

**Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2017-18**

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Documents published relating to our Equality Scheme can be found at:  
<http://www.hscbusiness.hscni.net/about/CorporateInformation.htm> and  
<http://www.hscbusiness.hscni.net/services/1788.htm>

**(ECNI Q28):**

Our Equality Scheme is due to be reviewed by April 2021.

**Signature:**

A handwritten signature in blue ink, appearing to be 'A. B.', is contained within a rectangular box.

**This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality, good relations and disability duties. This report reflects progress made between April 2017 and March 2018.**

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## Chapter 1: Summary Quantitative Report

(ECNI Q15,16,19)

### Screening, EQIAs and Consultation

1. Number of policies screened (as recorded in screening reports). (see also Chapter 6)	Screened in	Screened out with mitigation	Screened out without mitigation	Screening decision reviewed following concerns raised by consultees
	0	5	2	No concerns raised
2. Number of policies subjected to Equality Impact Assessment.	0			
3. Indicate the stage of progress of each EQIA.	Not applicable.			
4. Number of policy consultations conducted	1			
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)	1			

**(ECNI Q24)**

**Training**

**6. Staff training undertaken during 2017-18. (See also Chapter 2, Q6)**

<b>Course</b>	<b>No. of Staff Trained</b>	<b>No. of Board Members Trained</b>
Introduction to Equality and Human Rights	127	0
Screening Training	6	0
Equality Impact Assessment Training	1	0
Deaf Awareness Training	26	0
Equality Awareness Training	14	11
Cultural Awareness Training	22	0
Disability Placement Scheme Training	9	0
<b>Total</b>	<b>205</b>	<b>11</b>

**eLearning: Discovering Diversity**

	<b>No. of Staff Trained</b>
Module 1 to 4 – Diversity	45
Module 5 – Disability	32
Module 6 – Cultural Competencies	33

**eLearning: Making a Difference**

	<b>No. of Staff Trained</b>
Part 1 – All Staff	188
Part 2 – Line Managers	49

**(ECNI Q27)**  
**Complaints**

**7. Number of complaints in relation to the Equality Scheme received during 2017-18**

0

Please provide detail of any complaints:

**(ECNI Q7)**  
**Equality Action Plan (see also Chapter 3)**

**8. Within the 2017-18 reporting period, please indicate the number of:**

Actions completed: 3    Actions ongoing: 4    Actions to commence: 0

**(ECNI Part B Q1)**  
**Disability Action Plan (see also Chapter 4)**

**9. Within the 2017-18 reporting period, please indicate the number of:**

Actions completed: 4    Actions ongoing: 3    Actions to commence: 0

## Chapter 2: Section 75 Progress Report

(ECNI Q1,3,3a,3b,23)

1. **In 2017-18, please provide examples of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.**

Table 1 below outlines examples of progress in the last year to better promote equality of opportunity and good relations<sup>1</sup>. Work conducted by the BSO can be grouped into three main themes: facilitating improvements in access to HSC services; supporting the development of new tailored services, and; new staff policies and developments.

The majority of the actions reported in the table below underpin **improvements in access to HSC services** for Section 75 groupings. For example, Information Technology Services (ITS) work will enable other HSC service providers to improve transgender individuals' access to specific clinical services under their affirmed gender identity; and the work undertaken by the Regional Interpreting Service for different ethnic minorities (and specific genders within these) will facilitate individuals' access to HSC services.

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<sup>1</sup> This includes as a result of

- screening / Equality Impact Assessments (EQIAs)
- monitoring
- staff training
- engagement and consultation
- improvements in access to information and services
- implementation of Equality and Disability Action Plans.

There are also examples of **supporting the development of new tailored services** designed to meet particular needs, such as the GEMS (Empowering Mothers through Mobile Technologies) project which aims to improve the health of pregnant women with gestational, Type 1 and Type 2 diabetes. This is currently being supported by the Small Business Research Initiative (SBRI).

A number of actions can be grouped under the theme **new staff policies and developments**. Examples of this include the new Family Pack and the Partial Retirement Policy, developed by Human Resources, which specifically benefit employees with dependents and those approaching retirement age respectively. This is also demonstrated through work by Pensions to improve the take up of the HSC Pension Scheme by overseas workers.

In most cases, it is not possible to ascribe developments to one single factor of Equality Scheme implementation. New initiatives, such as the Gender Identity Employment Policy for instance, are not necessarily an outcome of any equality screenings or Equality Impacts Assessments.

As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation. From this point of view, staff training and engagement and consultation are arguably the most important factors.

