Belfast Health and Social Care Trust

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EQUALITY SCHEME for Belfast Health and Social Care Trust

EQUALITY SCHEME

DRAWN UP IN ACCORDANCE WITH SECTION 75 AND SCHEDULE 9 OF THE NORTHERN IRELAND ACT 1998

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Contents

		Page
Foreword		6
Background		9
Context		9
Chapter 1	Introduction	16
	Section 75 of the Northern Ireland Act 1998	16
	How we propose to fulfil the Section 75 duties in relation to the relevant functions of Belfast Health and Social Care Trust	17
	Who we are and what we do	17
Chapter 2	Our arrangements for assessing our compliance with the Section 75 Duties	25
	Responsibilities and reporting	25
	Action plan/action measures	32
Chapter 3	Our arrangements for consulting	33
Chapter 4	Our arrangements for assessing, monitoring and publishing the impact of policies	38
	Our arrangements for assessing the likely impact adopted or proposed to be adopted on the promotion of equality of opportunity of policies	38
	What is a Policy?	38
	What is Screening?	39
	Screening Flow Chart (Figure 4)	42
	What is an Equality Impact Assessment ?	43
	Our arrangements for publishing the results of the assessments of the likely impact of policies we have adopted or propose to adopt on the promotion of equality of opportunity	43
	What we publish	43
	How we publish the information	45
	Where we publish the information	45

	Our arrangements for monitoring any adverse impact of policies we have adopted on equality of opportunity	46
	Our arrangements for publishing the results of our monitoring	47
Chapter 5	Staff training	48
	Commitment to staff training	48
	Training objectives	49
	Awareness raising and training arrangements	50
	Monitoring and evaluation	51
Chapter 6	Our arrangements for ensuring and assessing public access to information and services we provide.	52
	Access to information	52
	Access to services	53
	Assessing public access to information and services	53
Chapter 7	Timetable for measures we propose in this Equality Scheme	54
Chapter 8	Our complaints procedure	55
Chapter 9	Publication of our Equality Scheme	58
Chapter 10	Review of our Equality Scheme	60
Tables:		
Table 1	Health Indicator Results	11
Table 2	Staff Breakdown by professional group	21
Figures:		
Figure 1	Belfast Trust Area	18
Figure 2	Trust Structure	21
Figure 3	Accountability Structure	24

Figure 4 Screening Flow Chart 42

Appendices:

Appendix 1 Management Structure 61

Appendix 2 Example groups relevant to the Section 75 categories for Northern Ireland purposes 62

Appendix 3 List of consultees 64

Appendix 4 Timetable for measures proposed 85

Appendix 5 Glossary of Terms 96

Appendix 6 Action plan/action measures 104

Appendix 7 Useful websites 105

Foreword

Section 75 of the Northern Ireland Act 1998 (the Act) requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations across a range of categories outlined in the Act[1].

Belfast Trust's overall purpose is to improve health and well-being and to reduce inequalities. In our Equality Scheme we set out how the Belfast Health and Social Care Trust (the Trust) proposes to fulfil the Section 75 statutory duties.

This Scheme is a public expression of the Belfast HSC Trust's ongoing commitment to actively promote equality of opportunity and good relations in all its interactions with service users, staff and other organisations and individuals.

In developing its second generation Scheme, the Trust had fully adopted the model Scheme in 2011 devised by the Equality Commission of Northern Ireland– the purpose and intent of which is to set out best practice. Belfast Trust customised the Scheme to outline its functions, the staff that it employs and the profile of the population to whom it provides health and social care. This revised Scheme in 2018 incorporates minimal changes to bring the Scheme up to date.

We will commit the necessary resources in terms of people, time and money and take the necessary steps to make sure that the Section 75 statutory duties are complied with and that the Equality Scheme is implemented effectively, and on time.

We commit to having effective internal arrangements in place for ensuring our effective compliance with the Section 75 statutory duties and for monitoring and reviewing our progress.

We will continue to develop and deliver a programme of communication and training with the aim of ensuring that all our staff and board members are made fully aware of our Equality Scheme and understand the commitments and obligations within it. We will develop a programme of awareness-raising for our consultees on the Section 75 statutory duties and our commitments in our Equality Scheme.

[1] See section 1.1 of our Equality Scheme.

As Chair and Chief Executive of Belfast Trust, we are fully committed to effectively fulfilling our Section 75 statutory duties across all our functions (including service provision, employment and procurement) through the effective implementation of our Equality Scheme. Leadership continues to be imperative within the Trust to ensure the maintained focus on equality matters, as well as the mainstreaming of equality considerations throughout the business of the Trust.

We realise the important role that the community, voluntary sector and general public have to play to ensure Section 75 statutory duties are effectively implemented. Our Equality Scheme demonstrates how determined we are to ensure there are opportunities, for people affected by our work, to positively influence how we carry out our functions in line with our Section 75 statutory duties. It also offers the means whereby persons directly affected by what they consider to be a failure, on our part, to comply with our Equality Scheme, can make complaints.

The Trust is also mindful of the Human Rights Act, which was enacted in October 2000, and will seek to ensure that this Scheme is compatible with the Act. Further, the Trust is mindful of its duties under Section 49A of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (NI) Order 2006) when carrying out its function to have due regard to:

- the need to promote positive attitudes towards disabled people;
- and encourage participation of disabled people in public life.

(i.e. The Disability Duties).

On behalf of the Trust and our staff we are pleased to support and endorse this Equality Scheme which has been drawn up in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998 and Equality Commission guidelines.

We would encourage you to read the document. Belfast Trust values the benefits and expertise that open and meaningful engagement with our service users and staff yields.

Mr Peter McNaney
Chairman

Mr Martin Dillon
Chief Executive

Updated XX 2018

Background

This document represents a reviewed version of the second generation Equality Scheme for Belfast Health and Social Care Trust – a review was initially carried out in 2014 and a subsequent review was carried out in 2018. The amendments are minor and do not in any way dilute the commitments made by the Trust in the original Scheme in 2011. The amendments have been made to reflect demographic changes, a more up-to-date staff profile and any structural changes within the Trust.

The Equality Commission for Northern Ireland's Section 75 Guidance for public authorities[2] propounded that the effective implementation of Section 75 statutory duties should improve the quality of life for all the people of Northern Ireland. While public authorities had worked hard to get the process right and there had been a substantial cultural change and a change in how public policy was made, there was a tangible need for a "shift from process to outcome." These outcomes are the impact or benefits derived for the individual as a result of implementation of the duties. Section 75 is part of the public policy making agenda which is ultimately aimed at developing policies and services that address the needs of all people, especially those experiencing inequalities.

Context

Under Section 75 of the Northern Ireland Act 1998, the Trust is required to comply with dual statutory responsibilities – that is, to promote and mainstream equality of opportunity and good relations in everything that it does.

The Equality Commission states that "Good Relations cannot be based on inequality." The discharge of the good relations duty cannot be an alternative to or cannot set aside the equality of opportunity duty. It is not a case of good relations or equality of opportunity – they are intrinsically linked, interdependent and complementary to one another.[3] This combination of equality and good relations apply to **policy formulation, resource allocation, service provision, employment, procurement** and all its dealings with service users, families, carers and the staff that the Trust employs.

[2] http://www.equalityni.org/archive/word/S75GuideforPublicAuthoritiesApril2010.doc
[3] http://www.equalityni.org/archive/word/S75GuideforPublicAuthoritiesApril2010.doc

Section 75 statutory duties require more than prevention of discrimination – as a public authority, Belfast HSC Trust must actively seek to encourage greater equality of opportunity across its functions. The equality duty does not deter a public authority from taking action to address disadvantage among particular sections of the community. The Trust must be cognisant that the impact of a policy will be differential for different people and that affirmative action is an important method in combating inequality. There is no conflict between the Section 75 statutory duties and other affirmative action measures or positive action measures which a public authority may undertake under anti-discrimination laws.[4]

Belfast Health and Social Care Trust delivers integrated health and social care to 340,000 people in Belfast and part of the Borough of Castlereagh. It also provides specialist services to all of Northern Ireland.

Health and Social Care is fundamental to a person's quality of life and general well-being. The three main determinants of health inequality are related to:

- Socio-economic/environmental circumstances
- Lifestyle and health behaviour
- Access to effective health and social care.

Health & Social Inequalities

Whilst in general the health of people in Northern Ireland has been improving over time, health inequalities remain. Not everyone has had an equal chance of experiencing good health and wellbeing. Too many still die prematurely or live with conditions that could be prevented. This is particularly the case for those who are disadvantaged, leading to a gap in health between those who live in more affluent circumstances and those whose circumstances are deprived. This situation is not unique to Belfast or indeed to Northern Ireland.

Professor Rafael Bengoa led an expert panel to help identify how to tackle the challenges in the Health and Social Care system. This indicated that Health & Social Care needed to reorganise how it does

[4] Ibid

things and that it must prioritise prevention and early intervention to ensure that people stay well. This will produce better health and wellbeing outcomes and help tackle the "striking health inequalities" in society as denoted by the Expert Panel report.

According to the Department of Health's Health Inequalities Sub-regional Report 2017 which presented an analysis of health inequality gaps between the most and least deprived areas in NI:

- Health outcomes are generally worse in the most deprived areas within each Trust.
- Large differences (health inequality gaps) continue to exist for a number of different health measures.
- Within Belfast, two-fifths (39%) are among the 20% most deprived areas of NI. Comparatively, a quarter (25%) fall within NI's 20% least deprived areas.

For the Belfast Trust area, of the 42 health indicators analysed in the report (covering things such as life expectancy, teenage births, suicide rates, alcohol related deaths and rates of emergency admissions etc.) the results showed:

Table 1: Health indicator results

28	Health outcomes were **worse than** the NI average
10	Health outcomes were **similar** to the NI average
4	Health outcomes were **better than** the NI average

The Trust is mindful that the Trust provide services for users from some of the most deprived areas in Northern Ireland:

- Belfast is the most deprived out of the 26 Local Government Districts (LGDs).
- Belfast has the highest concentration of disadvantage with 7 out of the worst 10 wards (3 North, 3 West, 1 Shankill) and 12 out of the worst 20 wards on the NI Multiple Deprivation Measure2

(NIMDM) 2010 (also known as Noble Measure).

- Belfast has 9 of the 10 worst wards in the region in relation to health deprivation.
- The most widespread disadvantage and deprivation exists in north and west Belfast.

It is widely recognised that some groups of people experience higher levels of health inequalities: gay young men have high rates of suicide, Travellers have lower life expectancy rates, carers experience high levels of mental ill health and there are high rates of self-harm amongst men and women who are transgendered (not a definitive list).

The Commissioning Plan 2017/18 states that, "Deprivation has an impact on health and wellbeing, resulting in the lack of social support, low self-esteem unhealthy life-style choices, risk taking behaviour and poor access to health information and quality services."[5]

The population of Belfast Trust and its staff is not a homogeneous group. They are individuals with different needs and preferences, different backgrounds and different circumstances. We recognise that individuals will not neatly fit into one Section 75 category – rather their multi-faceted needs, responsibilities and complex make up must be taken into consideration alongside the fact that they will invariably be members of a number of Section 75 equality categories. The Trust is committed to the delivery of person-centred and person-led services with equality and human rights at its very core.

Diversity of Belfast and Northern Ireland

There has been significant political, economic and social change in Northern Ireland. The decade between the 2001 and 2011 Census witnessed a considerable demographic change in Belfast and indeed across Northern Ireland.

According to mid-year statistics by NISRA the usually resident population of Northern Ireland was 1,870,800 – an increase of 0.5% from the previous year. The increase can mainly be attributed to natural growth of 7,700 people (i.e. 23,600 births minus 15,900 deaths) and net inward migration of 1,200 people (i.e. 22,100 people moving here to live and 20,900 people leaving to live elsewhere). The level of emigration (i.e. people leaving NI to live elsewhere) and immigration (i.e. people

[5] Commissioning Plan 2017/18, page 11

coming here to live) both decreased in the year ending mid-2017, by 6.5 per cent and 7.3 per cent respectively.

The NISRA statistics underpin the continuing ageing of the population with the number of those aged 65 and over increasing by 1.8 per cent in the year ending mid-2017 to reach 303,000 people (16.2 per cent of the population). The population aged 85 and over increased by 1.9 per cent to reach 37,200 people (2.0 per cent of the population). Conversely, the number of children aged 0 to 15 years increased by just 0.7 per cent to reach 390,700 children (20.9 per cent of the population). By 2020, there will be a 5.3% increase in Belfast Trust residents aged >75 and a 5.3% increase in those aged <16. The estimated population of the Belfast Health and Social Care Trust (HSCT) will increase from 353,778 in 2015 to 360,302 in 2020. There are currently a total of 304,300 older people (65+ years) in NI equating to 16.24% of the population.

Of the 2017 population, 51% were female and 49% were male. [6] 48% were married and 36% single with 0.1% in registered same sex civil partnerships in March 2011. 9.4% were either separated, divorced or formerly in a same sex civil partnership with the remaining 6.8% were either widowed or a surviving partner in registered same-sex civil partnerships in March 2011.

According to the 2011 and most recent Census, one of the notable changes was that the percentage of the usually resident population of Northern Ireland belonging to minority ethnic groups has more than doubled since the 2001 census and is now 1.8% of the population. English was not the main language for 3.1 % (54,500) of usual residents aged 3 years and over, almost one quarter of whom (24%) lived in Belfast LGD. Polish is the next most prevalent language after English at 1%).

In 2011, 21% of the population had a long-term health problem or disability which limited their day-to-day activities. In areas of higher deprivation across the Belfast Trust area, there is a direct correlation to increased levels of mental ill-health, especially depression and anxiety and physical ill-health.

On Census Day 2011, 214,000 people were providing some form of unpaid care, equating to approximately one-in-eight residents in Northern Ireland (12%). This compares with 185,066 in 2001, an

[6] http://www.ninis2.nisra.gov.uk/InteractiveMaps/DataVis/NI%20Population%202017.pdf

increase of 16 per cent. Using the latest 2017 mid-year population estimates, which show a three per cent increase in population since 2011, there are likely to be around 220,000 people in Northern Ireland with some form of caring role.

The Census 2011 found that 40% of usual residents had a British Only national identity, 25% had Irish Only and 21% had Northern Irish Only.

45% of the population were either Catholic or brought up as Catholic, while 48% belonged to or were brought up in Protestant, Other Christian or Christian-related denominations. The 2001 census recorded the religious breakdown as 44% Catholic and 53% Protestant.

The statutory duty S.75 (2) – to promote good relations between persons of different religious belief, political opinion and racial group was introduced in 1998 as a result of sectarian conflict. It was designed to move away from managing diversity and difference to the promotion of diversity and integration.[7] Belfast had been largely perceived home to the 'two traditional communities' – Protestants and Catholics – all of whom were almost exclusively white. Members of the Chinese Community began to arrive in Belfast in the 1960s. During the Troubles, there were low levels of immigration but since the introduction of the Northern Ireland Act 1998, numbers have steadily risen. An increasing immigrant population is leading to greater diversity in Northern Ireland. None moreso, than in 2004 with the enlargement of European Union, where residents of accession states were free to come to live and work in Northern Ireland.

Northern Ireland Health and Social Care Interpreting Statistics for 2017-18 regarding usage by Belfast HSC Trust indicate that Polish and Arabic are currently the most requested languages for people who are not competent in English as their first language. It is estimated that there are 800 Travellers in the Belfast Trust area. Based on 2017 Assembly Election, the Democratic Unionist Party and Sinn Fein were respectively the parties that gained the most votes.

