



Equality Scheme

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

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Please contact us with your requirements (see below for contact details).

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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 Act¹.

In our Equality Scheme we set out how the Northern Ireland Ambulance Service Health and Social Care Trust (the Trust) proposes to fulfil the Section 75 statutory duties.

This scheme is a public expression of the 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.

We will commit 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.

In developing its Scheme, the Trust had fully adapted the model scheme published by the Equality Commission in 2011. This revised Scheme incorporates minimal changes to bring it up to date.

As Chair and Chief Executive, on behalf of the Trust Board, we are fully committed to effectively fulfilling our Section 75 statutory

¹ See Chapter 1 of our Equality Scheme.

duties across all our functions (including service provision, employment and procurement) through the effective implementation of our Equality Scheme.

We realise the important role that the community and voluntary sector and the general public have to play to ensure the 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.

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. NIAS has valued and will continue to value the benefits and expertise that open and meaningful engagement with our service users and staff yields.



Paul Archer
Chair



Liam McIvor
Chief Executive

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Background

This document represents a reviewed version of the Equality Scheme for NIAS published in 2011.

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.² 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.

Section 75 statutory duties require more than prevention of discrimination – as a public authority, The Northern Ireland Ambulance Service 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.³

²

<http://www.equalityni.org/archive/word/S75GuideforPublicAuthoritiesApril2010.doc>

³ Ibid

The Northern Ireland Ambulance Service employs approximately 1100 people and provides a service to the entire population of Northern Ireland.

Between Census Day 2001 (29 April 2001) and Census Day 2011 (27 March 2011), the usually resident population of Northern Ireland increased by 7.5 per cent (125,600) to 1.811 million. Of the 2011 population, 51% were female and 49% were male. 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% either widowed or a surviving partner in registered same-sex civil partnerships.

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. Polish is the next most prevalent language after English at 1%.

The number of people under 16 years fell from 24% in 2001 to 21% in 2011, while the proportion of people aged 65 years and over rose from 13% to 15% over the same period.

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.

12% of the population provided unpaid care in 2011 compared with 11% in the previous Census. There are 214,000 carers in Northern Ireland, providing care for ill, frail or disabled family members, friends and partners.

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.

One in five people in Northern Ireland has a disability. 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.

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.

Women form more than half of the population and 27% of the Trust's workforce. Women can experience less equality of opportunity, higher levels of domestic abuse and more social exclusion than men do.⁴

The Trust recognises that the Northern Ireland population and our staff are 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.

⁴ 2011 Census

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.

1.2 “Functions” include the “powers and duties” of a public authority⁵. This includes our employment and procurement functions. Please see below under “Who we are and what we do” for a detailed explanation of our functions.

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

1.3 Schedule 9 4. (1) of the Act requires the 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

⁵ Section 98 (1) of the Northern Ireland Act 1998.

for fulfilling the Section 75 statutory duties and our plan for their implementation.

1.4 The Northern Ireland Ambulance Service Health and Social Care 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.

Who we are and what we do

1.5 The Northern Ireland Ambulance Service (NIAS) operates on a regional basis across five divisions in Northern Ireland, providing ambulance services to over 1.7 million people. We employ over 1,100 people and provide a range of ambulance services and dealt with 140,367 emergency calls, 35,492 urgent and 211,164 non-urgent calls across Northern Ireland during 2012/2013.

1.6 The Trusts functions relate to the provision of:

- Emergency response to patients with sudden illness and injury;
- Non-Emergency Patient Care and Transportation. The journeys undertaken cover admissions;
- Ambulance Transport for hospital outpatient appointments, discharges and inter-hospital transfers;
- Specialised health transport services;
- Training and education of ambulance professionals;
- Planning for and co-ordination of major events, mass casualty incidents and disasters;
- Support for community based First Responder services;
- Community Education;
- Out-of-hospital care research.

1.7 In keeping with the Equality Commission's guidance, functions include powers and duties. They embrace all the activities undertaken by the Trust including for example the recruitment/employment of staff, financial arrangements, procurement, training, maintenance of property and the delivery and development of services.

1.8 Our mission:

The Northern Ireland Ambulance Service will provide safe, effective, high-quality, patient focussed care and services to improve health and well being by preserving life, preventing deterioration and promoting recovery.

NIAS Vision

“Improved health and well-being for the Northern Ireland community through safe, effective, high-quality, patient-focussed care and services provided by the Northern Ireland Ambulance Service as an integral part of the whole healthcare system.”

NIAS Core Values

The Trust has six core values that underpin everything we do:

Respect & Dignity – We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

Commitment to Quality of Care - We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

Compassion - We respond with humanity and kindness to each person’s pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

Improving Lives - We strive to improve health and well-being and peoples experiences of the health service. We value excellence and professionalism wherever we find it – in

the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

Working Together for Patients - We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals within and outside the health service. We put the needs of patients and communities before organisational boundaries.

Everyone Counts - We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

Strategic Aims

On the firm foundation of these values The Trust has set the following three Strategic Aims:

- To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective.
- To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity.
- To engage with the local community and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services.

How we do our business

1.9 The Trust Board is the governing body of the organisation. It has six key objectives for which it is accountable to the Department of Health, Social Services and Public Safety.

1.10 The Board:

-
- sets the strategic direction of the Trust;
 - monitors performance against objectives;
 - ensures effective financial stewardship;
 - ensures that high standards of corporate governance and personal behaviour are maintained;
 - appoints, appraises and remunerates Executive Directors; and
 - ensures that there is effective dialogue on its plans and performance between the Trust and the local community.

1.11 The Trust Board also oversees the role and function of its Audit, Remuneration and Assurance Committees.

1.12 The Trust Board holds public meetings, generally on a bi-monthly basis. These are held at various locations throughout Northern Ireland to encourage public attendance. Details of meetings are placed on the Trust website.

1.13 The Trust has a Chief Executive and a Chairman. The Chief Executive is the accountable officer for the Trust. The Chairman works very closely with the Chief Executive and is responsible for the operation of the Trust Board.

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

2.1 This section illustrates the arrangements for assessing fulfilment of and compliance with the Section 75 statutory duties, which are further outlined in other relevant parts of this Equality Scheme.

