



Email and Communications Policy

**Author: Infrastructure and Voice Communications
Manager**

Approved: February 2023



Document Reference	PO – Email and Communications Policy – February 2025
Version	V: 6.2
Responsible Director (title)	Chief Information Officer
Document Author (title)	Infrastructure and Voice Communications Manager
Approved by	Information Governance Working Group
Date Approved	February 2023
Review Date	February 2025
Equality Impact Assessed (EIA)	N/A
Document Publication	Internal and Public Website.

Document Control Information

Version	Date	Author	Status (A/D)	Description of Change
1.0	March 2008	David Johnson	A	Initial policy developed.
2.0	March 2011	David Johnson	A	Revisions to format and content.
3.0	May 2013	David Johnson	A	Following SMG May 2013
4.0	Sep 16		A	TMG
5.0	July 20	Martin Lane	A	Approved at TMG
6.0	Feb 2023	Risk Team	A	Approved at TMG
6.1	August 2024	Risk Team	A	Policy formatted to Trust new template. Extension approved within August 2024 Information Governance Working Group
6.2	December 2024	Risk Team	A	Policy formatted to Trust new template. Extension approved within August 2024 Information Governance Working Group
A = Approved D = Draft				
Document Author = Infrastructure and Voice Communications Manager				

Contents

1. Staff Summary	5
2. Introduction	5
3. Purpose	6
4. Duties.....	6
4.1. Trust Management Group (TMG).....	6
4.2. Document Owner and Document Lead	6
4.3. Line Managers	6
4.4. All Staff.....	6
5. Email Acceptable Use and Management Processes.....	7
5.1. Prohibited Use	7
5.2. Best Practice.....	8
5.3. Shared Mailboxes	9
5.4. Distribution Lists.....	10
5.5. Administration of Email Accounts.....	10
5.5.1. Opening and Closing Email Accounts.....	10
5.5.2. Requests for Access to Email Communication	11
5.5.3. Delegated Access.....	11
5.5.4. Email Account Retention	12
5.5.5. Housekeeping and Archiving	12
5.6. Acceptable Personal Use	12
5.6 Email and Working Remotely.....	13
5.7. Out of Office Assistant	13
5.8. Personal Information, Special Categories of Personal Information, Criminal Convictions and Offences Information and Commercially Sensitive Information	13
5.8.1. Email Security	14
5.8.2. Further Considerations	14
5.8.3. Recording New Transfers of Person Identifiable Information.....	15
5.8.4. Personal Responsibility	15
5.9. Auditing and Monitoring	15
6. Consultation Process	16
7. Approval Process.....	16
8. Dissemination and Implementation	16
9. Monitoring Compliance	16
10. Monitoring Effectiveness	17
11. Associated Documentation.....	17
12. Appendix	18
12.1. References	18
12.1.1. Legislation	18
12.1.2. Guidance from Other Organisations	19

12.2. Definitions.....	19
12.2.1. Defamatory Material	19
12.2.2. Harassment	19
12.2.3. Copyright	19
12.2.4. Unsolicited.....	19
12.2.5. Pornography.....	19
12.2.6. Encryption	19
12.2.7. Anonymised.....	19
12.2.8. Pseudonymised.....	20
12.2.9. Chain Letter	20
12.2.10.....	Junk Mail/SPAM
20	

1. Staff Summary

The Email and Communications Policy outlines the permissible, acceptable, use of business email when accessing Yorkshire Ambulance Service (YAS) email services from the workplace or when using network services remotely. It also covers other messaging systems that can be used to send electronic messages, eg Microsoft Teams, messages with clinical apps, etc.
The policy applies to all employees of Yorkshire Ambulance Service NHS Trust (hereafter referred to as the Trust) including contractors, bank, agency and temporary staff as well as volunteers who use YAS email
The Data Protection Act 2018 and the Freedom of Information Act 2000 apply to email communication, this means that emails may have to be disclosed to individuals or outside agencies, as required by legislation or as required by any other statutory or legal duty imposed on the organisation
The Policy sets out prohibited use of email
It provides best practice guidelines to make the most effective and secure use of the email system for both internal and external email communications
The policy covers secure networks and transmitting over insecure networks including secure transfer of patient identifiable information
All data retained within the service remains the property of the NHS
Guidance is given on the importance of proper email content including etiquette, structure, language and adding of attachments
Policy covers all email (e.g. Outlook) and other similar communication systems used by the Trust, including Microsoft Teams, Clinical Hub, GRS, Cleric PTS and Adastra systems which all provide some messaging functionality