Women form more than half of the population and 78% of the Trust's workforce. Women can experience less equality of opportunity, higher levels of domestic abuse and more social exclusion than men do. [8]

[7] Promoting Good Relations – A guide for public authorities 2007
[8] Women's Health In Ireland, Women in Disadvantaged Communities

People who are Trans or Non Binary can experience less equality of opportunity and discrimination. [9]

The Trust is responsible for 350 children on the Child Protection Register, 750 Looked After Children and over 4,000 children and young people in need.

Members of the Lesbian, Gay, Bisexual and Transgender community are fourth most likely to be treated unfairly after members of a different racial or ethnic community, Travellers, and Older People.[10] Independent research commissioned by the Equality Commission reveals the high levels of prejudicial and discriminatory attitudes of the general public in Northern Ireland towards LGB people.[11]

Belfast Trust employs some 20,000 staff including bank staff, in seven main job families: Administrative and Clerical, Estate Services, Support Services, Nursing and Midwifery, Social Services, Professional and Technical and Medical and Dental.

The population that we serve and the workforce that we have are becoming increasingly diverse. The business of the Trust is to deliver safe, timely, high quality and cost-effective care – its overall purpose is to improve health and well-being and to reduce inequalities.

It is imperative that equality and good relations continue to be mainstreamed in every aspect of the delivery of our functions, so that services are provided on a person-centred, person-led basis. Given the financial pressures and economic instability in future years, the Trust needs to ensure that it keeps statutory duties to the fore so that those who are in need of health and social care, continue to receive a responsive, sensitive, high quality service.

[9] https://www.equalityni.org/GenderPolicy
[10] Attitudes and Awareness of Equality Issues amongst the General Public in NI, 2006
[11] Promoting Sexual Orientation Equality - October 2013

Chapter 1 Introduction

Section 75 of the Northern Ireland Act 1998

1.1 Section 75 of the Northern Ireland Act 1998 (the Act) requires the Trust to comply with two statutory duties:

Section 75 (1)

In carrying out our functions relating to Northern Ireland we are required to have due regard to the need to promote equality of opportunity between:

- Persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- Men and women generally
- Persons with a disability and persons without
- Persons with dependants and persons without.

Section 75 (2)

In addition, without prejudice to the obligations above, in carrying out our functions in relation to Northern Ireland we are required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

"Functions" include the "powers and duties" of a public authority[12]. This includes our service provision, employment and procurement functions. Function also extends to budget processes. S75 does not prevent difficult decisions being taken, nor does it stop decisions which will affect one group more than another. It enables financial decisions, which are informed by evidence of the impact they are likely to have, where mitigation and alternative policies have been considered and which are transparent and accountable. [13]

Please see below under "Who we are and what we do" for a detailed explanation of our functions.

[12] Section 98 (1) of the Northern Ireland Act 1998.
[13] ECNI Short guide to Section 75 of the Northern Ireland Act 1998 and Budgets December 2014 refers.

How we propose to fulfil the Section 75 duties in relation to the relevant functions of the Trust

1.2 Schedule 9 4. (1) of the Act requires the Belfast Health and Social Care Trust, as a designated public authority, to set out in an Equality Scheme how it proposes to fulfil the duties imposed by Section 75 in relation to its relevant functions. This Equality Scheme is intended to fulfil that statutory requirement. It is both a statement of our arrangements for fulfilling the Section 75 statutory duties and our plan for their implementation.

1.3 The Trust is committed to the discharge of its Section 75 obligations in all parts of our organisation and we will commit the necessary available resources in terms of people, time and money to ensure that the Section 75 statutory duties are complied with and that our Equality Scheme can be implemented effectively.

To put this Equality Scheme into the context of the Belfast Health and Social Care Trust, the document will briefly outline:

- How the Trust was established
- Its purpose, values and objectives
- Its functions and management arrangements
- The core services
- Where it sits within the Health and Social Care family.

Who we are and what we do

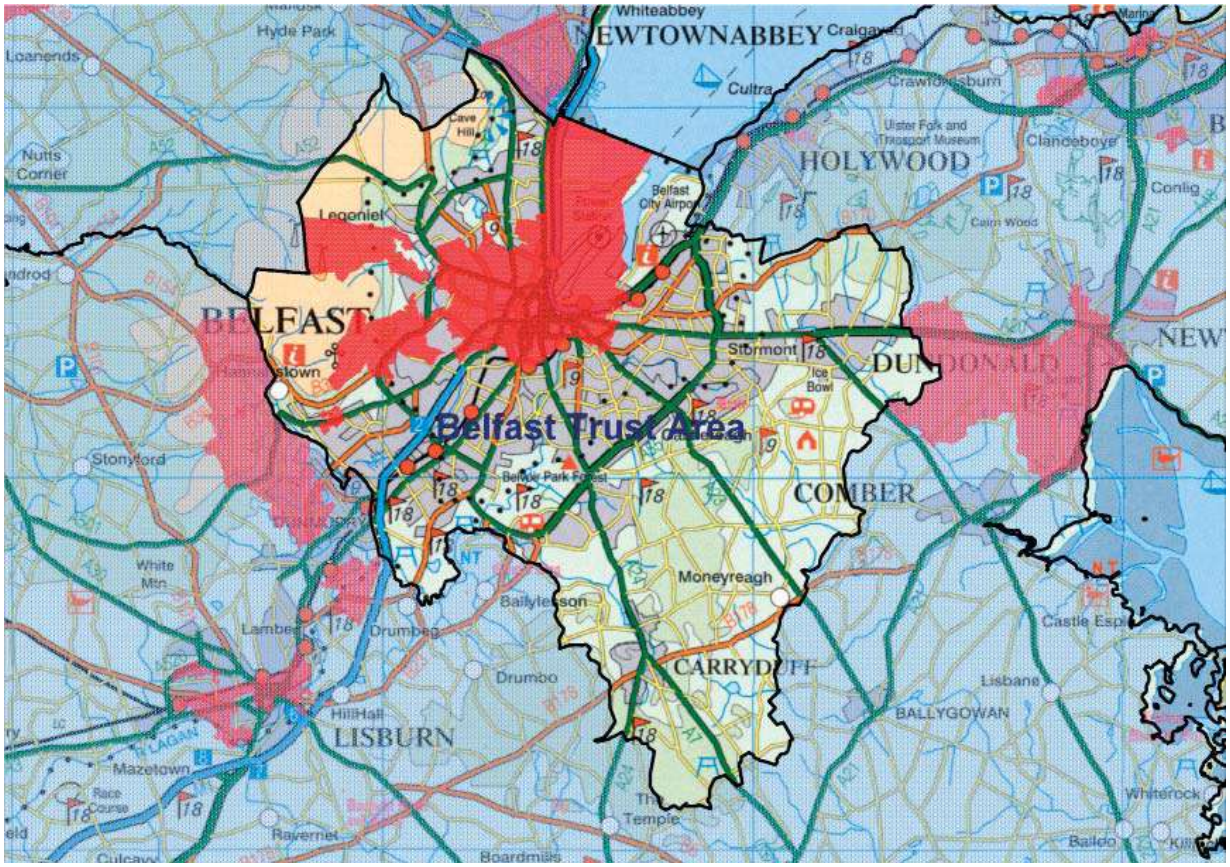
Belfast Health and Social Care Trust (the Trust) was established on 1st April 2007 under the Belfast Health and Social Services (Establishment) Order (Northern Ireland) 2006.

1. The Headquarters of Belfast Health and Social Care Trust, is located at Belfast City Hospital, A Floor, 51 Lisburn Road Belfast BT9 7AB

The Belfast Trust is the largest integrated Health and Social Care Trust in the United Kingdom, delivering care to a population of approximately

340,000 across the City. We provide the majority of regional specialist services across Northern Ireland including the Regional Trauma Centre. We have an annual budget of £1.3billion and a workforce of over 20,000 staff (full time and part time). The Belfast Trust also comprises the major teaching and training hospitals in Northern Ireland.

Figure 1: Belfast Trust Area



Purpose

Alongside the commitment to delivering safe, timely, high quality and cost-effective care, the Trust has a higher purpose – to improve health and well-being and reduce inequalities.

Our Vision

Our vision is to be one of the safest, most effective and compassionate health and social care organisations.

Our Aim
Our aim is to be in the top 20% of high performing Trusts by 2020.

Our Values

Belfast Trust Values underpin everything we do – how we work with each other and deliver our service. Our values define the overall culture of our organisation and ultimately support our commitment to provide safe, effective, compassionate and person-centred care. These values are:

Treating everyone with respect and dignity:

- Being respectful to others
- Showing compassion to those who are suffering
- Acting fairly and even-handedly
- Acknowledging the good work of others
- Supporting others to achieve positive result.

Displaying openness and trust

- Communicating openly and consistently
- Listening to the opinions of others and acting sensitively
- Being trustworthy and genuine
- Ensuring that appropriate information is shared honestly.

Being leading edge

- Actively seeking out innovative practice
- Participating in new approaches and service development opportunities
- Sharing best practice with others
- Promoting the Trust as a Centre of Excellence.

Maximising learning and development

- Acting as a role model for the development of others
- Continuing to challenge my own practice
- Fulfilling my own statutory and mandatory training requirements
- Actively support the development of others

Being accountable

- Taking responsibility for my own decisions and actions
- Openly admitting my mistakes and learning from them
- Using all available resources appropriately

- Challenging failures and poor practice courageously.

The Trust has 5 corporate themes:
- Safety, Quality & Experience
- Service Delivery
- Strategy & Partnerships
- People & Culture
- Resources.

Budget

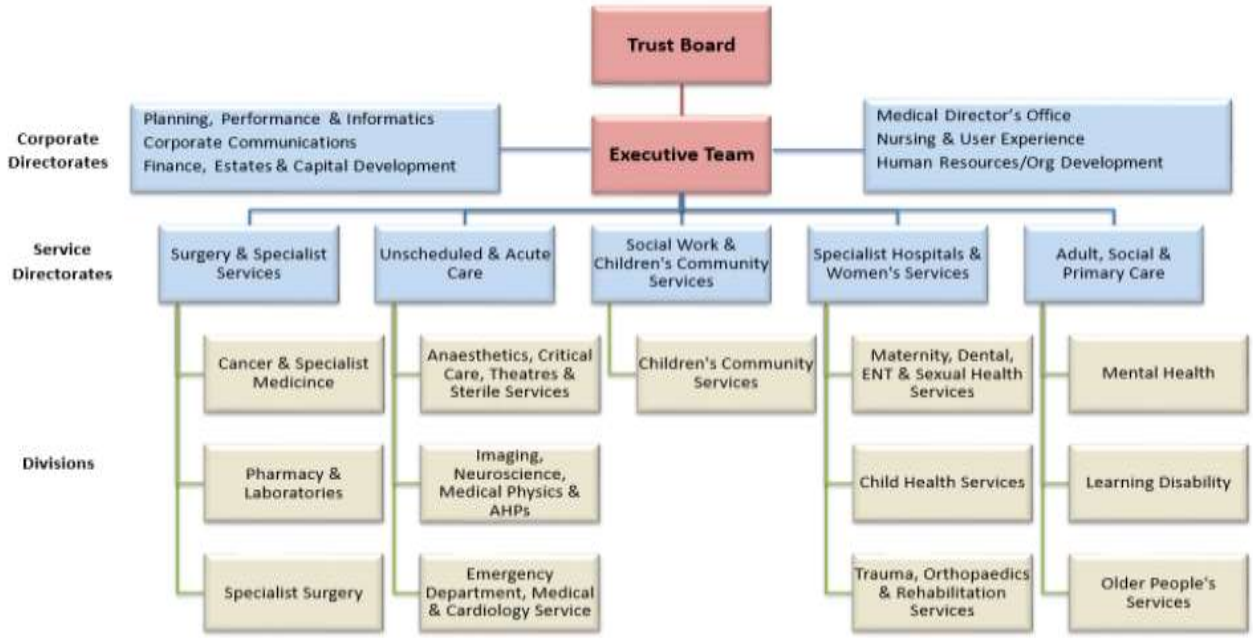
With an annual budget of approximately £1.2bn (spending about £3m each day) and a staff of 20,000, it is one of the largest Trusts in the United Kingdom.

Delivering Integrated care

Belfast Trust provides integrated care through its acute services (hospital based) and community services (at home or local health centre) in a joined up way.

Trust Structure
The Trust established a Collective Leadership Model during 2017/18, meaning there are multi-disciplinary leadership teams in place across the organisation. The Trust aims to grow a culture of collective leadership where everyone at every level has the capability to deliver improvements for our Trust as a whole and not just in their own roles or work areas.

Figure 2: Trust Structure



Workforce Profile

Approximately 77% are female and 55% are in the age bracket 35-54 years. Approximately 24% of the Trust's workforce is part-time, working less than 16 hours per week and 2% have declared that they have a disability.

Table 2: Staff breakdown by professional group (including bank staff)

Staff Profile by Job Group October 2013 ***MARTIN MCGRATH TO SUBMIT NEW FIGURES***

Staff Group	Totals
Administrative & Clerical	3589
Nursing and Midwifery	8459
Professional and Technical	3068

Medical and Dental	1767
Support Services	2387
Social Services	2925
Estate Services	228
TOTAL	**22423**

Accountability Structure

This section illustrates Trust's relationship with the Department of Health and the Health and Social Care Board.

(a) Department of Health

The Trust is accountable to the Department and through it to the Northern Ireland Assembly. The Department has a statutory duty to secure the provision of health and personal social services for the population of Northern Ireland and, in so doing, uses statutory powers to delegate functions to HSC bodies including the Belfast Health and Social Care Trust. The Department is responsible for directing the Trust and other HSC bodies in ensuring national and regional policies are implemented and for the effective use of resources.

(b) Health & Social Care Board

The Health and Social Care Board replaced the former four HSS Boards. The focus of the HSCB is on commissioning, resource management, performance management and improvement. The role of the Health and Social Care Board is broadly contained in three functions:

- To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.7 million people who live in Northern Ireland

- To work with the health and social care trusts that directly provide services to people to ensure that these meet their needs

- To deploy and manage its annual funding from the Northern Ireland Executive to ensure that all services are safe and sustainable.

(c) Trusts

There are six HSC Trusts in Northern Ireland – the Belfast HSC Trust (which is the largest), South Eastern HSC Trust, Northern HSC Trust, Southern HSC Trust, Western HSC Trust and the Northern Ireland Ambulance Trust.

Belfast Trust

The Trust was established under Belfast Health and Social Services Trust Order 2006.

It details the nature and functions of the Trust as follows:

The Trust's functions (which include functions which the Department considers appropriate in relation to the provision of services by the Trust for one or more relevant bodies) shall be:

(a) To provide hospital accommodation

(b) To provide community based health and personal social services

(c) To exercise, on behalf of the Health and Social Care Board, such relevant functions as are so exercisable by the Trust.

In keeping with the Equality Commission's guidance, these functions include powers and duties. They embrace all the activities undertaken by the Trust including the recruitment/employment of its staff, financial arrangements, contracted-out services and training for social care staff, maintenance of its property and the delivery and development of services, including procurement of the equipment and facilities needed to do this.

