

Equality, Good Relations and Human Rights SCREENING

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

- 1) What is the likely impact on equality of opportunity for those affected by this policy, for each of the section 75 equality categories? (minor, major or none)
- 2) Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- 3) To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor, major or none)
- 4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:

<http://www.hscbusiness.hscni.net/services/1798.htm>

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Health and Social Care Board, Business Continuity Plan and Policy

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

The aim of the Business Continuity Plan (the Plan) is to provide a framework to proactively improve the Health and Social Care Board's (the Board) resilience against disruption, maintaining the delivery of key products (Critical Functions) within specified recovery time objectives thus ensuring continuity and patient/client safety is maintained and the reputation of the Board is upheld.

The Plan has been developed taking cognisance of learning arising from COVID-19, coupled with the imminent closure of the HSCB (March 2022), in which its core functions and responsibilities will transfer (April 2022) to the Strategic Planning and Performance Group (SPPG) within the Department of Health (the Department). In this regard, the Plan complements, DOH's Business Continuity Plan.

The Plan encompasses high level Strategic, Tactical and Operational arrangements to deal with an interruption to normal business. It has identified staff within each Directorate with particular responsibilities and what actions need to be taken to address disruption. It follows Good Practice Guidelines (*The*

future of Business Continuity & Resilience Report, 2021) in relation to Business Continuity Management, and adheres to the ISO 22301:2019 Standard.

Each directorate has developed their own Continuity Plans which are appended to the Corporate Plan, detailing; (i) critical areas of work which must continue no matter the severity of the interruption to normal business; (ii) other “key” areas of work, which have longer recovery time objectives, (3-7 working days) and (iii) those areas of work which could be temporarily stood down should the disruption become protracted.

The priority of this Plan is to maintain critical functions but in doing so, managers have been reminded to balance these with the needs of staff within the Section 75 categories; particularly; disability; gender (pregnant employees); religious beliefs and those with dependants.

Key Constraints

Due to the nature of the Plan, key constraints which have been identified include, time and the ability to communicate quickly and efficiently with effected members of staff. In addition, recognising hybrid working patterns and the reliance on ICT systems, the Plan is heavily dependent on the ability of staff to work remotely.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

Regardless of the level of disruption there will be some impact upon staff. Therefore, communication channels will remain open between the HSCB/SPPG; Public Health Agency (PHA); Business Services Organisation (BSO) and the Department. Communication of information will also be co-ordinated with other HSC organisations as the situation develops and information will be delivered to DoH in regards to Ministerial and Permanent Secretary requirements.

Key stakeholders will also be informed of a disruption. This could potentially include HSC bodies (Trusts, Family Practitioner Services), service users, private and voluntary suppliers, Trade Unions and relevant patient travel companies. The media will also be contacted in a situation which would impact upon the public.

1.4 Other policies or decisions with a bearing on this policy or decision

- **what are they?**
- **who owns them?**

A Business Continuity Management Policy has been developed in conjunction with this Plan. The Policy is separate from but complements the Board's Risk Management Process. It is based on the requirements of ISO22301:2019. It has taken account of the Board's responsibilities in relation to Section 75 of the NI Act 1998.

The Joint Emergency Preparedness Plan (JREP) is led by the PHA with input from BSO/HSCB. These business continuity arrangements will support and supplement the Emergency Response and Recovery Plan in the event of a Joint Response being activated.

The HSCB's Policies on Health and Safety; Fire Safety; Procedure for Evacuation of 12 – 22 Linenhall Street have also been considered as well as BSO's policy on Working from Home.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

All directorates gave consideration to members of their staff who fall within the Section 75 categories when developing their strategies for continuity. Staff monitoring data (Quarter 1 2021) was obtained (see section 2.2).

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	Needs and Experiences – HSCB STAFF
Gender	Both male (27.49%) and female (72.51%) staff.
Age	Staff of all ages: 16-29: 3.99% 30-39: 17.33% 40-49: 31.88% 50-59: 39.04% 60-65(+):7.77%
Religion	Staff of all religions. Perceived Protestant/Protestant: 31.88% Perceived Catholic/Catholic: 44.82% Neither/Not assigned: 23.31% Those who do not wish to work over the weekend have been taken into consideration.
Political Opinion	Broadly Nationalist: 2.19% Broadly Unionist: 1.59% Not assigned:93.83% Other:2.39%
Marital Status	Divorced: 3.98% Married/Civil Partnership:54.18% Other: 1.39% Separated: 1.39% Single: 12.95% Unknown:26.10%
Dependent Status	Yes: 10.76% No: 3.19%
Disability	Yes: 2.19% No:57.77% Not assigned: 86.06%
Ethnicity	White: 33.86% Not assigned: 65.94% Chinese:0.2%
Sexual Orientation	Opposite Sex: 9.96% Same Sex:0.4% Both Sexes:0.2% Not assigned/do not wish to answer:89.44%