2.2 The Trust has also produced an action-based plan. This 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.

2.3 The action-based plan is separate from the Equality Scheme 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.

2.4 This action plan will be implemented between July 2014 and June 2017 and the Trust is committed to reviewing it on an annual basis.

2.5 The plan was informed by a comprehensive analysis of inequalities detected in the Emerging Themes document and was developed collaboratively across the Health and Social Care sector.

2.6 Some of our arrangements for assessing our compliance with the Section 75 statutory duties are outlined in other relevant parts of this equality scheme. (See paragraphs 4.1 - 4.3, 5.8, 6.13, 6.14, and 10.1 - 10.3 below)

2.7 In addition we have the following arrangements in place for assessing our compliance:

Responsibilities and reporting

2.8 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.

Management Structure

(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 Trust Board comprises a Non-Executive Chairman and five non-Executive Directors appointed by the Department of Health, Social Services and Public Safety (DHSSPS) Appointments Unit and five Executive Directors who include the Chief Executive.

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) 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.

(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) Chair

The Chair of the Trust 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.

(e) Senior Executive Management Team

The Chief Executive meets with the Executive Directors as an executive team. This team 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 General Management Executive 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.

(f) Individual Directorates

The Trust manages its staff and delivers its services through a structure of four Directorates, each of which is headed up by a Director. These Directorates are as follows:-

- Finance and ICT Directorate
- Human Resources and Corporate Services Directorate
- Operations Directorate
- Medical Directorate

Whilst the Trust believes the services it provides are of a high quality, it is not complacent about the need to keep them continually under review to ensure they remain appropriate to the needs of people. The quality of care is monitored regularly within the Trust and the Trust is also accountable through its contracts with purchasers for ensuring that specific service standards are met. The Trust will continue to ensure that Section 75 of the Northern Ireland Act is an integral part of the manner in which the Trust carries out its functions.

Accountability Structure

(a) Department of Health and Social Services and Public Safety

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 Health and Social Care bodies including the Northern Ireland Ambulance Service 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 stewardship of Health Service resources.

(b) Health & Social Care Board

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 1.8 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 – currently £4 billion – to ensure that all services are safe and sustainable.

(c) Trusts

Within Health and Social Care there are 6 integrated Health and Social Care Trusts providing health and social care services to the Northern Ireland public. Services are provided locally and on a regional basis.

External Relationships

In order to ensure the people who use the Trust's services have a stronger voice to influence the shape and range of services available, the Trust is committed to building on the links it has already established with the 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.

Equality Steering Group

The Trust has established an Equality Steering Group, chaired by the Chief Executive to monitor implementation of its Equality Scheme. The Trust's Equality, PPI and Patient Experience lead will continue to provide the Steering Group and Trust Board with regular reports in this regard.

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

2.10 Responsibility for the effective implementation of our Equality Scheme lies with the Chair and Chief Executive on behalf of the Trust Board. Ms Roisin O'Hara, Director of Human Resources and Corporate Services 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 which has been or may be issued by the Equality Commission.

2.11 Michelle Lemon, Assistant Director; Equality, PPI and Patient Experience, is responsible for overseeing implementation of this scheme in discharge of the Trust's duties under Section 75 and reporting progress to the Director of Human Resources and Corporate Services and the Equality Steering Group.

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

Michelle Lemon
Ambulance Headquarters
Site 30 Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG

Tel: 028 90400999
Fax: 028 90400903
Textphone: 0890400871

E-mail: Michelle.Lemon@nias.hscni.net

Website: www.niamb.co.uk

2.13 Objectives and targets relating to the statutory duties will be integrated into our strategic and operational business plans⁶.

2.14 Employees' job descriptions and performance plans and reviews will reflect their contributions to the discharge of the Section 75 statutory duties and implementation of the Equality Scheme, where relevant.

2.15 The Trust prepares an annual report on the progress it has made on implementing the arrangements set out in this Equality Scheme to discharge our Section 75 statutory duties (Section 75 annual progress report).

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

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

2.18 The latest Section 75 annual progress report will be available on our website:

<http://www.niamb.co.uk>

or by contacting:

Michelle Lemon
Ambulance Headquarters
Site 30 Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG

Tel: 028 90400999
Fax: 028 90400903

⁶ See Appendix 4 'Timetable for measures proposed' and section 2.11 of this equality scheme.

Textphone: 0890400871

E-mail: Michelle.Lemon@nias.hscni.net

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

2.20 Progress on implementing the Equality Scheme will be reported quarterly to the Trust's Equality Steering Group, chaired by the Chief Executive and Trust Board and to the Senior Executive Management Team as appropriate.

2.21 The Trust has developed an action plan to promote equality of opportunity and good relations. The action plan is addition to ***and not part of*** the Trust's Equality Scheme.

2.22 The action measures that will make up our action plan will be 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 categories⁷ to identify the inequalities that exist for our service users and those affected by our policies⁸. The audit of inequalities will be a living document and will be revised and extended as new evidence is gathered.

2.23 The Trust is committed to ensuring action measures are specific, measurable, linked to achievable outcomes, realistic and time bound. Action measures will include performance indicators and timescales for their achievement.

2.24 We will develop any 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.

2.25 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 2.27 below.

⁷ See section 1.1 of this equality scheme for a list of these categories.

⁸ See section 4.1 of this equality scheme for a definition of policies.

2.26 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.

2.27 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.

2.28 Once finalised, our action plan will be available on the Trust's website and Intranet site: www.niamb.co.uk

2.29 If you require it in an alternative format please contact Michelle Lemon at the contact details provided at paragraph 2.12.

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 plan at Appendix 4 and equality impact assessments.

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)*')

3.3 All consultations carried out by the Trust 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.

3.4 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.

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

3.6 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.

3.7 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)*.

3.8 Information will be made available, on request, in alternative formats⁹, usually within 20 working days. If it is expected 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.

3.9 Specific training will be provided to those facilitating consultations to ensure that they have the necessary skills to communicate effectively with consultees.

3.10 To ensure effective consultation with consultees¹⁰ 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 displaying information in this regard on our website and providing this to any service user or other panels established. The Trust will produce guidance on good practice engagement and consultation for managers to ensure effective consultation processes.

