



Name of Meeting
People and
Organisational
Development
Committee
Date of Meeting
08 November 2023
Agenda item:

4.2f

Policy / Procedure Review and Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	Mobilisation Procedure – To support enhanced or major incident response
Policy Owner	Karen Fitzgibbon
Lead Executive	Neil Lewis
PHW / All Wales?	Public Health Wales
Date of last Review	n/a New Procedure
Is the current policy / procedure within date?	n/a New Procedure
Approving Body /Group	Leadership Team
Version Number	1

Section 2 – Recommendation

FOR APPROVING BODY:

That the People and Organisational Development Committee:

- **Considers** the information contained within the Procedure and Equalities Impact Assessment
- Note that the Leadership Team have endorsed the Procedure to the People and Organisational Development Committee for approval
- **Approve** the procedure



3 - Details of the Review:

Background:

Reason for review New procedure developed following lessons identified from enhanced response	
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Consultation:

Has this Policy / Procedure been through the appropriate consultation process?	Yes
Date range of consultation:	30 August 2023 – 27 September 2023

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

Policy developed in partnership at Policy Workshop in July.

Feedback received during consultation period from Business and Planning Leads and Emergency Planning and Business Continuity Group.

Changes incorporated:

- The term 'Colleagues' has been updated to 'staff' in some sections, where appropriate. Seeking to use *Colleagues, People Managers* and *Organisational Leader* where possible to reinforce language used in our Being Our Best behavioural framework.
- Added a statement about ensuring communication between receiving manager and substantive manager, i.e. for the purpose of attendance, wellbeing, performance, etc.
- Added a paragraph to confirm that, wherever possible, staff will be
 mobilised to support in a capacity that is commensurate with their
 substantive role and banding. Should it be necessary to mobilise staff into
 a role that is evaluated at a higher band than their substantive role, pay
 will be updated to reflect this for the duration of mobilisation. Should it
 be necessary to mobilise staff into a role that is evaluated at a lower band
 than their substantive role, pay will protected at the substantive banding
 for the duration of mobilisation.
- 'Mobilisation Panel' now 'Staffing Cell' as advised by Emergency Planning and Business Continuity Group and as per response architecture.
- Training updated to reflect the Emergency Preparedness Resilience and Response (EPRR) team's extensive programme for staff training in key roles, and an internal exercise to test the arrangements.



Had this policy / procedure been considered by any other groups?	Yes Local Partnership Forum
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If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this

No further feedback received from Trade Union colleagues.

The Leadership Team also considered and commented as necessary on the procedure during October 2023.

4 – Impact Assessments

Equality and Health Impact Assessment	Has been completed and included as an appendix The comprehensive EqHIA completed for the overarching Emergency Response Plan has been updated to include reference to the Mobilisation Procedure and assessment of the potential impact on staff has been strengthened. No negative potential impact has been identified in relation to any specific group(s) of staff.
Risk and Assurance	Relates to Strategic Risk 2. This procedure has been developed to support the organisation's Emergency Response Plan, to ensure that the organisation has an appropriate process to enable the mobilisation of colleagues to support an enhanced or major incident response in a timely and effective manner.
Health and Care Standards	This Policy / Procedure supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Theme 7 - Staff and Resources Choose an item. Choose an item.
Financial implications	There are financial implications associated with mobilisation if, for example, it was necessary to mobilise a member of staff into a role that is evaluated at a higher band than their substantive role, pay would be updated to reflect this for the



	duration of mobilisation. Wherever possible, staff will be mobilised to support in a capacity that is commensurate with their substantive role and banding.				
People implications	There are people implications associated with mobilisation. This procedure defines the roles and responsibilities of those involved in the mobilisation process and the criteria and procedures for selecting, deploying, and managing colleagues during an enhanced or major incident response.				
	Our values of working together, with trust and respect, to make a difference will guide our approach to discussion and agreement of mobilisation arrangements. If there are disagreements, we manage the conversation respectfully and we will use support available through Healthy Working Relationships to resolve the matter.				
	As detailed in our Emergency Response Plan, the organisation will ensure that there are arrangements in place to support staff during an enhanced or major incident response including:				
	 Provision of long-term support; Availability of psychological support; Training; Alternative methods of support. 				
	Staff are also encouraged to seek support through contacting their mobilised and/or substantive line manager, through People and Organisational Development, and externally as necessary.				