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	<i>What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	Those employees who are pregnant may find it difficult to travel to alternative accommodation if the need arises. Issues for those with dependents outlined below are particularly significant for female staff, since females are much more likely to be carers than their male counterparts.
Age	None anticipated
Religion	Religious beliefs / practices may be a barrier for some staff in relation to working at the weekend/out of hours.
Political Opinion	None anticipated
Marital Status	The issues for dependents below may be exacerbated for those who are single.
Dependent Status	Those who have young children/elderly parents/relatives (or both) may be less likely to be in a position to volunteer for out of hours working due to their childcare/caring arrangements. This group may also have issues with working in the vicinity of others if an Emergency Operations Centre were to be established, due to fear of carrying infection back to vulnerable dependents.
Disability	Those staff with disabilities may have more difficulty travelling to an alternative accommodation
Ethnicity	None anticipated
Sexual Orientation	None anticipated

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

The HSCB recognises that staff have multiple needs as a result of disability, age, religious beliefs and caring responsibilities. Solutions identified in 2.5 will be considered in context of this.

2.5 Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Gender</p> <p>Those women who are pregnant may find it difficult to travel to alternative accommodation if access to HSCB HQ is restricted. However, 90% of HSCB staff can work from home and have been provided with a laptop. Cases will be reviewed on an individual basis with line management. If travelling to an alternative accommodation is not feasible, provision of a laptop/remote access will be considered if the incident becomes protracted.</p> <p>Religion/Ethnicity</p> <p>Consideration will be given to those members of staff, whose religious beliefs prevent them working weekends/out of hours. If an Emergency Operations Centre is established, staff will be asked to</p>	<p>The Plan will be reviewed, tested and updated on an annual basis to ensure that arrangements are relevant and up to date.</p> <p>Training/staff guidance is reviewed and circulated on an annual basis. Specific consideration/attention will be given to those staff who fall within the Section 75 categories.</p>

volunteer to work unsociable hours, (rather than instructed).

Dependents / Gender / Marital Status

If a physical Emergency Operations Centre is required consideration will be given to those with dependents who might have concerns relating to lack of social distancing if they have vulnerable people within the household or care for a vulnerable person outside the household. A virtual Emergency Operations Centre is currently being considered which will enable staff to login from home. As outlined above, staff will be asked to volunteer to work unsociable hours and no-one will be required to do so.

Disability

The majority of HSCB staff are currently working from home and follow BSO's Working from Home policy.

If a business continuity incident occurs, all staff will be made aware of the situation via call cascading from Director level down. Assurances have been sought that line managers have personal contact details for their subordinate staff and are able to make appropriate contact with those who have a disability.

If staff are required to work from an office, and an area of the building is inaccessible, appropriate signage will be used and those who have a disability will be informed/guided by their line manager. HSCB Policies -

Health and Safety; Fire Safety; Procedure for Evacuation of 12 – 22 Linenhall Street refer.	
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2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	N/A	Annual Review
Political Opinion	N/A	Annual Review
Ethnicity	N/A	Annual Review

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

The activation of the BCP is a temporary arrangement, with normal working practices resuming once the disruption to normal business is over.

Impacts to Key/Core Functions (critical products) have been identified and addressed within the Plan.

Due consideration has been given to those individuals within Section 75, of the NI Act (1998) through the screening of the Plan, particularly those with dependants, religious beliefs and disabilities and mitigation put in place to address any impacts.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
N/A	N/A

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
As above	As above

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Are Human Rights relevant?

Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move onto to move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision have a potential positive impact or does it potentially interfere with anyone’s Human Rights?

List the Article Number	Positive impact or potential interference?	How?	Does this raise any legal issues? Yes/No
N/A	N/A	N/A	N/A

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

The development of a Business Continuity Plan is to ensure that the HSCB is in a position to deal with an emergency disruption. The Plan is therefore viewed as positive.

Human rights will remain relevant in any future revisions of the Policy.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?)

Debriefs will be conducted following major incidents/exercises. Particular consideration will be given to any impacts on staff, specifically within the Section 75 categories. Monitoring data will be reported to the Equality Commission on an annual basis.

Approved Lead Officer: Lisa McWilliams

Position: Director of Strategic Performance

Policy/Decision Screened by: Liz Fitzpatrick

Signed: 

Date: 9 November 2021

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

**Please forward completed template to:
Equality.Unit@hscni.net**

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If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net;
phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023
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