⁹ See Chapter 6 of our equality scheme for further information on alternative formats of information we provide.

¹⁰ Please see Appendix 3 for a list of our consultees.

3.11 Alternative formats may include Easy Read, Braille, audio formats, CD, or DAISY, large print or minority languages to meet the needs of those whose first language is not English.

3.12 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 commitments¹¹.

3.13 Where, under these exceptional circumstances, we must implement a policy immediately, we may consult after implementation of the policy, in order to ensure that any impacts of the policy are considered.

3.14 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.

3.15 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.

3.16 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.

¹¹ Please see below at 4.28 to 4.32 for details on monitoring.

3.17 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.

3.18 We are committed to providing feedback to consultees in a timely manner. We will provide feedback to consultees in a timely manner. A feedback report will be 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 will be provided in formats suitable to consultees. (Please see paragraphs 6.5 – 6.7)

3.19 A list of our consultees is included in this Equality Scheme at Appendix 3. It can also be obtained from our website or by contacting Michelle Lemon (contact details at paragraph 2.12).

3.20 Our consultation list is not exhaustive and is reviewed on an annual basis to ensure it remains relevant to our functions and policies.

3.21 We welcome enquiries from any person/s or organisations wishing to be added to the list of consultees. Please contact Michelle Lemon 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.

3.22 The Trust will manage consultation exercises and requests for information in this regard in line with its responsibilities under the Freedom of Information Act 2000 and the Data Protection Act 1998.

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

Our 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))

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, e.g., '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. (2) of the Northern Ireland Act 1998.

4.3 The Trust uses the tools of screening 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)*' and
- on undertaking an Equality Impact Assessment as detailed in the Commission's guidance '*Practical guidance on equality impact assessment (February 2005)*'.

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 (EQIA)
2. the policy has been 'screened out' with mitigation¹² 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, 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.

4.11 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.

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

4.13 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.

4.14 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

¹² 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.

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

4.15 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 at <http://www.niamb.co.uk> and on request from Michelle Lemon at the following address:

Michelle Lemon
Ambulance Headquarters
Site 30 Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG

Tel: 028 90400999
Fax: 028 90400903
Textphone: 0890400871
E-mail: Michelle.Lemon@nias.hscni.net

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

4.17 Our screening reports will be published quarterly [see below at 4.21 - 4.24 for details].

Equality Impact Assessment

4.18 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.

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

4.20 Any EQIA will be subject to consultation at the appropriate stage(s). (For details see above Chapter 3 “Our Arrangements for Consulting”).

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. (1))

4.21 We will 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.

What we publish

Screening reports

4.22 These will be 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.

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- 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.

Screening templates

4.23 For details on the availability of our screening templates please refer to 4.16.

Equality Impact Assessments

4.24 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 we publish the information

4.25 All information we publish is accessible and can be made available in alternative formats on request. Please see 6.5 – 6.7 below.

Where we publish the information

4.26 The results of our assessments (screening reports and completed templates, the results of EQIAs) will be available on our website and by contacting Michelle Lemon.

4.27 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 3 month period will also be sent directly to all consultees on a quarterly basis.

4.28 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))

4.29 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.

4.30 We will 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.

4.31 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
- There are particular challenges associated with collecting data for those accessing services in an

emergency service. We will undertake 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.

4.32 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.

4.33 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))

4.34 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:

4.35 EQIA monitoring information is published as part of our Section 75 annual progress report [see 2.17]

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

4.37 All information published is accessible and can be made available in alternative formats on request. Please see below at 6.5 – 6.7 for details.

Chapter 5 Staff training

(Schedule 9 4. (2) (e))

Commitment to staff training

5.1 We recognise that awareness raising and training play a crucial role in the effective implementation of our Section 75 duties.

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

5.3 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.

Training objectives

5.4 The Trust has drawn up a 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; and

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- to provide staff and managers with a solid understanding of good relations and the interdependence of equality and good relations.

Awareness raising and training arrangements

5.5 The following arrangements are in place to ensure all our staff 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. staff communiqué, Intranet etc.
- 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.

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

- Awareness Training
- Disability Awareness Training
- Personal and Public Involvement (PPI) Training

5.7 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

5.8 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.
- Knowledge and Skills Framework (KSF)

Chapter 6 Our arrangements for ensuring and assessing public access to information and services we provide

(Schedule 9 4. (2) (f))

6.1 The 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.

6.2 This commitment is underpinned by some of the six core values of the Trust to treat everyone with respect and dignity and is also in keeping with improving the Patient / Client Experience Standards regarding respect, attitude, behaviour, communication, privacy and dignity.

6.3 We keep our arrangements under review to ensure that this remains the case.

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

Access to information

6.5 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.

6.6 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 is committed to liaising with representatives of young people and disability and minority ethnic organisations, taking account of existing and developing good practice and ensuring arrangements are in place in this regard.

6.7 Information will be made available, on request, in alternative formats, usually within 20 working days. If it is expected 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.

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

6.9 Published information including Corporate Plans, Annual Reports and the Trust in-house Magazine will be displayed on the Trust website and will be made available in alternative formats as appropriate. The Trust is committed to providing Easy Read versions of key strategic documents subject to public consultation.

Access to services

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

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

6.12 The Trust is committed to providing appropriate interpreting services in the context of an emergency service and ensuring accessible public buildings to enhance accessibility.

Assessing public access to information and services

6.13 We are committed to monitoring 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.

6.14 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.

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 (which do not form part of our Equality Scheme) please see above at 2.22 – 2.30.

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.

8.2 Schedule 9 paragraph 10 of the Act 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.

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

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

Complaints and Administration Manager
Ambulance Headquarters
Site 30 Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG

Tel: 028 90 400999
Textphone: 028 9040 0871
Email: complaints@nias.hscni.net

8.5 We will in the first instance acknowledge receipt of each complaint within two working days.

8.6 The Complaints and Administration Manager will ensure an internal investigation of the complaint is carried out and will respond substantively to the complainant within 20 working days of the date of receiving the 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 and reasons for this.

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

8.8 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.

8.9 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.