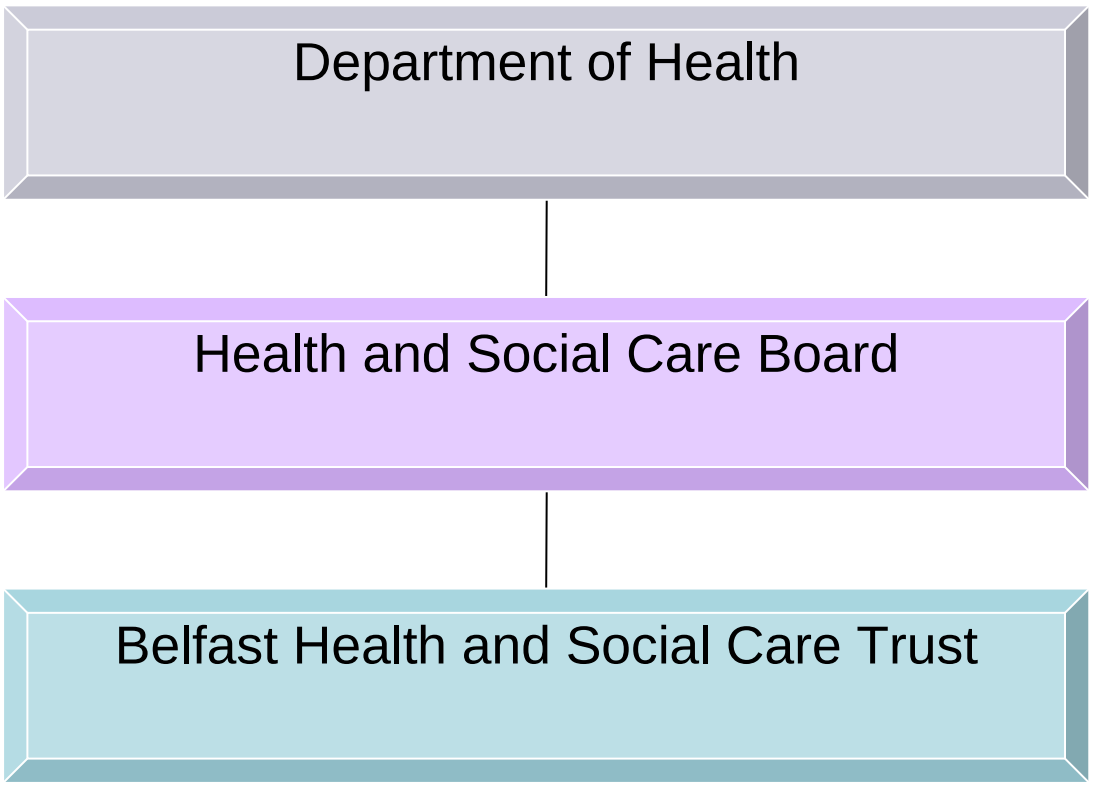
Belfast Trust carries out its functions and duties through the following means:

- Carrying out assessments of care needs

- Developing strategies to meet those needs

- Setting and monitoring quality and performance standards
- Carrying out reviews of service areas
- Resource allocation and financial management
- Setting service agreements with purchasers of care
- Human resource management in relation to its staff, and
- Corporate and clinical governance.

Figure 3: Accountability Structure



Chapter 2: Our arrangements for assessing our compliance with Section 75 duties. (Schedule 9 4. (2) (a))

The Trust is committed to fulfilling its Section 75 duties and will continue to facilitate best practice and promotion of initiatives that will help further mainstream equality, good relations and human rights. The core principles of equality and human rights have been fundamental to the National Health Service whereby good healthcare should be available to all, regardless of circumstance or wealth and that it meets the needs of everyone.

This section illustrates the arrangements for assessing fulfilment and compliance with the Section 75 statutory duties, which are further outlined in other relevant parts of this Equality Scheme. Belfast Trust has committed to and completed a 5 year action-based plan[14]. This action-based plan seeks to promote equality of opportunity and good relations through measures which are based on the context of the Trust's functions. The action measures will be linked to the development of the Trust's corporate planning cycle, thus ensuring strategic mainstreaming. The action-based plan is complementary to the implementation and fulfilment of the Section 75 duties and does not detract in any way on the Trust's legal obligations to ensure that its policies and functions are compliant with Section 75. This action-based plan will be operational between May 2018 and April 2023 and the Trust is committed to reviewing it on an annual basis. The plan was informed by a comprehensive analysis of inequalities detailed in the Emerging Themes document and was done collaboratively across the health and social care sector. This was supplemented with a local programme of work within and across the Trust. This audit enabled the Trust to identify functional areas where there was potentially scope for further or better discharge of the Section 75 duties and therefore informed key strategic actions.

Responsibilities and reporting

The management arrangements put in place to enable the Trust to carry out its statutory responsibilities and to conduct its business are illustrated in Appendix 1.

(a) Trust Board

The Trust Board forms the statutory body responsible for all the activities of the organisation and is responsible for the overall policies of the Trust.

It functions as a corporate decision-making body

The Board of Belfast Trust is responsible for the strategic direction and management of the Trust's activities. It is accountable, through the chairman, to the Permanent Secretary at the Department of Health Social Services and Public Safety, and ultimately to the Minister for Health.

It is made up of a Chairman, seven non Executive Directors, five Executive Directors and seven other Directors. The Department of Health appoints non-executive directors, with the approval of the Minister for Health.

Executive and non-executive Members are full and equal members and their role as managers of the Board of Directors will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

(b) Chair

The Chair of the Board has certain delegated executive powers and is responsible for the operation of the Board and for chairing all Board meetings when present. The Chair works closely with the Chief Executive to ensure that key and appropriate issues are discussed by the Trust Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

(c) Non-Executive Members

The Non-Executive Members shall not seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as members of or when chairing a committee of the Trust which has delegated powers.

(d) Chief Executive

The Chief Executive is responsible for the overall performance of the executive functions of the Trust. He is the Accountable Officer of the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer memorandum for Trust Chief Executives.

(e) Executive Team

The Executive Team, chaired by the Chief Executive, brings together senior executives including the Executive Directors to the Trust Board. It is responsible for the implementation of Trust's strategies and policies and for key operational matters. It also plans and develops services for the Trust and formulates service delivery recommendations to the Trust Board within national and local policy guidelines. The Executive Team monitors the quality of service and the Trust's performance in relation to established business plans and ensures that the Trust's decision-making reflects the needs and opinions of the consumer. The team is responsible to the Trust Board for the day-to-day operational management and development of the Trust.

It is led by the Trust Chief Executive and includes the following Trust Directors:

Director of Finance, Estates and Capital Development
Director of Unscheduled and Acute Care
Director of Adult Social and Primary Care Services
Director Social Work/Children's Community Services
Director of Surgery and Specialist Services
Director of Human Resources and Organisational Development
Director of Performance, Planning and Informatics
Director of Specialist Hospitals & Women's Health
Medical Director
Director of Nursing & User Experience

The Trust is committed to allocating adequate resources to its statutory duties to ensure their effective implementation and to ensure good practice is developed and mainstreamed. The following structure and dedicated resources are in situ:

(f) Director of Planning, Performance and Informatics

The Director of Planning Performance and Informatics is accountable to Trust Board for the development, implementation, maintenance and review of the Equality Scheme in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998, including any good practice or guidance that has been or may be issued by the Equality Commission.

(g) Co-Director of Strategic Planning

The Co-Director of Strategic Planning ensures plans are in place to address health and social inequalities consistent with the functions of the Belfast HSC Trust. The postholder is required to ensure compliance with the requirements of Northern Ireland Act 1998, Section 75, including the implementation of Trust's Equality Scheme and lead programmes of work to implement action plans to reduce health inequalities.

(h) Equality Lead

The Equality Lead is responsible to the Co-Director of Strategic Planning. The post holder is responsible for leading a programme of work to address health and social inequalities, consistent with the functions of the Belfast Health and Social Care Trust. The Equality Lead is responsible for ensuring compliance with the requirements of Section 75 of the Northern Ireland Act 1998, including the review and implementation of the Trust's Equality Scheme and to lead programmes of work to implement action plans for Disability, Good Relations and Human Rights.

Senior Manager Human Resources in Governance, Employment Equality and Improving Working Lives is responsible to the Co-Director of Employment Equality, Modernisation and Learning and Development for all matters pertaining to Employment Equality and Improving Working Lives. The post holder works with the Co-Director to improve working lives and will lead a programme of work to ensure a well managed flexible working environment that supports staff, promotes their welfare and development and produces a productive balance between work and life outside work. The individual is required to lead on compliance with statutory employment equality monitoring, Article 55 and the effective implementation of Employment Equality legislation within the Belfast Health and Social Care Trust.

Reducing Health Inequalities

Given that the overall purpose of the Belfast HSC Trust is to improve health and well-being and to reduce health inequalities, the Director of Planning Performance and Informatics is responsible for the programmes of work to reduce the broader health inequalities that stem from socio-economic conditions through health improvement and community development. There is a direct correlation between these broader health inequalities and Section 75 inequalities, in that inequalities can often be corroborated by a person belonging to one or more Section 75 categories. For example, someone from an ethnic minority who has mental health problems may experience further socio-economic inequalities. The Equality Team work closely with Health Improvement and Community Development and the Personal and Public Involvement Teams in collaborative programmes of work.

External Relationships

In order to ensure local people and the people who use the Trust's services have a stronger voice to influence the shape and range of services available, the Trust will be building on the links it has already established with the other Trusts, Health and Social Care Board, Borough and District Councils, the Patient and Client Council, other Government agencies, independent sector providers, voluntary and community groups representing all categories of persons specified in Section 75 of the NI Act 1998, GPs, Trade Union and professional organisations and individuals.

2.1 Collaborative working has proved to be instrumental in the effective implementation to date of the statutory Section 75 duties. The sharing of good practice, dissemination of specialist knowledge and expertise and optimisation of joint resources have been key in the delivery of projects, regional consultation, co-operative initiatives and training.

2.2 We are committed to the fulfilment of our Section 75 obligations in all parts of our work.

2.3 Responsibility for the effective implementation of our Equality Scheme lies with the Chair and Chief Executive of the Trust. The Director of Planning Performance and Informatics is accountable to the Trust Board for the development, implementation, maintenance and review of the Equality Scheme in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998, including any good

practice or guidance that has been or may be issued by the Equality Commission.

2.4 If you have any questions or comments regarding our Equality Scheme, please contact in the first instance the Equality Lead at the address given below and we will respond to you as soon as possible:

Orla Barron
Equality Lead
Belfast Health and Social Care Trust
First Floor, Administration Building
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH

orla.barron@belfasttrust.hscni.net
028 95 046567

Textphone: 028 90 566755

2.5 In light of the findings of the Review of the Effectiveness of Section 75, where 'public authorities have tended to focus on the equality of opportunity rather than the good relations duty when addressing their commitment to Section 75 ' the Trust has consulted on and developed its second generation Good Relations Strategy to formalise their commitment to the promotion of Good Relations. The Trust anticipates that this will further consolidate the arrangements for mainstreaming and implementation of Section 75(2). The Strategy is entitled Healthy Relations for a Healthy Future 2.

2.6 Objectives and targets relating to the statutory duties will be integrated into our strategic and operational business plans[15].

2.7 Employees' job descriptions and performance plans reflect their contributions to the discharge of the Section 75 statutory duties and implementation of the Equality Scheme, where relevant. The personal performance plans are subject to appraisal in the annual performance review.

2.8 The Trust prepares an annual report on the progress we have made on implementing the arrangements set out in this Equality Scheme to discharge our Section 75 statutory duties (Section 75 annual progress report). This is in addition to the annual monitoring return and the three yearly reviews of employment policies under fair employment legislation.

[15] See Appendix 4 'Timetable for measures proposed' and section 2.11 of this equality scheme.

The Section 75 annual progress report is sent to the Equality Commission by 31 August each year and will follow any guidance on annual reporting issued by the Equality Commission.

Progress on the delivery of Section 75 statutory duties will also be included in our (organisational) annual report.

2.9 The latest Section 75 annual progress report is available on our website: www.belfasttrust.hscni.net or by contacting:

Orla Barron
Equality Lead
orla.barron@belfasttrust.hscni.net
028 95 046567
Textphone: 028 90 566755

2.10 The Trust liaises closely with the Equality Commission to ensure that progress on the implementation of our Equality Scheme is maintained.

2.11 Regular reporting to Executive Team and Trust Board on implementation of Section 75 duties.

Action plan/action measures

2.12 The Trust has developed an action plan to promote equality of opportunity and good relations. This action plan can be found on the Belfast Trust website or in alternative formats on request.

2.13 The action measures that make up our action plan are relevant to our functions. They have been developed and prioritised on the basis of an audit of inequalities. The audit of inequalities has and will continue to gather and analyse information across the Section 75 categories[16] to identify the inequalities that exist for our service users and those affected by our policies[17]. The Audit of inequalities will be a living document and will be revised and extended on an ongoing basis.

2.14 Action measures are specific, measurable, linked to achievable outcomes, realistic and time bound. Action measures include performance indicators and timescales for their achievement.

[16] See section 1.1 of this equality scheme for a list of these categories.
[17] See section 4.1 of this equality scheme for a definition of policies.

2.15 We will develop action plans for a period of between one and five years in order to align them with our corporate and business planning cycles. Implementation of the action measures will be incorporated into our business planning process.

2.16 We have sought input from our stakeholders and consulted on our action plan before we send it to the Equality Commission and thereafter when reviewing the plan as per 2.16 below.

2.17 We will monitor our progress on the delivery of our action measures annually and update the action plan as necessary to ensure that it remains effective and relevant to our functions and work.

2.18 The Trust will inform the Commission of any changes or amendments to our action plan and will also include this information in our Section 75 annual progress report to the Commission. Our Section 75 annual progress report will incorporate information on progress we have made in implementing our action plans/action measures.

2.19 Once finalised, our action plan will be available at:

www.belfasttrust.hscni.net and also on the Trust intranet for staff.

If you require it in an alternative format please contact us on the details provided:

Orla Barron
Equality Lead
Belfast Health and Social Care Trust
First Floor, Administration Building
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH
orla.barron@belfasttrust.hscni.net
028 95 046567
Textphone: 028 90 566755

Chapter 3 Our arrangements for consulting

3.1 We recognise the importance of consultation in all aspects of the implementation of our statutory equality duties. We will consult on our Equality Scheme, action measures, Equality Impact Assessments and other matters relevant to the Section 75 statutory duties. One of the five key strategic objectives that Belfast Trust devised at the outset was that of Partnership – we are committed to improving health and well-being through existing and new partnerships with a range of individuals, representative groups and voluntary and community organisations. The Trust is committed to providing people led services, drawing on the years of experience and listening to the needs and feedback that meaningful consultation can yield.

3.2 We are committed to carrying out consultation in accordance with the following principles (as contained in the Equality Commission's guidance *'Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)'*)[18] and the Trust's document *A Guide to Public Consultation in the Belfast Trust*[19] and the *Belfast Trust Consultation Scheme*.[20]

3.2.1 All consultations will seek the views of those directly affected by the matter/policy, the Equality Commission, representative groups of Section 75 categories, other public authorities, voluntary and community groups, our staff and their trades unions and professional bodies and such other groups who have a legitimate interest in the matter, whether or not they have a direct economic or personal interest.

Initially all consultees (see Appendix 3), as a matter of course, will be notified (by email or post) of the matter/policy being consulted upon to ensure they are aware of all consultations. Thereafter, to ensure the most effective use of our and our consultees' resources, we will take a targeted approach to consultation for those consultees that may have a particular interest in the matter/policy being consulted upon and to whom the matter/policy is of particular relevance. This may include for example regional or local consultations, sectoral or thematic consultation etc.