5 - Implementation

Implementation plan (with timescales)			
Next steps	Timescale	Responsible officer(s)	
Once approved, the procedure will be launched via the staff and manager bulletins and updated intranet pages.	Within 4 weeks of approval	Karen Fitzgibbon, with support from the Emergency Preparedness Resilience and Response (EPRR) team	



Reference Number: xxxxx

Version Number: 1

Date of next review: xx/xx/2026

MOBILISATION PROCEDURE – TO SUPPORT ENHANCED OR MAJOR INCIDENT RESPONSE

Introduction and Aim

This procedure has been developed to ensure that the organisation has an appropriate process to enable the mobilisation of colleagues to support an enhanced or major incident response in a timely and effective manner.

This procedure defines the roles and responsibilities of those involved in the mobilisation process and the criteria and procedures for selecting, deploying, and managing colleagues during an enhanced or major incident response.

Please see the <u>Public Health Wales Emergency Response Plan</u> for details of response levels.

Procedure Commitment

There is an expectation that all staff, including Organisational Leaders and People Managers make every effort to support and co-operate in the implementation of this procedure in order to enable Public Health Wales to fulfil its obligations.

Our organisational values of working together, with trust and respect, to make a difference will guide our approach to the discussion and agreement of mobilisation arrangements. In the event of any disagreements, we manage the conversation respectfully and we will use support available through Healthy Working Relationships to resolve the matter.

As detailed in our Emergency Response Plan, the organisation will ensure that there are arrangements in place to support staff during an enhanced or major incident response including:

- Provision of long-term support;
- Availability of psychological support;
- Training;
- Alternative methods of support.

Staff are also encouraged to seek support through contacting their mobilised and/or substantive line manager, through People and Organisational Development, and externally as necessary.

Supporting Procedures and Written Control Documents

All corporate policies and procedures are available on the Public Health Wales website

Other related documents are:

- Emergency Response Plan
- Business Continuity Plan
- Infection Prevention Control Policy
- Duty of Candour
- Health and Safety Policy
- Mental Wellbeing policy
- Information Governance Policy

Scope

This procedure applies to all employees within Public Health Wales.

This procedure covers the mobilisation of staff within the organisation. The mobilisation of staff from other NHS Wales organisations will be covered by all-Wales arrangements for mutual aid, as set out through NHS Wales Employers/NHS Confederation.

This procedure covers the mobilisation of staff to support enhanced or major incident responses, such public health emergencies. For details of the different types of emergency that may require response, please see 'Types of emergency - Table 2' in the Public Health Wales Emergency Response Plan.

Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
Approved by	People and Organisational Development Committee
Approval Date	

Review Date	July 2023
Date of	
Publication:	

Group with authority to approve supporting procedures	People and Organisational Development Committee
Accountable Executive Director/Director	Neil Lewis Director of People and Organisational Development
Author	Karen Fitzgibbon, Policy Lead People and Organisational Development

Disclaimer:

If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or Corporate Governance.

Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
V1	July 2023			New procedure developed

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1. Procedure Statement

This procedure has been developed to ensure that the organisation has an appropriate process to enable the mobilisation of staff to support an enhanced or emergency response in a timely and effective manner.

This procedure defines the roles and responsibilities of those involved in the mobilisation process and the criteria and procedures for selecting, deploying, and managing staff during an enhanced incident response as set out in the Emergency Response Plan.

Please see the <u>Public Health Wales Emergency Response Plan</u> for details of response levels.

2. Scope

This procedure applies to all employees within Public Health Wales.

This procedure covers the mobilisation of staff within the organisation. The mobilisation of staff from other NHS Wales organisations will be covered by all-Wales arrangements for mutual aid, as set out through NHS Wales Employers/NHS Confederation.

This procedure covers the mobilisation of staff to support enhanced incident responses, such as major incidents and/or public health emergencies. For details of the different types of emergency that may require response, please see 'Types of emergency - Table 2' in the Public Health Wales Emergency Response Plan.

3. Roles and Responsibilities

For details of all roles involved in enhanced and major incident response, please see the <u>Public Health Wales Emergency Response Plan</u>.

3.1 Strategic Response Director

- Complete Dynamic Risk Assessment (see Section 8 of the <u>Public Health</u> <u>Wales Emergency Response Plan</u>), to confirm any requirement for additional internal support and expertise (and/or mutual aid from external partners).
- Provide information on the emergency situation and response strategy.
- Monitor and evaluate the emergency response and ensuring its quality and accountability.