8.10 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 Our Equality Scheme is available free of charge in print form and alternative formats from:

Michelle Lemon
Ambulance Headquarters
Site 30 Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG

Tel: 028 90400999
Fax: 028 90400903
Textphone: 0890400871
E-mail: Michelle.Lemon@nias.hscni.net

9.2 Our Equality Scheme summary and easy read is also available on our website at: <http://www.niamb.co.uk>

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.
- 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 in a timely manner, within as short a time as possible.
- Our Equality Scheme is available on request in alternative formats such as Easy Read, Braille, large print, audio formats (e.g. CD, mp3, DAISY) and in minority languages to meet the needs of those not fluent in English.

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- An Easy Read version of this Scheme will also be available.

9.4 For a list of our stakeholders and consultees please see Appendix 3 of the Equality Scheme, visit our website at <http://www.niamb.co.uk> or contact Michelle Lemon.

Chapter 10 Review of our Equality Scheme

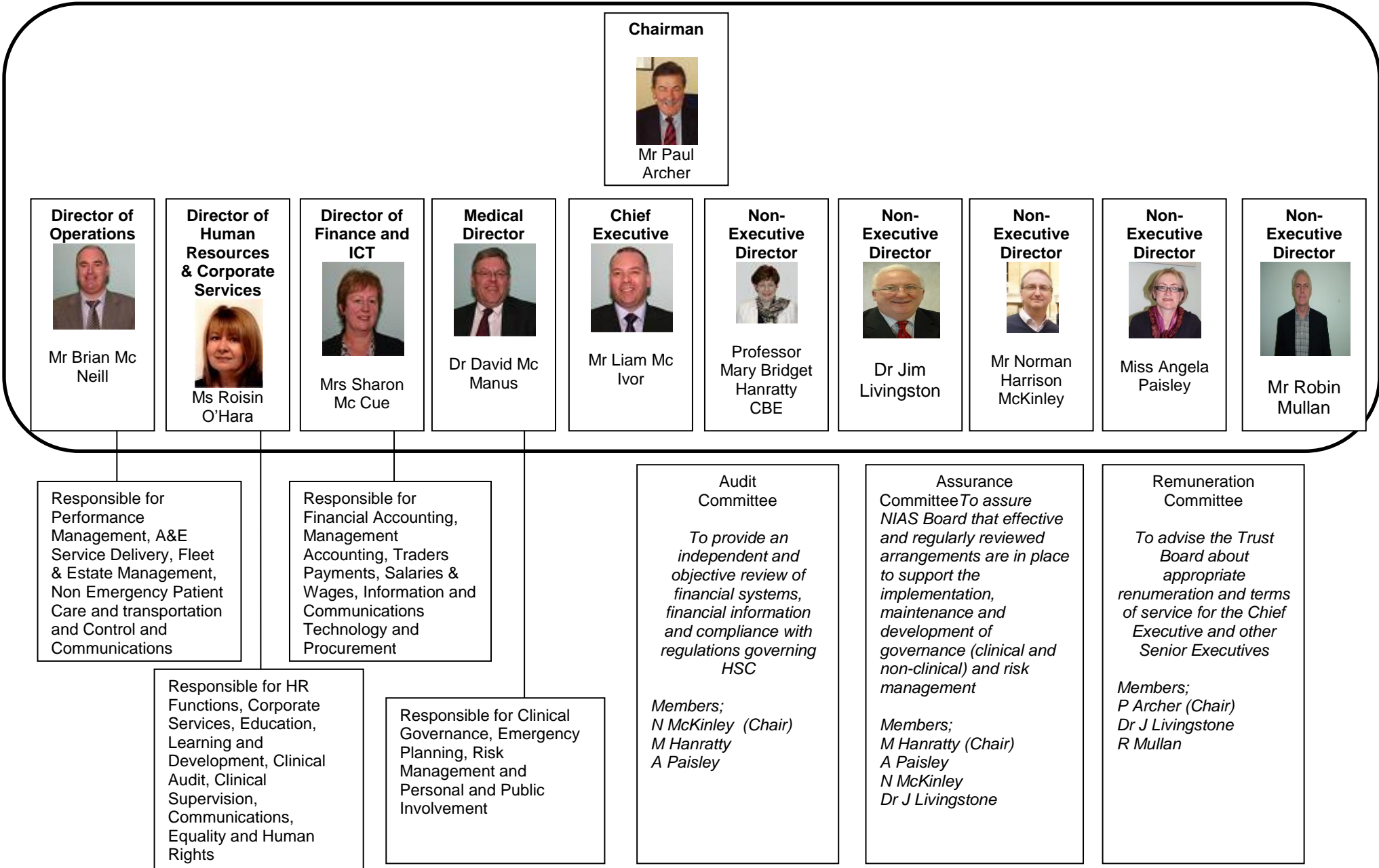
(Schedule 9 8. (3))

10.1 As required by Schedule 9 paragraph 8 (3) of the Northern Ireland Act 1998 we will conduct 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.

10.2 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.

10.3 In undertaking this review we will follow any guidance issued by the Equality Commission. A report of this review will be made public at <http://www.niamb.co.uk>, at Trust Board and sent to the Equality Commission.

APPENDIX 1 Northern Ireland Ambulance Service Organisational Chart



Chairman



Mr Paul Archer

Director of Operations



Mr Brian Mc Neill

Director of Human Resources & Corporate Services



Ms Roisin O'Hara

Director of Finance and ICT



Mrs Sharon Mc Cue

Medical Director



Dr David Mc Manus

Chief Executive



Mr Liam Mc Ivor

Non-Executive Director



Professor Mary Bridget Hanratty CBE

Non-Executive Director



Dr Jim Livingston

Non-Executive Director



Mr Norman Harrison McKinley

Non-Executive Director



Miss Angela Paisley

Non-Executive Director



Mr Robin Mullan

Responsible for Performance Management, A&E Service Delivery, Fleet & Estate Management, Non Emergency Patient Care and transportation and Control and Communications

Responsible for Financial Accounting, Management Accounting, Traders Payments, Salaries & Wages, Information and Communications Technology and Procurement

Responsible for HR Functions, Corporate Services, Education, Learning and Development, Clinical Audit, Clinical Supervision, Communications, Equality and Human Rights