3.2.2 Consultation with all stakeholders will begin as early as possible. We will engage with affected individuals and representative groups to

[18] http://www.equalityni.org/archive/pdf/S75GuideforPublicAuthoritiesApril2010.pdf
[19] http://www.belfasttrust.hscni.net
[20] http://www.belfasttrust.hscni.net

identify how best to consult or engage with them. We will ask our consultees what their preferred consultation methods are and will give consideration to these. Methods of consultation could include:

- Face-to-face meetings
- Focus groups with service users, carers or the public to inform service change or improvement projects
- Written documents with the opportunity to comment in writing
- Questionnaires
- Information/notification by email with an opportunity to opt in/opt out of the consultation
- Internet discussions or
- Telephone consultations
- Online consultation software
- Workshops with services users, carers or the public
- Inclusion of service users, carers or the public on steering groups or committees.

This list is not exhaustive and we may develop other additional methods of consultation more appropriate to key stakeholders and the matter being consulted upon.

3.2.3 We will consider the accessibility and format of every method of consultation we use in order to remove barriers to the consultation process. Specific consideration will be given as to how best to communicate with children and young people, people with disabilities (in particular people with learning disabilities) and minority ethnic communities. We take account of existing and developing good practice, including the Equality Commission's guidance *Let's Talk Let's Listen – Guidance for public authorities on consulting and involving children and young people (2008)*[21] and Making Communication Accessible – HSC Guidance.

[21] http://www.equalityni.org/archive/LetsTalkLetsListen(Final).pdf

Information will be made available, on request, in alternative formats[22], in a timely manner, in the most expeditious way feasible, usually within 20 working days. If it is expected that this may take longer, the Trust will write out providing the reason(s) for the delay and an estimated response date. Where the exact request cannot be met we will ensure a reasonable alternative is provided.

Alternative formats may include Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.

The Trust liaises with representatives of young people and disability and minority ethnic organisations and takes account of existing and developing good practice.

3.2.4 Specific training is provided to those facilitating consultations to ensure that they have the necessary skills to communicate effectively with consultees.

3.2.5 To ensure effective consultation with consultees[23] on Section 75 matters, we will develop a programme of awareness raising on the Section 75 statutory duties and the commitments in our Equality Scheme by undertaking the following:

The Trust document 'Guidance on the planning and registration of Personal and Public Involvement activities' acknowledges that high quality engagement with, and involvement of patients, clients, service users, carers and communities can have a positive impact on the delivery of services. Effective involvement is central to the delivery of quality care and can lead to improvements in the experience of using services.

Personal and Public Involvement (PPI) training is delivered within the Trust to highlight the many benefits of user involvement and the value that their engagement can yield. The training demonstrates how they can implement the concept and practice of Personal and Public Involvement into their work.

The Timetable as detailed in Appendix 4 outline plans for consultation.

[22] See Chapter 6 of our equality scheme for further information on alternative formats of information we provide.
[23] Please see Appendix 3 for a list of our consultees.

3.2.6 The consultation period lasts for a minimum of twelve weeks to allow adequate time for groups to consult amongst themselves as part of the process of forming a view. However, in exceptional circumstances when this timescale is not feasible (for example implementing EU Directives or UK wide legislation, meeting Health and Safety requirements, addressing urgent public health matters or complying with Court judgements), we may shorten timescales to eight weeks or less before the policy is implemented. We may continue consultation thereafter and will review the policy as part of our monitoring commitments[24].

Where, under these exceptional circumstances, we must implement a policy immediately, as it is beyond our authority's control, we may consult after implementation of the policy, in order to ensure that any impacts of the policy are considered.

3.2.7 If a consultation exercise is to take place over a period when consultees are less able to respond, for example, over the summer or Christmas break, or if the policy under consideration is particularly complex, we will give consideration to the feasibility of allowing a longer period for the consultation.

3.2.8 We are conscious of the fact that affected individuals and representative groups may have different needs. We will take appropriate measures to ensure full participation in any meetings that are held. We will consider for example the time of day, the appropriateness of the venue, in particular whether it can be accessed by those with disabilities, how the meeting is to be conducted, the use of appropriate language, whether a signer and/or interpreter is necessary, and whether the provision of childcare and support for other carers is required. (Appendix 7 – useful links)

3.2.9 We make all relevant information available to consultees in appropriate formats to ensure meaningful consultation. This includes detailed information on the policy proposal being consulted upon and any relevant quantitative and qualitative data.

3.2.10 We will continue to look at innovative and effective ways to consult with our consultees to ensure that our means of communication and engagement are user-friendly and not resource-intense for our users, carers and the public. We are mindful of capacity issues in the

[24] Please see below at 4.27 to 4.31 for details on monitoring.

voluntary and community sector and the potential for consultation fatigue and so we will strive to target our consultation according to areas of interest.

3.2.11 In making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy.

3.2.12 We provide feedback to consultees in a timely manner. A feedback report is prepared which includes summary information on the policy consulted upon, a summary of consultees' comments and a summary of our consideration of and response to consultees' input. The feedback is provided in formats suitable to consultees. (Please see also 6.3).

3.3 A list of our consultees is included in this Equality Scheme at Appendix 3. It can also be obtained from our website at: www.belfasttrust.hscni.net

or by contacting:

Orla Barron
Equality Lead
Belfast Health and Social Care Trust
First Floor, Administration Building
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH

orla.barron@belfasttrust.hscni.net
Tel: 028 95046467
Textphone: 028 90566755

3.4 Our consultation list is not exhaustive and is reviewed on an annual basis to ensure it remains relevant to our functions and policies and considers the wishes of consultees to not partake in all or any consultations.

We welcome enquiries from any person/s or organisations wishing to be added to the list of consultees. Please contact Orla Barron to provide your contact details and have your areas of interest noted or have your name/details removed or amended. Please also inform us at this stage if you would like information sent to you in a particular format or language.

Chapter 4 Our arrangements for assessing, monitoring and publishing the impact of policies

This chapter outlines the Trust's arrangements for assessing the likely impact of policies adopted or proposed to be adopted on the promotion of equality of opportunity (Schedule 9 4. (2) (b))

What is a policy?

4.1 In the context of Section 75, 'policy' is very broadly defined and it covers all the ways in which we carry out or propose to carry out our functions in relation to Northern Ireland. In respect of this Equality Scheme, the term policy is used for any (proposed/amended/existing) strategy, policy initiative or practice and/or decision, whether written or unwritten and irrespective of the label given to it, eg, 'draft', 'pilot', 'high level' or 'sectoral'.

4.2 In making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy, as required by Schedule 9 9. (2) of the Northern Ireland Act 1998.

4.3 The Trust uses the tools of s**creening** and **Equality Impact Assessment** to assess the likely impact of a policy on the promotion of equality of opportunity and good relations. In carrying out these assessments we will relate them to the intended outcomes of the policy in question and will also follow Equality Commission guidance:

- The guidance on screening, including the screening template, as detailed in the Commission's guidance *'Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)'* [25]and

- On undertaking an Equality Impact Assessment as detailed in the Commission's guidance *'Practical guidance on Equality Impact Assessment (February 2005)'.*[26]

[25] http://www.equalityni.org/archive/pdf/S75GuideforPublicAuthoritiesApril2010.pdf

[26] http://www.equalityni.org/archive/pdf/PracticalGuidanceEQIA0205.pdf

What is Screening?

4.4 The purpose of screening is to identify those policies that are likely to have an impact on equality of opportunity and/or good relations.

4.5 Screening is completed at the earliest opportunity in the policy development/review process. Policies which we propose to adopt will be subject to screening prior to implementation. For more detailed strategies or policies that are to be put in place through a series of stages, we will screen at various stages during implementation.

4.6 The lead role in the screening of a policy is taken by the policy decision maker who has the authority to make changes to that policy. However, screening will also involve other relevant team members, for example, equality specialists, those who implement the policy and staff members from other relevant work areas. Where possible we will include key stakeholders in the screening process.

4.7 The following questions are applied to all our policies as part of the screening process:

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

4.8 In order to answer the screening questions, we gather all relevant information and data, both qualitative and quantitative. In taking this evidence into account we consider the different needs, experiences and priorities for each of the Section 75 equality categories. Any screening decision will be informed by this evidence.

4.9 Completion of screening, taking into account our consideration of the answers to all four screening questions set out in 4.7 above, will lead to one of the following three outcomes:

1. The policy has been 'screened in' for Equality Impact Assessment

2. The policy has been 'screened out' with mitigation[27] or an alternative policy proposed to be adopted

3. The policy has been 'screened out' without mitigation or an alternative policy proposed to be adopted.

4.10 If our screening concludes that the likely impact of a policy is 'minor' in respect of one, or more, of the equality of opportunity and/or good relations categories, we may on occasion decide to proceed with an Equality Impact Assessment (EQIA), depending on the policy. If an EQIA is not to be conducted we will nonetheless consider measures that might mitigate the policy impact as well as alternative policies that might better achieve the promotion of equality of opportunity and/or good relations.

Where we mitigate we will outline in our screening template the reasons to support this decision together with the proposed changes, amendments or alternative policy.

This screening decision will be 'signed off' by the appropriate policy lead within the Trust.

4.11 If our screening concludes that the likely impact of a policy is 'major' in respect of one, or more, of the equality of opportunity and/or good relations categories, we will normally subject the policy to an Equality Impact Assessment. This screening decision will be 'signed off' by the appropriate policy lead within the Trust.

4.12 If our screening concludes that the likely impact of a policy is 'none', in respect of all of the equality of opportunity and/or good relations categories, we may decide to screen the policy out. If a policy is 'screened out' as having no relevance to equality of opportunity or good relations, we will give details of the reasons for the decision taken.

[27] Mitigation – Where an assessment (screening in this case) reveals that a particular policy has an adverse impact on equality of opportunity and / or good relations, a public authority must consider ways of delivering the policy outcomes which have a less adverse effect on the relevant Section 75 categories.

This screening decision will be ‘signed off’ by the appropriate policy lead within the Trust.

4.13 As soon as possible following the completion of the screening process, the screening template, signed off and approved by the senior manager responsible for the policy, will be made available on our website:

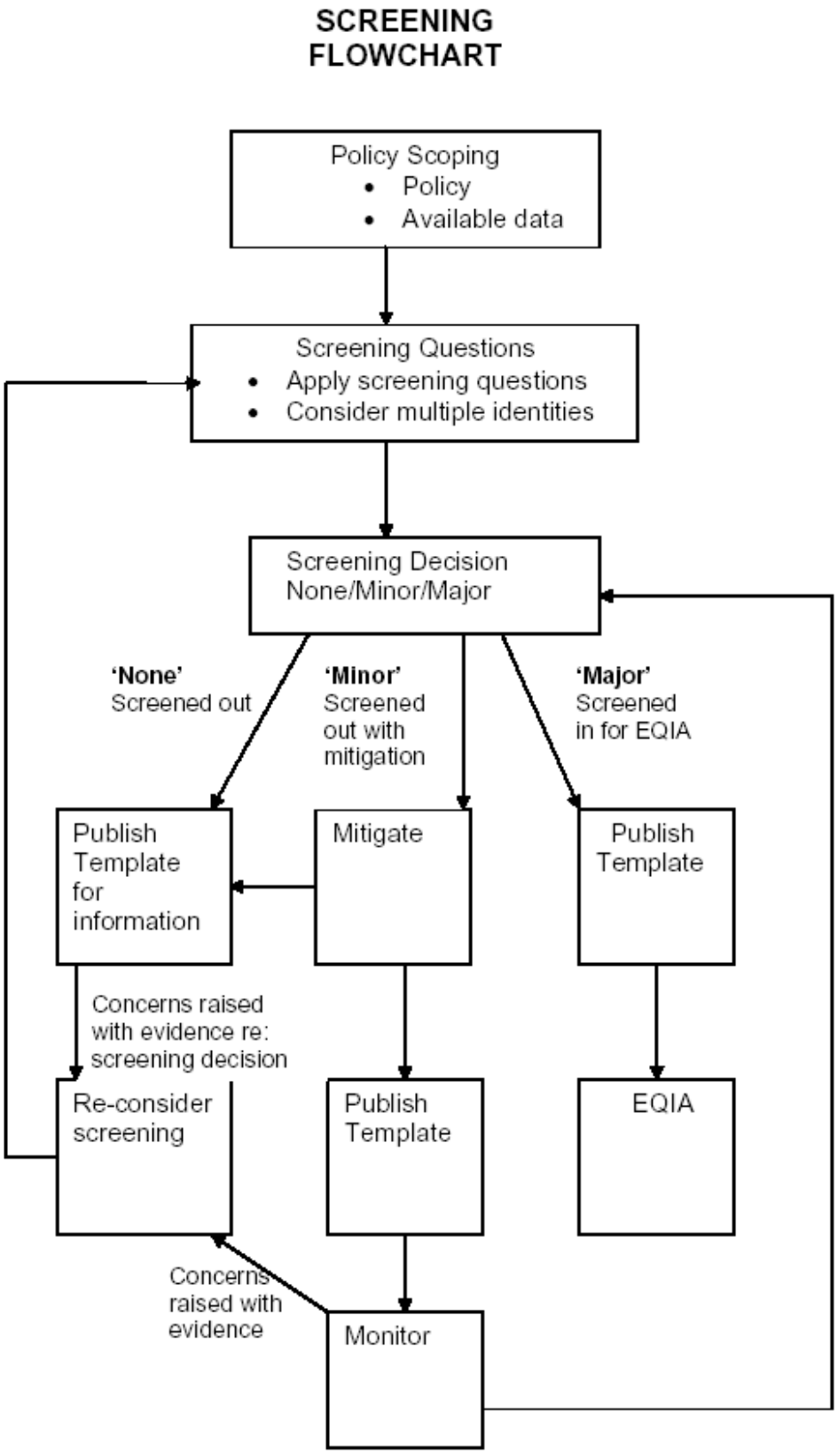
www.belfasttrust.hscni.net

and on request from the Equality Team office.

4.14 If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, we will review the screening decision.

4.15 Our screening reports are published quarterly [see below at 4.20 - 4.22 and 4.23 for details].

Figure 4:


SCREENING
FLOWCHART
Policy Scoping
• Policy
• Available data
Screening Questions
• Apply screening questions
• Consider multiple identities
Screening Decision
None/Minor/Major
'None'
Screened out
'Minor'
Screened
out with
mitigation
'Major'
Screened
in for EQIA
Publish
Template
for
information
Mitigate
Publish
Template
Concerns raised
with evidence re:
screening decision
Re-consider
screening
Publish
Template
EQIA
Concerns
raised with
evidence
Monitor

What is an Equality Impact Assessment?

4.16 An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy, whether that policy is formal or informal, and irrespective of the scope of that policy. The primary function of an EQIA is to determine the extent of any impact of a policy upon the Section 75 categories and to determine if the impact is an adverse one. It is also an opportunity to demonstrate the likely positive outcomes of a policy and to seek ways to more effectively promote equality of opportunity and good relations.

4.17 Once a policy is screened and screening has identified that an Equality Impact Assessment is necessary, we will carry out the EQIA in accordance with Equality Commission guidance. The Equality Impact Assessment will be carried out as part of the policy development process, before the policy is implemented.

4.18 Any Equality Impact Assessment will be subject to consultation at the appropriate stage(s). (For details see above Chapter 3 "Our Arrangements for Consulting").

