



Business Continuity Policy

Policy Type	Non-clinical
Directorate	Acute
Policy Owner	Chief Operating Officer as the Accountable Emergency Office
Policy Author	Head of Emergency Preparedness, Resilience and Response – EPRR
Next Author Review Date	August 2022
Approving Body	Emergency Preparedness and Business Continuity Sub-Committee
Version No.	5.0
Policy Valid from date	1 March 2021
Policy Valid to date:	28 February 2023

‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
Feb 2014	1.3	DRAFT	Executive Director of Nursing & Workforce	Updated to include new NHS structures	
Feb 2014	2.0	24 Mar 2014	Executive Director of Nursing & Workforce		Approved at Policy Management Group
25 Feb 2016	3.0	25 Feb 2016	Executive Director of Nursing		Approved at Trust Executive Committee
Sept 2018	3.1	DRAFT	Medical Director / AEO EPRR Team	Full review in line with ISO 23301, Core Standards 2018 and revised Trust EPRR Structure	Policy Management Sub Committee and EP & BC Group
Jan 2019	3.1	DRAFT	Medical Director / AEO EPRR Team	Change of sign off process and review of critical areas.	EP&BC Group 21 Jan 2019
12 Feb 2019	4	12 Feb 2019	Medical Director / AEO		Policy Management Sub Committee
Feb 2021	4.1	DRAFT		Annual review and updates following Covid-19	
4 March 2021	4.1	4 March 2021	Chief Operating Officer / AEO	Policy approved with a review process every 2 years at	EP & BC Sub Committee
27 May 2021	5.0	27 May 2021	Chief Operating Officer / AEO	Policy checked through and uploaded	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

Contents

1	Executive Summary	4
2	Introduction	4
3	Definitions	4
4	Scope	5
5	Purpose	6
6	Roles and Responsibilities	6
7	Policy Detail / Course of Action	8
7.1	Departmental Business Continuity Arrangements	8
7.2	Incident Management	8
7.3	Information Management and Technology Disaster Recovery Arrangements	9
7.4	Incident Logging and Document Management	9
7.5	Stand Down	10
7.6	Reporting Service Disruption and Business Continuity Incidents	10
7.7	Investigation of Service Disruptions and Business Continuity Incidents	10
8	Consultation	11
9	Training and Exercising	11
10	Monitoring Compliance and Effectiveness	12
11	Links to Other Organizational Documents	13
12	References	13
13	Appendices	14

1 Executive Summary

This Business Continuity Policy outlines how Isle of Wight NHS Trust ('the Trust') will implement an effective business continuity management system that is aligned to the international standard – ISO 22301:2019.

The Trust is required under the Civil Contingencies Act (2004) to maintain plans to ensure the Trust can continue to deliver its critical services and respond to emergencies in the event of a disruption to its normal business processes.

The Trust defines a business continuity incident as:

“An event or occurrence that disrupts, or might disrupt, an organisation’s normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. This could be a surge in demand requiring resources to be temporarily redeployed.”

2 Introduction

Business Continuity Management (BCM) is a process that seeks to ensure that there is minimal disruption to critical services, information assets and core business in the event of a major interruption / breakdown / incident and assists departments to reinstate normal services as quickly as possible. Business continuity (BC) is a key component of resilience, and all NHS funded organisations have been asked to align their business continuity arrangements with the requirements of ISO 22301:12 – Business Continuity Management System.

3 Definitions

3.1 Business Continuity (BC)

Strategic and tactical capability of the organisation to plan for and respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level.

3.2 Business Continuity Management (BCM)

Holistic management process that identifies potential threats to an organisation and the impacts on business operations that those threats, if realised. It provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and values.

3.3 Business Continuity Management Lifecycle

Series of business continuity activities which collectively cover all aspects and phases of the business continuity management programme.

3.4 Business Continuity Management Programme

Ongoing management and governance process supported by top management and appropriately resourced to ensure the necessary steps are taken to identify the impact of

potential losses, maintain viable recovery strategies and plans, and ensure continuity of products and services through training, exercising maintenance and review.

3.5 Business Continuity Plan (BCP)

Documented collection of procedures and information that is developed, compiled and maintained in readiness for use in an incident to enable an organisation to continue to deliver its critical activities at an acceptable predefined level.

3.6 Business Impact Analysis (BIA)

Process of analysing business functions and the effect that a business disruption might have upon them.

3.7 Critical Activities

Those activities which have to be performed in order to deliver the key products and services which enable an organisation to meet its most important time sensitive objectives.