2. Introduction

This policy outlines the permissible use of business email when accessing Yorkshire Ambulance Service NHS Trust email services from the workplace or using network services remotely (e.g. when working on a laptop connected to the virtual private network or accessing work email via the internet). This policy additionally provides best practice guidelines aimed at making the most effective and secure use of the system for both internal and external email communications as well as other messaging systems that can be used to send electronic messages, eg Microsoft Teams, messages with clinical apps, etc..

This policy applies to all employees of Yorkshire Ambulance Service NHS Trust, hereafter referred to as the Trust, (including contractors, bank, agency and temporary staff as well as volunteers) who use the Trust's network services to access the Trust's email system.

The Trust's email service is NHSmail as the main email system (please see NHSmail Acceptable Use Policy - <https://portal.nhs.net/Home/AcceptablePolicy>);

3. Purpose

Yorkshire Ambulance Service NHS Trust recognises that email is a necessary means of communication, a valuable resource and essential to support the business of the NHS. Email enables employees to communicate promptly and efficiently with other employees, individuals and organisations.

The purpose of this policy is to ensure the proper use of email, so all employees are aware of what is deemed as acceptable and unacceptable use.

The provisions of the Data Protection Act 2018 and the Freedom of Information Act 2000 apply to email communication. This means that emails may have to be disclosed to individuals or outside agencies, as required by current Data Protection and Freedom of Information legislation or as required by any other statutory or legal duty imposed on the organisation.

4. Duties

4.1. Trust Management Group (TMG)

The Trust Management Group consists of Executive Directors and Associate Directors. The Group carries delegated responsibility from the Trust Executive Group for approving this policy.

4.2. Document Owner and Document Lead

The Chief Technology Officer (CTO) and Infrastructure and Voice Communications Manager are responsible for ensuring this policy is reviewed periodically and is in line with legislation, Department of Health requirements and best practice. The Document Owner and Document Lead are responsible for overseeing the implementation of this policy including monitoring compliance.

4.3. Line Managers

All line managers are responsible for ensuring that all employees are aware of this and related policies.

4.4. All Staff

All staff are responsible for making sure they have read and understood this policy and are aware of the disciplinary and legal action that could potentially be taken if this policy is not followed. All staff must exercise professional behaviour and etiquette when carrying out email communication on behalf of the Trust.

5. Email Acceptable Use and Management Processes

5.1. Prohibited Use

The use of email in the following types of activities is specifically prohibited;

- Creating or sending any offensive, pornographic, obscene or indecent images, data or other material, or any data capable of being resolved into obscene or indecent images or material.
- Creating or sending any messages that may constitute racial or sexual harassment.
- Creating or sending any material which is designed or likely to cause annoyance, inconvenience or needless anxiety.
- Creating or sending any defamatory material.
- Sending any material which may infringe on the copyright or licencing laws of another person or company.
- Sending any unsolicited commercial or advertising material to other users or organisations connected to other networks.
- Initiating or forwarding electronic chain letters, spam or junk mail.
- Sending email to randomly selected recipients including the use of bulk emails and excessive use of mailing lists, which is unrelated to the legitimate functions of the Trust and likely to cause offence or inconvenience to those receiving it.
- Forging or anonymously sending mail. All emails must be attributable to a named sender.
- Impersonation or misrepresentation of another individual.
- Sending email using another person's email account by using that individual's identity (i.e. the individual's username/password details).
- Undertaking any actions which are intended to use unreasonable system resources or otherwise interfere with other users' ability to utilise the local network
- Knowingly sending an email or attachment that contains a computer virus or other harmful software
- Making any attempt to break into and / or access an email account which you have no legitimate right to use, either on Trust systems or any other sites.
- Making use of the mailing system for anything other than Trust business e.g. the use of private email for any commercial activity or monetary gain.
- Any use that could result in the inadvertent commitment of the Trust to a contract or agreement if it appears to the other party that he/she has authority to do so.
- Using external email accounts (e.g. Hotmail, Gmail) for Trust purposes. This

includes auto-forwarding of Trust email to external accounts.

