



# Business Services Organisation

## Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2016-17

### Contact:

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<ul style="list-style-type: none"><li>Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan</li></ul>	As above <input checked="" type="checkbox"/>

Documents published relating to our Equality Scheme can be found at:

<http://www.hscbusiness.hscni.net/services/1788.htm> and  
<http://www.hscbusiness.hscni.net/about/CorporateInformation.htm>

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### Signature:

**This report has been prepared using a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans. This report reflects progress made between April 2016 and March 2017**

PART A

Appendix 1: Equality Action Plan Progress Report 2016-17

Appendix 2: Screening Report 2016-17

Appendix 3: Mitigation Report 2016-17

Appendix 4: Equality Action Plan 2013-18 - updated July 2017

Appendix 5: Disability Action Plan Progress Report 2016-17

Appendix 6: Disability Action Plan 2013-18 - updated June 2017

## **PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme**

### **Section 1: Equality and good relations outcomes, impacts and good practice**

- 1** In 2016-17, 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.]

Please see Table 1 below.

**Table 1:**

	<b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made.</b>
Persons of different religious belief	
Persons of different political opinion	
Persons of different racial groups	<p><b>Clinical Education Centre</b></p> <p>We commenced delivery of the International Nurses Programme. Students from Italy, Romania and Philippines. The course delivery was tailored to meet their needs. Evaluations and experiences were shared amongst teaching staff in order to enhance delivery.</p> <p><b>Family Practitioner Services</b></p> <p>The BSO Family Practitioner Services have played an important role in the registration of Syrian families in Northern Ireland.</p> <p>The team received a list of the Syrian families prior to their arrival in Northern Ireland requesting each patient to be allocated a GP Practice. The information required included all the family member details, confirmation of their travel and then addresses allocated as to where the families are to reside at.</p>

On receipt of this list, the team selected a GP practice as close as possible to the address the families are to reside at. To ensure an even distribution, the team firstly needed to consider if the GP practice has already been previously assigned a Syrian refugee family. The team also ensured that there is a female GP at the practice when there are female patients within the Syrian family units. Once a GP practice had been selected, the patient details required for registration purpose were sent to the selected GP Practice via email. The practices were advised to add each family member to their practice list via the GP Links system as a matter of urgency.

The team ensured that the registrations are approved on to the GP practice list prior to the arrival of the refugee families to Northern Ireland.

All the medical cards for these families were collated and passed directly to a Community Development Officer based at Knockbracken Health Care. Their medical cards and the details of their GP Practice were then available to the families as part of their welcome package at the time of their arrival to the welcome centres in Northern Ireland.

### **Shared Services – Regional Interpreting Service (RIS)**

The arrival of the Syrian Refugee Groups to Northern Ireland under the VPR (vulnerable person resettlement) programme has led to an increase in requests for Arabic Interpreters. RIS registered 18 new Interpreters in October 2016 to meet service demand:

- 7 Arabic
- 4 Romanian
- 3 Czech

	<ul style="list-style-type: none"> <li>• 1 Bulgarian</li> <li>• 1 Cantonese</li> <li>• 1 Lithuanian</li> <li>• 1 Tetum.</li> </ul> <p><b>Counter Fraud and Probity Services</b></p> <p>As our policies are broad ranging in their target grouping, i.e. EEA &amp; Non-EEA citizens, we ensure that the same threshold of evidence is required from all applicants for healthcare in NI regardless of country of origin or racial background. This applies to our existing NHS-Eligibility screening process and newly introduced HSC-R1 GP Registration Form.</p>
<p>Persons of different age</p>	<p><b>Directorate of Legal Services</b></p> <p>We routinely carry out training throughout the year for social services practitioners, with a particular emphasis on the human rights of service users. Training has been provided to social workers working in family and child care and working with vulnerable adults; such training has focused on Article 8 Rights (right to family and private life). The training has also focused on deprivation of liberty safeguards, following the Cheshire West Judgment of the Supreme Court in March 2014.</p> <p><b>Procurement and Logistics Service</b></p> <p>Working with the Western HSC Trust we have extended our Community Equipment and Continence Service throughout the Western Trust area. As a result those patients and clients affected now receive deliveries of products</p>