Changes resulting directly from equality screenings are reported in Chapter 7, the mitigation report. Those due to the implementation of Equality and Disability Action Plans are reported in Chapters 3 and 4.



**Table 1: New developments or changes and impact of these for the nine equality categories**

	Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made for specific equality groupings.
<b>Persons of different religious belief</b>	
<b>Persons of different political opinion</b>	
<b>Persons of different racial groups</b>	<p><b>Pensions Service</b> Work has commenced with the Royal College of Nurses to provide an information session to overseas recruits from Philippines on the Health and Social Care (HSC) Pension Scheme and its benefits. Dates of sessions have not yet been finalised.</p> <p><b>NIHSC Regional Interpreting Service (RIS)</b> Arrival of the Syrian Refugee Groups to Northern Ireland under the Vulnerable Person Resettlement (VPR) programme has led to an increase in requests for Arabic Interpreters. RIS registered 12 new Interpreters in July/August 2017 to meet service demand including 6 Arabic; 2 Romanian; 1 Latvian; 1 Bulgarian; 1</p>

	<p><b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made for specific equality groupings.</b></p>
	<p>Russian; and 1 Slovak.</p> <p><b>Procurement and Logistics (PALS)</b>  PaLS Staff who have direct contact with the general public through the counter and telephone services offered to clients and their carers, undertook Cultural Awareness training. The training was delivered by Belfast Roundtable. This has given staff the necessary knowledge and skills to enable them to respond to the increasing number of customers from different racial groups. This has led to an enhanced service experience to such groups.</p>
<p><b>Persons of different age</b></p>	<p><b>Clinical Education Centre (CEC)</b>  CEC developed a central list of relevant awareness days with a view to promoting a number of these throughout the year via the CEC website, social media and classroom notice boards. One of these included Older People’s Day (Oct 2017).</p> <p><b>Small Business Research Initiative</b>  Women of child-bearing age and infants may be positively affected by the Gestational, Type 1 and Type 2 Diabetes Empowering Mothers through Mobile Technologies project (GEMS). This project aims to improve the health of women with gestational diabetes, enable diabetic pregnant women to take better control of their health, increase the effectiveness of interventions, reduce pressure on health care services, (maternity, neonatal and endocrinology services), support an on-going care programme and improve the</p>

	<b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made for specific equality groupings.</b>
	<p>lives, wellbeing and outcomes for maternal and infant health.</p> <p><b>Human Resources</b>  Partial retirement policy has been developed to allow people approaching retirement age to adapt to retirement and reflects some of the challenges faced by people approaching retirement age.</p>
<b>Persons with different marital status</b>	<p><b>Counter Fraud and Probity</b>  In order to reflect the various domestic circumstances of people we have broadened the documentation we accept as evidence that people are married/ in a civil partnership.</p>
<b>Persons of different sexual orientation</b>	
<b>Persons of different genders and gender</b>	<p><b>Information Technology Services (ITS)</b>  Initial work was carried out with the transgender community to input into the planned replacement of Health and Care Number (HCN) and National Health Application and Infrastructure Services (NHAIS) with a</p>

	<b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made for specific equality groupings.</b>
<b>identities</b>	<p>new digital identity service. This service will hold demographic reference information for all patients and clients using Health and Social Care (HSC) services. The new service will have to have the capability to meet legislative requirements in relation to gender. The initial work involved workshops to capture the requirements of the transgender community and the potential impact on the delivery of clinical services. The work will be used to inform Department of Health (DoH) policy on the recording of gender and also the requirement of the technical solution.</p> <p><b>NIHSC Regional Interpreting Service</b>  11 Female Interpreters registered in July/August 2017. This reflected a requirement for female interpreters due to the need for gender-specific services within different cultures and ethnic groups, or due to the nature or topic for which interpreting services were required. One male interpreter was registered in July 2017.</p> <p><b>Small Business Research Initiative</b>  Women of child-bearing age may be positively affected by the Gestational, Type 1 and Type 2 Diabetes Empowering Mothers through Mobile Technologies project (GEMS). As mentioned above, this project aims to improve the health of women with gestational diabetes, enable diabetic pregnant women to take better control of their health, increase the effectiveness of interventions, reduce pressure on health care services, (maternity, neonatal and endocrinology services), support an on-going care programme and improve the lives, wellbeing and outcomes for maternal and infant health.</p>