3.8 Disruption

Event, whether anticipated (e.g. Flooding or severe storm) or unanticipated (e.g. fire or loss of power), which causes an unplanned, negative deviation from the expected delivery of products or services according to the organisation's objectives. More recently we have seen Corona Virus cause significant disruption impacting on staff and service delivery.

3.9 Maximum Tolerable Period of Disruption (MTPD)

Duration after which organisation's viability will be irrevocably threatened if product and service delivery cannot be resumed.

3.10 Recovery Time Objective (RTO)

Target time set for resumption of product, service or activity delivery after an incident.

4 Scope

Due to the integration and complexity of the Isle of Wight NHS, the business continuity management system is required to cover the entire organisation to ensure all interdependencies can function in times of disruption. Therefore this policy shall apply to all Isle of Wight NHS services and to other organisations delivering funded care and services on behalf of the Isle of Wight NHS Trust.

This policy applies to all employees of and those delivery services on behalf of the Isle of Wight NHS Trust.

In order to ensure the organisation meets its corporate and business continuity objectives along with legal and regulatory duties, the services deemed as critical are defined within Appendix A.

The internal and external interdependencies of these services require all other areas to have robust business continuity plans to ensure the critical functions of the Trust are maintained at times of disruption irrelevant of cause.

As part of the business continuity management system, each area will ensure they have reviewed and assessed their stakeholders and interested party's needs, such as, but not limited to communications and supply chain.

Who does the policy apply to? What patient / client/ staff group / services? Please include if this relates to all staff or wider i.e. agency, locum, etc

5 Purpose

Strategic Aim

The aim of this policy is to establish a business continuity management system that enables Isle of Wight NHS Trust to be a resilient organisation, capable of providing excellent care, and supporting the Island community, whenever required.

Objectives

- The Trust will take all reasonably practicable measures to ensure the continuation of its critical services during any period of service disruption.
- The Trust will conduct a business impact analysis in order to determine and prioritise its critical services.
- The Trust will determine strategies for mitigating the impact of specific risks and threats.
- The Trust will maintain plans detailing business continuity arrangements, as required by the Civil Contingencies Act 2004 and the NHS England core standards for emergency preparedness, resilience and response (EPRR).
- The Trust will ensure plan validity and staff competency through continual review, training, and exercising.
- The Trust will collate incident and near miss reports, to identify lessons which can be learned from service disruptions.

As a Category One Responder under the Act and through compliance with NHS England EPRR Core Competencies, preparing to respond to emergencies is an element of business as usual activities for staff at all levels.

6 Roles and Responsibilities

The Chief Executive Officer will:-

- Ensure that the Board receives regular reports, at least annually, regarding emergency preparedness, including reports on exercises, training and testing undertaken by the organisation.
- Designate an Executive Director of the Board to be responsible for emergency preparedness on behalf of the organisation – the Accountable Emergency Officer.
- Ensure an appropriate level of priority is given to emergency management and business continuity in all strategic planning.

Accountable Emergency Officer (AEO)

The Accountable Emergency Officer has overall responsibility for ensuring effective business continuity management within the Trust. The Accountable Emergency Officer will be consulted when analysing the Business Impact Analysis (BIA) results to determine priorities for protection and recovery. The Accountable Emergency Officer will take lead on promoting a culture of business continuity within the Trust.

Head of Emergency Preparedness Resilience & Response (HOEPRR)

The HOEPRR is responsible for overseeing the implementation of the Trust's business continuity management system, and for providing assurance of this system part of the EPRR core standards process. They will provide all necessary support and resources to the Business Continuity Manager, and will ensure that the Business Continuity Manager is delivering on the agreed work programme. The HOEPRR will follow the lead of the Accountable Emergency Officer in promoting a culture of business continuity within the Trust.

Business Continuity Manager

The Business Continuity Manager is responsible for the implementation of the Trust's business continuity management system. The Business Continuity Manager will provide advice and support to directors, managers and the Ambulance Service EPRR and BC Lead throughout the phases of the business continuity lifecycle. The Business Continuity Manager will ensure that a culture of business continuity awareness is embedded within the Trust. The Business Continuity Manager will act on behalf of the HOEPRR to devise, implement, exercise and review the business continuity management system, and provide assurance that the business continuity management system is implemented within the Trust.

Executive Directors / Directors

The executive directors / directors will take leadership of their business continuity arrangements and are responsible for ensuring that their departments comply with this policy. They will follow the lead of the Accountable Emergency Officer in promoting a culture of business continuity within the Trust.