4.19 We make publicly available the results of our assessments (screening and EQIA) of the likely impact of our policies on the promotion of equality of opportunity and good relations.

Our arrangements for publishing the results of the assessments of the likely impact of policies we have adopted or propose to adopt on the promotion of equality of opportunity (Schedule 9 4. (2) (d); Schedule 9 9. (1))

What do we publish?

4.20 Screening reports.

These are published quarterly. Screening reports detail:

- All policies screened by the Trust over the three month period
- A statement of the aim(s) of the policy/policies to which the assessment relates

- Consideration given to measures which might mitigate any adverse impact

- Consideration given to alternative policies which might better achieve the promotion of equality of opportunity

- Screening decisions, i.e.:

    - Whether the policy has been ‘screened in’ for Equality Impact Assessment

    - Whether the policy has been ‘screened out’ with mitigation or an alternative policy proposed to be adopted

    - Whether the policy has been ‘screened out’ without mitigation or an alternative policy proposed to be adopted.

- Where applicable, a timetable for conducting Equality Impact Assessments

- A link to the completed screening template(s) on our website.

4.21 Screening templates

For details on the availability of our screening templates please refer to 4.13.

4.22 Equality Impact Assessments

EQIA reports are published once the impact assessment has been completed. These reports include:

- A statement of the aim of the policy assessed

- Information and data collected

- Details of the assessment of impact(s)

- Consideration given to measures which might mitigate any adverse impact

- Consideration given to alternative policies which might better achieve the promotion of equality of opportunity

- Consultation responses

- The decision taken

- Future monitoring plans.

How do we publish the information?

4.23 All information we publish is accessible and can be made available in alternative formats on request. Please see 6.3 below.

Where do we publish the information?

4.24 The results of our assessments (screening reports and completed templates, the results of Equality Impact Assessments) are available on our website:

www.belfasttrust.hscni.net

and by contacting:

Orla Barron
Equality Lead
Belfast Health and Social Care Trust
First Floor, Administration Building
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH
orla.barron@belfasttrust.hscni.net
028 90 95046567
Textphone: 028 95046567

4.25 In addition to the above, screening reports (electronic link or hard copy on request if more suitable for recipients) which include all policies screened over a three month period are also sent directly to all consultees on a quarterly basis.

4.26 We will inform the general public about the availability of this material through communications such as press releases where appropriate.

Our arrangements for monitoring any adverse impact of policies we have adopted on equality of opportunity (Schedule 9 4. (2) (c))

4.27 Monitoring can assist us to deliver better public services and continuous improvements. Monitoring Section 75 information involves the processing of sensitive personal data (data relating to the racial or ethnic origin of individuals, sexual orientation, political opinion, religious belief, etc). In order to carry out monitoring in a confidential and effective manner, the Trust follows guidance from the Office of the Information Commissioner and the Equality Commission.

4.28 We monitor any adverse impact on the promotion of equality of opportunity of policies we have adopted. We are also committed to monitoring more broadly to identify opportunities to better promote equality of opportunity and good relations in line with Equality Commission guidance.

4.29 The systems we have established to monitor the impact of policies and identify opportunities to better promote equality of opportunity and good relations are:

- The collection, collation and analysis of existing relevant primary quantitative and qualitative data across all nine equality categories on an ongoing basis

- The collection, collation and analysis of existing relevant secondary sources of quantitative and qualitative data across all nine equality categories on an ongoing basis

- An audit of existing information systems within one year of approval of this Equality Scheme, to identify the extent of current monitoring and take action to address any gaps in order to have the necessary information on which to base decisions

- Undertaking or commissioning new data if necessary.

4.30 If over a two year period monitoring and evaluation show that a policy results in greater adverse impact than predicted, or if

opportunities arise which would allow for greater equality of opportunity to be promoted, we will ensure that the policy is revised to achieve better outcomes for relevant equality groups.

4.31 We review our EQIA monitoring information on an annual basis. Other monitoring information is reviewed on an ongoing basis.

Our arrangements for publishing the results of our monitoring (Schedule 9 4. (2) (d))

4.32 Schedule 9 4. (2) (d) requires us to publish the results of the monitoring of adverse impacts of policies we have adopted. However, we are committed to monitoring more broadly and the results of our policy monitoring are published as follows:

4.33 EQIA monitoring information is published as part of our Section 75 annual progress report [see 2.7]

4.34 Monitoring information is also published and made available on the Trust's website.

4.35 All information published is accessible and can be made available in alternative formats on request. Please see below at 6.3 for details.

Chapter 5 Staff training (Schedule 9 4.(2) (e))

5.1 Commitment to staff training

We recognise that awareness raising and training play a crucial role in the effective implementation of our Section 75 duties. The Trust is committed to the principle of equity in opportunity for learning and development for staff.

As an Investors in People organisation, the Trust is committed to respecting its staff, communicating effectively with them and providing learning and development to support all staff. This is illustrated in the Trust values and a range of Human Resources strategies including the:

- Learning and Development Strategy
- Leadership and Management Strategy
- Lifelong Learning Strategy.

Belfast Trust provides a range of Section 75 and other equality training, which is available to all staff. The Trust delivers mandatory equality training for staff and a more detailed mandatory training for managers. Training is advertised to staff via a range of mediums including intranet, posters, Line Managers, Trade Unions and Newsletters.

5.2 Our Chair and Chief Executive wish to positively communicate the commitment of the Trust to the Section 75 statutory duties, both internally and externally.

To this end, we have introduced an effective communication and training programme for all staff and will ensure that our commitment to the Section 75 statutory duties is made clear in all relevant publications.

The Equality Team and Employment Equality Teams have had to look at innovative and flexible ways to deliver training given the size of the Trust and the variety of professions and staff amongst the 20,000 workforce and the competing pressures of workload and other training.

Training and learning has therefore been delivered via a number of methods to offer flexibility and choice to staff. Logistically there are often challenges in releasing frontline staff and this has contributed to

the Trust using other communication means rather than solely relying on formal face-to-face training for large groups. This includes e-learning, DVDs, team briefings, websites, posters, intranet, email, promotional stands and staff newsletter.

Training objectives

5.3 The Trust will review its existing training arrangements and draw up a detailed training plan for its staff which will aim to achieve the following objectives:

- To raise awareness of the provisions of Section 75 of the Northern Ireland Act 1998, our Equality Scheme commitments and the particular issues likely to affect people across the range of Section 75 categories, to ensure that our staff fully understand their role in implementing the scheme

- To provide those staff involved in the assessment of policies (screening and EQIA) with the necessary skills and knowledge to do this work effectively

- To provide those staff who deal with complaints in relation to compliance with our Equality Scheme with the necessary skills and knowledge to investigate and monitor complaints effectively

- To provide those staff involved in consultation processes with the necessary skills and knowledge to do this work effectively

- To provide those staff involved in the implementation and monitoring of the effective implementation of the Trust's Equality Scheme with the necessary skills and knowledge to do this work effectively.

- To provide staff and managers with a solid understanding of good relations and the inter-dependence of equality and good relations. The Trust Good Relations strategy and initiatives will be detailed.

Awareness raising and training arrangements

5.4 The following arrangements are in place to ensure all our staff , Executive Directors and Non Executive Directors are aware of and understand our equality obligations.

- A summary of the Equality Scheme has been produced and awareness will continue to be raised via a variety of means e.g. Chief Executive Briefing, Team Briefing, Intranet etc.

Specific guidelines for Regional HSC Trust Board members were devised to highlight the important changes introduced for implementing the Section 75 equality duties; Implications for policy development, budget setting and corporate planning; Emphasis on achieving outcomes and addressing inequalities; and Focus on leadership and top level commitment. These Guidelines will be subjected to review to reflect any future developments in the application of the Section 75 equality duties.

- Trust Board members and Senior Management Team will receive regular updates on the promotion of equality of opportunity and good relations and a comprehensive overview on compliance and performance through the Section 75 annual progress report

- We will provide access to copies of the full Equality Scheme for all staff; ensure that any queries or questions of clarification from staff are addressed effectively

- Staff in the Trust will receive a briefing on this Equality Scheme The Section 75 statutory duties form part of induction training for new staff

- Mandatory equality training is provided for staff and managers

- Focused training is provided for key staff within the Trust who are directly engaged in taking forward the implementation of our Equality Scheme commitments (for example those involved in research and data collection, policy development, service design, conducting Equality Impact Assessments, consultation, monitoring and evaluation)

- Where appropriate, training will be provided to ensure staff are aware of the issues experienced by the range of Section 75 groups

- When appropriate and on an ongoing basis, arrangements will be made to ensure staff are kept up to date with Section 75 developments

- Good Relations Training

- Human Rights Training

- Disability Awareness and UNCRPD (United Nations Convention on Rights of Persons with a Disability) training

- Personal and Public Involvement Training.

5.5 Training and awareness raising programmes will, where relevant, be developed in association with the appropriate Section 75 groups and our staff.

In order to share resources and expertise, the Trust will, where possible, work closely with other bodies and agencies in the development and delivery of training.

Monitoring and evaluation

5.6 Our training programme is subject to the following monitoring and evaluation arrangements:

- We evaluate the extent to which all participants in this training programme have acquired the necessary skills and knowledge to achieve each of the above objectives

- The extent to which training objectives have been met will be reported on as part of the Section 75 annual progress report, which will be sent to the Equality Commission

- Diversity e-learning and local arrangements for monitoring and reporting on training.

Chapter 6 Our arrangements for ensuring and assessing public access to information and services we provide (Schedule 9 4. (2) (f))

6.1 Belfast Trust is committed to ensuring that the information we disseminate and the services we provide are fully accessible to all sections of the community in Northern Ireland. This commitment is underpinned by some of the 5 core values of the Trust to treat everyone with respect and dignity and to be open and transparent. We keep our arrangements under review to ensure that this remains the case.

6.2 We are aware that some groups will not have the same access to information as others.

In particular:

- People with sensory, learning, communication and mobility disabilities may require ,information in other formats

- Members of ethnic minority groups, whose first language is not English, may have difficulties with information provided only in English

- Children and young people may not be able to fully access or understand information.

Access to information

6.3 To ensure equality of opportunity in accessing information, we provide information in alternative formats on request, where reasonably practicable. Where the exact request cannot be met, we will ensure a reasonable alternative is provided.

Alternative formats may include Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.

The Trust liaises with representatives of young people and disability and minority ethnic organisations and takes account of existing and developing good practice. The Trust will work in accordance with the best practice set out in Making Communication Accessible and any other relevant guidance.

We will respond to requests for information in a timely and expeditious way, usually within twenty working days. If it is expected that this may take longer, the Trust will write out providing the reason(s) for the delay and an estimated response date.

6.4 In disseminating information through the media we will seek to advertise in the press where appropriate.

6.5 Website, Corporate Plan, Staff Magazine and Trust publications.

Access to services

6.6 The Trust is committed to ensuring that all of our services are fully accessible to everyone in the community across the Section 75 categories.

The Trust also adheres to the relevant provisions of current anti-discrimination legislation.

6.7 The Trust provides interpreters to those who are not competent in English and those who require either British or Irish Sign Language interpreters.

Assessing public access to information and services

6.8 We monitor on an ongoing basis across all our functions, in relation to access to information and services, to ensure equality of opportunity and good relations are promoted.

6.9 These include:

- Provision of interpreting/translation services
- Monitoring of complaints
- Reasonable adjustments
- Satisfaction Surveys
- Staff Survey
- Article 55 Review.

Chapter 7 Timetable for measures we propose in this Equality Scheme (Schedule 9 4. (3) (b))

7.1 Appendix 4 outlines our timetable for all measures proposed within this Equality Scheme. The measures outlined in this timetable will be incorporated into our business planning processes. In this timetable the Trust has been open and transparent in what can realistically be achieved, given the size and complexity of the organisation.

7.2 This timetable is different from and in addition to our commitment to developing action plans/action measures to specifically address inequalities and further promote equality of opportunity and good relations. We have included in our Equality Scheme a commitment to develop an action plan. Accordingly, this commitment is listed in the timetable of measures at Appendix 4. For information on these action measures please see above at 2.11 – 2.18.

Chapter 8 Our complaints procedure (Schedule 9 10.)

8.1 The Trust is responsive to the views of members of the public. We will endeavour to resolve all complaints made to us. Section 75 complaints are integrated into a general complaints procedure within the Trust in the interests of mainstreaming. (Copy of Procedure[28])

8.2 If performance is not up to standard, the Trust needs to know so that we can learn and improve. We will take your complaint seriously and treat it in confidence. Making a complaint does not affect an individual's rights.

8.3 Our Complaints Manager can provide you with more information on how to make a complaint. A DVD and online video have been developed to increase awareness on the complaints process for people with a hearing loss. It can be accessed at: www.belfasttrust.hscni.net/contact/2357.htm

Specialist advocacy services may be available to help you through the process of complaining – either writing a letter or making a telephone call. Alternatively, the Patient and Client Council can provide free and confidential advice, information and help to make a complaint. This might include help with writing letters, making telephone calls, and supporting you at any meetings you might need to attend.

You can get more information on the services provided by the Patient and Client Council at http://www.patientclientcouncil.hscni.net or by phoning freephone on 0800 917 0222 or email info.pcc@hscni.net.

8.4 Schedule 9 paragraph 10 of the Northern Ireland Act 1998 refers to complaints. A person can make a complaint to a public authority if the complainant believes he or she may have been directly affected by an alleged failure of the authority to comply with its approved Equality Scheme.

8.5 A person wishing to make a complaint that the Trust has failed to comply with its approved Equality Scheme should contact either:

[28] http://www.belfasttrust.hscni.net

The Complaints Team
6th Floor, McKinney House
Musgrave Park Hospital
Stockman's Lane
Belfast, BT9 7JB
0289504 8000
Email:
complaints@belfasttrust.hscni.net

or/

Equality Lead
1st Floor, Administration Building
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH
Telephone: 028 95046567
Textphone: 028 90 566755
orla.barron@belfasttrust.hscni.net
Website:
www.belfasttrust.hscni.net

8.6 In accordance with the regional Health and Social Care Complaints Procedure, the Trust will in the first instance acknowledge receipt of each complaint within two working days.

8.7 The Complaints Officer will carry out an internal investigation of the complaint and will respond substantively to the complainant within twenty working days of the date of receiving the letter of complaint. Under certain circumstances, if the complexity of the matter requires a longer period, the period for response to the complainant may be extended. In those circumstances, the complainant will be advised of the extended period within fifteen working days of making the complaint.

8.8 During this process the complainant will be kept fully informed of the progress of the investigation into the complaint and of any outcomes.

8.9 If the complaint has not been resolved within a reasonable timescale, the complaint can be brought to the Equality Commission.

Equality Commission
Equality House
7-9 Shaftesbury Square
Belfast
BT2 7DP
www.equalityni.org
Telephone: 028 90 500 600
Textphone: 028 90 500 589
Enquiry Line: 028 90 890 890
Fax: 028 90 248 687
Email : information@equalityni.org

8.10 In any subsequent investigation by the Equality Commission, the Trust will co-operate fully, providing access in a timely manner to any relevant documentation that the Equality Commission may require.

Similarly, the Trust will co-operate fully with any investigation by the Equality Commission under sub-paragraph 11 (1) (b) of Schedule 9 to the Northern Ireland Act 1998.

8.11 The Trust will make all efforts to implement promptly and in full any recommendations arising out of any Commission investigation.