	<p>direct to their homes rather than queuing to collect them from Trust premises or lock-up facilities across the Trust area. Many – though not all – patients and clients are amongst older age groups.</p> <p><b>Information Technology Services</b></p> <p>GP to GP initiative – the ITS General Medical Services Team are working with the Public Health Agency to progress and deliver this initiative – resulting in improved speed and accuracy of transfer of patient records if they change GP. While recognising that all patients will benefit, this work may produce positive impacts in particular for older people as they move between care settings.</p> <p><b>Clinical Education Centre</b></p> <p>Text messaging service is being explored and will hopefully be implemented in 2017 to provide another method of contact for staff who may not have personal email addresses.</p> <p><b>Human Resources - Health and Wellbeing work</b></p> <p>We delivered a number of sessions to staff on how to manage different aspects of mental health to include juggling worklife balance, Caring for the Carer as well as Mindfulness and Personal Resilience. While these sessions are open to all staff arguably those of middle age may draw particular benefits given that the majority of ‘sandwich’ carers belong to the category of 40-54 year olds.</p>
<p>Persons with different marital status</p>	<p><b>Pensions Service</b></p>

	<p>Processes and scheme forms for payment of partners pension following death were amended, after Supreme Court decision which found that a requirement in regulations for a nomination to be made by a member be disappplied.</p> <p><b>Counter Fraud and Probity Services</b></p> <p>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. Newly accepted proofs include legal marriage/civil partnership documentation, spousal Visas and supporting documents in the name of the husband/wife, Joint Bank Accounts etc.</p>
Persons of different sexual orientation	<p><b>Clinical Education Centre</b></p> <p>82% of CEC administrative staff have successfully completed the Lesbian, Gay, Bisexual and Transgender (LGB&amp;T) - Creating Inclusive Workplaces e-learning module over the past 12 months. All staff are encouraged to complete.</p>
Persons of different genders and gender identities	<p><b>Shared Services – Regional Interpreting Service (RIS)</b></p> <p>The RIS registered 9 female interpreters in October 2016 to meet specific requirement for female Interpreters in line with cultural aspects and the nature of the appointment e.g. in Maternity. Equally, the service registered 9 male interpreters in October 2016.</p> <p><b>Corporate Services</b></p>



Corporate Services undertook a project to introduce unisex toilets within its HQs. This was to promote inclusivity of transgendered persons, to ensure that persons of all gender felt safe and secure in the knowledge that the BSO as an employer respects the rights and freedoms of all persons, and to break down social barriers. The BSO believes that any requirement for people "to appear to be of a particular sex to use a particular facility" could be seen to indirectly discriminate against a transgendered male or female.

### **Counter Fraud and Probity Services**

We have discussed with colleagues in the Family Practitioner Services Registration team the importance of ensuring that someone who has transitioned from one gender to another must be clearly identifiable by their Health and Care Number rather than any forename, this reduces any chance of a person's details not being found and also reduces the need for a "new" H&C Number being issued. This ensures that once a person has transitioned and has adopted a new gender specific title that all of their previous medical history and records are easily accessed and catalogued against their updated name/details as previously this had resulted in duplication of records. As data Guardians under the Data Protection Act, BSO maintain and protect all records through clearly defined processes, and as such do not reveal individual personal information to any third-parties or members of the public, in-keeping with our obligations under the DPA.

### **Human Resources**

Discussions have taken place with HSC organisations around agreeing a regional approach to a domestic violence policy relating to staff. While it is

	<p>recognised that both men and women may be victims and perpetrators of domestic violence, the majority of victims are women.</p>
<p>Persons with and without a disability</p>	<p><b>Clinical Education Centre</b></p> <p>A 3D Web accessibility self-assessment was carried out on the CEC website. No major issues were identified.</p> <p>The wording was changed on the online website application form from          “Do you have a disability?” Yes/No          To          “Do you need any adjustments to assist your learning experience?” Yes/No          “Please tell us the nature of your disability and the adjustments required.”</p> <p>We updated our standard email to participants regarding accessing course materials and amended it to state “If you experience difficulties in viewing smaller fonts, please don’t hesitate to contact us”.</p> <p>In Fern House a works request has been submitted to upgrade the fire exits for wheelchair users following a recent evacuation.</p> <p><b>Reasonable adjustments to programme delivery in past 12 months:</b></p> <p>We provided support to a participant with Dyslexia during a programme assessment. The questions were read aloud including multiple choice answers so the participant could mark his answers. All other test conditions were the same (timeframe etc.).</p>

We provided a loop system for a lady that identified she had hearing difficulties at a recent BLS course.

