

 <p>GIG CYMRU NHS WALES</p> <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Policy / Procedure Approval Report</p> <p>Name of Meeting Audit and Corporate Governance Committee</p> <p>Date of Meeting 09 May 2024</p> <p>Agenda item: 5.3</p>
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Section 1 - Policy / Procedure Information

Policy / Procedure Title	Email Acceptable Use Policy
Policy Lead	John Lawson, Head of Information Governance
Lead Executive	Iain Bell, National Director of Public Health Knowledge, Data and Research
PHW / All Wales?	PHW
Date of last Review	New PHW Policy replacing an All Wales version.
Is the current policy / procedure within review date?	New Policy - previous policy was an All Wales Email Use Policy which was due for review January 2022.
Approving Body /Group	Audit and Corporate Governance Committee
Version Number	1.0
Recommendation	
<p>That the Audit and Corporate Governance Committee:</p> <ul style="list-style-type: none"> • Considers the Email Acceptable Use policy (Appendix 1) and the Equalities Impact Assessment (Appendix 1a) • Note that the Leadership Team endorsed the Policy to the Committee at its meeting on 25th April 2024 • Approve the Email Acceptable Use Policy. • Approve the withdrawal of the All Wales Email Use Policy 	



Section 3 – Details of the Review:

Background:

Reason for review

New Policy to replace withdrawn all Wales Email Policy

Description/Assessment

This policy provides direction to Public Health Wales staff on appropriate use of email facilities to deliver our services. The policy also sets out the responsibilities of all users when using email.

Consultation

Has this Policy / Procedure been through the appropriate 28 day consultation process?

Yes

Date range of consultation:

1/2/24 – 29/2/24

Please provide details of any feedback received and outline what changes if any were made to the document as a result:

None

Had this policy / procedure been considered by any other groups?

Leadership Team 25.04.24

If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this

Some observations were made around some language within the Policy – use of ‘prohibited language’ to be clarified.

Impact Assessments

Equality and Health Impact Assessment

No adverse impacts have been identified. The EHIA is contained as appendix 1B

Welsh Language Impact

The Policy / Procedure will be translated to Welsh and available on the internet bilingually.

Risk and Assurance

The Policy addresses risks to information security brought about by inappropriate use of email

Health and Social Care (Quality and Engagement) (Wales) Act

PHW is required to have Policies and Procedures in place that set the direction of the organisation and ensure that staff understand their roles and responsibilities, thereby enabling a safe and effective service.

Financial implications

There are no financial implications

People implications

No impacts on staff have been identified

Socio Economic Duty

No implications for the socio-economic duty have been identified

5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
Approval of Policy	May 2024	Assistant Director of Integrated Governance
Training package to be developed and made available to staff	June 2024	Head of Information Governance

6. Dissemination

The primary source for dissemination of this Policy within the organisation, wider community and our partners via the internet site.



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Public Health
Wales

Reference Number: xxxx
Version Number: xxx
Date of next review: xxx

EMAIL ACCEPTABLE USE POLICY

Policy Statement

This policy provides direction to Public Health Wales staff on appropriate use of email facilities to deliver our services. The policy also sets out the responsibilities of all users when using email.

This policy must be read in conjunction with relevant organisational procedures.

Policy Commitment

Email is provided to staff to assist them in the performance of their duties and the provision of these facilities represents a major commitment on the part of NHS Wales in terms of investment and resources. The NHS Wales workforce should be competent in using email to the level required for their role in order to be efficient and effective in their day-to-day activities. Public Health Wales will support its workforce in understanding how to safely use email and it is important that users understand the legal, professional and ethical obligations that apply to its use. If used correctly, email can increase business efficiency and service user safety.

Supporting Procedures and Written Control Documents

[All corporate policies and procedures are available on the Public Health Wales website](#)

All Wales Information Governance Policy

Scope

This policy applies to all staff making use of the NHS email services by any means regardless of the location from which accessed and the type of equipment used, for example corporate equipment, devices owned by a third party organisation or personal devices operated under a Bring Your Own Device Scheme.