- Inform the Strategic Response Group, including People and OD, of mobilisation requirements and agree a reasonable timeframe for mobilisation.
- Work with Organisational Leaders to establish whether the resources required can be made available without impacting the organisation's service delivery obligations - determine any business critical functions, and agree the most appropriate use of available staff resource.
- The Strategic Response Director must ensure appropriate command and control structures are in place to facilitate the coordination of requested mobilisation support.

3.2 Organisational Leaders, including Executive Team

- Work with People and Organisational Development (OD) to identify suitable staff for deployment based on the staffing needs and criteria provided by the Strategic Response Director.
- Work with the Strategic Response Director to establish whether the resources required can be made available without impacting the organisation's service delivery obligations - determine any business critical functions, and agree the most appropriate use of available staff resource.

3.3 People and Organisational Development (People and OD)

- Work with Executive Team to identify suitable staff for deployment based on the staffing needs and criteria provided by the Strategic Response Director (through dynamic risk assessment).
- Make administrative arrangements for the deployment of staff, such as mobilisation confirmation letters and role specifications.

3.4 People Managers

- Provide briefing and orientation to the deployed staff on their roles, responsibilities, security, etc.
- Manage the deployed staff during the response and ensuring their supervision, safety, and well-being.
- Meet regularly with staff to ensure personal wellbeing is maintained and appropriate support is provided.
- Ensure communication between receiving manager and substantive manager, i.e. for the purpose of attendance, wellbeing, performance, etc.
- Provide regular feedback and reports on the performance and impact of the deployed staff to Strategic Response Director.
- Provide post-deployment debriefing and evaluation to the deployed staff and identifying their learning needs and opportunities.
- Ensure that communication is maintained with all employees and that colleagues are briefed as necessary (pre-mobilisation, during mobilisation and post-mobilisation).

3.5 Colleagues (all staff of Public Health Wales)

- Keep up to date with issues/ working practices within their normal working area by maintaining appropriate and regular communication with their substantive manager and other colleagues.
- Comply with the relevant health and safety, infection control and other related policies applicable to the premises where they are working, taking every reasonable care for the health and safety of themselves and of others.

4. Process

The criteria for mobilising staff for an enhanced emergency response are based on:

- The Dynamic Risk Assessment completed by the Strategic Response Director.
- The nature, scale and complexity of the situation and its impact on the affected population.
- The existing capacity and resources of the organisation to respond to the situation.
- The availability and suitability of staff from the organisation or its partners (through mutual aid arrangements).

The criteria for selecting specific staff for mobilisation are based on:

- The relevant skills, experience, competence, qualifications and/ or professional registration required for the specific functions of the response.
- The ability to work under pressure and adapt to changing circumstances.
- The availability to be deployed within the timescales required by the situation and level of response.
- The appropriate fitness to work, risk assessment and/ or any specific Occupational Health clearance required for the mobilisation role and location.
- Hours and days of work required.
- Workplace, including potential travel distance / time / modes of transport etc.
- Staff members' personal and/or domestic circumstances will also be taken into consideration when matching staff to mobilised roles.

Wherever possible, staff will be mobilised to support in a capacity that is commensurate with their substantive role and banding. Should it be necessary to mobilise staff into a role that is evaluated at a higher band than their substantive role, pay will be updated to reflect this for the duration of mobilisation. Should it be necessary to mobilise staff into a role that is evaluated at a lower band than

their substantive role, pay will protected at the substantive banding for the duration of mobilisation.

Our values of working together, with trust and respect, to make a difference will guide our approach to discussion and agreement of mobilisation arrangements. If there are disagreements, we manage the conversation respectfully and we will use support available through Healthy Working Relationships to resolve the matter.

The specific process for mobilising staff is set out below:

Responsible person/ group/ team	Activity
ITWorkforceInformationSystems	Shared digital space to be set up to record and report on staff status and suitability for mobilisation
 Strategic Response Director Organisational Leaders 	The Strategic Response Director works with Organisational Leaders to establish whether the staff resources required can be made available without impacting the organisation's service delivery obligations - determine any business-critical functions and agree the most appropriate use of available staff resource.
Strategic Response DirectorStaffing Cell	The Strategic Response Director via the Strategic Response Group confirms the staffing needs for the response and submits a request for mobilisation of staff to via the Staffing Cell, specifying the number, functions, duration, and location of the required staff.
Staffing Cell	The Staffing Cell reviews the request and verifies the availability and suitability of staff, using the criteria mentioned above.
Staffing CellStrategic Response Group	The Staffing Cell consults with the Emergency Preparedness, Resilience and Response team and Strategic Response Group as needed to clarify and/ or adjust the staffing needs and criteria.
Staffing CellPeople and OD	The Staffing Cell, with support from People and OD team notifies the Organisational Leaders, People Managers and individual colleagues who are identified and selected for mobilisation and obtains their confirmation.
	In the event of volunteers for mobilisation or where staff are identified but not selected for mobilisation,