Responsible for Clinical Governance, Emergency Planning, Risk Management and Personal and Public Involvement

Audit Committee

To provide an independent and objective review of financial systems, financial information and compliance with regulations governing HSC

*Members;
N McKinley (Chair)
M Hanratty
A Paisley*

Assurance Committee
To assure NIAS Board that effective and regularly reviewed arrangements are in place to support the implementation, maintenance and development of governance (clinical and non-clinical) and risk management

*Members;
M Hanratty (Chair)
A Paisley
N McKinley
Dr J Livingstone*

Remuneration Committee

To advise the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Senior Executives

*Members;
P Archer (Chair)
Dr J Livingstone
R Mullan*

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	<p>Buddhist; Catholic; Hindu; Jewish; Muslims, people of no religious belief; Protestants; Sikh; other faiths.</p> <p>For the purposes of Section 75, the term “religious belief” is the same definition as that used in the <i>Fair Employment & Treatment (NI) Order</i>¹³. Therefore, “religious belief” also includes any <i>perceived</i> religious belief (or perceived lack of belief) and, in employment situations only, it also covers any “<i>similar philosophical belief</i>”.</p>
Political opinion ¹⁴	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.
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.

¹³ 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.*”

¹⁴ *ibid*

Appendix 3 List of consultees

LIST OF STAKEHOLDERS CONSULTED

The following stakeholders have been made aware of this consultation.

If there is an organisation that you feel might be able to contribute to this consultation, please let us know.

Abbeyfield Society (NI Region)
AIDS Helpline
Accident Medical Negligence Association
Accord Catholic Marriage Counselling Service
ACET NI
ACOVO NI
Action for Children NI
Action Cancer
Action Mental Health
Action MS
Adopt NI
Advice NI
Commissioner for Older People for NI
Afro-Asian Residents Group NI
Age NI
Age Sector Reference Group
Age Sector Platform (ASP)
AA
Al-Anon Family Group
Al-Nisa Association
Alcohol Awareness for Youth
Alliance Party
Alzheimer's Society
An Munia Tober
Antrim Borough Council
Ards Borough Council
Armagh City and District Council
Arthritis Research Campaign
Arthritis Care (NI)
Asthma UK NI
Association for Spina Bifida and Hydrocephalus
Association of Crossroads Care Attendants Schemes
Association of Independent Advice Centres
Association of Local Authorities in Northern Ireland
Association of Northern Ireland Colleges
Asthma UK Northern Ireland
Autism NI
Banbridge Borough Council
Ballymena Borough Council

Ballymoney Borough Council
Barnardos
Belfast Brook Advisory Centre
Belfast City Council
Belfast Education and Library Board
Belfast Health and Social Care Trust
Belfast Healthy Cities
Belfast Hebrew Congregation
Belfast Outreach Centre
Belfast Pride
Belfast Travellers Education and Development Group
Blind Centre for Northern Ireland
Black Youth Network
Board of Social Witness, Presbyterian Church in Ireland
British Association of Social Workers (NI)
British Deaf Association (NI)
British Dental Association
British Diabetic Association
British Dietetic Association
British Epilepsy Association
British Geriatric Society (NI)
British Heart Foundation
British Nursery Association
British Orthoptic Society
British Psychological Society (NI Branch) (for health matters relating to psychology only)
British Red Cross
Business Services Organisation
Bryson House
British Medical Association (NI)
Buddhist Centre
Butterfly Club
Cancer Lifeline
Cancer Relief – Macmillan Fund
Carafriend
Care for NI
Carers National Association (NI)
Carers NI
Carrickfergus Borough Council
Castlereagh Borough Council
Catholic Family Care NI
CAUSE NI
CAUSE for Mental Health
Cedar Foundation
Central Personal Social Services Advisory Committee
Chartered Society of Physiotherapy
Child Action Prevention Trust
Children in NI
Children’s Day Nursery Association
Children’s Law Centre

Chinese Welfare Association
Church of Ireland Board for Social Responsibility (NI)
CLIC Sargent
Coalition on Sexual Orientation (COSO)
Coleraine Borough Council
Colleges of Further & Higher Education
College of Occupational Therapists
Committee on the Administration of Justice (CAJ)
Community Addiction Team
Community Development and Health Network
Community Evaluation (NI)
Community Information Network NI (CINNI)
Community Foundation for Northern Ireland
Community Relations Council
Community Work Education and Training Network
Confederation of British Industry (NI Branch)
Confederation of Community Groups
Conservation Volunteers NI
Co-operation Ireland
Cookstown District Council
Corrymela Community
Council for Catholic Maintained Schools
Council for the Advancement of Communication with Deaf People
Council for the Homeless
Council on Social Responsibility
Counteract
Craigavon Asian Women's Centre
Craigavon Borough Council
Craigavon Chinese Community Association
Craigavon Vietnamese Club
Cruse Bereavement Care
Cystic Fibrosis trust
Deaf Association of NI
Department of Culture, Arts and Leisure
Department of Education
Department of Employment and Learning
Department of Enterprise, Trade and Investment
Department of Finance and Personnel
Department of Health, Social Services and Public Safety
Department of Regional Development
Department of the Environment
Department of Social Development
Department of Agriculture and Rural Development
Derry City Council
Derry Travellers' Support Group
Derry Well Women
Diabetes UK
Disability Action
Disability Network Scheme
Down Cardiac Support Group

Down District Council
Dungannon and South Tyrone District Council
Dunlevey Substance Advice Centre
DUP
East Belfast Community Development Agency
Economic Research Institute of Northern Ireland
Elim Pentecostal Church
Employers for Childcare
Employers' For Disability
Enable NI
Engage with Age
Epilepsy Action
European Infertility Network
Equality Coalition
Equality Commission for Northern Ireland
Equality Forum
Equality 2000
Extern
Extra Care
Falls Community Council
Family Care Society
Family Planning Association NI
Fermanagh District Council
Fermanagh Women's Network
First Key
Food Standard Agency
Forum for Action on Substance Abuse
Forum for Community Work Education
Fostering Network
Four Seasons Healthcare
Foyle Down's Syndrome Trust
Foyle Friend
Foyle Women's Aid
Gay and Lesbian Youth Northern Ireland
Gender and Sexual Orientation Equality Unit
General Consumer Council for NI
General Medical Council
Gingerbread Northern Ireland
GMB Union
Green Party
Guide Dogs for the Blind Association
Guild of Healthcare Pharmacists
Harmony Community Trust
Help the Aged
HIV Support Centre
Home Start (NI)
HSC Board
Include Youth
Indian Community Centre
Institute of Directors (Northern Ireland)