Equality and Health Impact Assessment

An Equality Health Impact Assessment has been completed and included as appendix 1b

Approved by	
Approval Date	
Review Date	
Date of Publication:	
Group authority with to approve supporting procedures	Senior Leadership Team
Accountable Executive Director/Director	Iain Bell, National Director of Public Health Knowledge and Research
Author	John Lawson, Head of Information Governance

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Board Business Unit](#)

Summary of reviews/amendments

Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
0.1	17/01/2024			New Policy to replace withdrawn All Wales Policy (AW19)

1. Introduction

This policy provides assurance that the NHS Wales email facilities are being used appropriately to assist in delivering services.

The policy also sets out the responsibilities of all users when using NHS Wales email services. These responsibilities include, but are not restricted to, ensuring that:

The confidentiality, integrity, availability and suitability of information and NHS computer systems are maintained by ensuring use of email services is governed appropriately;

All individuals as referenced within the scope of this policy are aware of their obligations.

This policy must be read in conjunction with relevant organisational procedures.

2. Roles and Responsibilities

The Chief Executive is responsible for ensuring the highest level of organisational commitment to the policy and the availability of resources to support its implementation and any associated legal requirements. Specific responsibilities will be delegated to the Senior Information Risk Owner, the Caldicott Guardian, the Data Protection Officer, and or an Executive Director as appropriate.

Managers are responsible for the implementation of this policy within their department/directorate. In addition, they must ensure that their staff are aware of this policy, understand their responsibilities in complying with the policy requirements and are up to date with mandatory information governance training. Breaches of the policy must be reported via local incident reporting processes and dealt with in line with the All Wales Disciplinary Policy where appropriate.

All staff must understand that they are personally accountable for their use of NHS email, both for official work purposes and for personal use as permitted within this policy.

Staff must familiarise themselves with the policy content and ensure the policy requirements are implemented and followed within their own work area. Mandatory information governance training must be undertaken at least every two years. Breaches of this policy must be reported via local incident reporting processes.

3. Policy

Restrictions

Inappropriate content and material must not be sent by email. Inappropriate content including prohibited language in emails may be blocked. Subject matter considered inappropriate is detailed in appendix A.

Regardless of where accessed, users must not use the NHS Wales email system to participate in any activity, to create, transmit or store material that is likely to bring NHS Wales into disrepute or incur liability on the part of NHS Wales organisations.

Some users may need to receive and send potentially offensive material as part of their role (for example - child protection). Arrangements must be authorised to facilitate this requirement.

Personal use of the internet

NHS email accounts must not be used as a personal private email account. Private use of email is permitted in the following circumstances:

- Emails directly related to the health and wellbeing of the employee (e.g. occupational health);
- Communications connected with approved personal development / training;
- Communications with Trade Unions and Professional Bodies or is otherwise exercising a right provided by law relating to the workplace;
- Emails where the employee is dealing with a personal emergency and has no alternative method of communication immediately available.

Users must not subscribe to or provide any NHS email address to any third party organisation for personal use, other than in the circumstances outlined above.

Data subject rights and Freedom of Information

Everyone in the UK has a number of rights under data protection legislation in relation to information relating to them which is held by any organisation. Those rights include (but are not limited to):

- Right of access to their personal data;
- Right to have their personal data rectified if inaccurate;
- Right to restrict the processing of their personal data and
- Right to object to their personal data being processed.

Any email that relates to a living individual (including staff) and from which that individual can be identified is considered their personal data and so the rights outlined above will apply.

Also, as a public body Public Health Wales is subject to the Freedom of Information Act (FOIA), which means that any information contained in emails may be required to be disclosed following a FOIA request¹. FOIA releases are considered as a 'release to the world' and are published on our intranet.

Staff must be aware that anything written in an email may become disclosable under either of the above provisions with or without the staff members knowledge or consent.

Sharing of personal data

Email and attachments to emails are not considered a secure method of sharing personal data due to the high incidence of emails being sent to the wrong recipient and must not be used unless no alternative method exists.

Wherever possible, internal sharing of personal data must be achieved through the use of Sharepoint, by sending links to documents that have appropriate access controls applied.

For external sharing the preferred method is Secure File Sharing Portal. Sharing by email must only be done by email with trusted partners who have TLS enabled email connectivity².