	the People and OD team will inform any colleagues
	who are not selected and provide them with feedback and alternative opportunities to support the response.
Staffing CellPeople and OD	The Staffing Cell, supported by the People and OD team make the administrative arrangements for the deployment of staff, such as mobilisation confirmation letters, role descriptions, etc.
	The Staffing Cell, supported by the People and OD team inform substantive and receiving Managers of expectation of release of staff in a timely manner and confirm point of contact in the event of any disagreement or need for escalation.
Receiving People Manager	The receiving People Manager provides briefing and orientation to the deployed staff on their roles, responsibilities, security, etc.
 Staffing Cell Emergency Preparedness, Resilience and Response Strategic Response Group 	The Staffing Cell updates the Emergency Preparedness, Resilience and Response team and the Strategic Response Group of the status and details of the mobilised staff.
Receiving People Manager	The receiving People Manager welcomes the mobilised staff at the mobilisation location and assigns them to their respective functions.
	The receiving People Manager manages the deployed staff during the response.
	The receiving People Manager ensures communication with the substantive manager, i.e. for the purpose of attendance, wellbeing, performance, etc.
	The receiving People Manager provides regular feedback and reports on the performance and impact of the deployed staff to the Strategic Response Group.
Strategic Response GroupStaffing Cell	Ongoing performance and mobilisation requirements are reviewed and updated through situational reporting mechanism.
Strategic Response GroupStaffing Cell	The Strategic Response Group will assess the staffing needs for the response at regular intervals during the response and at the conclusion of the response, once a return to business as usual is agreed.

	The Strategic Response Group will confirm to the Staffing Cell any requests for extension or termination of mobilisation arrangements
	The Staffing Cell, supported by the People and OD team liaise with mobilised staff and their substantive and receiving managers to confirm extension or termination of mobilisation arrangements.
 Staffing Cell Emergency Preparedness, Resilience and Response Strategic Response Group 	The Staffing Cell updates the Emergency Preparedness, Resilience and Response team and Strategic Response Group of the status and details of the de-mobilised staff.
Substantive People Managers	Substantive People Managers provide de-briefing and reorientation to the de-mobilised staff on return to their home/ substantive team and make arrangements for any knowledge transfer, training or support required.
Strategic Response Director	Once it has been decided that an enhanced or major incident response is no longer necessary, the Strategic Response Director will consider standing down the response following review of the Dynamic Risk Assessment and in consideration of escalation and deescalation criteria.
 Recovery Coordination Group 	The Recovery Coordination Group will co-ordinate a post-response review to identify learning and build in improved approaches for future responses.

5. Training

The Emergency Preparedness Resilience and Response (EPRR) team has set out an extensive programme for staff training in key roles, and an internal exercise to test the arrangements throughout 2023/24.

All colleagues are encouraged to complete the <u>'Introduction to Emergencies' elearning</u> package available through ESR.

To enable mobilisation, colleagues will be provided with appropriate training required to undertake their mobilised role.

6. Health and Wellbeing

As detailed in our Emergency Response Plan, to ensure the health and wellbeing of colleagues, the organisation will ensure that there are:

- Arrangements in place to support staff during a response;
- Provision of long-term support;
- Availability of psychological support;
- Training;
- Alternative methods of support.

Colleagues are also encouraged to seek support through contacting their mobilised and/ or substantive line manager, through People and Organisational Development, and externally as necessary.

7. Equipment

All colleagues should be provided with appropriate equipment required to undertake their mobilised role. The equipment used must be safe to use, fit for purpose and not give rise to any health and safety risks. The equipment should be maintained in efficient working order and in good repair.

Any concerns regarding equipment should be raised with the receiving People Manager at the first available opportunity.

8. Expenses

Mobilised staff contractual bases will remain the appropriate Public Health Wales premises and travel expenses from home to base are not payable.

Any expenses should be claimed as normal through the e-expenses system, https://www.sel-expenses.com/

9. Information Governance

All colleagues should abide by the <u>all Wales Information Governance Policy and associated procedures</u>, regardless of the location from which they work.

All colleagues should ensure that they are up to date with their Information Governance Training.