On request, a more supportive chair was provided to participants who required lumbar support.

On request, course materials have been provided in a larger font and where appropriate in a different background to accommodate the needs of participants with visual impairment/ dyslexia. A template has been created for PowerPoint presentations that are helpful for participants with visual impairment.

### **Directorate of Legal Services**

The Directorate has provided training on mental health law to Approved Social Workers and psychiatrists which includes Article 5 (of the ECHR) issues.

### **Procurement and Logistics Service**

Working with the Western HSC Trust we have extended our Community Equipment and Continence Service throughout the Western Trust area. As a result those patients and clients affected now receive deliveries of products direct to their homes rather than queuing to collect them from Trust premises or lock-up facilities across the Trust area.

### **HSC Leadership Centre**

The Leadership Centre has upgraded the advertisement material and booking process of its facilities. These provisions now require more detailed information on disability requirements to improve the on-site experience for clients with

disability. These upgrades have also included new signage to assist those with visual impairment.

The Leadership Centre IT staff ran 2 programmes for HSC staff with hearing impairments, working with a sign language interpreter.

### **Counter Fraud and Probity Services**

All forms and publications issued by Counter Fraud and Probity Services offer alternative formats such as braille, large print and telephone number so that persons with a disability will not have any disproportionate difficulty in accessing and completing forms and policies.

### **Information Technology Services**

Work commenced on a Patient Portal for Patients with Dementia - Northern Ireland Assembly: Ministerial Statements: Health and Wellbeing 2026: Delivering Together (25 Oct 2016) - expect to have a patient portal in place for dementia patients in 2017; the ITS teams are working with the Public Health Agency (PHA) to deliver this.

### **Human Resources**

We worked with the Northern Ireland Recovery Colleges to reserve a place on the annual HSC Intern Scheme for a person who has experienced mental ill-health in the past.

<p>Persons with and without dependants</p>	<p><b>Human Resources – Health and Wellbeing Work</b></p> <p>We delivered a number of sessions to staff on how to manage different aspects of mental health to include juggling worklife balance, Caring for the Carer as well as Mindfulness and Personal Resilience. We recognise that mental health is the biggest cause of absence in the workplace and we are working with our employee assistance providers to provide as much assistance to staff to support as well as promote mental health.</p> <p><b>HSC Leadership Centre</b></p> <p>The Leadership Centre have made the site available in evenings to facilitate the attendance of people with caring responsibilities.</p> <p><b>Clinical Education Centre</b></p> <p>CEC have responded to requests, as far as possible, in relation to work-base location for staff members.</p>
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## **Tapestry Disability Staff Network**

After its launch last year, Tapestry – our Disability Staff Network, jointly with the other regional HSC organisations – took off in 2016-17. The network, which meets quarterly and is supported by the BSO Equality Unit, developed its first action plan. During the year, the network undertook a range of actions under three themes:

- (i) raising awareness of the network
- (ii) raising awareness of disabilities, and
- (iii) becoming an employer of choice.

These included, for example:

- a Chief Executive Statement to make it clear that the organisation supports the disability staff network and that staff who want to get involved in the network can do so in their work time
- a series of coffee mornings to engage with staff
- an article by the Chair of Tapestry providing an account of her story of living with a disability – as a role model to encourage others in the organisation to disclose to their employer that they have a disability
- two staff awareness days on cancer and on arthritis and musculoskeletal conditions held in January and March 2017 (see below)
- a lunch & learn session for line managers on reasonable adjustments (with presentations to provide a legal perspective outlining requirements and risks; a line manager perspective; and a staff member perspective);
- a staff survey on what makes an employer an employer of choice for people with a disability or those who care for someone with a disability.