Chapter 9 Publication of our Equality Scheme (Schedule 9 4. (3) (c))

9.1 The Trust is committed to ensuring that its Equality Scheme is widely published and in a manner which will ensure equality of access. The Scheme will be made available to its staff, service users, individuals and representatives of Section 75 organisations. An Equality Scheme Summary will be available and an Easyread version will also be available. The Trust's Equality Scheme is available free of charge in print form and alternative formats from:

Orla Barron,
Equality Lead
First Floor, Administration Building
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH
T: 028 95046567 Textphone: 028 90566755
E-mail: orla.barron@belfasttrust.hscni.net

The Trust will respond promptly to requests for alternative formats, usually within twenty working days. If it is expected that this may take longer, the Trust will write out providing the reason(s) for the delay and an estimated response date. It is difficult to be prescriptive in terms of exact timescale to have the alternative format produced as the Trust often outsources the transcription into Easyread or Braille or Audio Cassette and translation of materials into ethnic minority languages. The Trust is committed to making the process as expeditious as possible to promote equality of opportunity.

9.2 Our Equality Scheme, summary and easyread is also available on our website at: www.belfasttrust.hscni.net.

9.3 The following arrangements are in place for the publication in a timely manner of our Equality Scheme to ensure equality of access:

- We will make every effort to communicate widely the existence and content of our Equality Scheme. This may include press releases, prominent advertisements in the press, the internet and direct mail shots to groups representing the various categories in Section 75.

- The Scheme will be summarised into an Equality Scheme Summary.

- We will email a link to our approved Equality Scheme to our consultees on our consultation lists. Other consultees, without e-mail, will be notified by letter that the scheme is available on request. We will respond to requests for the Equality Scheme in alternative formats promptly, usually within twenty working days. If it is expected that this may take longer, the Trust will write out providing the reason(s) for the delay and an estimated response date.

- Our Equality Scheme is available on request in alternative formats such as Braille, large print, audio formats (CD, mp3, DAISY) and in minority languages to meet the needs of those not fluent in English.

- The Trust has also produced the Equality Scheme in Easy read.

- The Trust communicates with representatives of young people and disability and minority ethnic organisations and takes account of existing and developing good practice.

- The Trust's Equality Scheme is highlighted and explained in all mandatory equality training for staff and for managers.

9.4 For a list of our stakeholders and consultees please see Appendix 3 of the Equality Scheme, visit our website at www.belfasttrust.hscni.net or contact:

Orla Barron,
Equality Lead
First Floor, Administration Building,
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH
T: 028 95046567
Textphone: 028 90566755
E-mail: orla.barron@belfasttrust.hscni.net

Chapter 10 Review of our Equality Scheme (Schedule 9 8. (3))

10.1 As required by Schedule 9 paragraph 8 (3) of the Northern Ireland Act 1998 the Trust is committed to conducting a thorough review of this Equality Scheme. This review will take place either within five years of submission of this Equality Scheme to the Equality Commission or within a shorter timescale to allow alignment with the review of other planning cycles.

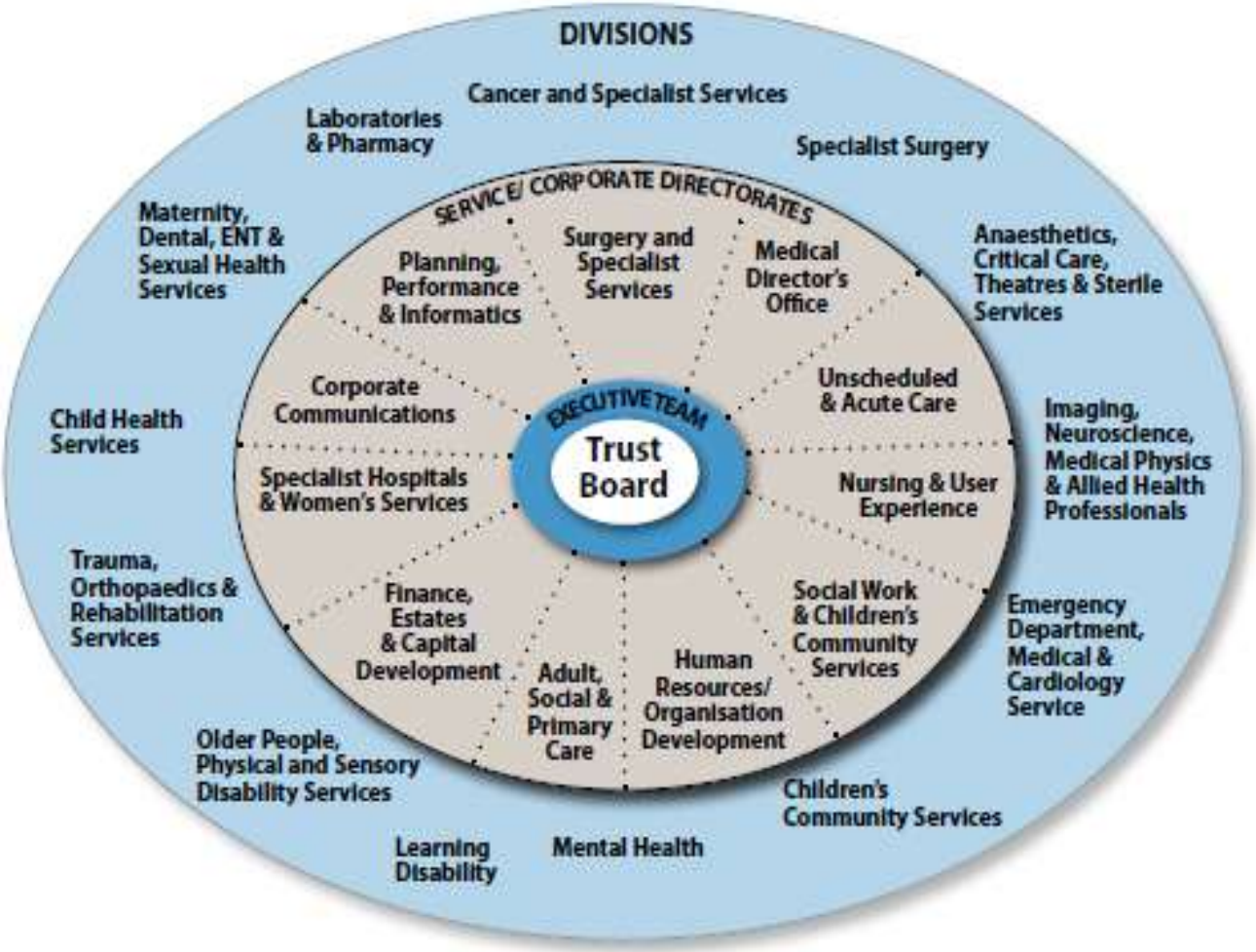
The review will evaluate the effectiveness of our scheme in relation to the implementation of the Section 75 statutory duties relevant to our functions in Northern Ireland.

10.2 In undertaking this review we will follow any guidance issued by the Equality Commission. The Trust will work with the Equality Commission Northern Ireland and other members of the HSC family to conduct a thorough and meaningful review. The Trust will engage with service users, staff, representative organisations, Trade Union professional bodies to assess their satisfaction on compliance with the Scheme.

10.3 A report of this review will be made public at Trust Board and sent to the Equality Commission (and published on the website at www.belfasttrust.hscni.net.)

The report will be made available in easyread and in alternative formats on request.

Appendix 1: Management Structure



***Appendix 2: Example groups relevant to the Section 75 categories for Northern Ireland* purposes**
Please note, this list is for illustration purposes only, it is not exhaustive.

Category	Example groups
Religious belief	Buddhist; Catholic; Hindu; Jewish; Muslims, people of no religious belief; Protestants; Sikh; other faiths. For the purposes of Section 75, the term "religious belief" is the same definition as that used in the *Fair Employment & Treatment (NI) Order*[29]. Therefore, "religious belief" also includes any *perceived* religious belief (or perceived lack of belief) and, in employment situations only, it also covers any *"similar philosophical belief".*
Political opinion[30]	Nationalist generally; Unionists generally; members/supporters of other political parties.
Racial group	Black people; Chinese; Indians; Pakistanis; people of mixed ethnic background; Polish; Roma; Travellers; White people.
Men and women generally	Men (including boys); Trans-gendered people; Transsexual people; women (including girls).
Marital status	Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.

[29] See Section 98 of the Northern Ireland Act 1998, which states: *"In this Act…"political opinion" and "religious belief" shall be construed in accordance with Article 2(3) and (4) of the Fair Employment & Treatment (NI) Order 1998."*

[30] ibid

Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual orientation	Bisexual people; heterosexual people; gay or lesbian people.

Appendix 3: List of Consultees

CONSULTEE DATABASE (Equality Team, B.H.S.C.T.)

Abbeyfield Society

Accord NI

ACET Northern Ireland

ACSONI African & Carribean Support Organisation

Action Cancer

Action Deaf Youth

Action for Children NI

Action Mental Health

Action MS

Action on Elder Abuse

Action on Hearing Loss NI

Addiction NI

ADOPT NI

Advice NI

Age NI

Age Sector Platform

AHPFNI (Allied Health Professionals NI)

Al-Anon Family Groups

Alcoholics Anonymous

Alliance Party of Northern Ireland

Alzheimer's Society NI

An Droichead

An Munia Tober

Antrim & Newtownabbey Borough Council

ARC (NI)

Ards & North Down Borough Council

Ark Housing Association

Armagh City, Banbridge & Craigavon Borough Council

Arthritis Care

Arts Care

ASCERT

Asthma UK

Autism Initiatives NI

Autism Network NI

Autism NI

Aware Defeat Depression

Barnardos NI

Beechfield Children's Respite Unit (Praxis Care)

Belfast Central Mission

Belfast City Council

Belfast Islamic Centre

Brain Injury Matters

Britain's General Union (GMB)

British Academy of Audiology

British and Irish Orthoptic Society

British Association of Dental Nurses

British Association of Social Workers (NI office)

British Deaf Association (NI)

British Dental Association (NI) Branch

British Dietetic Association

British Geriatric Society

British Heart Foundation

British Medical Association

British Orthodontic Society

British Psychological Society NI Office

British Psychology Society NI Branch

British Red Cross

Bryson Charitable Group

Business in the Community Northern Ireland

Business Services Organisation

Bytes Project

Cancer Focus Northern Ireland

Carafriend

Carers NI

Carers Trust Northern Ireland

CAUSE

Causeway Coast and Glens Borough Council Headquarters

Centre for Health & Well Being (*one of the funded groups f*
Survivors Service)

Centre for Independent Living NI

Centre for Young Men's Studies

Chartered Society of Physiotherapy (NI)

Chest Heart & Stroke Association NI

Chief Officers 3rd Sector (NI)

Child Accident Prevention Trust (CAPT)

Childline NI

Children in Northern Ireland

Children's Law Centre NI

Chinese Chamber of Commerce

Chinese Welfare Association

Choice Housing

Church of Ireland Board of Social Responsibility

Church of Jesus Christ of Latter Day Saints NI

Civil Service Pensions Alliance NI

Clanmil Housing Association

CLAPA Northern Ireland

Clic Sargent

Coiste

Commisioner for Older People NI

Commissioner for Children and Young People

Committee on the Administration of Justice (CAJ)

Common Purpose

Common Youth

Community Development and Health Network

Community Evaluation (NI)

Community Foundation NI

Community NI

Community Pharmacy NI

Community Practitioners & Health Visitors Association

Community Relations Council

Community Safety Unit - Dept of Justice

Community Transport Association

Confederation of British Industry (CBI)

Conservation Volunteers (NI) - (Head Office: Belfast)

Contact - for families with disabled children

Co-Operation Ireland

Council for Catholic Maintained Schools

Council for the Curriculum Examination and Assessment (CCEA)

CPHVA - Unite The Union

Crossroads Care NI

CRUSE Bereavement Care Northern Ireland

Cystic Fibrosis Trust

DARD (Department of Agriculture and Rural Development) Branch

Department for Education - Strategy and Equality Unit

Department for the Economy

Department of Communities

Department of Finance - Strategic Equality Branch

Department of Health

DEPARTment of Infrastructure

Department of Justice

DePaul

Derry City & Strabane District Council

Diabetes UK (NI)

Diocesan Office (Roman Catholic Archdiocese)

Disability Action

Disability Sport NI

Disabled Drivers Association NI

Down's Syndrome Association

DUP

Early Years Organisation

Education Authority

Egyptian Society of NI

Employers for Child Care

Employers For Disability

Epilepsy Action NI

Equality Coalition (CAJ)

Equality Commission for Northern Ireland

Equality EANI

Extern

Extra Care

Family Care Adoption Services

Family Care Society NI

Family Mediation Northern Ireland

Family Planning Association NI

Federation of Clinical Scientists

Fermanagh & Omagh District Council

Fibromyalgia Support Northern Ireland

Fire Brigades Union

Focus The Identity Trust

Fold Housing Association

Food Standards Agency

Foras na Gaeilge

Foster Care Associates

Fostering Network

Four Seasons Health Care Ireland

Free Presbyterian Church of Ulster

Friendship Centre Federation

Gay and Lesbian Youth Northern Ireland

Gender and Sexual Orientation Equality & Human Rights Officer

General Consumer Council for NI

General Medical Council

Girls Brigade Northern Ireland

Glencraig Camphill Community NI

Green Party

GROW

Guide Dogs for the Blind Association

Guild of Healthcare / Hospital Pharmacists

Guru Nanak Ji Sikh Community

Habinteg Housing Association [Ulster] Limited

Habitat for Humanity Northern Ireland

Haemophilia Society Group

Harmony Community Trust

Health & Healthcare Research Unit - QUB

Health and Social Care Board Headquarters - CEO

Health Promotion Agency

Hearing Concern

Hearing Dogs for the Deaf

Helm Housing

HERE NI

Home Start UK

Homeless Support Unit

Housing Rights Service

HSC Board

Huntington's Disease Associaton NI

IA Support Group NI

ICO NI

ICPD (Institute for Counselling & Personal Development Trust)

IMTAC

Include Youth

Independent Health Care Providers

Independent Living Centre NI

Indian Community Centre NI

Indonesian Association NI

Inspire

Institute for Conflict Research

Institute of Directors (Northern Ireland)

Institute of Governance, QUB

Institute of Public Health in Ireland

Investing for Health team

Irish Advocacy Network Ltd (NI Office)

Islamic Centre

Japan Society of NI

Jehovah's Witnesses (Hospital Liaison Committee)

Jigsaw Northern Ireland

LaLeche League

Law Centre

Law Society NI

Leonard Cheshire Disability, Domiciliary & Day Care Supported Housing

Life (NI)

Lifeline

Lifestart Foundation Ltd NI

Lighthouse (previously PIPS)

