I agree with this assessment / action plan

Signed off by (Name/Job Title)

Signed: Sally Brown

Date: November 2017

12 APPENDIX TWO – SUSTAINABILITY IMPACT ASSESSMENT

SUSTAINABILITY IMPACT ASSESSMENT

Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

Domain	Review questions	Assessment of Impact Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management? Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available? Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes? Will it pay for services based on health outcomes rather than activity for example through personal budgets? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx			
Travel	Will it reduce 'care miles' (telecare, care closer) to home? Will it reduce repeat appointments? Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)? Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)? Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx			
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx Will it reduce water consumption? Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it improve green space and access to green space? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx			

Adaptation to Climate Change	Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx			
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation? Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy? Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups? Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally? More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx			
Workforce	Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups and pay above living wage? More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx			
Community Engagement	Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? Will it reduce inequalities in health and access to services? Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? Have you sought the views of our communities in relation to the impact on sustainable development for this activity? Will it increase peer-support mechanisms? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx			
Estimated carbon benefit	What is the estimated carbon benefit (in terms of tCO_2e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance: More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx			

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13 APPENDIX THREE – PRIVACY IMPACT ASSESSMENT
Privacy Impact Assessment (PIA)

Screening Questions

The below screening questions should be used inform whether a PIA is necessary. This is not an exhaustive list therefore in the event of uncertainty completion of a PIA is recommended.

Please contact the Corporate Services Team of IG Manager (eMBED) if you need any assistance

Project title	
Brief description	

Screening completed by

Name	
Title	
Department	
Telephone	
Email	
Review date	

Marking any of these questions is an indication that a PIA is required:

	Screening Questions	Tick
1	Will the project involve the collection of identifiable or potentially identifiable information about individuals?	☐
2	Will the project compel individuals to provide information about themselves? i.e. where they will have little awareness or choice.	☒
3	Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information?	☐
4	Are you using information about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for an evaluation of service development.	☐
5	Where information about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, criminal records or other information that people would consider to be sensitive and private.	☐
6	Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent.	☐
7	Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives.	☐
8	Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition or automated decision making.	☐

Please retain a copy of this questionnaire within your project documentation.

If you have ticked any of the questions above – please complete a full Privacy Impact Assessment – The most up to date version of the form is available on the CCG website at:

http://www.scarboroughryedaleccg.nhs.uk/publications/policies-2/