Institute of Public Health
Irish Congress of Trade Unions – NI Committee
Islamic Centre
Japan Society of NI
Jigsaw NI
Judicial Appointments Commission
Larne Borough Council
La Societa Italiana Irlanda Del Norde
Lesbian Line
Limavady Borough Council
Lisburn City Council
Law Centre (NI)
Lesbian Line
Life (NI)
Magherafelt District Council
Marie Curie Cancer Care (Belfast)
ME Association
Mediation NI
MENCAP
Mental Health Commission
Men’s Network Resource Centre
MINDWISE
Moderator of the Presbyterian Church in Ireland
Moore, Tim (Research & Library Services, Northern Ireland Assembly)
Moyle District Council
Mulholland After-Care Services
Multi-Cultural Group
Multi-Cultural Resource Centre
Multiple Sclerosis Society (NI)
National Austistic Society
National Deaf Children’s Society
National Society for the Prevention of Cruelty to Children (NSPCC)
Nevis Healthcare
NEWPIN (Foyle NI)
Newry and Mourne District Council
Newry and Mourne Senior Citizens’ Consortium
Newry and Mourne Women
Newtonabbey Borough Council
Newtownabbey Senior Citizens’ Forum
Nexus Institute for NI
NIPSA
North Eastern Education and Library Board
North Down Borough Council
North West Community Network
North West Ethnic Communities Association
North West Forum of People with Disabilities
Northern Health and Social Care Trust
Northern Health and Social Services Council
Northern Ireland Affairs Committee, House of Commons
Northern Ireland African Cultural Centre

Northern Ireland Anti-Poverty Network
Northern Ireland Association for Mental Health
Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO)
Northern Ireland Association of GP Fundholding Practices
Northern Ireland Blood Transfusion Agency
Northern Ireland Cancer Registry
Northern Ireland Chest, Heart and Stroke Association
Northern Ireland Child Minding Association (NICMA)
Northern Ireland Citizens Advice Bureau
Northern Ireland Commissioner for Children and Young People
Northern Ireland Confederation for Health and Social Services
Northern Ireland Council for Ethnic Minorities (NICEM)
Northern Ireland Council for Voluntary Action (NICVA)
Northern Ireland Council on Alcohol
Northern Ireland Deaf Youth Association
Northern Ireland Federation of Housing Associations
Northern Ireland Federation of Private Members Non Profit making, Sports, Social & Recreational Clubs
Northern Ireland Filipino Association
Northern Ireland Fire & Rescue
Northern Ireland Foster Care Association (NIFCA)
Northern Ireland Gay Rights Association (NIGRA)
Northern Ireland Government Departments Permanent Secretaries
Northern Ireland Guardian Ad Litem Agency
Northern Ireland Home Accident Prevention Council
Northern Ireland Hospice
Northern Ireland Human Rights Commission
Northern Ireland Medical & Dental Training Agency (NIMDTA)
Northern Ireland Mother and Baby Action
Northern Ireland Practice Managers Association
Northern Ireland Pre-School Playgroups Association (NIPPA)
Northern Ireland Public Service Alliance
Northern Ireland Social Care Council
Northern Ireland Statistics and Research Agency (NISRA)
Northern Ireland Student Centre
Northern Ireland Volunteer Development Agency
Northern Ireland Women's Aid Federation
Northern Ireland Women's European Platform (NIWEP)
Northern Ireland Youth Forum
Office of First Minister & Deputy First Minister – Equality Unit
Older Person's Advocate
Omagh District Council
Omagh Ethnic Community Support Group
Omagh Women's Area Network
Pakistani Community Association
Parents Advice Centre (PAC)
Participation & Practice of Rights Project
Patient Client Council
Pharmaceutical Contractors' Committee (NI)

Pharmaceutical Society of Northern Ireland
PIPS – Public Initiative to Prevent Suicide and Self Harm
PlayBoard NI
POBAL
Press for Change
PRAXIS Mental Health
PUP
Public Health Agency
Queen’s University
Queer Space
Rainbow Project
Rape Crisis and Sexual Abuse Centre
Registered Nursing Home Association
Regulation & Quality Improvement Authority
Relate
Rethink
Royal College of General Practitioners (NI)
Royal College of Midwives
Royal College of Nursing (Northern Ireland)
Royal College of Psychiatry
Royal College of Speech & Language Therapists
Royal Institution of Chartered Surveyors in Northern Ireland
Royal National Institute for Deaf People (RNID)
Royal National Institute for the Blind (RNIB)
Royal Society for the Prevention of Accidents (ROSPA)
Rural Community Network
Rural Development Council
Rural Support
Salvation Army
Samaritans
Save the Children Fund
SDLP
Sense (National Deaf-Blind and Rubella Association)
Shelter
Sikh Cultural Centre
Simon Community
Sinn Fein
South Eastern Education and Library Board
Southern Health and Social Care Trust
South Eastern Health and Social Care Trust
Southern Education and Library Board
Southern Health and Social Services Council
Speech Matters
Sperrin Lakeland Senior Citizens’ Consortium
Staff Commission for Education and Library Boards
Strabane District Council
Stroke Association NI
The Princes Trust
The Society & College of Radiographers
Threshold

Twins and Multiple Births Association (TAMBA)
Ulster Cancer Foundation
Ulster Chemists Association
Ulster Quaker Service Committee
Ulster Scots Community Network
Unison
UNITE
University of Ulster
UUP
Victim Support
Voice of Young People in Care (NI)
Voluntary Services Belfast (VSB)
Wave Trauma Centre
Western Education and Library Board
Western Health and Social Care Trust
Womens Aid
Women into Politics
Women's Information Group
Women's Resource and Development Agency
Women's Support Network
YMCA
Young Help Trust
Youth Council for Northern Ireland

