



Northern Ireland
Blood Transfusion Service

Equality and Disability Action Plans 2018-2023

Consultation Document

October 2017

Northern Ireland Blood
Transfusion Service

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We will consider any request for this document in another format or language.

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Introduction

As Jim Lennon and Karin Jackson – Chair and Chief Executive of the NIBTS – we are committed to promoting equality and good relations. For people with a disability, we recognise that we have to do more to promote positive attitudes and to encourage their participation in public life.

We want to make sure we do this in a way that makes a difference to people. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from these plans in the yearly plans we develop for the organisation as a whole. These are called ‘corporate’ or ‘business’ plans.

We will also put everything in place in the organisation to make sure that we do what we have to under the law. This includes making one person responsible overall for making sure we do what we say we are going to do in our Equality and Disability Action Plans.

We will make sure we let our staff know of what is in our plans. We will also train our staff and help them understand what they need to do.

The person in our organisation who is responsible for making sure that we do what we have promised to do is Ivan Ritchie. When you have any questions you can contact him at:

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Who we are and what we do

The Northern Ireland Blood Transfusion Service is part of health and social care in Northern Ireland.

We were set up on 1st June 1994.

We do things like:

- Supply Blood and Blood products to hospitals
- Process and test blood
- We receive and test blood samples from antenatal clinics

How people can be involved in our work

There are a number of ways in which people can be involved in the work of the Northern Ireland Blood Transfusion Service.

The primary way in which people can be involved in public life positions in NIBTS is via the Agency's Non-Executive Board positions. The role of such post-holders is primarily to oversee the running of the Agency. These posts are advertised publicly by the Department of Health (DoH) and appointments are made through the DoH.

What the law says

The NIBTS has to follow the law under **Section 75 of the Northern Ireland Act 1998**. It says that in our work we have to promote equality and good relations. We have to treat people fairly and based on their needs and to make things better for staff and people who use our services. It also says that we have to build better relationships between different groups of people.

There are nine different equality groups that the law requires us to look at:

- Gender (and gender identities)
- Age
- Religion
- Political opinion
- Ethnicity
- Disability
- Sexual orientation
- Marital status
- Having dependants or not.

There are three good relations groups we need to consider:

- Religion
- Political opinion
- Ethnicity

We also have to follow the law under the **Disability Discrimination (Northern Ireland) Order 2006**, which says that we have to:

- promote positive attitudes towards disabled people and
- encourage participation by disabled people in public life.

This includes people with any type of disability, whether for example, physical disabilities; sensory disabilities; autism; learning disabilities; mental health conditions; or conditions that are long-term. Some of these disabilities may be hidden, others may be visible.

Both pieces of legislation require us to develop an action plan: an Equality Action Plan and a Disability Action Plan. We have to send these plans to the Equality Commission for Northern Ireland and then report every year on what we have done.

How we reviewed our last plans and developed these new plans

In starting off to develop these plans we looked at what we have done so far to promote equality and good relations, to promote positive attitudes towards disabled people and to encourage their participation in public life.

We asked all teams in our organisation to think through the following questions:

- What has worked well?
- What hasn't worked well?
- What lessons have we learned?
- Did we do what we said we would do?
- Has this made a difference for people in the way we thought it would?

For the new plans, we asked them to consider two questions:

- In your area of work, what are the key issues for people in the equality groupings?
- What can you do to address these issues?

We encouraged our staff to look at a range of sources of information such as:

- new research or data
- equality screening exercises that have been completed
- their professional experience and knowledge
- issues raised in consultations or through other engagement with staff and service users
- Issues raised in consultation or through other engagement with service users in the community.

We also learned from what we heard when we:

- held coffee mornings to talk with staff about issues important to those who have a disability and those who care for somebody who has a disability
- ran a survey with staff to find out what they think an Employer of Choice for people who have a disability or those who care for somebody with a disability looks like
- spoke with the members of our staff disability network to find out what we should do to promote equality for those who have a disability and those who care for somebody who has a disability
- together with our colleagues in the Health and Social Care Trusts ran an engagement event with people from different equality groupings to find out what they think we could do to better promote equality.