Link Centre

Lisburn & Castlereagh City Council

Livability

Macmillan Cancer Support

MACS Supporting Young People

Mandarin Speakers Association

Marie Curie Cancer Care

ME Support NI

Mediation Northern Ireland

MENCAP

Men's Advisory Project NI

Mental Health & Learning Disability Team RQIA

Mental Health Review Tribunal

Mid & East Antrim Borough Council

Mid-Ulster District Council

Mind Yourself

Mindwise

Miscarriage Association

Multiple Sclerosis Society NI

Muscular Dystrophy Group

National Association for Colitis and Crohns Disease

National Autistic Society NI

National Board for Nursing, Midwifery and Health Visiting Northern Ireland

National Children's Bureau (NCB) NI

National Deaf Children’s Society

National Energy Action NEA

National Foundation for Educational Research

National Organisation Circumcision

National Society for the Prevention of Cruelty to Children

NB Housing

Nevis HealthCare

New Horizons

New Life Counselling Service

Newry & Mourne & Down District Council

Nexus NI

NHS Confederation on Learning Disability

NI Association For Mental Health

NI Association of CAB

NI Association of Social Workers

NI Blood Transfusion Service

NI Cancer Fund for Children

NI Cancer Registry

NI Childminding Association

NI Children's Hospice

NI Committee of Irish Congress of Trade Unions

NI Council for Integrated Education

NI Council for the Homeless

NI Dyslexia Association

NI Federation of Housing Associations (Communication Services Manager)

NI Fire & Rescue Service - (Equality Mgr):

NI Gay Rights Association

NI Guardian ad Litem Agency

NI Home Accident Prevention Council c/o Fermanagh & Omagh District Council Offices

NI Housing Executive - CEO:

NI Human Rights Commission

NI Inter Faith Forum

NI Medical and Dental Training Agency

NI Music Therapy Trust

NI Newpin

NI Orthoptic Society (BIOS)

NI Policing Board

NI Practice & Education Council for Nursing and Midwifery

NI Public Service Alliance (NIPSA)

NI Rare Diseases Partnership - Chair:

NI Sikh Association

NI Statistics and Research Agency

NI Women's European Platform

NI Youth Forum

NIACRO (Northern Ireland Association for the Care and Resettlement of Offenders)

NICON

NICRAS (NI Community of Refugees & Asylum Seekers)

NICRE (NI Council for Racial Equality)

Northern Drugs & Alcohol Coordination Team (NDACT)

Northern HSC Trust

Northern Ireland Ambulance Service (NIAS)

Northern Ireland Association of Homeopaths

Northern Ireland Committee, ICTU

Northern Ireland Confederation for Health and Social Services

Northern Ireland Council for Post Graduate Medical Education

Northern Ireland Council for Voluntary Action (NICVA)

Northern Ireland Hindu Cultural Centre and Temple

Northern Ireland Hospice

Northern Ireland Kidney Patient's Association (NIKPA)

Northern Ireland Local Government Association (NILGA)

Northern Ireland Lupus Group

Northern Ireland ME Association

Northern Ireland Muslim Family Association

Northern Ireland Office

Northern Ireland Pakistani Cultural Association

Northern Ireland Polio Fellowship

Northern Ireland Social Care Council

Northern Ireland Student Guidance Centre

Northern Ireland Union of Supported Employment

NOW Group

NSPCC

NUS-USI Northern Ireland Student Centre

Oesophageal Patients Association Northern Ireland

Orchardville Society

Pakistani Community Association

Parenting Matters Project (Part of Barnardo's)

Parenting NI Team

Parents Education as Autism Therapists (PEAT)

Parkinson's Disease Society

Participation and the Practice of Rights Project (PPR)

Patient Client Council

Pharmaceutical Society of NI

PILS Project (Public Interest Litigation Support)

Playboard NI

POBAL Development Office

Policing with the Community Branch, PSNI

Polish Educational and Cultural Association

Positive Futures

Positive Life

Praxis

Presbyterian Church in Ireland

Presbyterian Women

Press for Change

Primecare Services

Probation Board NI

Progressive Unionist Party

PSNI Headquarters

Public Health Agency

Quaker Cottage

Quaker Service

Queen’s University Belfast

Queen's University Belfast- Diversity and Inclusion Unit

Queer Space

Rainbow Project

RCCP

Regina Coeli House

Relate

Remember our Child

Respond

Rev. M McGinnity, Family Ministry Commission

Royal British Legion

Royal College of General Practitioners NI (RCGPNI)

Royal College of Midwives

Royal College of Nursing (NI) Board

Royal College of Occupational Therapists (NI)

Royal College of Psychiatrists in Northern Ireland

Royal College of Speech and Language Therapists

Royal Liver Support Group

Royal National Institute for the Blind (RNIB)

Royal Society for the Prevention of Accidents (ROSPA)

RQIA (Regulation Quality Improvement Authority)

Rural Community Network

Rural Development Council

Rural Support

Sai Pak Chinese Community Group

Salvation Army

Samaritans Belfast

School of Nursing - UUJ

School of Nursing & Midwifery, QUB

Scouting Association NI

SDLP

Secondary Care Directorate DoH

SENAC (Special Education Needs Advice Centre)

SENSE NI

Shelter NI

SHINE

Shopmobility NI

Sikh Women and Childrens Association

Simon Community

Sinn Fein

Social Security Agency

Socialist Party

Society for the Protection of the Unborn Child

Society of Podiatrists

Society of Radiographers

Society of Saint Vincent De Paul

South Eastern HSC Trust

Southern HSC Trust

Special EU Programs Body (SEUPB)

Sport Northern Ireland

Start 360

STEP (South Tyrone Empowerment Prog.)

Strabane District Council

Stroke Association

Suicide Awareness & Support Group

Survivors of Trauma

Tashi Khyil Trust

The Association of Clinical Biochemistry

The Baha'l Council for Northern Ireland

The Baptist Centre

The Big Lottery Fund

The Cedar Foundation

The Commission for Victims and Survivors

The Executive Office

The HIV Support Centre

The Local Government Staff Commission For NI (LGSC)

The Long Term Advocacy Service

The Northern Ireland Prison Service

The Omnibus Partnership

The Prince's Trust

The Relatives Association Northern Ireland

The Royal Institute of Chartered Surveyors (NI)

The Society and College of Radiographers

Threshold

Tiny Life

Traditional Unionist Voice (TUV)

Training for Women Network

Treetops Childhood Bereavement

Triangle Housing Association Ltd

Twins & Multiple Births Association (TAMBA)

Ulster Chemists Association

Ulster Quaker Service Committee

Ulster Scots Agency

Ulster Scots Community Network

Ulster Unionist Party

Unison

UNITE

UNITE Amicus Section

University of the 3rd Age

University of Ulster

VAST

Venture International

Victim Support

Voice of Young People in Care

Voices Forum National Schizophrenia Fellowship

Voluntary Services Bureau

Volunteer Development Agency

Volunteer Now

Welcome Trust Ltd

Western HSC Trust

Wheelchair Bowls Northern Ireland

William Keown Trust

Women in Sport & Physical Activity (WISPA)

Women’s Forum Northern Ireland

Women’s Resource and Development Agency (WRDA)

Women's Aid

Women's Aid Federation NI

Women's Forum NI

Women's Information Northern Ireland (WINI)

Women's Resource and Development Agency

Women's Support Network

Worker's Party

Workforce Training Services

Youth Action NI

Youth Council for Northern Ireland

Youth Initiatives

Youth Justice of Northern Ireland

Youth Work Curriculum Development Unit

All NI Political Representatives including MLAs and Councillors will be included.
Chief Executives of Health & Social Care Trusts
Chairs of Medical Staff (BCH, Mater, RVH, RJMS, RBHSC, MPH)

Appendix 4 Timetable for measures proposed within the Scheme (Schedule 9 4.(3) (b))

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Arrangements for assessing our compliance with S75 duties			
Have in place appropriate structures and reporting mechanisms [Intro]	*Structures and reporting mechanisms established*	*Chief Executive, Executive Team*	*Structures in place*
Ensure S75 duties are mainstreamed within the Trust [Intro]	*S75 objectives and targets will be integrated into strategic and operational business plans [2.5]*	*Chief Executive, Director of Human Resources, Director of Planning, Co Director of Equality Equality Lead*	*In line with corporate planning cycle*
Employees' job descriptions and performance plans reflect S75 duties [2.6]	*Already included in job descriptions and Post Outlines as part of the Trust's KSF (Knowledge & Skills Framework)*	*Co Director of Equality Senior HR Manager*	*Ongoing*
Prepare Section 75 Annual Progress Report (APR) and include section in Trust's own Annual Report [2.7]	*Information collated throughout year for inclusion in APR* *Article written for inclusion in Trust's Annual Report*	*Equality Lead*	*31 August (annually)* *Annually*
(Regular) reports to Trust's Senior Management Team and Trust Board [2.10]	*As above – information provided to Director of PPI to bring to Executive Team and Trust Board.*	*Director of Performance, Planning and Informatics Co Director of Strategic Planning Equality Lead*	*Regularly and Annually via S75 Annual Progress Report*

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Action Plan			
Conduct an audit of inequalities in order to develop a baseline for an Action Based Plan	*Conduct a literature review and audit of health inequalities in consultation with voluntary/community sector.*	*Equality Lead*	*Published March 2018*
Development of Action Based Plan to include performance indicators and timescales. Aligned to corporate and business planning cycle [2.11]	*Literature review and audit of health inequalities undertaken along with pre-consultation with voluntary/community sector.* *Consultation with Service Directorates to identify inequalities and actions required for same.*	*Equality Lead* *Equality Lead and Operational Heads of Service.*	*March 2018*
Consultation on draft action plan [2.15]	*Consult with stakeholders before submission to Equality Commission.*	*Equality Lead*	*Pre consultation January 2017* *Formal consultation August-November 2017*
Finalised action plan published [2.18]	*Publish on Trust's internet and intranet and advise of its availability and take account of alternative formats etc .*	*Equality Lead*	*March 2018*
Deliver on action plan	*Implement and deliver on all actions contained within the Action Plan in order to tackle inequalities.*	*Equality Lead*	*Lifespan of Plan 2018-2023*

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Arrangements for monitoring progress in place [2.16]	*Identify whether targets have been met – update plan as necessary.*	*Equality Lead in conjunction with service Directors.*	*Every August in line with Annual Progress Report*
Arrangements for consulting			
Consultation list reviewed and updated [3.4]	*All current consultees written to and contact details and preferred method/format of communication updated on central consultation list.*	*Equality Lead*	*2018 and Annually*
Training re. Consultation [3.2.4]	*Specific training provided for those conducting consultations.*	*Equality Lead, Personal & Public Involvement Manager*	*Ongoing throughout life of Scheme*
Equality Scheme and Action Plan consulted upon taking account of various methods, accessible venues and alternative formats etc [3.2.	*Conduct as appropriate:* ▪ *Public meetings* ▪ *Face-to-face meetings* ▪ *Specialist meetings* ▪ *Opinion surveys/questionnaires* ▪ *Internet discussions*	*Equality Lead*	*Action Plan - pre consultation January 2017. Formal consultation August-November 2017.* *Equality Scheme – updated August 2018*
Undertake programme of awareness raising to ensure effective consultation with consultees [3.2.5]	*Develop pack for dissemination via PPI Leads/Liaison Panels.*	*Equality Lead*	*Ongoing*
Take account of any assessment and consultation before decisions are taken regarding policies [3.2.10]	*Outcome of impact assessment and analysis all consultation responses received.*	*Lead policy author*	*In place – any assessments and consultations are taken into account before making decisions*

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Provide feedback report to consultees in timely manner in formats suited to consultees [3.2.11]	*As per consultation list update exercise we will provide feedback to consultees in their preferred format.*	*Lead policy author(s)*	*Mechanisms in place to provide feedback at end of consultation exercises via consultation reports*
Screening			
Revise screening template and accompanying guidance notes.	*Both revised to take account of new ECNI guidance and 3 screening outcomes.*	*HSC Equality Leads*	*Year 1 Action Plan – Develop Policy Tool Kit*
Publish screening report quarterly in accessible formats [4.15]	*Report will be published quarterly on internet with links to each screening template. Will be issued to consultees as appropriate in their preferred format.*	*Equality Lead* *Equality Lead*	*Developed and reviewed in line with legislative developments* *Quarterly*
EQIA timetable [4.16]	*We will give advance notice to consultees of forthcoming EQIAs and the consultation periods associated with each.*	*Lead policy author(s)*	*Notice given to consultees ahead of each consultation exercise*
Publishing of EQIA reports [4.22]	*EQIA reports and outcomes of consultation will be published on the internet and issued to consultees as appropriate in their preferred format.* *The reports will include all information as per 4.22 of this Scheme.*	*Lead policy author(s)* *Equality Lead*	*As each consultation exercise ends* *Reports produced to include all info as per 4.22 of Scheme*

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Monitoring			
Revision of policies as a result of monitoring [4.30]	*We will collect and analyse qualitative and quantitative data in order to monitor any adverse impact of policies we have adopted and to identify opportunities to better promote equality of opportunity and good relations and will do so in line with the Office of the Information Commissioner and the ECNI.*	*Lead policy author(s)*	*Every 2 years*
Review of monitoring information [4.31]	*To ensure it is relevant and up-to-date in relation to the policy.*	*Lead policy author(s)*	*Over a one year period from implementing the policy.*
Publication of monitoring information [4.33;4.34]	*We will publish monitoring information in our S75 Annual Progress Report and also on our website and it will be made available in alternative formats on request.*	*Equality Lead*	*Ongoing and annually.*
Staff Training			
Draw up a detailed training plan [5.3]	*To cover all aspects i.e. awareness of scheme, focused training for staff involved in data collection, policy development, service design, conducting consultations and EQIAs, monitoring and evaluation, complaints.*	*Equality Lead/ Senior HR Manager.*	*Timetable as per Action Plan*

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Development of summary scheme [5.4]	*Summary Scheme currently being revised and will be issued to all staff.*	*Equality Lead*	*Review year 1 to form part of Tool Kit*
Provide access to full copy of Scheme to all staff [5.4]	*Full Scheme will be published on intranet and internet and made available in alternative formats on request.*	*Equality Lead*	*Available on the Trust's Intranet and Internet and alternative formats on request*
Development of overall training programme in conjunction with S75 categories [5.5] *Awareness raising on the Section 75 statutory duties via PPI [3.2.5]*	*All staff will receive briefing on Equality Scheme once approved via Trust E-brief, email, intranet etc.* *S75 awareness included in Induction Training and E-learning Diversity Training as well as other current diversity training initiatives.* *Pack developed for PPI panels.*	*Equality Lead* *Equality Lead*	*On approval of Scheme by ECNI* *Making a Difference E-Learning launched Nov 2017* *Annually*
Focussed training i.e. those involved in research and data collection, policy development, service design, conducting equality impact assessments, consultation, monitoring and evaluation [5.4]	*Series of Screening and EQIA master classes previously held for policy authors and arranged as necessary.*	*Equality Lead*	*Screening and EQIA Masterclasses - ongoing*
Update training [5.4]	*Training will be kept up to date in line with ECNI guidance and staff will be advised accordingly.*	*Equality Lead*	*Review mechanisms in place to keep training up-to-*

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
			date. and ongoing
Evaluation of training [5.6]	*Assess the extent to which those being trained have acquired the necessary skills and knowledge to e.g. undertake screening, conduct EQIAs etc.* *Provide Refresher training as required.* *Conduct management reports on uptake of E-learning diversity training.*	*Equality Lead* *Equality Lead* *Equality Lead*	*Mechanisms in place ie Policy Leads undertake screening and EQIAs.* *At least annually* *Quarterly report produced compared by Directorates and job groups*
Arrangements for ensuring and assessing public access to information and services we provide			
Ensure information we disseminate and services we provide are fully accessible to all parts of the community in Northern Ireland [6.1]	*Update of S75 consultation list will ask for preferred methods and formats of communication.* *Trust Access Groups include service users who advise the Trust accordingly e.g. Sensory Impairment Group.*	*Equality Lead* *Heads of Relevant Service Areas*	*Mechanisms in place to provide literature and information about our services in alternative languages and formats on request* *Mechanisms in place*