- Using email for personal reasons to promote or denigrate companies, organisations, or defame other employees.
- Any use that violates Trusts policies, standards or procedures.
- Any use that brings the Trust into disrepute.
- Storing details in the NHSmail Calendar containing Personal Information, Special Categories of Personal Information, or Criminal Convictions and Offences Information. Electronic diaries are generally accessible by other members of staff.
- Sharing Trust information with personal email accounts or recipients not directly involved in Trust business.

Staff are reminded that emails are disclosable under the Data Protection Act 2018 and Freedom of Information Act 2000 and can be admissible in court.

5.2. Best Practice

The Trust considers email to be an important means of communication and recognises the importance of proper email content and timely replies in conveying a professional image. The Trust therefore encourages staff to adhere to the following guidelines:

- Do not use email as a filing system. Attachments and emails that constitute a record should be transferred to an appropriate filing system.
- Write well-structured emails. Always use a brief, but descriptive, subject line for your messages. Some people will automatically delete messages which contain no subject.
- Be as brief as reasonably possible and avoid the use of digitised images (logos etc.), in order to minimise the amount of network traffic.
- Include your name, job title and the name of the Trust.
- Any email messages sent externally will carry the authority of the Trust. Users should maintain the same literary standards as those used on letter headed paper and the same degree of politeness.
- Only mark emails as important if they really are important.
- If you need a reply to your email by a particular date let the recipient know this.
- Use the spell checker before you send out an email.
- Proof read your messages before you send them, just as you would a paper document. Ensure you comply with the Trust's Style Guide.
- Before sending, check that the correct email address has been typed or chosen correctly. Messages can be addressed to the wrong person by mistake e.g. recipient with a similar name; automatic completion of an address by the Outlook email 'auto complete' functionality. Where possible select recipients' names directly from the Global Address list ensuring the correct organisation is selected.

- Once a message has been sent out, you can no longer change it and it may be stored in several places, therefore you should carefully consider the content and language used in electronic messages.
- When replying to a specific message, remind the sender or other readers briefly of the point of the message to which you are responding.
- Keep in mind when you are sending messages, or responding to messages sent by others, that your readers may have different views, opinions and cultures. Email does not provide vocal inflection or body language, thus sarcasm, facetiousness and otherwise innocent “fun” can easily be misinterpreted as being rude or abusive (remember that if people are away, they may have redirected their email to someone else).
- Words in capitals in email can be considered as shouting.
- Do not send messages or attachments unnecessarily. In addition to network traffic larger messages will require more storage space. Unnecessary messages may result in unnecessary costs to the Trust.
- If you have to send a large document to a number of different people it is far more efficient to keep it in a common location and send messages giving the location of the document (or hyperlink) rather than sending the document itself. Examples include a users OneDrive, SharePoint or Teams folder.
- Ensure that all unwanted messages are deleted.
- Electronic mail attachments may be a software program, executed when an attachment is opened. These programs may not be benign and may include computer viruses. The damage they cause may not always be immediately apparent. If in doubt seek advice from the ICT Service Desk before opening any attachment.
- The email software has a program which regularly checks for new messages and will report when one has arrived. It is tempting to automatically switch to the new email message, although the interrupted task may be of higher priority. Email messages are an alternative to paper post; as such they can be dealt with in a similar manner by allocating a specific time (perhaps morning and afternoon) for dealing with the electronic “post”. To disable (or enable) the automatic notification please contact the ICT Service Desk.
- When forwarding messages, including a lengthy chain of past correspondence, you should carefully consider whether it is appropriate to send all the information to the new recipient list.
- It is possible for emails to be read and sent (in the users name) from an unattended computer. It is the user’s responsibility to ensure that whilst their computer is unattended access is restricted, either by logging out, switching the computer off or by locking the workstation using the Windows + L keys.