When sharing by email, either internally or to trusted external partners, any attachments containing personal data must be password protected and the password must be provided separately to the document, preferably by a different means (e.g. SMS).

In all cases it is the responsibility of the sender to ensure that the right information is shared with the right people, and that any sharing is done lawfully, fairly and safely. If in any doubt, staff should contact the Information Governance Service prior to sharing.

4. Training and Awareness

Information governance is everyone's responsibility. Training is mandatory for NHS staff and must be completed at commencement of employment and at least every two years subsequently. Non NHS

¹ Certain exemptions apply. Refer to the Freedom of Information Procedure for further details

² Transport Layer Security. For details of organisations currently approved refer to

employees must have appropriate information governance training in line with the requirements of their role.

5. Monitoring and compliance

Public Health Wales trusts its workforce, respects the privacy of its staff and does not want to interfere in their personal lives but the proportionate monitoring of work processes is a legitimate business interest.

Public Health Wales therefore reserves the right to monitor work processes including use of email to ensure the effectiveness of the service. This will mean that any personal activities that the employee practices in work may come under scrutiny.

Public Health Wales uses software to scan emails for inappropriate content and filters are in place to detect this. Where an email is blocked, emails may be checked for compliance when a user requests an email to be released. All email use will be logged to display date, time, username, email content; and the address to which the message is being sent.

In addition, the Information Governance Service will from time to time search individual staff members emails in order to respond to data subject rights enquiries. This is in line with the Data Subject Rights Procedure and further information can be found in that document.

Staff should be reassured that NHS Wales organisations take a considered approach to monitoring, however it reserves the right to adopt such monitoring methods and patterns as may be deemed appropriate from time to time.

Managers are expected to speak to staff about their concerns should any minor issues arise. If breaches are detected an investigation may take place. Where this or another policy is found to have been breached, disciplinary procedures will be followed.

Managers must report any concerns about possible fraud and/or corruption to the NHS Wales counter fraud team.

6. Records Management

The email system should not to be used as a storage facility.

All emails should either be deleted or saved securely to the appropriate record (e.g. to a clinical / business record or network drive).

Any emails that are retained within the email system should be automatically archived by the email system. This data should not be retained for any period of time greater than 6 years.

7. Review

This policy will be reviewed every three years or more frequently where the contents are affected by major internal or external changes such as:

- Changes in legislation;
- Practice change or change in system/technology; or
- Changing methodology.

8. Equality Impact Assessment

This policy has been subject to an equality assessment.

Following assessment, this policy was not felt to be discriminatory or detrimental in any way with regard to the protected characteristics, the Welsh Language or carers.

Appendix A - Inappropriate use

For the avoidance of doubt, NHS Wales will generally consider any of the following inappropriate use:

- Knowingly using another person's NHS Wales email account and its functions, or allowing their email account to be used by another person without the relevant permission. Note: If an email is required to be sent on another person's behalf then this must be performed using delegated permissions functionality and must be approved for use beforehand;
- Allowing access to NHS Wales email services by anyone not authorised to access the services, such as by a friend or family member;
- Communicating or disclosing confidential or sensitive information unless appropriate security measures and authorisation are in place;
- 'Hacking' into others' accounts or unauthorised areas;
- Communicating or saving any information or images which are unlawful, or which without a legitimate business use would objectively be regarded as defamatory, offensive, abusive, obscene, hateful, pornographic, violent, terrorist, indecent, being discriminatory in relation to the protected characteristics, or using the email system to inflict bullying or harassment on any person.
- The use of language that suggests or implies any of the above is prohibited under this policy.
- Knowingly breaching copyright or Intellectual Property Rights (IPR)
- Knowingly obtaining or distributing unlicensed or illegal software by email;
- Deliberately attempting to circumvent security systems protecting the integrity of the NHS Wales network;
- Any activity that knowingly or recklessly denies service to other users (for example, deliberate or reckless overloading of access links or switching equipment);
- Knowingly or recklessly disabling or overloading any ICT system or network, or attempting to disable or circumvent any system intended to protect the privacy or security of employees, patients or others;
- Intentionally introducing malicious software such as Viruses, Worms, and Trojans into the NHS Wales network;