Care Group / Departmental Managers

All managers will take ownership of their departmental business continuity arrangements and are responsible for ensuring that they regularly review, train and exercise their plans. Managers will engage with the Business Continuity Manager to improve organisational resilience. They will follow the lead of the Accountable Emergency Officer in promoting a culture of business continuity within the Trust. Managers will ensure that department business continuity leads are supported, and provided adequate time and resources to undertake the role.

All Employees

All employees of Isle of Wight NHS Trust are responsible for ensuring that they are aware of the business continuity arrangements and procedures relating to the activities they are regularly involved with. They will support and engage with the business continuity management process and actively promote a culture of business continuity with the Trust.

7 Policy Detail / Course of Action

The processes laid down in this section are to be followed to develop and approve Business Continuity Plans for individual service areas within the divisional care groups.

7.1 Departmental Business Continuity Arrangements

The Trust will ensure that business continuity arrangements are in place for all departments within a Division or care group, however it remains the responsibility of the department manager that plans are developed and approved, maintained and reviewed. The Business Continuity Manager will provide full guidance and support as required.

The Trusts business continuity plan template must be completed by the departments within the Division or care groups. The template will lead the plan owner in a step by step logical order through the process, including identification of critical business activities, a business impact analysis, (including maximum tolerable periods of disruption, recovery time objectives), resource requirements, strategies for restoration of critical business activities, roles and responsibilities and escalation processes.

Department business continuity arrangements (plans) must take into account key risks, including for staff shortage, loss of utilities, denial of access, loss of facilities, and IT systems / telecom outage.

Department managers should also consider other risks unique to their services and activities when developing their business continuity arrangements.

Departmental business continuity arrangements must cover all activities identified as critical to the Trust. The arrangements should however cover all activities undertaken by the department.

Completed business continuity arrangements (plans) should be forwarded to the Business Continuity Manager for review and assessment. Once reviewed and any necessary changes suggested, the plans should be signed off through the relevant departmental/divisional group process and made available in hard copies to all staff at all work locations.

Final plans must be sent to the Business Continuity Manager for publication on the Trust Intranet site.

A list of completed Business continuity plans will be reviewed by the Emergency Planning and Business Continuity Group who will maintain oversight and have the responsibility to ensure every department has one.

Departmental business continuity arrangements must be reviewed every twelve months or after significant organisational change.

7.2 Incident Management

Incidents resulting in a low level impact / disruption to normal service delivery should be managed locally within the affected department, by a team leader or manager. If additional support is required, the team leader or manager should contact their head of department. Most low level impact incidents will be managed using existing procedures and normal working practice.

Incidents resulting in a moderate level impact / disruption to normal service delivery should also be managed locally, but with an enhanced level of support from the senior managers within that department. Most moderate level impact incidents will be managed using existing procedures, but there is the potential to require changes in working practice.

Incidents resulting in a significant level impact / disruption to normal service delivery should be managed by the head of department (or other senior manager), and reported immediately to the Senior Manager on Call (SMOC) (on-call silver commander).

The SMOC will assess the incident and determine whether their involvement is required based on the Trust's Incident Response Plan.

Incidents resulting in severe or critical level impact / disruption to normal service delivery will require Trust-wide management at director level. The SMOC must be immediately notified of the incident, and will in turn notify the on-call executive director (EDOC) (gold commander), with escalation to a regional level if necessary.

7.3 Information Management and Technology Disaster Recovery Arrangements

The Trust's Information Management and Technology (IM&T) department will develop a disaster recovery plan, which will compliment departmental business continuity arrangements.

The IM&T disaster recovery plan will detail computer and communication systems that have been identified as critical. Each of these systems will be given a recovery time objective.

The results of the Business Impact Analysis will be used to support future versions of the IM&T disaster recovery plan, by indicating which services the Trust agrees are critical and how quickly these services need to be recovered.

IM&T are only responsible for their own business continuity arrangements, and for recovering systems in the event of a disruption or failure. Individual departments are required to make arrangements for how they will continue their services in the event of an IT systems failure.

7.4 Incident Logging and Document Management

All incidents resulting in an adverse impact to the Trust's services must be appropriately documented.

Managers responsible for maintaining or recovering a service during a disruptive event must ensure that their decisions are recorded.

All documents produced by the Trust related to business continuity management, and in particular those in relation to a disruptive event, must be marked 'OFFICIAL – SENSITIVE' and as such be stored, handled, and processed appropriately.

All documents relating to a business continuity incident / disruptive event must be submitted to the Business Continuity Manager / Emergency Planning department for audit and storage. These documents will be retained indefinitely.