10. Implementation

All staff need to be made aware of the existence of this procedure which can be obtained on the Public Health Wales Policies Intranet page, and will be publicised via the staff intranet.

People managers should bring the guidance to the attention of their teams.

Whilst training is not offered on this procedure, colleagues can seek any necessary guidance on this procedure from the People and OD team by contacting PeopleSupport.PHW@wales.nhs.uk

11. Equality and Welsh Language

An Equality, Welsh Language and Health Impact Assessment has been completed and has not identified any potential negative impacts (unintended consequences) or gaps.

This procedure will be made available in Welsh on our Policy webpages.

12. Review

This procedure will be reviewed in 3 years' time or sooner if required.

The named lead will monitor this procedure to ensure it is compliant with current legislation, to ensure it is effectively implemented, and ensure that it is reviewed in accordance with the timetable for review.

We are continually looking to improve our employment practices and welcome any feedback you may have in relation to this procedure. Feedback can be provided by emailing PeopleSupport.PHW@wales.nhs.uk or you may wish to feedback via your Trade Union representative.

Template Equality & Health Impact Assessment for

Public Health Wales Emergency Response Plan Version 03, April 2023

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business	Title: Public Health Wales Emergency Response Plan Version 03, April 2023	
	Case and Reference Number	(EqHIA updated October 2023 to include reference to the supporting Mobilisation Procedure).	
2.	Directorate and title of lead member of	Executive Lead: National Director Health Protection and Screening Services & Executive Medical Director	
	staff, including contact details	Author/s: Head of Emergency Preparedness Resilience and Response, Senior Emergency Planning Officer, phw.eprr@wales.nhs.uk	
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The Public Health Wales Emergency Response Plan Version (03) details the specific arrangements for the Public Health Wales (PHW) response and recovery from an emergency or Major Incident.	
		Its objectives are to:	
		Outline the context in which the plan has been developed.	
		State the roles and responsibilities of PHW in the response to and recovery from an emergency or Major Incident.	
		Detail arrangements for the management, control, and coordination of an emergency or Major Incident	

- Establish roles and responsibilities of decision makers and groups within the command & control structure in the response to and recovery from an emergency or Major Incident.
- Define the procedure for alerting and determining when an emergency or Major Incident has or is likely to occur.
- Define the criteria in which the plan should be activated.
- Detail the arrangements for activating key response groups.
- Outline the complementary generic arrangements to support the PHW response to and recovery from an emergency or Major Incident.

Detail arrangements for maintaining the Plan as well as associated Governance and assurance processes to include training & exercising and identifying learning.

- **4.** Evidence and background information considered. For example
 - 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

PHW provides data and science-based leadership, specialist public health expertise, coordination and advice, and delivery of key public health services.

The Organisation protects and improves health and well-being and reduces health inequalities for the people of Wales. The Trust is established for the purpose specified in section 18(1) of the NHS (Wales) Act 2006 and has four statutory functions set out in Part 3 of its Establishment Order. These are to:

- 1. Provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases.
- 2. Develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public in Wales; to undertake

• comments from those involved in the designing and development stages

Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.

- and commission research into such matters and to contribute to the provision and development of training in such matters.
- 3. Undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival, and prevalence of congenital anomalies.
- 4. Provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health-related matters.

Under schedule 1 of the Civil Contingencies Act [2004] PHW is a Category 1 Responder. The Act places several civil protection duties on PHW in respect of:

- Risk Assessment
- Emergency Plans
- Business Continuity
- Warning and Informing
- Sharing of Information
- Cooperation with Local Responders

In the response to an emergency PHW is responsible for providing emergency preparedness, resilience and response leadership, and scientific and technical advice, working in partnership with Category 1 and 2 Responders (defined under the Act) to protect the health of our communities in Wales.

Version 03 of the Public Health Wales Emergency Response Plan incorporates appropriate lessons identified from the PHW response to COVID. It has sought to gather feedback on the current plan by engaging with key internal contributors via the:

• Executive Team

up

- Consultants in Environmental Health Protection
- Consultants in Communicable Diseases Control/Health Protection
- Microbiology

It has also drawn upon the valuable experiences of external stakeholders across Wales and the UK as part of the process, obtaining feedback from a cross-section of partners including the emergency services, local government, university health boards, Welsh Government, the Public Health Agency Northern Ireland, the UK Health Security Agency and Public Health Scotland.

5. Who will be affected by the strategy/ policy/ plan/ procedure/ service

Consider staff as well as the population that the project/change may affect to different degrees.