5.3. Shared Mailboxes

Shared mailboxes allow teams or groups of users to share a single mailbox where a centralised process is required to send and receive emails. Sending emails from a shared mailbox has the same governance and requirements as if sent from a users’ personal mailbox.

Information Asset Owners (IAOs) are responsible for the administration of shared mailboxes and need to ensure access is removed when staff leave the organisation or move to another role within the Trust.

It is recommended that IAOs review membership quarterly for all shared mailboxes they administer or are members of

The name of the shared mailbox should reflect its purpose and be attributable to a group or department. All shared mailbox email addresses will be prefixed with 'yas.' automatically but the remaining name should start with the department or group that is responsible, eg yas.ICTNameOfSharedMailbox

5.4. Distribution Lists

A distribution list allows emails to be sent to large groups of users. Care should be taken to ensure the description and recipients of distribution lists are maintained and accurate.

Information Asset Owners (IAOs) are responsible for the administration of distribution lists and need to ensure access is removed when staff leave the organisation or move to another role within the Trust.

It is recommended that IAOs review membership quarterly for all distribution lists they administer.

As with shared mailboxes, distribution lists should also reference the group or department that they refer to, eg yas.ICTInfrastructureTeam, yas.IUCHealthAdvisors.

5.5. Administration of Email Accounts

5.5.1. Opening and Closing Email Accounts

Email accounts for staff are set up by the ICT Service Desk on receipt of a request from line managers.

Staff accounts are deleted on receipt of a request from Human Resources. Following the departure of a member of staff from the Trust, their NHSmail account will be deleted. An out of office message will be added informing senders that this email address is no longer in use with an optional redirect message.

When a member of staff transfers to another NHS organisation, the transfer of their nhs.net email address is not done automatically. A request for transfer must be made and authorised by the Chief Technical Officer or the Chief Information Officer and will be dependent on the role of the individual and whether the receiving organisation is capable of accepting a transfer. Individuals and current line managers will be responsible for ensuring they remove access to YAS files and other documentation within SharePoint.

5.5.2. Requests for Access to Email Communication

Request for access to email communication must come from the Chief Information Officer (CIO) or CTO and must be authorised by the CTO (or appropriate deputy) and Associate Director of People and Organisational Development (or appropriate deputy).

The Trust reserves the right to enable 3rd party access to email accounts in exceptional circumstances e.g. to make arrangements to cover long term sickness leave or for personal emergencies where absence from work is unexpected. Access may also be granted for the purposes of a subject access request or litigation where the employee is absent from work and is unable to undertake the relevant searches themselves. Where there is an immediate business need to have access to this information the following steps should be followed:

- Email authorisation from the employee's line manager to the ICT Service Desk is required. This should name the staff member requiring access, and the expected duration.
- Based on business need, the email from the Associate Director of People and Organisational Development (or appropriate deputy) should state if access to the Inbox is required, or the entire Mailbox, including Sent Items and sub folders.
- The staff member should be informed of the access, business justification, the nominated individual who had access, and the period of time.
- Any emails marked as 'Private' or 'Personal' in the subject heading must not be read, as the purpose of the above is to access business information, unless the request is for a subject access request or litigation, in which case all emails can be accessible.

5.5.3. Delegated Access

Staff may delegate rights to other email users by modifying their own NHSmail user profile information. This will allow other staff to have different levels of access to their Outlook email, calendars etc. Staff remain responsible for granting access permissions and ensuring these are only granted in appropriate circumstances.

5.5.4. Email Account Retention

Emails will be retained until a member of staff leaves the Trust. At this point their email account will be disabled and deleted after 18 months (subject to NHSmail processing). Managers are responsible for removing access to any legacy organisation data that they are no longer eligible to retain.