## **Disability Work Placements**

Together with the HSC Board, and Supported Employment Solutions (SES), we continue to run the Disability Work Placement scheme, now in its third year. We held an induction event bringing

together participants of the scheme, their placement managers and their employment support officers at the end of November 2016. Nine individuals started their placement in the BSO in December 2016. Their 26-week placement will finish at the end of May 2017. During the last two months of their placement, participants will become eligible to apply for internal posts in the participating organisations. To enhance their employability, we delivered two half-day training sessions to participants and their employment support officers on 'How to Get that Job in Health and Social Care' in March 2017.

### **Gender Identity Employment Policy**

Taking into account what individuals and groups from the gender identity sector told us when we had engaged with them last year, we finalised a first draft of an employment policy relating to gender identity and expression. We consulted on the draft policy and its equality screening, together with our partners across the whole of Health and Social Care (HSC), between January and March 2017.

### **eLearning**

The BSO Equality Unit have worked together with the HSC Trusts on developing a new eLearning module on equality, good relations and human rights. The module comprises two parts: the first part is an introduction to equality, good relations and human rights for all staff; the additional second part is for line managers only. The module involves the learner working through a range of practical scenarios, in relation to both employment and service provision.

### **Disability Awareness Days**

We held two Disability Awareness Days this year across a number of locations.

We featured Cancer Awareness Day on 27<sup>th</sup> January. We had speakers and stalls over several sites which included presentations from Dr Miriam McCarthy PHA Consultant, who spoke about Cancer Awareness in Northern Ireland. Naomi McKay, Project Manager for Macmillan Work Support and Vocational Rehabilitation Project,

likewise shared information about the work undertaken. Cancer Focus were also in attendance across locations to provide information and answer questions.

Arthritis and Musculoskeletal Awareness Day was hosted on 29<sup>th</sup> March and was also held across a range of locations.

Physiotherapist Mark McCulloch presented on lower back pain in Belfast. Arthritis Care representatives attended several sites with information stands and leaflets.

On both days, we used technology to allow staff from other office locations to link in remotely and participate in the discussion.

### **Deaf Awareness Training**

Deaf Awareness Training took place on the 28<sup>th</sup> March 2017. We commissioned John Carberry MBE to deliver the training and the focus and aim was:

- to create an awareness and understanding of the communication needs of Deaf and Hard of Hearing People
- to create an awareness and understanding of the culture of Deaf people and their language
- to create an awareness and understanding of the different methods of communication used by Deaf and Hard of Hearing people
- to enable participants to become aware of the need to acquire a basic ability to communicate with Deaf and Hard of Hearing people.

### **Good Relations Training**

We also commissioned training relating to good relations. The training was delivered in a half-day session by Denise Wright from South Belfast Roundtable on 25<sup>th</sup> January and focused on cultural awareness. The training comprised:

- Migration Awareness
- Introduction to Asylum and Refugee issues in UK and NI



- Cultural Awareness.

### **Bulletins, newsletter, senior briefings, intranet and email**

We provided our staff with information in the form of emails and features on our intranet. These focused on the following:

- Tapestry Disability Staff Network – general information
- Tapestry Disability Staff Network – coffee mornings summary and feedback
- Tapestry Disability Staff Network – Employer of Choice survey and results
- Disability Awareness Days – trawl for volunteers
- Cancer Awareness Day Information & Feature
- Arthritis and Musculoskeletal Conditions Awareness Day Information & Feature

In addition, a number of senior briefings were provided on the following issues:

- Staff Monitoring
- Disability Work Placements – 2015-16 evaluation and lessons learned
- Disability Work Placements – call for 2016-17 placement offers
- Equality Screening of Technical Policies
- Cultural Awareness Training
- Tapestry Disability Staff Network – trawl for role models
- Equality Commission Review of Action Plans
- Draft Gender Identity and Expression Employment Policy.

- 2** Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2016-17 (*or append the plan with progress/examples identified*).

Please see Appendix 1: Equality Action Plan Progress Report 2016-17

- 3** Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2016-17 reporting period? (*tick one box only*)

**Yes**       **No** (go to Q.4)       **Not applicable** (go to Q.4)

Please provide any details and examples:

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2016-17 and Mitigation

- 3a** With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2016-17 and Mitigation

- 3b** What aspect of the Equality Scheme prompted or led to the change(s)? (*tick all that apply*)

**As a result of the organisation's screening of a policy** (*please give details*):

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2016-17 and Mitigation.