	<p><b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made for specific equality groupings.</b></p>
	<p><b>Equality Unit</b>            Gender Identity and Expression Employment Policy: Together with our HSC partners we reviewed the outcome of the consultation that we held on our draft policy. Taking all comments received into account, we finalised the policy and produced a consultation report. The policy was approved by our senior management team in October 2017. Both the policy and the consultation report can be accessed on our website  <a href="http://www.hscbusiness.hscni.net/pdf/BSO%20Gender%20Identity%20and%20Expression%20Employment%20Policy_October%202017.pdf">[http://www.hscbusiness.hscni.net/pdf/BSO%20Gender%20Identity%20and%20Expression%20Employment%20Policy_October%202017.pdf]</a>.</p> <p>By the end of March work was under way to establish a regional task and finish group to support the implementation of the policy, including through the development of checklists for staff and a training plan. The group involves senior staff from Human Resources and Equality.</p>
<p><b>Persons with and without a disability</b></p>	<p><b>Clinical Education Centre (CEC)</b>            CEC developed a central list of relevant awareness days with a view to promoting a number of these throughout the year via the CEC website, social media and classroom notice boards. These included Diabetes Awareness Day and World Aids Awareness Day.</p> <p><b>Small Business Research Initiative (SBRI)</b>            Persons with a disability caused by stroke may be positively affected by the Mobile Assistance for Groups &amp; Individuals within the Community – Post stroke rehabilitation (MAGIC) project. Co-funded through the</p>

	<b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made for specific equality groupings.</b>
	<p>European Commission’s Horizon 2020 programme, the MAGIC Consortium is led and co-ordinated by Business Services Organisation with partners from across the EU. MAGIC is focused upon creating innovative technology; transforming services for patients post stroke to improve physical function and personal independence. The programme aims to empower patients post-stroke, optimise recovery and facilitate new cost effective solutions.</p> <p>Also, the GEMS project outlined above aims to improve health outcomes for women with gestational diabetes, and Type 1 and Type 2 Diabetes.</p> <p><b>Procurement and Logistics (PALS)</b></p> <p>PALS Staff who have direct contact with the general public, through the counter and telephone services offered to clients and their carers, undertook Learning Disability training. The Tell it Like It Is training programme was funded by the Public Health Agency. This has given staff the necessary knowledge and skills to enable them to respond in an individual manner to all customers irrespective of whether they have or have not a disability. This has led to an enhanced service experience to such groups.</p>
<b>Persons with and without dependants</b>	<p><b>Leadership Centre</b></p> <p>The Leadership ship Centre has introduced a Co-Production Leadership Programme, with half of attendees comprising of HSC employees and the remainder made up of carers, patients, patient representatives. It aims to meet the requirements set out by the Department of Health (DoH) and the ‘Delivering Together’ report where the development of new HSC Services is subject to co-production.</p>

	<b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made for specific equality groupings.</b>
	<p><b>The Clinical Education Centre (CEC)</b>  A small number of programmes were scheduled for delivery on Saturdays to accommodate participants unable to attend mid-week due to caring responsibilities.</p> <p>A number of programmes were delivered in venues across NI to minimise impact on those attending. Reduction in travel time was thought to positively impact on those with dependants or caring responsibilities.</p> <p><b>Human Resources</b>  The new Family Pack policy includes policies that will directly impact on those with dependants, including maternity pay, paternity leave, adoption leave and parental leave. This suite of policies will benefit employees with dependent biological or non-biological children.</p> <p>The new Leave Pack includes a suite of policies which directly benefit employees with dependents and/ or caring responsibilities. These include Carer’s Leave, which covers illness of a child, close relative or partner (immediate family or dependants); a Flexible Working Policy, which includes part-time, and/or term-time working; an Employment Break Scheme job share, which allows the employee to take a period of unpaid leave knowing their job is available on their return to work. Flexi-time; compressed hours and personalised hours are also included.</p> <p><b>Equality Unit</b>  Carers in the Workplace: Along with our HSC partners, we asked Carers NI to meet with us to tell us more</p>

	<p><b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made for specific equality groupings.</b></p>
	<p>about their State of Caring 2017 Report and the types of support they can provide to employers, for example Employers for Carers. This will help inform work to progress the commitment in our new Equality Action Plan to put in place appropriate support measures for our staff who are carers during 2018-19.</p>

Moreover, we have been actively developing and promoting the collection of **Equality Monitoring Data**, with the aim of tracking the impact of policies on all nine groups. Facilitated by the BSO Procurement and Logistics Service, we took action to proactively promote equality of opportunity with regards to our contracts with **recruitment agencies**. Together with our HSC partners, we included in the most recent tender specific requirements for bidders to demonstrate how they promote equality with reference to: training their staff; gathering feedback from agency workers; their provisions on making reasonable adjustments for agency workers; and outreach work to attract a diverse range of agency workers. The tender specification also included requirements relating to the collection of equality monitoring data for all nine equality groupings and for auditing. This will enable us in future to monitor the diversity of agency workers placed with us and, where necessary, to engage with recruitment agencies in relation to measures to address under-representation and the user experience of specific equality groupings.