Under the Civil Contingencies Act [2004], PHW must maintain and develop plans to ensure that if an emergency occurs or is likely to occur, it can deliver its functions so far as necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or taking other action in connection with it.

Therefore, the Public Health Wales Emergency Response Plan applies to the whole of Public Health Wales staff, who may be asked to support the PHW response.

Those who will be specifically affected are staff members who have been training to fulfil identified roles within the document.

A Mobilisation Procedure has been developed to ensure that the organisation has an appropriate process to enable the mobilisation of colleagues to support an enhanced or major incident response in a timely and effective manner. The procedure defines the roles and responsibilities of those involved in the mobilisation process and

	the criteria and procedures for selecting, deploying, and managing colleagues during an enhanced or major incident response.
	In turn, PHW's response to the emergency or major incident will have an impact on the public directly and indirectly affected.

Part 2- Equality and Welsh language

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
 6.1 Age For most purposes, the main categories are: under 18; between 18 and 65; and over 65 	The Public Health Wales Emergency Response Plan adopts an all-hazards approach, ensuring it is adaptable to a wide range of exigencies, providing a framework to establish, create and improve organisational resilience. PHW will give special consideration to those who are made vulnerable, or who are less able to help themselves in an emergency or Major Incident.	As part of its role and responsibilities in an emergency or major incident, PHW will:- • Assess the impact on public health to inform the multi-agency response. • Recommend measures to protect public health and look to maximise health wherever possible. • Interpret and share information/advice with	No further recommendations for improvement/mitigation at this stage. Ensure action is taken as per Plan.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	NB. Those who are vulnerable will vary depending on the nature of the situation. PHW will consider establishing a Vulnerable Persons Operational Response Group (Cell) to conduct a rapid impact assessment of people with specific needs e.g. Protected characteristics at the start of an emergency or major incident alongside a risk assessment. PHW will also consider the impact of the wider social, economic and environmental determinants of health and existing 'health inequalities' in the population.	 health services and partners. Collate information obtained from different sources into a coherent, meaningful and usable format for different audiences Contribute to a range of multi-agency partnerships such as the Scientific and Technical Advice Cell (STAC), Air Quality Cell (AQC), Cyber Technical Advice Cell (CTAC) and Media cell. NB. This may include convening and initially chairing the Scientific and Technical Advice Cell (STAC). 	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
		 Advise on the effective communication of public health risks including to vulnerable groups who may be most affected. Facilitate epidemiological follow-up of affected populations/communities as necessary. (Refer to page 17) 	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, montal	As above	As above	As above
impairment, mental health conditions, long-term medical conditions such as diabetes			

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.3 People of different genders:	As above	As above	As above
Consider men, women, people undergoing gender reassignment			
NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.	As above	As above	As above

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	As above	As above	As above
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	As above	As above	As above
6.7 People with a religion or belief or with no religion or belief.	As above	As above	As above

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
The term 'religion' includes a religious or philosophical belief			
 6.8 People who are attracted to other people of: the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	As above	As above	As above
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	As above	As above	As above

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.10 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	As above	As above	As above
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	As above	As above	As above

6.12 Welsh Language

There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on:

(please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
Opportunities for persons to use the Welsh language	This document will be translated into Welsh for all Welsh speaking members of staff.	Translate the document.	No further actions or recommendations for improvement/mitigation at this stage.
Treating the Welsh language no less favourably than the English language	A Welsh version of this document will be made available and it is not therefore anticipated that Welsh language will be treated any less favourably.	Translate the document.	No further actions or recommendations for improvement/mitigation at this stage.

Part 3 - Health

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

The part of the assessment identifies;

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

7. Identification of specific population groups

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

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

7.1 Groups identified	Rational/explanation
Not able to determine at this stage.	Those who are vulnerable will vary depending on the nature of the emergency or Major Incident. PHW will give special consideration to those who are made vulnerable, or who are less able to help themselves in this situation.