As a result of what was identified through the EQIA and consultation exercise (*please give details*):

- As a result of analysis from monitoring the impact (*please give details*):**

Please see Table 3 under Question 21.

- As a result of changes to access to information and services (*please specify and give details*):
- Other (*please specify and give details*):

## **Section 2: Progress on Equality Scheme commitments and action plans/measures**

### **Arrangements for assessing compliance (Model Equality Scheme Chapter 2)**

- 4** Were the Section 75 statutory duties integrated within job descriptions during the 2016-17 reporting period? (*tick one box only*)

- Yes, organisation wide
- Yes, some departments/jobs**
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done
- Not applicable

**Please provide any details and examples:**

For new posts that have gone through the job evaluation process a wording is included in job descriptions relating to assisting the organisation to fulfil its statutory duties under Section 75 of the Northern Ireland Act 1998, the Human Rights Act 1998, and other equality legislation. The development of a template for all job descriptions is scheduled for 2017-18.

- 5** Were the Section 75 statutory duties integrated within performance plans during the 2016-17 reporting period? (*tick one box only*)

- Yes, organisation wide
- Yes, some departments/jobs
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done
- Not applicable**

**6** In the 2016-17 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

- Yes, through the work to prepare or develop the new corporate plan
- Yes, through organisation wide annual business planning
- Yes, in some departments/jobs
- No, these are already mainstreamed through the organisation's ongoing corporate plan
- No, the organisation's planning cycle does not coincide with this 2016-17 report
- Not applicable

**Please provide any details and examples:**

The BSO's annual business plan 2016-17 did not contain any objectives/ targets/ performance measures relating to the Section 75 statutory duties.

### **Equality action plans/measures**

**7** Within the 2016-17 reporting period, please indicate the **number of:**

Actions completed:  Actions ongoing:  Actions to commence:

Please provide any details and examples (*in addition to question 2*):

Please see Appendix 1: Equality Action Plan Progress Report 2016-17

**8** Please give details of changes or amendments made to the equality action plan/measures during the 2016-17 reporting period (*points not identified in an appended plan*):

Please see Appendix 4: Updated Equality Action Plan 2017-18.

**9** In reviewing progress on the equality action plan/action measures during the 2016-17 reporting period, the following have been identified: (*tick all that apply*)

- Continuing action(s), to progress the next stage addressing the known inequality**
- Action(s) to address the known inequality in a different way
- Action(s) to address newly identified inequalities/recently prioritised inequalities
- Measures to address a prioritised inequality have been completed**

**Arrangements for consulting (Model Equality Scheme Chapter 3)**

**10** Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: (*tick one box only*)

- All the time       Sometimes       Never

Where relevant we tend to engage with targeted groups as part of our work preceding formal consultation. This is to inform our consultation documents. This was the case, for instance, with the Gender Identity and Expression Employment Policy.

- 11** Please provide any **details and examples of good practice** in consultation during the 2016-17 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. Please note that some of the examples refer to engagement during the development of the policy. Public formal consultation was only undertaken on the Gender Identity and Expression Employment Policy.

**Table 2**

<b>Policy consulted on</b>	<b>What equality document did you issue alongside the policy consultation document? (screening template/EQIA report/none)</b>	<b>What consultation methods did you use?</b>	<b>Which of the methods you used drew the greatest number of responses from consultees?</b>	<b>If consultees raised concerns, did you review your initial screening decision?</b>	<b>Do you have any comments on your experience of this consultation?</b>
Gender Identity and Expression Employment Policy	Screening template	Invited written comments  Offered one to one meetings  During round of engagement prior to consultation roundtables were held with individuals and groups from the sector and	All comments received were in writing  Roundtables prior to consultation were invaluable in informing the development of the policy	No specific concerns raised or data presented to change screening decision (screened out with mitigation).	On gender identity matters it is indispensable to reach out widely in order to hear a range of voices, experiences and needs.