Similarly, we introduced equality monitoring forms for people who participate in our **Disability Placement Scheme**, capturing all nine equality groupings. This will enable us to see how diverse the group of people being placed with us are and where necessary work with the provider to take further outreach measures.



(ECNI Q4,5,6)

**2. During the 2017-18 reporting period**

**(a) were the Section 75 statutory duties integrated within...?**

	<b>Yes/No</b>	<b>Details</b>
Job descriptions	Yes	Since December 2017 Section 75 is mentioned in all new job descriptions. Further work in relation to the wording of the requirements is scheduled for 2018-19.
Performance objectives for staff	No	

**(b) were objectives and targets relating to Section 75 integrated into...?**

	<b>Yes/No</b>	<b>Details</b>
Corporate/strategic plans	No	
Annual business plans	Yes	<p>In the BSO Business Plan for 2017-18, a range of objectives directly related to promoting equality and good relations for Section 75 groups. These included, for example:</p> <ul style="list-style-type: none"><li>• plans for new Interpreting Service provision to Deaf and Hard of Hearing Community in line with Health and Social Care Board (HSCB) policies and direction</li><li>• continue to deliver the Disability Work Placement Scheme facilitated by BSO and HSCB on behalf of regional HSC organisations: evaluate operation of 2017/18 scheme and identify key learning points, and implement improvements for 2018/19 scheme.</li></ul>

(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2017-18 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Please see Table 2 below.

**Table 2**

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use?  AND  Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
Equality and Disability Action Plans 2018-2023	<input checked="" type="checkbox"/> Screening template <input type="checkbox"/> EQIA report <input type="checkbox"/> none	Representative groups in all nine equality groupings (all consultees on our Section 75 consultation list)	Written responses  Consultation events  One-to-one meetings	The café-style format of the consultation event proved very productive. It allowed both direct engagement on issues relating to the plans and building relationships between consultees and senior

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use?  AND  Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
			Roughly equal number received from written responses and comments at consultation event	managers in the organisation.

(ECNI Q21, 26)

**4. In analysing monitoring information gathered, was any action taken to change/review any policies?**

Yes - please see Table 3 below for further information.

**Table 3**

<b>Service or Policy</b>	<b>What equality monitoring information did you collect and analyse?</b>	<b>What action did you take as a result of this analysis?</b>  <b>AND</b>  <b>Did you make any changes to the service or policy as a result?</b>	<b>What difference did this make for Section 75 groups?</b>
<p><b>Counter Fraud and Probity</b></p> <p>HSC-R2 Registration Form</p> <p>(The HSC-R2 form is for visitors to Northern Ireland who are not currently registered with a GP in Great Britain or</p>	<p>Review of NIHE Equality Unit Report on Black and Minority Ethnic and Migrant Worker Mapping Update – July 2015 Black and Ethnic Minorities</p> <p>Equality monitoring data (i.e. age, ethnicity, geographical area and disability) from a pilot project investigating use of HSC services by patients with an</p>	<p>Attended meetings with BSO Information Technology Demographics Unit.</p> <p>Review of data showed the spread of potential service users across different equality groupings. Subsequently, the form will be available in 11 different</p>	<p>This will directly benefit different ethnic groups with different language needs, as well as individuals with learning difficulties and visual/ sensory impairments.</p>

<b>Service or Policy</b>	<b>What equality monitoring information did you collect and analyse?</b>	<b>What action did you take as a result of this analysis?</b>  <b>AND</b>  <b>Did you make any changes to the service or policy as a result?</b>	<b>What difference did this make for Section 75 groups?</b>
Northern Ireland.)	address outside of Northern Ireland (i.e. Project 404).	languages, and will be available in an easy-read format for those with learning difficulties and visual/ sensory impairments.  Individuals can contact their GP practice or the BSO who will help them complete the form if they are having any difficulties.	
<b>Information Technology Services (ITS)</b>  HCN/NHAIS	Initial work involved workshops to capture the requirements of transgender individuals and the potential impact on the delivery	Data gathered during the workshops will be passed to Department of Health to inform policy and potential legislative change	Transgender individuals' requirements and needs will be taken into account when planning and rolling out the new services.