We also read up on what the Equality Commission says would be good to do. All this helped us think about what else we could do to make a difference.

We think it is important to involve people from different groups in developing our plans. This is why we will set up meetings as part of this consultation. This will include speaking to our staff, especially the two networks we have in place: Tapestry – our disability staff network, and the Lesbian, Gay, Bisexual and Transgender Staff Forum for the whole of Health and Social Care.

What we have done so far

This is some of what we have done to promote equality.

- We produced a signposting resource for our staff. It provides information on support networks in the community for people from each of the nine equality groups. We update this resource every year.
- We put in place an Accessible Formats Policy; this policy relates to all of the nine equality groups including age, gender, disability, ethnicity, sexual orientation, political opinion, dependants, religion and marital status. It addresses specific needs in relation to sensory impairment, learning disability, sexual orientation, older people, younger people, translation and interpreting for minority ethnic groups and more general literacy levels that are of particular importance.

This is some of what we have done to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life.

Promoting positive attitudes towards disabled people

- To date, we have held seven disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing loss and deafness, Learning disabilities, Cancer, and Arthritis and Musculoskeletal conditions.
- We developed an e-learning resource on disability. It is available to all Health and Social Care staff. All our staff have been asked to complete the programme at induction.

- We include the disability duties in all Equality Awareness and Equality Screening Training that the BSO Equality Unit delivers.
- We have made available sessions on mental health awareness to our staff including mindfulness and managing stress.
- We developed a staff resource on disability etiquette, a resource and checklist on how to positively portray people with a disability in their work.
- We have checked our website to make sure it is accessible.

Encourage the participation of disabled people in public life

- We participate in a disability work placement scheme together with our Health and Social Care partner organisations. So far, the Scheme has provided between 5 and 15 placements for people with a disability in our organisations every year.
- We have put in place a process for publishing screening templates when they are completed. A disability organisation had suggested that we do so. We do the same for publishing the quarterly screening reports.
- We developed a resource for line managers on reasonable adjustments for staff with a disability.
- We set up a disability network for our staff. Part of the role of this network is to raise disability issues with decision makers in our organisation.

What we have learned so far

Monitoring

Even with proactive encouragement, our staff seem reluctant to declare their disability. So we need to keep working on this, including trying to find out why staff do not declare their disability. We will work closely with our disability staff network on this.

Placements

We evaluated our placement scheme each year and made changes in the next year's scheme to improve the experience for participants. We will carry this learning into our new plan. Managers and staff who have been involved in the scheme to date have told us that they have gained a better understanding of disabilities through working side by side a person who has a disability. Many have been impressed by the attitude and performance of the individual on placement.

Awareness Days

We have found that attendance at awareness events is greatest when the subject is most relevant to staff. This can be because they have the condition themselves or they know or work with someone who has the condition. We will continue to ask staff which areas relating to disability they would like more information on.

Training

We have found that our e-learning training on Disability is a really useful resource to train our large numbers of staff. We have also found that sometimes we need to run specific training courses, for example on autism awareness or deaf awareness when the need is identified. We will continue to take this approach of a combination of e-learning and classroom based training. People have told us that they take away a lot from sessions that are delivered by people with a disability themselves.

What is in the new plans

There are two separate tables below. The first table lists all the actions that we will do to promote equality and good relations. This is our Equality Action Plan. The second table describes what we will do to promote positive attitudes towards people with a disability and to encourage their participation in public life. This is our Disability Action Plan. In both plans we also say what difference we hope to make and when we will do these actions.

How we will monitor

Every year we write up what we have done. We also explain when we haven't done something. We send this report to the Equality Commission. We also publish this report on our website: <http://www.nibts.org/>

We have a look at the plans every year to see whether we need to make any changes to them. If we need to, we write those changes into the plans. Before we make any big changes we talk to people in the equality groupings to see what they think.

When we finish an action we take it off the plans for the next year. That way we will keep our plans up to date. They will show what we still have to do.

After five years we will look at our plans again to see how we have done. We will also see what else we could do.

Whenever we develop or look at our plans we will invite people who have a disability to help us.

The plans are also available on our website: <http://www.nibts.org/>

We send our plans to all organisations and individuals on our consultation list when we have finalised them and also when we have made major changes to them.

