

**Equality & Health Impact Assessment for  
BUSINESS CONTINUITY POLICY (UHB50)**

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	<b>Title:</b> Business Continuity Policy (UHB50)
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	<b>Executive Lead:</b> Executive Director of Planning and Strategy. <b>Author:</b> Head Emergency Preparedness, Resilience and Response, 029 21 847737.
3.	Objectives of strategy/ policy/ plan/ procedure/ service	This policy provides a clear commitment to BC which enables the UHB to: <ul style="list-style-type: none"> <li>• Develop organisational resilience to mitigate the likelihood of disruption of critical infrastructure;</li> <li>• Facilitate enhanced use of personnel and resources at times when both may be limited;</li> <li>• Reduce the period of disruption to the organisation;</li> <li>• Lessen the operational and financial impact of any disruption;</li> <li>• Continue to provide core services at pre-determined levels.</li> </ul>
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> </ul>	In 2015 there were estimated to be 357,160 people living in Cardiff, and 127,592 living in the Vale of Glamorgan. The population of the Vale is projected to increase by around 1% over the next 10 years; however this masks significant growth in the number of people aged 65 or over. The population of Cardiff is projected to increase by around 10% over the next 10 years, or around 35,000 additional people. While much of this growth is among people aged 65 or over, there is also projected to be

	<ul style="list-style-type: none"> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p>	<p>considerable growth in the number of children and young people aged under 16.  Ref: <a href="http://www.cvihsc.co.uk/about/what-we-do/population-needs-assessment">http://www.cvihsc.co.uk/about/what-we-do/population-needs-assessment</a></p> <p>In emergencies people are more likely to respond reliably if they:-</p> <ul style="list-style-type: none"> <li>• Have clearly agreed, recorded and rehearsed plans, actions and responsibilities.</li> <li>• Are well trained and competent.</li> <li>• Take part in regular and realistic practice.</li> </ul> <p>Consultation has taken place to ensure that the BC policy and Planning Guidance meets the needs of our stakeholders and the Health Board. The consultation undertaken specific to this document was as follows:-</p> <ul style="list-style-type: none"> <li>• The documentation was added to the Policy Consultation pages on the intranet between 4<sup>th</sup> October and 1<sup>st</sup> November 2017;</li> <li>• Comments were invited via individual e-mails from Executive Directors, the Clinical Board Triumvirates, Directorate Managers and other key Service Managers.</li> </ul>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This policy applies to all of our staff in all locations including those with honorary contracts.

<sup>1</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>2</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

## 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'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.1 Age</b> For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p>No specific impact at this stage other than noting the average age of in-house patients being in the 80's which could have a negative impact.</p>	<p>No action required at this stage. However, in the event of a trans individual requiring temporary accommodation Clinical Boards, Directorate Managers and Service Leads should seek to provide a plan for such circumstances.</p>	<p>No action required at this stage.</p>
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>No specific impact.</p>	<p>In the event of a staff member noting that this might be an issue, Clinical Boards, Directorate Managers and Service Leads should seek to provide</p>	<p>No action required at this stage.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		interpretation/translation services.	
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> 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</p>	No specific impact at this stage, however confidentiality issues would need to be addressed in terms of any temporary accommodation	No action required at this stage. However, in the event of a trans individual requiring temporary accommodation Clinical Boards, Directorate Managers and Service Leads should seek to provide a plan for such circumstances.	No action required at this stage.
<p><b>6.4 People who are married or who have a civil partner.</b></p>	No specific impact. This protected characteristic only applies to employment / staffing issues. It does not	No action required.	No action required.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	apply to service provision.		
<p><b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>No specific impact at this stage. See Recommendations</p>	<p>In terms of pregnant women and this becoming an issue, Clinical Boards, Directorate Managers and Service Leads should seek to provide specific action plans.</p>	<p>No action required at this stage.</p>
<p><b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>	<p>No specific impact with the exception of those who may not use English as their first language.</p>	<p>In the event of a staff member noting that this might be an issue, Clinical Boards, Directorate Managers and Service Leads should seek to provide interpretation/translation services.</p>	<p>No action required at this stage.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief</p>	<p>No specific impact identified at this stage though this may be dependent on the time of the emergency</p>	<p>In the event of a religious issue arising, Clinical Boards, Directorate Managers and Service Leads should seek to provide contact with the Chaplaincy department.</p>	<p>No action required at this stage.</p>
<p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	<p>No specific impact identified at this stage.</p>	<p>No action required at this stage.</p>	<p>No action required at this stage.</p>
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p>	<p>No specific impact with the exception of those who may not use English as their first language.</p>	<p>In the event of a staff member noting that this might be an issue, Clinical Boards, Directorate Managers and Service</p>	<p>No action required at this stage</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language		Leads should seek to provide interpretation/translation services.	
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	No specific impact identified at this stage.	No action required.	No action required.
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No specific impact identified at this stage.	No action required.	No action required.
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure</b>	No specific impact	No action required.	No action required.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>and/or service</b>			

**7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales	No specific impact.	No action required.	No action required.



How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	No specific impact.	No action required.	No action required.
<p><b>7.3 People in terms of their income and employment</b></p>	No specific impact.	No action required.	No action required.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<b>status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions  Well-being Goal – A prosperous Wales			
<b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents;	No specific impact.	No action required.	No action required.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p><b>7.5 People in terms of social and community influences on their health:</b></p> <p>Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>No specific impact.</p>	<p>No action required.</p>	<p>No action required.</p>
<p><b>7.6 People in terms of</b></p>	<p>No specific impact.</p>	<p>No action required.</p>	<p>No action required.</p>

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>macro-economic, environmental and sustainability factors:</b>            Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>			

Please answer question 8.1 following the completion of the EHIA and complete the action plan

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	<p style="text-align: center;">No Impact.</p>
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### Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	Clinical Boards, Directorate Managers and Service Leads should seek to make provision in planning for age, equality, gender and religious issues which may arise as a result of a business disruption.	Clinical Boards		<p style="text-align: center;">No action required at this stage.</p>

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>The policy provides further clarification the accountability and responsibility of Clinical Boards, Directorate Managers and Service Leads regarding business continuity.</p>			<p>No action required.</p>

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>Revised policy to be approved and implemented.</p> <p>This EHIA will be monitored through/by the EPRR Team as part of the overall review process.</p> <p>It will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.</p> <p>The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement) Intranet for consultation, Executive Board.</p>			<p>No action required.</p>