<b>Service or Policy</b>	<b>What equality monitoring information did you collect and analyse?</b>	<b>What action did you take as a result of this analysis?</b>  <b>AND</b>  <b>Did you make any changes to the service or policy as a result?</b>	<b>What difference did this make for Section 75 groups?</b>
<p>replacement</p> <p>(This refers to the new digital identity service that will hold demographic reference information for all clients using HSC services.)</p>	<p>of clinical services.</p> <p>Data was gathered as part of these workshops.</p>		
<p><b>Human Resources (HR)</b></p> <p>Attendance at Work (2016-17)</p>	<p>Baseline and monitoring equality data collected and analysed.</p>		

(ECNI Q22)

5. Please provide any details or examples of where the monitoring of policies, during the 2017-18 reporting period, has shown changes to differential/adverse impacts previously assessed:

None.

**Table 4**

<b>Policy previously screened or EQIAed</b>	<b>Did you gather and analyse any equality monitoring information during 2017-18?  (Please tick)</b>	<b>What were the adverse impacts at the point of screening or EQIA?</b>	<b>What changes to these occurred in 2017-18, as indicated by the equality monitoring data you gathered?</b>

## (ECNI Q25)

**6. Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:**

### **Equality Impact Assessment (EQIA) Training evaluation**

The BSO Equality Unit for staff coordinates and delivers joint Section 75 training programme across all 11 partner organisations, including the BSO itself. As the numbers of participants who participate in the EQIA training each year from each organisation are small (e.g. the BSO had one individual who completed EQIA training in 2017-18), the following statistics relate to all participants from all partner organisations who completed the EQIA Training during the year.

Following the training, participants were asked: “Overall how well do you think you have achieved the following learning outcomes?” The majority of participants felt that each of the four learning outcomes were achieved either ‘Very well’ or ‘Well’:

1. To demonstrate an understanding of what the law says on EQIAs **100%**;
2. To demonstrate an understanding of the EQIA process **100%**;
3. To demonstrate an understanding of the benefits of EQIAs **83%**;
4. To develop skills in practically carrying out EQIAs **83%**.

### **Screening Training evaluation**

Each participant is asked to complete a short evaluation form when their Screening Training is completed. In 2017-18, the majority of participants felt the aims of the training were achieved either ‘Very Well’ or ‘Well’. These four aims focused on improving participants’ understanding and skills in equality screening. These are listed below, alongside the proportion of participants who felt each aim was met ‘Very Well’ or ‘Well’.



1. To develop an understanding of the statutory requirements for screening: **95%**;
2. To develop an understanding of the benefits of screening: **100%**;
3. To develop an understanding of the screening process: **95%**;
4. To develop skills in practically carrying out screening: **90%**.

When asked, “How valuable was the course to you personally?” the majority of participants (**95%**) felt the course was either ‘Extremely Valuable’ or ‘Valuable’.

### **Making A Difference training**

This year also saw the launch of a new e-Learning resource on equality awareness, which now forms part of mandatory training for all staff in our organisation.

The resource, called ‘Making A Difference’, was developed along with HSC regional equality colleagues, led by the Belfast HSC Trust. The aim of ‘Making A Difference’ is to show how staff can make a difference to the culture of their organisation by:

- Promoting positive attitudes to diversity
- Ensuring everyone is treated with respect and dignity
- Behaving in a way that is in keeping with HSC values and equality and human rights law.

**(ECNI Q29)**

**7. Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period?**

In the next reporting period (2018-19), we anticipate the three following areas will be focused upon:

1. Increasing numbers of equality screenings and their timely publication for each of the service areas within the BSO;
2. Engagement with staff and Section 75 groups as part of screening procedures;
3. Collection, review/analysis and use of equality information;
4. Staff training.

## **Appendix – Further Explanatory Notes**

### **1 Consultation and Engagement**

(ECNI Q10)

**Targeting** – During the year, where relevant, we took a targeted approach to consultation in addition to issuing an initial notification of consultation. Moreover, we engaged with targeted groups as part of our work preceding formal consultations, as for instance, in the case of the Gender Identity and Expression Employment Policy. This is to inform our consultation documents.

(ECNI Q13)

**Awareness raising for consultees on Equality Scheme commitments** – During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication. In any EQIA reports we explained our commitments relating to Equality Impact Assessments. We did the same when we held consultation events, such as in relation to our Equality Action Plan, and in the action plan document itself.

(ECNI Q14)

**Consultation list** – During the year, we reviewed our consultation list every quarter.

### **2 Audit of Information Systems**

(ECNI Q20)

We completed an audit of information systems at an early stage of our Equality Scheme implementation, in line with our Scheme commitments.