- Expressing personal views that may bring NHS Wales into disrepute;
- Distributing unsolicited commercial or advertising materials;
- Communicating unsolicited personal views on political, social, or religious matters with the intention of imposing that view on any other person. This does not preclude Trade Union officials from communicating with staff on Trade Union related matters;
- Installing additional email related software, or changing the configuration of existing software without appropriate permission;
- Sending unlicensed or illegal software or data including executable software, such as shareware, public domain and commercial software without correct authorisation;
- Forwarding chain email or spam (unsolicited mail) within the organisation or to other organisations;
- Subscribing to a third party email notification using a NHS Wales email account for reasons not connected to work, membership of a professional body or trade union;
- Sending personal photos or videos;
- Registering a NHS Wales e-mail address with any third party company for personal use (e.g. department store accounts; online grocery shopping accounts);
- Access to internet based e-mail providers including services such as Hotmail, Freeserve, Tiscali etc is prohibited for reasons of security with the exception of:
 - Access to email services provided by a recognised professional body or a trade union recognised by the employer;
 - Any UK university hosted e-mail account (accounts ending in.ac.uk);
- Any email account hosted by a body which the employee contributes to in conjunction with their NHS role, such as a local authority or tertiary organisation.

Equality & Health Impact Assessment for

Information Governance Policy
Email Acceptable Use Policy
Internet Acceptable Use Policy
Records Management Policy and Procedure
Information Asset Management Procedure
Data Protection Impact Assessment Procedure

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	N/A
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality Nursing and Allied Healthcare Professionals. John Lawson - Chief Risk Officer John.lawson@wales.nhs.uk 02920 104307
3.	Objectives of strategy/ policy/ plan/ procedure/ service	These policies set out the organisational requirements for dealing with Information Governance matters
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data 	These have been widely consulted upon throughout NHS Wales and Public Health Wales, from Board level to operational and support staff. The Information Commissioner has been a key stakeholder in

	<ul style="list-style-type: none"> • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>its development and the document has been through several iterations in its development, with comments and feedback being discussed and where appropriate incorporated at each stage.</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>These policies will have no direct impact upon service users, however the effect of it will be to improve the confidentiality, integrity and availability of personal data, which in turn will lead to increased public confidence. All staff are required to comply with these policies</p>

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The policies protect staff and the population in general.	None	None
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	These policies apply to all staff regardless of disability	None	None

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
medical conditions such as diabetes			
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	These policies apply to all staff regardless of gender	None	None
6.4 People who are married or who have a civil partner.	These policies apply to all staff regardless of marital status	None	None

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	These policies apply to all staff	None	None
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	These policies apply to all staff regardless of race, colour, culture or ethnic origin	None	None
6.7 People with a religion or belief or with no religion or belief.	These policies apply to all staff regardless of religious beliefs	None	None

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
The term 'religion' includes a religious or philosophical belief			
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	These policies apply to all staff regardless of sexual orientation		
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	These policies apply to all staff regardless of their income group		
6.10 People according to where they live:	None	None	None

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities			
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None	None	None
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	For staff who communicate using Welsh Language can identify through their line manager. These policies		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	are available in Welsh if required		
Treating the Welsh language no less favourably than the English language	None	None	None

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
None	These policies will have no direct impact upon service users, however the effect of them will be to improve the confidentiality, integrity and availability of personal data, which in turn will lead to increased public confidence.

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles • Diet/nutrition/breastfeeding	None	None	N/A	None required

<ul style="list-style-type: none"> • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 				
7.3 Social and community influences on health <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	None	None	N/A	None required
7.4 Mental Wellbeing <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	None	None	N/A	None required
7.5 Living/ environmental conditions affecting health <ul style="list-style-type: none"> • Air quality 	None	None	N/A	None required

<ul style="list-style-type: none"> • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 				
<p>7.6 Economic conditions affecting health</p> <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S 	None	None	N/A	None required
<p>7.7 Access and quality of services</p> <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel 	None	None	N/A	None required

<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	None	None	N/A	None required
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Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
No impacts identified	None required	John Lawson, Head of Information Governance		

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Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).