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		offered to trade union representatives			
<p><b>Procurement and Logistics Service</b> Relocation of Staff from premises on RVH site to College St., Belfast.</p>	none	<p>Face to Face – group meetings</p> <p>One to One – as part of the screening process.</p> <p>Written communication to staff and staff-side representatives.</p>	<p>One to One meetings where staff could express their concerns about the move and any impact they might experience.</p>	<p>Yes, however those concerns did not merit revisiting the screening decision. We did make arrangements with BHSCT that allayed a number of the concerns.</p>	<p>The consultation provided an opportunity to engage those affected by the change directly and understand the impact and how we might mitigate that.</p>



## PART A

<b>Counter Fraud and Probity Services</b> HSC-R1 Registration Form	none	Email  Face-to-face (GP Practice visits, Practice Based Learning Events, BSO FPS staff members)	Face-to-face (GP Practice visits & Practice Based Learning Events)	No	Worthwhile exercise, allowed target audience to voice concerns in relation to make up and implementation of registration process.
Access to Healthcare Entitlement Leaflet	none	Face to Face (staff members, range of staff including member with visual impairment who advised on implementing easy read and See it Right guidance)	Face to Face	No	Very helpful and provided a useful alternative perspective on issuing publications.  Led to requisite amendments to same, altered text, colour, font etc. to make it

PART A

					more accessible.
NHS-Eligibility Screening	none		Consultation with GP Surgeries and members of the public	No	No

**12** In the 2016-17 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- Face to face meetings**
- Focus groups
- Written documents with the opportunity to comment in writing**
- Questionnaires
- Information/notification by email with an opportunity to opt in/out of the consultation**
- Internet discussions
- Telephone consultations
- Other *(please specify)*:

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

Please see Table 2 under Question 11 above. Please note that only one of these was a formal public consultation. The others relate to engagement exercises.

**13** Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2016-17 reporting period? *(tick one box only)*

- Yes**       No       Not applicable

Please provide any details and examples:

In our quarterly screening reports we raise awareness as to our commitments relating to equality screenings and their publication.

**14** Was the consultation list reviewed during the 2016-17 reporting period? *(tick one box only)*

- Yes**       No       Not applicable – no commitment to review

**Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)**

All BSO equality and human rights screenings can be viewed on our website: <http://www.hscbusiness.hscni.net/services/2644.htm>

**15** Please provide the **number** of policies screened during the year (as recorded in screening reports):

5
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**16** Please provide the **number of assessments** that were consulted upon during 2016-17:

1	Policy consultations conducted with <b>screening</b> assessment presented.
0	Policy consultations conducted <b>with an equality impact assessment</b> (EQIA) presented.
0	Consultations for an <b>EQIA</b> alone.

In addition, five policies and their equality screening templates were included in our screening reports.

**17** Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

Please see Table 2 under Question 11 above.

**18** Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

- Yes       **No concerns were raised**       No       Not applicable

**Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)**

**19** Following decisions on a policy, were the results of any EQIAs published during the 2016-17 reporting period? *(tick one box only)*

- Yes       No       **Not applicable**

*Please provide any details and examples:*

The Business Services Organisation did not carry out any Equality Impact Assessments in 2016-2017.

**Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)**

**20** From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2016-17 reporting period? *(tick one box only)*

- Yes       **No, already taken place**  
 No, scheduled to take place at a later date       Not applicable

*Please provide any details:*

Please see last year's Annual Progress Report.

**21** In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

- Yes**       No       Not applicable

PART A

Please provide any details and examples:

Please see Table 3 below.

**Table 3**

<b>Service or Policy</b>	<b>What equality monitoring information did you analyse?</b>	<b>Did the way you used the data result in improved access to information or services?</b>
<b>Clinical Education Centre (CEC):</b> CEC Staff Survey Action Plan	HSC Staff Survey and sickness absence information.	Actions completed to date as follows: <ol style="list-style-type: none"> <li>1. Monthly absence reports are analysed and discussed at the monthly CEC meeting and required actions agreed.</li> <li>2. All staff receive regular meetings with operational managers to monitor workload and wellbeing.</li> <li>3. Managers work with HR Business link to support staff who are on sick leave.</li> <li>4. Occupational Health Services offered to staff as appropriate and in line with BSO policy and in discussion with Human Resources.</li> <li>5. Carecall leaflets are displayed across all CEC sites and awareness raised of details on BSO Home page</li> </ol>