Documents relating to business continuity management, and in particular those relating to a disruptive event, must not be released to any third party without consultation with the Trust's Accountable Emergency Officer and/or Information Governance Manager.

7.5 Stand Down

Stand down will be a co-ordinated approach when returning to "business as usual". This co-ordination will be carried out through (if activated) the Incident Control Centre or, during the recovery phase. This approach:

- Could be progressive and to predefined levels in response to a reduction in the impact of ongoing disruption
- Should take into account all related service areas and stakeholders and their ability to meet demands placed on them by a service area reinstating certain functions
- Should take into account the information provided in the completed situation report (as located in the BC Plan Template) to determine priorities, timescales, resources and staffing required to return to business as usual.

7.6 Reporting Service Disruption and Business Continuity Incidents

All incidents resulting in an adverse impact to the Trust's services must be reported as soon as reasonably practicable (no later than 24 hours after the onset of the incident) to the Business Continuity Manager or the Head of EPRR in the absence of the Business Continuity Manager.

The relevant senior manager(s) and director(s) for the affected service area(s) must also be notified of the incident.

The Business Continuity Manager, or the Head of EPRR in the absence of the Business Continuity Manager, will notify the Trust's Accountable Emergency Officer of the incident, and provide regular updates as required.

Any incident not resulting in an adverse impact to the Trust's services, but that is considered to be a 'near miss', must also be reported to the Business Continuity Manager. This must happen no later than 48 hours after the 'near miss' has occurred.

Managers must inform the Communications Department of all incidents, so that the media can be handled appropriately, in line with current Trust policy. The Trust should always aim to proactively, rather than reactively, engage with the media and the public regarding serious disruptions to service.

7.7 Investigation of Service Disruptions and Business Continuity Incidents

Any incident that adversely impacts on service delivery, no matter how minor, must be properly investigated.

A 'hot debrief' must be undertaken by the incident manager, or the Business Continuity Manager where appropriate, immediately after the resolution of the disruption. This applies to all incidents resulting in an adverse impact to the Trust's services.

All incidents that significantly impact on the Trust's services will require a formal debrief of those involved. This may be conducted by an appropriately qualified manager in the Emergency Planning department, or an external organisation may be contracted to provide this service.

The Business Continuity Manager, or the incident manager acting on their behalf, will investigate the cause of the service disruption, determine the level of impact, and review the actions taken to manage the disruption to assess and take corrective action if necessary to ensure continual improvement in the Business Continuity Management Systems.

All Trust employees are required to provide reasonable assistance to the Business Continuity Manager during the course of their investigation including, but not limited to, the timely release of information relating to the incident and the resulting business impact.

The information gathered during the investigation will be combined with the outcome of the incident debrief(s), and a report produced for the Trust's Accountable Emergency Officer. This report should include recommendations of where action could be taken to mitigate future disruptions and improve overall resilience.

The Accountable Emergency Officer, in conjunction with the Executive Directors and Trust Board where appropriate, will consider the incident report and determine any points which should be actioned to improve resilience.

8 Consultation

This policy has been consulted on via the Emergency Preparedness and Business Continuity Group, where all Clinical Business Unit emergency planning leads will be able to review and comment on behalf of their divisions.

In addition the CCG and University Hospital Southampton have been consulted on the original policy.

9 Training and Exercising

It is important that staff fully understand the need for Business Continuity Management, as well as their role in response to any invocation. To complement the arrangements defined in the Trust's EPRR Training and Exercising Policy the NHS Isle of Wight Trust:-

- Will develop and deliver an initial training programme which meets the needs of the Business Continuity Management members of staff with operational roles in our Business Continuity Plan
- Will make the Business Continuity Management Policy available to interested parties through the Trust's publications network
- Will make all Business Continuity Management Policies and Plans available on the intranet for all staff to view.
- Will ensure that the lessons learned from exercises are implemented throughout the organisation.

This Business Continuity Policy does not have a mandatory training requirement but the following non mandatory training is recommended:-

- Introduction to Business Continuity or
- Developing your Business Continuity Plan

10 Monitoring Compliance and Effectiveness

Monitoring of the programme will be via the Emergency Preparedness and Business Continuity Group, with overall responsibility held by the Accountable Emergency Officer.

Business continuity will be a standing item on the agenda of the above group, with an update report delivered by the business continuity lead.

Reviews and lessons learned from any incidents where Business Continuity Plans have been invoked will be monitored by the Emergency Preparedness and Business Continuity Group.