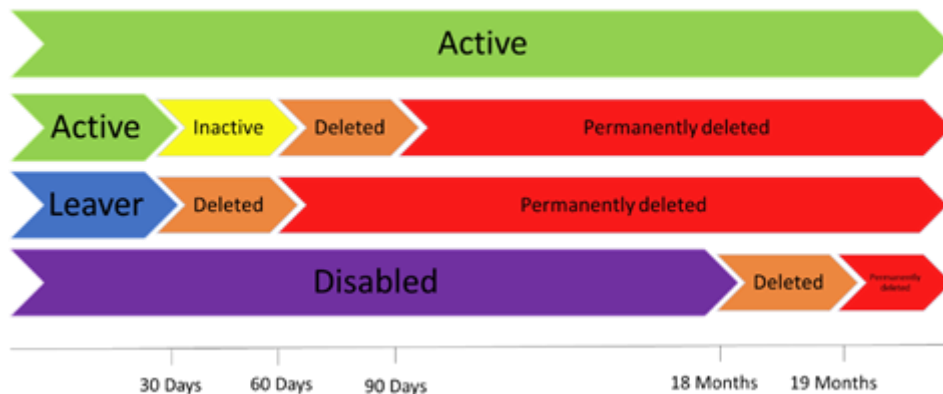


Figure 1 NHSmail account lifecycle

5.5.5. Housekeeping and Archiving

Email capacity is not unlimited. Staff should regularly delete unwanted emails from their Inbox (including sub folders) and Sent Items. Once this is done, staff should remember to empty their Deleted Items folder.

If your mailbox is full or nearing its quota you will need to delete or archive emails in order to free up space. This is generally easier if performed regularly.

5.6. Acceptable Personal Use

Email is primarily for business use. The use of email for occasional and reasonable personal use is permitted, subject to the terms of this policy. Personal use must not directly or indirectly interfere with the Trust's systems or burden it with any costs.

Personal emails should be kept in a separate folder, named 'Private'. The emails in this folder must be deleted regularly. In appropriate circumstances where the Trust feels that this policy has not been complied with, the Trust may look at this folder.

Requests for access must come from a Director or Associate Director and must be authorised by the CTO (or appropriate deputy).

The Trust reserves the right to manage a mailbox on behalf of an individual (see section 5.5.2).

5.6 Email and Working Remotely

Access to the NHSmail system for staff is available remotely (e.g. smartphone device, using a Trust supported laptop with remote access or via NHSmail on the Web). Remote access is at all times subject to the terms of this policy.

Staff must not download Trust related emails or attachments onto a computer or other device which is not supported and managed by Yorkshire Ambulance Service NHS Trust.

5.7. Out of Office Assistant

If you are going to be out of the office you should turn on your 'Out Of Office'. When this is turned on it will automatically reply with a given message to anybody that sends you an email. The 'Out Of Office' message should state when you will be able to reply to the message and alternative contact details for colleagues that may be able to assist. Colleagues listed in an out of office assistant message should be made aware of this prior to this being enabled.

5.8. Personal Information and Special Category data

Personal data means any information relating to an identifiable natural person; an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

Special categories of personal data means personal information about an individual's:

- Race
- Ethnic origin
- Political opinions
- Religious or philosophical beliefs
- Trade union membership
- Genetic data

- Biometric data (where this is used for identification purposes)
- Health data
- Sex life
- Sexual orientation

Personal data can also include information relating to criminal convictions and offences, which requires a higher level of protection.

Commercially sensitive information may for example relate to information whose disclosure could prejudice the conduct or outcome of contractual or other negotiations.

Where email has been agreed as the most appropriate method of transfer of personal information, special category personal information, criminal convictions and offences information or commercially sensitive information then the following security **must** apply.

5.8.1. Email Security

NHSmial is a secure national email service which enables secure exchange of sensitive and patient identifiable information within the NHS and with local / central government. All user connections to the service are encrypted, this removes the need to separately encrypt or password protect attachments.

NHSmial is the only Department of Health approved email service for the secure exchange of clinical data between NHS organisations.