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		<p>6. Staff are encouraged to attend BSO Mindfulness sessions.</p> <p>7. Staff have been made aware of discount gym membership details on BSO intranet.</p>
HSC-R1 Registration Form	<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 from Project 404</p>	Data impacted key areas of form.
Access to Healthcare Entitlement Leaflet	<p>Ensured all data included in form was non-specific to any one group</p> <p>Consulted with staff member in relation to visually impaired staff members and applied Easy read and RNIB See it Right guide recommendations.</p>	Yes, this new awareness of easy read and See it Right guidelines and application has given our team insight into how all publications should be created and considered before being issued to the public and all service users throughout HSC.
NHS-Eligibility Screening	Equality monitoring data from Project 404	



- 22** Please provide any details or examples of where the monitoring of policies, during the 2016-17 reporting period, has shown changes to differential/adverse impacts previously assessed:

No monitoring was undertaken of policies previously assessed.

- 23** Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

Please see Table 3 under Question 21 above.

### **Staff Training (Model Equality Scheme Chapter 5)**

- 24** Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2016-17, and the extent to which they met the training objectives in the Equality Scheme.

In total, 241 members of staff participated in training and awareness sessions.

EQIA training	3
Screening training	5
Deaf awareness	28
Visual awareness	22
Cultural awareness	4
Placement training	8
Corporate induction and other	181

### **eLearning: Discovering Diversity Training Figures**

Module 1 to 4 – Diversity	38
Module 5 – Disability	33

Module 6 – Cultural Competencies	32

**25 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:**

The Business Services Organisation avails of the joint Section 75 training programme that is coordinated and delivered by the Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the Equality Screening Training and Equality Impact Assessment Training respectively.

### **Equality Screening Training**

The figures in bold below represent the percentage of participants who selected 'Very Well' or 'Well'. Participants were asked: "Overall how well do you think the course met its aims":

- To develop an understanding of the statutory requirements for screening: **100%**
- To develop an understanding of the benefits of screening: **100%**
- To develop an understanding of the screening process: **97%**
- To develop skills in practically carrying out screening: **92%**

The figure in bold below represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked: "How valuable was the course to you personally?" **100%**

### **Equality Impact Assessment Training**

The figures in bold represents the percentage of participants who selected 'Very well' or 'Well'.

Participants were asked: "Overall how well do you think you have achieved the following learning outcomes":

- To demonstrate an understanding of what the law says on EQIAs **100%**
- To demonstrate an understanding of the EQIA process **100%**
- To demonstrate an understanding of the benefits of EQIAs **100%**
- To develop skills in practically carrying out EQIAs **100%**.

### **Public Access to Information and Services (Model Equality Scheme Chapter 6)**

**26** Please list **any examples** of where monitoring during 2016-17, across all functions, has resulted in action and improvement in relation to **access to information and services**:

Please see Table 2 under Question 21 above.

### **Complaints (Model Equality Scheme Chapter 8)**

**27** How many complaints **in relation to the Equality Scheme** have been received during 2016-17?

Insert number here:

0

### **Section 3: Looking Forward**

**28** Please indicate when the Equality Scheme is due for review:

April 2021

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

- undertaking equality screenings across all BSO service areas and ensuring that screening templates are published
- issuing equality screening documents alongside policy documents in any policy consultations and engagement
- where relevant undertaking EQIAs
- undertaking monitoring, including on policies screened.

**30** In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2016-17) reporting period? *(please tick any that apply)*

- Employment**
- Goods, facilities and services**
- Legislative changes
- Organisational changes/ new functions**
- Nothing specific, more of the same
- Other (please state):

**PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans**

When we produced our Disability Action Plan we decided that it is important to do so in a language and format that is easy to understand. A copy of our Plan for 2013-2018 is available on our website.

In the same way, we want to make sure that people can easily follow what we do from year to year as we carry out our plan. We have produced a report for 2016-17. It is attached as Appendix 5. This report contains the information required for the statutory reporting in what we hope is an accessible language and format.