Appendix 4 Timetable for measures proposed (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	Ongoing
Ensure S75 duties are mainstreamed within the Trust [Intro]	S75 objectives and targets will be integrated into strategic and operational business plans [2.13]	Chief Executive, Director of Human Resources and Corporate Services, Equality and Patient Experience Manager	In line with corporate planning cycle
Employees' job descriptions and performance plans reflect S75 duties [2.14]	Already included in job descriptions and Post Outlines as part of the Trust's KSF (Knowledge & Skills Framework)	Assistant Director of HR, Equality, PPI and Patient Experience Assistant Director of HR, Education, Learning and Development	Ongoing
Prepare Section 75 Annual Progress Report (APR) and include section in Trust's own Annual Report [2.15 – 2.18]	Information collated throughout year for inclusion in APR	Assistant Director of HR, Equality, PPI and Patient Experience	31 August (annually)
	Article written for inclusion in Trust's Annual Report	Assistant Director of HR, Equality, PPI and Patient Experience	Annually
Regular/quarterly reports to Trust's Equality Steering Group and Trust Board [2.20]	As above – information provided to Director of Human Resources and Corporate Services to bring to Senior Executive Management Team and Trust Board.	Director of Human Resources & Corporate Services/ Assistant Director of HR, Equality, PPI and Patient Experience	Each quarter

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Action Plan			
Development of Action Based Plan to include performance indicators and timescales. Aligned to corporate and business planning cycle [2.21]	Literature review and audit of health inequalities undertaken along with pre-consultation with voluntary/community sector. Internal review to identify inequalities and actions required for same.	Assistant Director of HR, Equality, PPI and Patient Experience Assistant Director of HR, Equality, PPI and Patient Experience	June 2014
Consultation on draft action plan [2.25]	Consult with stakeholders before submission to Equality Commission.	Assistant Director of HR, Equality, PPI and Patient Experience	In line with consultation on equality scheme June 2014.
Finalised action plan published [2.28]	Publish on Trust's internet and intranet and advise of its availability and take account of alternative formats etc.	Assistant Director of HR, Equality, PPI and Patient Experience	November 2014
Arrangements for monitoring progress in place [2.26]	Identify whether targets have been met – update plan as necessary.	Assistant Director of HR, Equality, PPI and Patient Experience in conjunction with other managers as appropriate	Annually
Arrangements for consulting			

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Consultation list reviewed and updated [3.6]	All current consultees written to and contact details and preferred method/format of communication updated on central consultation list.	Assistant Director of HR, Equality, PPI and Patient Experience	Annually
Training re. Consultation [3.9]	Specific training provided for those conducting consultations.	Assistant Director of HR, Equality, PPI and Patient Experience	Ongoing.
Equality Scheme and Action Plan consulted upon taking account of various methods, accessible venues and alternative formats etc [3.5]	Conduct as appropriate: <ul style="list-style-type: none"> ▪ Public meetings ▪ Face-to-face meetings ▪ Specialist meetings ▪ Opinion surveys/questionnaires ▪ Internet discussions 	Assistant Director of HR, Equality, PPI and Patient Experience	June 2014
Undertake programme of awareness raising to ensure effective consultation with consultees [3.9]	Develop pack for dissemination	Assistant Director of HR, Equality, PPI and Patient Experience	Ongoing
Take account of any assessment and consultation before decisions are taken regarding policies [3.17]	Outcome of impact assessment and analysis all consultation responses received.	Lead policy author	Ongoing
Provide feedback report to consultees in timely manner in formats suited to consultees [3.18]	As per consultation list update exercise we will provide feedback to consultees in their preferred format.	Lead policy author(s)	Ongoing
Screening			

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Revise screening template and accompanying guidance notes.	Both revised to take account of new ECNI guidance and 3 screening outcomes.	HSC Equality Leads	Ongoing
Publish screening report template quarterly in accessible formats [4.22]	Report will be published quarterly on internet with links to each screening template. Will be issued to consultees as appropriate in their preferred format.	Assistant Director of HR, Equality, PPI and Patient Experience	Quarterly
EQIA timetable [4.28]	Where possible we will give advance notice to consultees of forthcoming EQIAs and the consultation periods associated with each.	Lead policy author(s)	Ongoing
Publishing of EQIA reports [4.24]	EQIA reports and outcomes of consultation will be published on the internet and issued to consultees as appropriate in their preferred format.	Lead policy author(s)	Ongoing
	The reports will include all information as per 4.24 of this Scheme.	Assistant Director of HR, Equality, PPI and Patient Experience	Ongoing

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 available 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)	Ongoing
Review of monitoring information [4.33]	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 [4.34 - 4.37]	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.	Assistant Director of HR, Equality, PPI and Patient Experience	Ongoing and annually.

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Staff Training			
Draw up a detailed training plan [5.4]	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.	Assistant Director of HR, Equality, PPI and Patient Experience	
Development of summary scheme [5.5]	Summary Scheme currently being revised and will be issued to all staff.	Assistant Director of HR, Equality, PPI and Patient Experience	Sept 2014
Provide access to full copy of Scheme to all staff [5.5]	Full Scheme will be published on intranet and internet and made available in alternative formats on request.	Assistant Director of HR, Equality, PPI and Patient Experience	July 2014
Development of overall training programme in conjunction with S75 categories [5.6]	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.	Assistant Director of HR, Equality, PPI and Patient Experience	Nov 2014
Awareness raising on the Section 75 statutory duties via PPI [3.10]	Pack developed for PPI panels.	Assistant Director of HR, Equality, PPI and Patient Experience	Dec 2014