NHSmial provides a secure encrypted service if the subject line is preceded with the word [secure] – in square brackets. This should be used for all email domains not ending in @nhs.net unless they are part of the accredited safe senders list (<https://digital.nhs.uk/services/nhsmial/the-secure-email-standard>)

5.8.2. Further Considerations

The following should be considered before sending any person identifiable information, sensitive person identifiable information or commercially sensitive information by email:

- Ask yourself if it is absolutely necessary to send via email
- Only send such information on a “need to know” basis
- Ensure person identifiable information is kept to a minimum
- Never use web based systems e.g. Hotmail or Yahoo

- Only use methods described in this section

Consideration should also be given as to whether the data can be anonymised when transmitted by email. If the data cannot be anonymised, consideration should be given as to whether it can be pseudonymised i.e. using NHS number or a recognised internal number as the only identifier. Anonymised information can be sent using the email system without approval.

Never put patient safety at risk. If in doubt as to whether it is clinically justifiable to anonymise / pseudonymise the information, speak with your line manager in the first instance.

5.8.3. Recording New Transfers of Person Identifiable Information

Where a transfer of personally identifiable information or special category information, or criminal convictions and offences information by email is a 'new' transfer (flow) staff must contact their Information Asset Owner or the Information Governance Team so that the data flow can be recorded.

5.8.4. Personal Responsibility

All staff are personally responsible for correctly addressing and for sending person identifiable information, special category information, criminal convictions and offences information and commercially sensitive information in a secure manner by email.

Staff should always seek advice via the ICT Service Desk if in any doubt about the security of an intended email transmission.

5.9. Auditing and Monitoring

The email system is the property of NHS Digital.

The Trust does not routinely monitor or access the content of email. However, all emails are automatically scanned for viruses and for "spam" content i.e. whether they match unsolicited, nuisance, emails previously sent to the Trust: all such emails are blocked. However, filtering/virus-scanning can never be 100% effective so any unsolicited emails and attachments should always be treated with caution. Similarly, an email may be incorrectly marked as infected or "spam" and become unnecessarily blocked.

Under UK law, employers are generally liable for what their employees do in the course of their work. This includes employees using email to send defamatory or

offensive messages. The Trust therefore reserves the right of access to users' email and audit logs on both the client workstation as well as the servers for legitimate purposes, such as investigation of complaints of misuse. Contents and audit logs for both sent and received email may be inspected (including personal email) at any time without notice. Authorisation has to be given by the Chief Technology Officer CTO (or appropriate deputy) for access to staff email.

If the finding from a specific monitoring exercise necessitates the need to refer to an external agency such as the Police, then the Trust will do so as soon as practically possible.

ICT reserves the right to take special actions in administering email if this is essential to preserve the integrity or functionality of the system.

6. Consultation Process

Members of the Information Governance Working Group have been included in the development, consultation and review of drafts for this policy.

7. Approval Process

This policy has been reviewed by Information Governance Working Group members and approved by the Trust Management Group.

8. Dissemination and Implementation

Following approval, this policy will be made available to all staff via the Trust's Intranet. The Policy will be communicated to staff at Corporate Induction and as part of the mandatory information governance training programme.

Everyone who is provided with access to Trust email is personally responsible for making themselves aware of and complying with this policy.

9. Monitoring Compliance

All staff (including contractors, temporary, bank, agency staff and volunteers) must adhere to this policy and comply with applicable UK legislation and any regulatory requirements for information governance. Failure to follow this policy and related information governance policy and procedures may lead to disciplinary, criminal or civil action being taken against the staff member. In the event of an agency worker or casual worker failing to comply with this policy and

related policy and procedure, his / her work with the organisation may be terminated. The contract may also be terminated if the employee is an employee of a contractor.

A variety of methods will be used for monitoring email policy compliance including:

- Review of data flows to ensure confidential information is being transferred securely.
- 6 monthly Information Asset Owner risk reviews.
- Regular audit of information governance processes undertaken in line with policies and procedures in key areas i.e. confidentiality, data protection, information security, freedom of information.

10. Monitoring Effectiveness

To be assured that this policy is being implemented, key elements will be monitored for compliance.