To find out whether what we do makes a difference, we will do a number of things, for example:

- For training and awareness events, we ask our staff about what learning they are taking away with them and what they may do differently as a result of what they have learned.
- We do a survey with people from a particular equality group after we have delivered an action targeted at them to ask whether they feel better supported as a result.
- We check summary figures to see whether, for example, more people from a particular under-represented group are availing of a service after promoting it to them specifically.

You can find further information on how we will monitor each action in the plans themselves.

**Equality Action Plan 2018-2023:
What we will do to promote equality and good relations**

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p>Carers</p> <p>1. Promote information for staff who are carers on available policies and measures that might meet their needs; including sign-posting to relevant support organisations.</p>	<p>Staff who are carers feel more supported in the workplace</p>	<p>Sickness absence of carers reduced Retention of staff who are carers</p>	<p>HR with support by Equality Unit 2018/19</p>
<p>Gender Identity</p> <p>2. Deliver awareness and training initiatives to relevant staff as part of the roll-out of the Gender Identity and Expression Employment Policy</p>	<p>Staff who identify as transgender and non-binary feel more supported in the workplace</p>	<p>90% of relevant staff have been trained</p>	<p>HR with support by Equality Unit March 2020</p>

<p>Training</p> <p>3. Making a Difference – e-learning</p> <ul style="list-style-type: none"> • Add module to suite of mandatory training for all staff • Deliver on training targets 	<p>Increased staff awareness of equality and human rights.</p>	<p>Making a Difference e-learning included in mandatory training for staff 40% of staff have completed the e-learning module</p>	<p>HR with support by Equality Unit Q4 2018/2019 Annually</p>
<p>Domestic Violence</p> <p>4. Undertake awareness raising relating to new support mechanisms (developed by BSO) to support staff with experience of domestic violence</p>	<p>Staff with experience of domestic violence are better supported</p>	<p>Awareness raising undertaken with 100% of staff</p>	<p>HR with support by Equality Unit March 2020</p>
<p>External Regulations</p> <p>5. Implement SaBTO recommendation: the deferral period for MSM (men who have sex with men) after last sexual contact to be reduced.</p>	<p>Increased opportunity for MSM to donate</p>	<p>Implementation following recommendation Increase in number of donors who are MSM</p>	<p>Medical Team 2018 – 2019</p>

<p>URS Documentation</p> <p>6. Include question relating to the 9 categories in Section 75 into any new User Requirements Specifications (URS) for any new facilities projects</p>	<p>Facilities are more accessible in relation to the Section 75 groups</p>	<p>User Requirements Specifications evidence the needs of Section 75 groups have been considered</p>	<p>Facilities 2018 - 2019</p>
<p>Donor & Ethnicity</p> <p>7. Explore opportunities to further engage with Ethnic minorities to encourage increased levels of Blood Donation</p>	<p>Ensure wider Ethnic participation in Blood Donation</p>	<p>A minimum of 2 engagement sessions with Ethnic minority communities each year</p>	<p>Donor Services 2018/2019 on-going</p>
<p>Donor interpreting</p> <p>8. As part of a general review of NIBTS blood collection programme, undertake a pilot of the use of interpreters for blood donors whose first language is not English</p>	<p>Donors whose first language is not English are facilitated to donate blood, thereby increasing the pool of donors.</p>	<p>Numbers of donors whose first language is not English has increased</p>	<p>Medical Team with input from Laboratory Services/Donor Services Manager 2019 – 2020</p>

Disability Action Plan 2018-2023:

What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p>Awareness Days</p> <p>1. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).</p>	<p>Increased staff awareness of the range of disabilities and needs</p>	<p>Two annual awareness days profiled >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days</p>	<p>HR (2018 onwards) BSO Equality Unit</p>
<p>Tapestry</p> <p>2. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.</p>	<p>Staff with a disability feel more confident that their voice is heard in decision-making. Staff with a disability feel better supported.</p>	<p>Tapestry meeting notes indicate that actions to support staff have been delivered</p>	<p>HR Annually</p>