Assessment

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

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

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

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
 7.2 Lifestyles Diet/nutrition/breastfeeding Physical activity Use of alcohol, cigarettes, e-cigarettes Use of substances, non-prescribed drugs, abuse of prescription medication Social media use Sexual activity Risk-taking activity i.e. gambling, addictive behaviour 	Depending on the conditions which have led to the emergency or major incident declaration which triggers The Public Health Wales Emergency Response Plan; people may be positively affected by the public health advice provided to support the	Depending on the conditions which have led to the emergency or major incident declaration which triggers The Public Health Wales Emergency Response Plan; people may be negatively affected by not being able to able to improve /maintain healthy	Whole population but those who are more vulnerable such as older people and those with chronic conditions.	In addition to the internal command and control arrangements (pages 18-24), the Public Health Wales Emergency Response Plan details the multi-agency command and control structures which would be established in an emergency or major incident (pages 24-28). Multi-agency groups are established to co-ordinate the activities of responders and where appropriate, define strategy and objectives for the multiagency response. At these groups, PHW will be a key contributor; providing public health advice which will assist in mitigating the impacts

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
	response and recovery, as it will refer to the latest evidence-based expert advice. Social media can reach people more quickly	lifestyles whilst the response is ongoing. Those who are digitally excluded will need to be considered in how they are reached.		of the emergency or major incident and encourage the restoration of healthy lifestyles. NB. This will also include working with multi-agency partners in the recovery phase.
 7.3 Social and community influences on health Adverse childhood experiences Citizen power and influence Community cohesion, identity, local pride Community resilience Domestic violence Family relationships Language, cultural and spirituality Neighbourliness Social exclusion i.e. homelessness Parenting and infant attachment Peer pressure Racism Sense of belonging Social isolation/loneliness 	Depending on the conditions which have led to the emergency or major incident declaration which triggers The Public Health Wales Emergency Response Plan; people may be positively affected by the public	Depending on the conditions which have led to the emergency or major incident declaration which triggers The Public Health Wales Emergency Response Plan; people may be negatively affected by the impact on family	Whole population but those who are more vulnerable such as older people and those with chronic conditions.	As stated in section 7.2; in addition to the internal command and control arrangements (pages 18-24), the Public Health Wales Emergency Response Plan details the multi-agency command and control structures which would be established in an emergency or major incident (pages 24-28). Multi-agency groups are established to co-ordinate the activities of responders and where appropriate, define strategy and objectives for the multiagency response.

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
 Social capitol/support/networks Third sector & volunteering 	health advice provided to support the response and recovery, as it will refer to the latest evidence-based expert advice.	organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos.		At these groups, PHW will be a key contributor; providing public health advice which will assist in mitigating the impacts of the emergency or major incident and encourage the restoration of a healthy social and community influences. NB. This will also include working with multi-agency partners in the recovery phase.
 7.4 Mental Wellbeing Does this proposal support sense of control? Does it enable participation in community and economic life? Does it impact on emotional wellbeing and resilience? 	The Plan can have protective factors for those who have poor mental wellbeing based on stress and anxiety from uncertainty. It can promote a sense of	Depending on the conditions which have led to the emergency or major incident declaration which triggers The Public Health Wales Emergency Response Plan; peoples mental wellbeing may	Whole population but those who are more vulnerable such as older people and those with chronic and poor mental	As stated in sections 7.2 & 7.3; in addition to the internal command and control arrangements (pages 18-24), the Public Health Wales Emergency Response Plan details the multi-agency command and control structures which would be established in an emergency or major incident (pages 24-28). Multi-agency groups are established to co-ordinate the activities of responders and

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
	control for having a plan that will affect them.	be negatively affected.	health conditions.	where appropriate, define strategy and objectives for the multiagency response. At these groups, PHW will be a key contributor; providing
	The related Mobilisation Procedure also supports a sense of control for staff who may		Public Health Wales staff.	public health advice which will assist in mitigating the impacts of the emergency or major incident and encourage the restoration of community and economic life, as well as supporting mental wellbeing.
	be mobilised to support a response by defining the procedure to be followed; key roles and responsibilities and the criteria for			NB. This will also include working with multi-agency partners in the recovery phase.
	selecting specific staff for mobilisation.			
7.5 Living/ environmental conditions affecting healthAir quality	Depending on the conditions which have led	Depending on the conditions which have led	Whole population	In response to emergencies or major incidents, the Public Health Wales Emergency