Minimum Requirements	Monitoring
Statistically validated reduction in Information Governance	Monitoring of incidents by both the Clinical Governance Group
Related incidents (relating to insecure data transfers by email).	(Caldicott Log) and through the Information Governance Working Group.
No Data Protection Act undertakings, enforcement notices or 'stop now' orders, compulsory assessment notices or monetary penalty notices served on the organisation. No Freedom of Information Act enforcement notices served on the organisation.	The Trust Board will monitor progress via the Integrated Performance Report and the Information Governance Working Group (IGWG) will monitor progress through receipt of quarterly Information Governance reports.
All staff receive annual training and competency test in information governance.	The Trust Board will monitor progress via the Integrated Performance Report and the Quality Committee will monitor progress through receipt of quarterly Information Governance reports.

11. Associated Documentation

The following is a guide and is not exhaustive:

- Internet Policy
- ICT Security Policy
- Data Protection Policy
- Information Governance Framework
- Records Management Policy
- YAS Code of Conduct
- Disciplinary Policy and Procedure
- Dignity at Work Policy and Procedure
- Freedom of Information Policy
- Management of Procedural Documents Policy
- Style Guide
- NHSmail Acceptable Use Policy (<https://portal.nhs.net/Home/AcceptablePolicy>)
- Hybrid Working Guidance
- Home Working Policy

12. Appendix

12.1. References

12.1.1. Legislation

- Great Britain. 2018. *Data Protection Act 2018*. London: HMSO. Available at: www.legislation.gov.uk
- Great Britain. 2000. *Freedom of Information Act 2000*. London: HMSO. Available at: www.legislation.gov.uk
- Great Britain. 2004. *Environmental Information Regulations 2004*. London: HMSO. Available at: www.legislation.gov.uk
- Great Britain. 1990. *Computer Misuse Act 1990. Chapter*. London: HMSO. Available at: www.legislation.gov.uk
- Great Britain. 1990. *Access to Health Records Act 1990. Chapter*. London: HMSO. Available at: www.legislation.gov.uk
- Great Britain. 1958 and 1967. *Public Records Act 1958 and 1967*. London: HMSO. Available at: www.legislation.gov.uk
- Great Britain. 1998. *Crime and Disorder Act 1998. Chapter*. London: HMSO. Available at: www.legislation.gov.uk
- Great Britain. 2000. *Electronic Communications Act 2000*. London: HMSO. Available at: www.legislation.gov.uk
- Great Britain. 1998. *Human Rights Act 1998*. London: HMSO. Available at: www.legislation.gov.uk

- Great Britain. 2000. *The Regulation of investigatory Powers Act 2000*. London: HMSO. Available at: www.legislation.gov.uk

12.1.2. Guidance from Other Organisations

- NHS Data Security and Protection Toolkit; <https://www.dsptoolkit.nhs.uk/>

12.2. Definitions

12.2.1. Defamatory Material

Published (spoken or written) material, which affects the reputation of a person or an organisation and exposes them to hatred, contempt, ridicule, being shunned or avoided, discredited in their trade, business, office or profession, or pecuniary loss.

12.2.2. Harassment

Any unwarranted behaviour, which is unreasonable, unwelcome or offensive. This may include comments or printed material, which causes the recipient to feel threatened, humiliated or patronised.

12.2.3. Copyright

A term used to describe the rights under law that people have to protect original work they have created.

12.2.4. Unsolicited

Not looked for or requested.

12.2.5. Pornography

The description or depiction of sexual acts or naked people that are designed to be sexually exciting.

12.2.6. Encryption

The process of transforming information (referred to as plain text) using an algorithm (called cipher) to make it unreadable to anyone except those possessing special knowledge, usually referred to as a key.

12.2.7. Anonymised

Stripped of all personal identifiable information or presented as an aggregate.

12.2.8. Pseudonymised

Uses some personal identifiable information i.e. NHS Number but only with additional effort would anyone be able to identify full personal details from this information.

12.2.9. Chain Letter

One of a sequence of letters, each recipient in the sequence being requested to send copies to a specific number of other people

12.2.10. Junk Mail/SPAM

Unsolicited advertising or promotional material received through the mail or email.