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
	We will use the media and advertise in press where appropriate. *We will also use our website, corporate plan, staff magazine, annual progress report etc.*	*Equality Lead* *Equality Lead*	*As required* *Website used to disseminate information*
Provide information in alternative formats on request [6.3]	*Trust routinely translates information into various languages to meet the needs of those not fluent in English via Regional HSC Contract with four translation companies.* *Provides information in disk, easy-read, large print etc. on request.* *Will seek advice from those with specialist knowledge on how best to communicate with children and young people and also those with learning disabilities, older persons and those with mental illness. We will use the ECNI's 'Let's Talk, Let's Listen Guidance for public authorities on consulting and involving children and young people'.*	*All staff* *Equality Lead* *Equality Lead*	*Information provided on request* *Information provided on request* *Information sought from specialists*
Provide interpreters and sign language interpreters [6.7]	*Trust provides interpreters via the NIHSC Interpreting Services which is supported by a subsidiary contract with STEP and the Big Word for Telephone Interpreting. The Trust procures sign language interpreters through Action on Hearing Loss*	*Equality Lead*	*As requested*

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Ensure buildings are accessible [6.7]	*Access audits have been conducted and remedial works undertaken where buildings were not found to be accessible to include more loop systems, touch-pad doors, talking lifts etc. New builds take account of all access requirements.*	*Estates Services Department.*	*Further works undertaken as required*
Assessing access to information and services [6.8]	*We will monitor uptake of interpreting services and requests for translations and alternative formats.*	*Equality Lead*	*Quarterly reports produced*
Provide reasonable adjustments [6.9]	*As above, buildings are accessible to all service users, using reasonable adjustments where necessary for both service users and staff members.*	*Equality Lead/Estates Services Department.*	*Reasonable adjustments provided when required by service users and staff*
Monitor complaints [6.9]	*We will monitor complaints received to identify areas where equality of opportunity and good relations could be improved.*	*Equality Lead*	*Analyse quarterly to identify any trends*
Complaints Procedure			
How complaints are raised, timetable for responding etc.[8.1]	*HSC have a regional complaints procedure and information has been made available in alternative formats e.g. various languages.* *Complaints regarding failure to adhere to our Equality Scheme are acknowledged within 2 days and responded to within 20 working days of receipt of letter.*	*Regional Complaints Group.* *Complaints Team Manager, Equality Lead*	*Ongoing* *All complaints dealt with according to prescribed timescales*

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Publication of our Equality Scheme			
Current Equality Scheme on internet [2.8]	*Current Scheme and Annual Progress Report on our website.*	*Equality Lead*	*Revised Scheme uploaded Annual Progress Reports uploaded each August*
Communication of equality scheme and notification of consultees [9.3]	*Once approved we will communicate the new equality scheme via press releases, adverts, internet, mailshots to all consultees on our consultation list and link to internet.*	*Equality Lead*	*On approval of scheme by ECNI*
Produce Scheme in alternative formats on request [9.3]	*We will produce the Scheme in alternative formats on request as per 9.3 of this Scheme.*	*Equality Lead*	*On approval of scheme by ECNI and within 20 working days of receiving the request.*
Review of equality scheme			
Scheme will be reviewed within five years of submission to the Equality Commission or within a shorter timescale to allow alignment with the review of other planning cycles [10.1]	*We will conduct a thorough review of the scheme in line with the corporate planning cycle i.e. three years after approval.*	*Equality Lead and Heads of Service*	*May 2023*
Any other measures proposed in equality scheme			
Work closely with other public authorities to exchange learning and best practice [2.3.2]	*Maintain already established links with other Trusts and HSC Organisations in order to maximise on collaborative working.*	*Equality Lead with other Equality Leads, Regional Equality & Human Rights Steering Group, Regional Equal Opportunities*	*Continue with collaborative work*

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
		Network Group, Joint Consultative Forum.	
Liaise closely with the ECNI to ensure that progress on the implementation of our Equality Scheme is maintained [2.0]	*Continue communication with the ECNI.*	*Equality Lead*	*Communication with ECNI continues*
Work with Trade Unions in the effective discharge of our equality duties.	*Maintain already established links with Trade Unions via the Trust Joint Negotiation and Consultation Forum (TJNCF).*	*Director of Human Resources, Co-Director of Modernisation, Learning & Development, Equality & Workforce Planning, Equality Lead*	*Meetings held quarterly with frequent communication in the interim*

Appendix 5 Glossary of terms

Action plan
A plan, which sets out actions a public authority, will take to implement its Section 75 statutory duties. It is a mechanism for the realisation of measures to achieve equality outcomes for the Section 75 equality and good relations categories.

Action measures and outcomes
Specific measures to promote equality and good relations for the relevant Section 75 and good relations categories, linked to achievable outcomes, which should be realistic and timely.

Adverse impact
Where a Section 75 category has been affected differently by a policy and the effect is less favourable, it is known as adverse impact. If a policy has an adverse impact on a Section 75 category, a public authority must consider whether or not the adverse impact is unlawfully discriminatory. In either case a public authority must take measures to redress the adverse impact, by considering mitigating measures and/or alternative ways of delivering the policy.

Affirmative action
In general terms, affirmative action can be defined as being anything consistent with the legislation which is necessary to bring about positive change. It is a phrase used in the Fair Employment and Treatment Order (NI) 1998 to describe lawful action that is aimed at promoting equality of opportunity and fair participation in employment between members of the Protestant and Roman Catholic communities in Northern Ireland.

Article 55 Review
Under the Fair Employment and Treatment (NI) Order 1998, all registered employers must conduct periodic reviews of the composition of their workforces and of their employment practices for the purposes of determining whether members of the Protestant and Roman Catholic communities are enjoying, and are likely to continue to enjoy, fair participation in employment in each employer's concern.

These reviews, which are commonly known as Article 55 Reviews, must be conducted at least once every three years.

Audit of inequalities
An audit of inequalities is a systematic review and analysis of inequalities which exist for service users and those affected by a public authority's policies. An audit can be used by a public authority to inform its work in relation to the Section 75 equality and good relations duties. It can also enable public authorities to assess progress on the implementation of the Section 75 statutory duties, as it provides baseline information on existing inequalities relevant to a public authority's functions.

Consultation
In the context of Section 75, consultation is the process of asking those affected by a policy (ie, service users, staff, and the general public) for their views on how the policy could be implemented more effectively to promote equality of opportunity across the nine categories. Different circumstances will call for different types of consultation. Consultations could, for example, include meetings, focus groups, surveys and questionnaires.

Differential impact
Differential impact occurs where a Section 75 group has been affected differently by a policy. This effect could either be positive, neutral or negative. A public authority must make a judgment as to whether a policy has a differential impact and then it must determine whether the impact is adverse, based on a systematic appraisal of the accumulated information.

Discrimination
The anti-discrimination laws prohibit the following forms of discrimination:

- Direct discrimination
- Indirect Discrimination
- Disability Discrimination
- Victimisation
- Harassment.

Brief descriptions of these above terms follow:

Direct discrimination
This generally occurs where a public authority treats a person less favourably than it treats (or, would treat) another person, in the same or similar circumstances, on one or more of the statutory nondiscrimination grounds. A decision or action that is directly discriminatory will normally be unlawful unless:

(a) In an age discrimination case, the decision can be objectively justified
Or

(b) In any other case, the public authority can rely on a statutory exception that permits it – such as a *genuine occupational requirement exception*
Or

(c) *A positive action exception* which permits an employer to use "welcoming statements" or to take other lawful positive action to encourage participation by under-represented or otherwise disadvantaged groups.

Indirect discrimination
The definition of this term varies across some of the anti-discrimination laws, but indirect discrimination generally occurs where a public authority applies to all persons a particular provision, criterion or practice, but which is one that has the effect of placing people who share a particular equality characteristic (e.g. the same sex, or religious belief, or race) at a particular disadvantage compared to other people.
A provision, criterion or practice that is indirectly discriminatory will normally be unlawful unless:

(a) It can be objectively justified
Or

(b) The public authority can rely on a statutory exception that permits it.

Disability discrimination
In addition to direct discrimination and victimisation and harassment, discrimination against disabled people may also occur in two other ways:

namely, (a) *disability-related discrimination*, and (b) *failure to comply with a duty to make reasonable adjustments.*

(a) *Disability-related discrimination* generally occurs where a public authority, without lawful justification, and for a reason which relates to a disabled person's disability, treats that person less favourably that it treats (or, would treat) other people to whom that reason does not (or, would not) apply.

(b) *Failure to comply with a duty to make reasonable adjustments*:

One of the most notable features of the disability discrimination legislation is that in prescribed circumstances it imposes a duty on employers, service providers and public authorities to take such steps as are reasonable to remove or reduce particular disadvantages experienced by disabled people in those circumstances.

Victimisation
This form of discrimination generally occurs where a public authority treats a person less favourably than it treats (or, would treat) another person, in the same or similar circumstances, because the person has previously exercised his/her rights under the anti-discrimination laws, or has assisted another person to do so. Victimisation cannot be justified and is always unlawful.

Harassment
Harassment generally occurs where a person is subjected to unwanted conduct that is related to a non-discrimination ground with the purpose, or which has the effect, of violating their dignity or of creating for them an intimidating, hostile, degrading, humiliating or offensive environment. Harassment cannot be justified and is always unlawful.

Equality Impact Assessment
The mechanism underpinning Section 75, where existing and proposed policies are assessed in order to determine whether they have an adverse impact on equality of opportunity for the relevant Section 75 categories. Equality Impact Assessments require the analysis of both quantitative and qualitative data.

Equality of opportunity
The prevention, elimination or regulation of discrimination between people on grounds of characteristics including sex, marital status, age,

disability, religious belief, political opinion, dependants, race and sexual orientation.

The promotion of equality of opportunity entails more than the elimination of discrimination. It requires proactive measures to be taken to secure equality of opportunity between the categories identified under Section 75.

Equality Scheme
A document which outlines a public authority's arrangements for complying with its Section 75 obligations. An Equality Scheme must include an outline of the public authority's arrangements for carrying out consultations, screening, Equality Impact Assessments, monitoring, training and arrangements for ensuring access to information and services.

Good relations
Although not defined in the legislation, the Commission has agreed the following working definition of good relations: 'the growth of relations and structures for Northern Ireland that acknowledge the religious, political and racial context of this society, and that seek to promote respect, equity and trust, and embrace diversity in all its forms'.

Mainstreaming equality
The integration of equal opportunities principles, strategies and practices into the every day work of public authorities from the outset. In other words, mainstreaming is the process of ensuring that equality considerations are built into the policy development process from the beginning, rather than being bolted on at the end. Mainstreaming can help improve methods of working by increasing a public authority's accountability, responsiveness to need and relations with the public. It can bring added value at many levels.

Mitigation of adverse impact
Where an Equality Impact Assessment reveals that a particular policy has an adverse impact on equality of opportunity, a public authority must consider ways of delivering the policy outcomes which have a less adverse effect on the relevant Section 75 categories; this is known as mitigating adverse impact.

Monitoring
Monitoring consists of continuously scrutinising and evaluating a policy to assess its impact on the Section 75 categories. Monitoring must be

sensitive to the issues associated with human rights and privacy. Public authorities should seek advice from consultees and Section 75 representative groups when setting up monitoring systems. Monitoring consists of the collection of relevant information and evaluation of policies. It is not solely about the collection of data, it can also take the form of regular meetings and reporting of research undertaken. Monitoring is not an end in itself but provides the data for the next cycle of policy screening.

Northern Ireland Act
The Northern Ireland Act, implementing the Good Friday Agreement, received Royal Assent on 19 November 1998. Section 75 of the Act created the statutory equality duties.

Northern Ireland Human Rights Commission
A statutory body established under Section 68 of the Northern Ireland Act 1998, which works to ensure that the human rights of everyone in Northern Ireland are fully protected in law, policy and practice.

Northern Ireland Statistics & Research Agency (NISRA)
The Northern Ireland Statistics and Research Agency (NISRA) is an Executive Agency within the Department of Finance and Personnel (DFP).

They provide statistical and research information regarding Northern Ireland issues and provide registration services to the public in the most effective and efficient way.

OFMDFM
The Office of the First Minister and Deputy First Minister is responsible for providing advice, guidance, challenge and support to other NI Civil Service Departments on Section 75 issues.

Policy
The formal and informal decisions a public authority makes in relation to carrying out its duties. Defined in the New Oxford English Dictionary as ‘a course or principle of action adopted or proposed by a government party, business or individual’. In the context of Section 75, the term **policies** covers all the ways in which a public authority carries out or proposes to carry out its functions relating to Northern Ireland. Policies include unwritten as well as written policies.

Positive action
This phrase is not defined in any statute, but the Equality Commission understands it to mean any lawful action that a public authority might take for the purpose of promoting equality of opportunity for all persons in relation to employment or in accessing goods, facilities or services (such as health services, housing, education, justice, policing). It may involve adopting new policies, practices, or procedures; or changing or abandoning old ones.

Positive action is not the same as *positive discrimination*.

Positive discrimination differs from positive action in that *positive action* involves the taking of lawful actions whereas *positive discrimination* involves the taking of unlawful actions. Consequently, *positive action* is by definition lawful whereas *positive discrimination* is unlawful.

Qualitative data
Qualitative data refers to the experiences of individuals from their perspective, most often with less emphasis on numbers or statistical analysis. Consultations are more likely to yield qualitative than quantitative data.

Quantitative data
Quantitative data refers to numbers, typically derived from either a population in general or samples of that population. This information is often analysed by either using descriptive statistics, which consider general profiles, distributions and trends in the data, or inferential statistics, which are used to determine 'significance' either in relationships or differences in the data.

Screening
The procedure for identifying which policies will be subject to Equality Impact Assessment, and how these Equality Impact Assessments will be prioritised.

The purpose of screening is to identify the policies which are likely to have a minor/major impact on equality of opportunity so that greatest resources can be devoted to improving these policies. Screening requires a systematic review of existing and proposed policies.

Schedule 9
Schedule 9 of the Northern Ireland Act 1998 sets out detailed provisions for the enforcement of the Section 75 statutory duties, including an outline of what should be included in an Equality Scheme.

Section 75
Section 75 of the Northern Ireland Act provides that each public authority is required, in carrying out its functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity between:

- Persons of different religious belief, political opinion, racial group, age, marital status and sexual orientation

- Men and women generally

- Persons with a disability and persons without; and

- Persons with dependants and persons without.

Without prejudice to these obligations, each public authority in carrying out its functions relating to Northern Ireland must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Section 75 investigation
An investigation carried out by the Equality Commission, under Schedule 9 of the NI Act 1998, arising from the failure of a public authority to comply with the commitments set out in its approved Equality Scheme.

There are two types of Commission investigation, these are as follows:

1. An investigation of a complaint by an individual who claims to have been directly affected by the failure of a public authority to comply with its approved Equality Scheme

2. An investigation initiated by the Commission, where it believes that a public authority may have failed to comply with its approved Equality Scheme.

Appendix 6 Action plan/action measures - (Under separate cover)

Appendix 7 Useful Weblinks

www.equalityni.org - Equality Commission for Northern Ireland.

www.nihrc.org- Northern Ireland Human Rights Commission.

http://www.officefordisability.gov.uk - Government website to help staff learn about alternative formats and inclusive engagement with people with disabilities.