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
 Attractiveness/access/availability/quality of area, green and blue space, natural space. Health & safety, community, individual, public/private space Housing, quality/tenure/indoor environment Light/noise/odours, pollution Quality & safety of play areas (formal/informal) Road safety Urban/rural built & natural environment Waste and recycling Water quality 	to the emergency or major incident declaration which triggers The Public Health Wales Emergency Response Plan; people may be positively affected by the public health advice provided to support the response and recovery, as it will refer to the latest evidence-based expert advice and protect public health.	to the emergency or major incident declaration which triggers The Public Health Wales Emergency Response Plan; people may be negatively affected by availability and accessibility of healthy food, leisure activities, green spaces; the impact on air quality, exposure to pollutants whilst the response is ongoing.		Response Plan details how the organisation will engage with specific multi-agency task-focused partnerships which support the multi-agency command and control structures (pages 28, 41-45). These include the Scientific and Technical Advice Cell (STAC), Air Quality Cell (AQC), Cyber Technical Advice Cell (CTAC) and Media cell. At these groups, PHW will be a key contributor; providing advice which will assist in mitigating the public health impacts of the emergency or major incident and encourage the restoration of the physical environment. NB. This will also include working with multi-agency partners in the recovery phase.

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.6 Economic conditions affecting	No specific	No specific	Whole	No action required at this stage.
health	impact	impact	population/	
Unemployment	identified.	identified.		
Income, poverty (incl. food and fuel)				
Economic inactivity	The related		Public	
Personal and household debt Type of apple years to be a positive of the personal and	Mobilisation		Health	
Type of employment i.e. normanent/town full/part time	Procedure Cupperts		Wales staff.	
permanent/temp, full/part timeWorkplace conditions i.e. environment	supports confirms that			
culture, H&S	staff will be			
culture, mas	mobilised to			
	support in a			
	capacity that			
	is			
	commensurate			
	with their			
	<mark>substantive</mark>			
	role and			
	<mark>banding, i.e.</mark>			
	there will be			
	<mark>no detrimental</mark>			
	impact on pay			
	as a result of			
	any mobilisation			
	arrangements.			
7.7 Access and quality of services	arrangements.	Depending on	Whole	The Public Health Wales
Careers advice		the conditions	population	Emergency Response Plan
Education and training		which have led	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	highlights the importance of

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
 Information technology, internet access, digital services Leisure services Medical and health services Other caring services i.e. social care; Third Sector, youth services, child care Public amenities i.e. village halls, libraries, community hub Shops and commercial services Transport including parking, public transport, active travel 		to the emergency or major incident declaration which triggers The Public Health Wales Emergency Response Plan; people may be negatively affected by not being able to access general services offered by PHW whilst the response is ongoing.		considering recovery at the onset of an emergency or Major Incident (pages 23, 53). Recovery will continue until disruption has been rectified, demands on services have returned to normal and the needs of our communities have been met. The Public Health Wales Recovery Co-ordination Group will take responsibility for recovery of PHW activities during and following the emergency or Major Incident; which will encompass its physical, social, psychological, political and financial consequences.
 7.8 Macro-economic, environmental and sustainability factors Biodiversity Climate change/carbon reduction/flooding/heatwave Cost of living i.e. food, rent, transport and house prices Economic development including trade 	Depending on the conditions which have led to the emergency or major incident declaration which triggers The Public	None identified	Whole population	Stated in Section 7.5; in response to emergencies or major incidents, the Public Health Wales Emergency Response Plan details how the organisation will engage with specific multi-agency task-focused partnerships which support the multi-agency

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
 Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) Gross Domestic Product Regeneration 	Health Wales Emergency Response Plan; people may be positively affected by the public health advice provided to support recovery, as it will refer to the latest evidence- based expert advice. Supports government policy and legislative requirements.			command and control structures (pages 28, 41-45). These include the Scientific and Technical Advice Cell (STAC), Air Quality Cell (AQC), Cyber Technical Advice Cell (CTAC) and Media cell. At these groups, PHW will be a key contributor; providing advice which will assist in mitigating the public health impacts of the emergency or major incident and encourage the sustainable restoration of the environment. NB. This will also include working with multi-agency partners in the recovery phase.

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings:	Actions (what is needed and who needs	Lead
Impacts/gaps/opportunities	to do) to address the identified mitigation and recommendations	
Depending on the conditions which have led to the emergency or major incident declaration which triggers	This document will be translated into Welsh for all Welsh speaking members of staff.	Head of EPRR
The Public Health Wales Emergency Response Plan; people may be negatively affected in terms of:-	No further actions or recommendations for improvement/implementation at this stage.	
Being able to improve /maintain healthy lifestyles.	The EgHIA will be reviewed for changes	
Their use of the physical environment	alongside the Public Health Wales	
Social and community influences on their health.	Emergency Response Plan as part of the planning cycle.	
However, as a result of the PHW response, people may be positively affected by the public health advice provided to support the response and recovery as it will refer to the latest evidence-based expert advice.	planning cycle.	

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