<p>Monitoring</p> <p>3. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and providing guidance to staff on the importance of monitoring.</p> <p>Prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system)</p>	<p>More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.</p>	<p>Increase in completion of disability monitoring information by staff to 90%</p> <p>Prompt issued to staff on a regular basis.</p>	<p>HR with support by Equality Unit Annually</p>
<p>Mental Health Charter</p> <p>4. Sign up to Mental Health Charter and Every Customer Counts.</p>	<p>Staff with mental health conditions feel better supported in the workplace</p>	<p>Absence figures reduced Increase in % of staff who declare that they have a mental health condition.</p>	<p>HR with support by Equality Unit March 2020</p>

<p>Accessible Documents</p> <p>5. Ensure leaflets and information materials such as the 'feedback' cards are accessible, including background colour, shape and size of font and language used.</p>	<p>Donor information is more accessible</p>	<p>Feedback on the new cards, from organisations that deal with issues relating to Dyslexia, visual impairment, learning disability</p>	<p>Donor Services 2018 - 2019</p>
<p>Policy Development</p> <p>6. Develop a Gender Identity Policy in relation to Donors</p> <ul style="list-style-type: none"> • Scope best practice in other Blood Transfusion Services • Engage with gender identity groups and individuals <p>Develop, screen and consult on policy.</p>	<p>Needs and dignity of donors who identify as transgender, non-binary and intersex are better met.</p>	<p>Policy in place providing clear advice and support for Donors and Staff</p> <p>Feedback from donors indicates their needs and dignity have been better met.</p>	<p>Medical Team 2019 - 2020</p>

<p>Policy Development</p> <p>7. Develop a policy that will deal with life threatening or debilitating conditions like cancer.</p>	<p>Issue a Policy</p>	<p>Clear advice and support for managers and staff.</p>	<p>HR 2021 - 2022</p>
<p>Policy Review</p> <p>8. Review the Dependents Leave Policy to ensure there is emphasis on 'elder care'.</p>	<p>Needs of staff who have elderly dependents are better met.</p>	<p>Raise awareness of reviewed policy</p>	<p>HR 2018 - 2019</p>
<p>Translating Documents</p> <p>9. Review Donor facing leaflets/information to decide which ones are appropriate for translation into the top 5 languages as reported by the NI HSC Interpreting Service and decide on how best to disseminate the translated information.</p>	<p>Donors and potential donors whose first language is not English have better access to information.</p>	<p>Translated versions of leaflets/information available</p>	<p>Medical Team 2021 - 2022</p>

<p>Replacement Couches</p> <p>10. Ensure the couches currently in use are suitable for donors with a musculoskeletal problem, bariatric donors; roll out replacement programme.</p>	<p>Bariatric donors and donors with musculoskeletal problems are facilitated</p>	<p>Numbers of donors has increased by 5 %</p>	<p>Donor Services 2022 - 2023</p>
<p>Partnership Forum</p> <p>11. Encourage participation of people with disabilities in the NIBTS communities partnership user forum:</p> <ul style="list-style-type: none"> • Develop promotional material in accessible formats <p>Distribute through disability organisations and on the NIBTS website.</p>	<p>Better engagement and involvement of people with a disability within the communities partnership user forum.</p>	<p>Increase in the participation of people with a disability within the NIBTS community partnership user forum.</p>	<p>Donor Services 2022-2023</p>
<p>Disability Champion</p> <p>12. Promote the Disability champion throughout the organisation.</p>	<p>Evidence of leadership at senior level.</p>	<p>Champion identified and promoted.</p>	<p>CE 2018 – 2019</p>

<p>Laboratory Refurbishment</p> <p>13. Hospital services refurbishment plans over the next 3 to 4 years will include consideration for staff with a disability, e.g. height adjustable and moveable benches - ensure workflow is lean; equipment is accessible for all staff; notices and visual management is in best colour and font.</p>	<p>The workplace is more accessible to staff who have a disability</p>	<p>Feedback from staff who have a disability</p>	<p>Laboratory Modernisation Officer 2021 – 2022</p>
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Signed by:

John Lennon

Chair

Date: 13th September 17'

[Signature]

Chief Executive

Date: 13th September 17'



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