The Trust Risk Assessment Process will include reference to department Business Continuity Plans.

The table below outlines the policy compliance measures that will be monitored.

Compliance measure	Assessed by	Timescale
Business Impact Analysis to be completed for all service areas	Business Continuity Manager	Annual
Recovery time / point objectives set for all activities	Business Continuity Manager	Annual
Business continuity arrangements in place for all service areas	Business Continuity Manager	Annual
Hard copy business continuity plans accessible at all working locations	Business Continuity Manager	Annual
Departments are undertaking tests / exercises of their business continuity arrangements.	Business Continuity Manager	Annual
Reporting to executive board level via the Policy Management Sub Committee	Accountable Emergency Officer	Annual
Departments are reporting business continuity incidents / service disruptions	Business Continuity Manager	Six Monthly
Internal Audit of Business Continuity Arrangements aligning to the requirements under the Core Standards of Emergency Preparedness, Resilience and Response	Internal Audit – currently TIAA Ltd.	Bi – Annual or as required

11 Links to Other Organizational Documents

This policy should be read in conjunction with;

- ISO 22301:19 – Business Continuity Management System
- Civil Contingencies Act (2004)
- Risk Management Strategy and Policy
- Document Control Policy
- Risk Management Assessment Programme

12 References

- The Civil Contingencies Act 2004. London. The Stationary Office.
- The Business Continuity Institute Good Practice Guidelines (2018). The Business Continuity Institute.
- NHS Emergency Planning Guidance (2011). Department of Health.
- Expectations and Indicators of Good Practice. Cabinet Office (2013)

13 Appendices

Appendix A

AAU - Acute Assessment & Admissions Unit
Ambulance Service
Catering Department
Children's Ward
Community Services – (Community Nursing, Community Unit, Crisis Response, Integrated Discharge Team)
Coronary Care Unit and Step Down
Diagnostic Imaging
District Nursing
Emergency Department
Endoscopy
HSDU - Hospital Sterilisation & Disinfection Unit
IM&T - Information Management & Technology
Intensive Treatment Unit / High Dependency Unit
Maternity Department
Medical Wards
Mental Health & Learning Disabilities Services
Occupational Therapy
OPARU - Outpatients Appointments Records Unit
Outpatients Main and Other
PAAU - Pre Assessment & Admissions Unit
Pathology Department
Pharmacy Department
Physiotherapy
Renal Dialysis Unit
SCBU - Special Care Baby Unit
Surgical Wards
Switchboard
Theatres and Day Surgical Unit
Urgent Care

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Business Continuity Policy
-----------------------	-----------------------------------

Totals	WTE	Recurring £	Non Recurring £
Manpower Costs			
Training Staff			
Equipment & Provision of resources			

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			
Totals:			

Staff Training Impact	Recurring £	Non-Recurring £
Totals:		

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



Equality Impact Assessment (EIA) Screening Tool

Document Title:	Business Continuity Policy
Purpose of document	To outline the how the Trust will meet it's requirements under the Business Continuity section of the Civil contingencies Act
Target Audience	Trust Staff and Partner Agencies
Person or Committee undertaken the Equality Impact Assessment	Iain Lawrie

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	N	N	<i>The aim of this policy is to describe the statutory and mandatory preparedness work streams that the Trust will adhere to, to ensure the Trust can continue to deliver its critical services and respond to emergencies in the event of a disruption to its normal business processes. On this basis it is not considered that that the policy or activities arising from it will have any impact on this group within the protected characteristic of gender</i> Generic Policy with no impact
	Women	N	N	As above Generic Policy with no impact

Race	Asian or Asian British People	N	N	As above Generic Policy with no impact
	Black or Black British People	N	N	As above Generic Policy with no impact
	Chinese people	N	N	As above Generic Policy with no impact
	People of Mixed Race	N	N	As above Generic Policy with no impact
	White people (including Irish people)	N	N	As above Generic Policy with no impact
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	N	N	As above Generic Policy with no impact
Sexual Orientation	Transgender	N	N	As above Generic Policy with no impact
	Lesbian, Gay men and bisexual	N	N	As above Generic Policy with no impact
Age	Children	N	N	As above Generic Policy with no impact
	Older People (60+)	N	N	As above Generic Policy with no impact
	Younger People (17 to 25 yrs)	N	N	As above Generic Policy with no impact
Faith Group			N	N
Pregnancy & Maternity			N	N
Equal Opportunities and/or improved relations			N	N

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:		
	YES	NO
Legal (it is not discriminatory under anti-discriminatory law)		
Intended		

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	