

Equality & Health Impact Assessment for 2017 Major Incident Plan

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

| | | |
|-----------|---|---|
| 1. | For service change, provide the title of the Project Outline Document or Business Case and Reference Number | No service change. Routine annual submission – review of Major Incident Plan(UHB241) |
| 2. | Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details | Corporate – Strategic Planning. Mrs. Angela Stephenson Head of Emergency Preparedness, Resilience and Response (EPRR) |
| 3. | Objectives of strategy/ policy/ plan/ procedure/ service | Document articulates key actions to be taken in the event of a Major Incident. |
| 4. | Evidence and background information considered. For example | Workplaces need a plan for emergencies that can have a wider impact. Special |

¹http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253.73860407.253_73860411&_dad=portal&_schema=PORTAL

| | | |
|----|---|---|
| | <ul style="list-style-type: none"> • population data • 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 Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p> | <p>procedures are needed for emergencies such as explosion, flood, electrocution, fire, release of radioactivity and chemical spills etc.</p> <p>Quick and effective action may help to ease the situation and reduce the consequences. However, in emergencies people are more likely to respond reliably if they:</p> <ul style="list-style-type: none"> • are well trained and competent • take part in regular and realistic practice • have clearly agreed, recorded and rehearsed plans, actions and responsibilities <p>An emergency plan is required if the workplace could involve risks to the public, rescuing employees or co-ordinating emergency services.</p> |
| 5. | Who will be affected by the strategy/ policy/ plan/ procedure/ service | Potentially all staff, patients, visitors and emergency responders. |

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <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>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 | <p>Procedure should have neutral impact.</p> <p>Document articulates key actions to be taken in the event of a declared Major Incident. The plan aims to protect all age groups.</p> | | |
| <p>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 medical conditions such as diabetes.</p> | <p>Procedure should have neutral impact.</p> <p>Document articulates key actions to be taken in the event of major incident declaration.</p> | <p>Clinical areas with high numbers of patients (or staff) with physical impairments, learning disability, sensory loss or impairment, mental health conditions may require additional review and site specific training from EPRR team.</p> <p>Most situations should be covered by standard operating procedures.</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>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>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</p> | No specific impact | | |
| <p>6.4 People who are married or who have a civil partner.</p> | No specific impact | | |
| <p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p> | <p>Procedure should have neutral impact.</p> <p>Document articulates key actions to be taken in the event of major incident declaration.</p> | <p>Areas caring for pregnant or labouring women will need to consider their general evacuation procedures – they may have a higher risk threshold pre evacuation in the event of an internal emergency</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 |
|---|---|--|---|
| 6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers | <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 major incident it is highly unlikely that interpreter services will be routinely available.</p> | <p>Staff need to remain vigilant for staff / patients who may have come to the UK from a war torn country, or area of civil unrest.</p> <p>Actions associated with management of the potential incident may trigger traumatic memories for this group.</p> | |
| 6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief | <p>No specific impact</p> | <p>Psychological and religious support arrangements are included in the plan.</p> | |
| 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) | <p>No specific impact</p> | | |
| 6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service | <p>No specific impact.</p> <p>In the event of an internal emergency requiring evacuation</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>plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p> | <p>it is highly unlikely that interpreter services will be available.</p> <p>Staff will need to physically demonstrate the requirement to evacuate.</p> | | |
| <p>6.10 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</p> | <p>No specific impact</p> | | |
| <p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p> | <p>No specific impact</p> | <p>The UHB plan identifies the COO as the Strategic lead for Recovery. This includes working as part of a local authority led multi agency community recovery group.</p> | |
| <p>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</p> | <p>Nil noted</p> | | |

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.

| 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>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p> | Not applicable | | |
| <p>7.2 People being able to improve /maintain healthy lifestyles: 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,</p> | Not applicable | | |

| 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>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> | | | |
| <p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p> | <p>Not applicable to plan. But the actual event / Major Incident may affect this group.</p> | <p>The UHB plan identifies the COO as the Strategic lead for Recovery. This includes working as part of a local authority led multi agency community recovery group.</p> | |
| <p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment</p> | <p>Not applicable</p> | | |

| 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>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; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p> | | | |
| <p>7.5 People in terms of social and community influences on their health: 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>Not applicable to plan. However community cohesion and social stability may be challenged by the actual Major Incident.</p> | <p>The UHB plan identifies the COO as the Strategic lead for Recovery. This includes working as part of a local authority led multi agency community recovery group.</p> | |

| 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>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p> | Not applicable | | |

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

| | |
|--|------------------------|
| <p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p> | <p>Neutral impact.</p> |
|--|------------------------|

Action Plan for Mitigation / Improvement and Implementation

| | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
|--|------------------|------|-----------|--|
| <p>8.2 What are the key actions identified as a result of completing the EHIA?</p> | <p>Nil noted</p> | | | |
| <p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</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>No</p> | | | |

| | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
|--|----------------------|------|-----------|--|
| <p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review | Plan annual approval | | | |

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)⁴

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

⁴ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)⁵
- Equality Act 2010⁶
- Well-being of Future Generations (Wales) Act 2015⁷
- Social Services and Well-being (Wales) Act 2015⁸
- Health Impact Assessment (non statutory but good practice)⁹
- The Human Rights Act 1998¹⁰
- United Nations Convention on the Rights of the Child 1989¹¹
- United Nations Convention on Rights of Persons with Disabilities 2009¹²
- United Nations Principles for Older Persons 1991¹³
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹⁴
- Welsh Government Health & Care Standards 2015¹⁵
- Welsh Language (Wales) Measure 2011¹⁶

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

⁵ <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

⁶ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁷ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁸ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

¹⁰ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

¹¹ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

¹² <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹³ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹⁴ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹⁵ <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹⁶ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates¹⁷
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide¹⁸

¹⁷ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

¹⁸ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998¹⁹

The Act sets out our human rights in a series of ‘Articles’. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as ‘the Convention Rights’:

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

¹⁹ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.