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
Focussed training i.e. those involved in research and data collection, policy development, service design, conducting equality impact assessments, consultation, monitoring and evaluation [5.5]	Series of Screening and EQIA master classes will be held for policy authors and arranged as necessary.	Assistant Director of HR, Equality, PPI and Patient Experience	Dec 2014 and ongoing
Update training [5.5]	Training will be kept up to date in line with ECNI guidance and staff will be advised accordingly.	Assistant Director of HR, Equality, PPI and Patient Experience	Ongoing
Evaluation of training [5.7]	<p>Assess the extent to which those being trained have acquired the necessary skills and knowledge to e.g. undertake screening, conduct EQIAs etc.</p> <p>Provider Refresher training as required.</p> <p>Disseminate and conduct management reports on uptake of E-learning diversity training.</p> <p>Review of complaints received.</p>	<p>Assistant Director of HR, Equality, PPI and Patient Experience</p> <p>“</p> <p>“</p> <p>“</p>	<p>Mechanisms in place re. Policy leads Screening.</p> <p>Annually</p> <p>Ongoing</p> <p>Ongoing</p>

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
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.	Assistant Director of HR, Equality, PPI and Patient Experience	Ongoing
	<p>We will use the media and advertise in press where appropriate.</p> <p>We will also use our website, corporate plan, staff magazine, annual progress report etc.</p> <p>Continue participation on Regional Accessible Information Group.</p>	<p>“</p> <p>“</p> <p>“</p>	<p>As required</p> <p>Ongoing As required</p> <p>Meetings Bi monthly</p>
Provide information in alternative formats on request [6.5]	<p>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.</p> <p>Provides information in disk, easy-read, large print etc. on request.</p> <p>Will seek advice from those with specialist knowledge on how best to communicate with children and young people and also those with learning</p>	<p>All staff</p> <p>Assistant Director of HR, Equality, PPI and Patient Experience</p> <p>Assistant Director of HR, Equality, PPI and Patient Experience</p>	<p>Information provided on request.</p> <p>Information provided on request.</p> <p>Information sought from specialists as required.</p>

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
	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'.		
Provide interpreters and sign language interpreters [6.12]	The Trust provides arrangements for telephone interpreters of the NIHSC interpreting services a subsidiary contract "The Big Word".	Assistant Director of HR, Equality, PPI and Patient Experience	As required
Ensure buildings are accessible	Access audits have been conducted for publicly accessed buildings and remedial work undertaken as appropriate to ensure accessibility. New builds accessible to the public take account of all access requirements.	Estates Services Department.	As required
Assessing access to information and services [6.13]	We will monitor uptake of interpreting services and requests for translations and alternative formats.	Assistant Director of HR, Equality, PPI and Patient Experience	Quarterly reports produced.
Provide reasonable adjustments [6.14]	As above, public buildings are accessible to all service users, using reasonable adjustments where necessary for both service users and staff members.	Assistant Director of Operations (Estate and Fleet)	Reasonable Adjustments provided when required.
Monitor complaints [6.14]	We will monitor complaints received to identify areas where equality of opportunity and good relations could be	Assistant Director of HR, Equality, PPI and Patient Experience	Analyse quarterly to identify any Trends.

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
	improved.		
Complaints Procedure			
How complaints are raised, timetable for responding etc.[8.1]	<p>HSC have a regional complaints procedure and information has been made available in alternative formats e.g. various languages.</p> <p>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.</p>	<p>Regional Complaints Group.</p> <p>Complaints and Administration Manager/ Assistant Director of HR, Equality, PPI and Patient Experience</p>	<p>Ongoing</p> <p>All complaints dealt with according to prescribed timescales.</p>
Publication of our Equality Scheme			
Current Equality Scheme on internet [2.18]	Current Equality Scheme and Annual Progress Report on our website.	Assistant Director of HR, Equality, PPI and Patient Experience	Revised Scheme up to May 2014 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 adverts, internet, mail shots to all consultees on our consultation list and link to internet.	Assistant Director of HR, Equality, PPI and Patient Experience	July 2014

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
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.	Assistant Director of HR, Equality, PPI and Patient Experience	July 2014 and ongoing
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.	Assistant Director of HR, Equality, PPI and Patient Experience	May 2017
Any other measures proposed in equality scheme			
Work closely with other public authorities to exchange learning and best practice [2.8]	Maintain already established links with other Trusts and HSC Organisations in order to maximise on collaborative working.	Assistant Director of HR, Equality, PPI and Patient Experience	Continue collaborative work.
Liaise closely with the ECNI to ensure that progress on the implementation of our Equality Scheme is maintained [2.19]	Continue communication with the ECNI.	Assistant Director of HR, Equality, PPI and Patient Experience	Ongoing
Work with Trade Unions in the effective discharge of our equality duties.	Maintain already established links with Trade Unions via the Joint Negotiation Council (JCNC).	Director of Human Resources & Corporate Services	Meetings held quarterly 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, the general public) for their views on how the policy could be implemented more effectively to promote equality of opportunity across the 9 categories. Different circumstances will call for different types of consultation. Consultations could, for example, include meetings, focus groups, surveys and questionnaires.

Council of Europe

The Council of Europe, based in Strasbourg, covers virtually the entire European continent, with its 47 member countries. Founded on 5 May 1949 by 10 countries, the Council of Europe seeks to develop throughout Europe common and democratic principles based on the European Convention on Human Rights and other reference texts on the protection of individuals.

Desk audit

An audit of a draft equality scheme to ensure that the scheme conforms with the requirements on form and content as detailed in the Commission's Guidelines (the Guide).

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 judgement 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 non-discrimination 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, 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 than 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.

Economic appraisal

An economic appraisal is a systematic process for examining alternative uses of resources, focusing on assessment of needs, objectives, options, costs benefits, risks, funding and affordability and other factors relevant to decisions.

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 NI Civil Service Departments on Section 75 issues.

PAFT

The Policy Appraisal and Fair Treatment (PAFT) Guidelines constituted the first non-statutory attempt at mainstreaming equality in Northern Ireland in January 1994. The aim of the PAFT Guidelines was to ensure that issues of equality and equity informed policy making and activity in all spheres and at all levels of government. PAFT has now been superseded by Section 75 of the Northern Ireland Act 1998.

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.

SACHR

The Standing Advisory Commission on Human Rights (SACHR) has now been replaced by the Northern Ireland Human Rights Commission. SACHR, as part of its review of mechanisms in place to promote employment equality and reduce the unemployment differential, recommended that the PAFT Guidelines should be made a statutory requirement.

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 Useful Weblinks

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

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

www.workingwithdiversity.org- Designed specifically for HSC staff in NI - provides useful information and contact details for Section 75 groups.

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