

Northern Ireland Blood Transfusion Service



Northern Ireland
Blood Transfusion Service

Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2024-25

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

Documents published relating to our Equality Scheme can be found at:
(ECNI Q28):

https://nibts.hscni.net/equality_and_disability/

The report on our most recent Five Year Review of Equality Scheme can also be found at the above link. Our Equality Scheme is due to be reviewed again by 30th June 2026.

Signature:

 29.08.2025

This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality and disability duties. This report reflects progress made between April 2024 and March 2025

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Chapter 1 Summary Quantitative Report

(ECNI Q15,16,19)

Screening, EQIAs and Consultation

<p>1. Number of policies screened (as recorded in screening reports). (see also Chapter 6)</p> <p>11</p>	<p>Screened in</p> <p>0</p>	<p>Screened out with mitigation</p> <p>4</p>	<p>Screened out without mitigation</p> <p>7</p>	<p>Screening decision reviewed following concerns raised by consultees</p> <p>No concerns were raised by consultees on screening published in 2024-25</p>
<p>2. Number of policies subjected to Equality Impact Assessment.</p>	<p>0</p>			
<p>3. Indicate the stage of progress of each EQIA.</p>	<p>Title and Stage</p> <p>N/A</p>			

<p>4. Number of policy consultations conducted</p>	<p>0</p>
<p>5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)</p>	<p>0</p>

(ECNI Q24)
Training

6. Staff training undertaken during 2024-25. (See also Chapter 2, Q6)

Course	No of Staff Trained	No of Board Members Trained
Equality Screening Training	2	0
Equality Impact Assessment Training	0	0
Total	2	0

eLearning: Making a Difference

Part 1 – All Staff	189
Part 2 – Line Managers	11

(ECNI Q27)
Complaints

7. Number of complaints in relation to the Equality Scheme received during 2024-25

0

Please provide detail of any complaints:

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

8. Within the 2024-25 reporting period, please indicate the number of:

Actions completed: Actions ongoing: Actions to commence:

(ECNI Part B Q1)

Disability Action Plan (see also Chapter 3)

9. Within the 2024-25 reporting period, please indicate the number of:

Actions completed: Actions ongoing: Actions to commence:

Chapter 2 Section 75 Progress Report

(ECNI Q1,2,3,3a,3b,23)

1. In 2024-25, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

Table 1 below outlines progress to better promote equality of opportunity and good relations¹.

¹This includes as a result of

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

In most cases, it is not possible to ascribe developments and changes to one single factor. New initiatives, such as the Gender Identity Employment Policy, for instance are not necessarily an outcome of screenings or Equality and Disability Action Plan implementation.

As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation.

Table 1:

	Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.
Persons of different religious belief	NIBTS continues to source neutral affiliated venues for donation. An analysis of our Donor Sessions indicates that currently NIBTS is using 223 venues. 119 of the venues being with no perceived religious affiliation, 58 perceived to have a Protestant affiliation and 46 perceived as having a Catholic affiliation. Looked at another way it might conclude that there are 119+58 venues at which Protestants should feel at ease and 119+46 at which Catholics should feel at ease to donate blood.
Persons of different political opinion	There have been no new developments or changes in policies or practices.
Persons of different racial groups	We attended Belfast Mela to celebrate diversity and culture and encourage new blood donors from different racial groups. During these days members of the public found out their blood group and the importance of blood donation. We also had a talk at Ameera Health and Wellness Fair (Muslim Community event) to promote blood donations.
Persons of different age	NIBTS implemented the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC) Upper Age Limit for returning whole blood donors guidance, this was increased from 70 to 72 years. Upper age limits for blood and component donation have traditionally been set to protect the donor's safety. There is however little evidence to support this. Donor

	<p>haemovigilance data show a decreased incidence of adverse events in older donors compared to younger donors, although there is an increase in local complications of donating (i.e. bruising and rebleeds). JPAC therefore took the decision to increase the upper age limit of returning donors. Donor adverse event monitoring will continue to inform the need for any modification to this new guidance. To donate after their 72nd birthday a donor must remain in good health and have given at least one full donation in the previous 24 months. To continue donating they must give no less than one full donation every 24 months. When appropriate, donors may be accepted on their birthday. This change will help increase the ability for a wider number of people to donate.</p>
Persons with different marital status	There have been no new developments or changes in policies or practices.
Persons of different sexual orientation	NIBTS attended PRIDE for the second year in a row. This was to encourage and increase awareness of donating blood. At the Pride event members of the public found out their blood group and it was a really successful education piece on the FAIR changes (eligibility to donate is now based on individualised assessment rather than on a risk assigned to a particular group or population, and deferrals are based on behaviour).
Persons of different genders and gender identities	There have been no new developments or changes in policies or practices.

Persons with and without a disability	NIBTS has been engaging with the UK Genetic Haemochromatosis Society, and Haemochromatosis donors and their caregivers in order to set up a trial with Belfast Health and Social Care Trust Hepatology Unit whereby all new Genetic Haemochromatosis donors referred will have blood samples taken for Full Blood Count & Iron levels. This helps both NIBTS (contributes to blood supply) and the patient and trusts (currently long waiting lists) by enabling venesection outside of the hospital setting.
Persons with and without dependants	There have been no new developments or changes in policies or practices

Equality Portal

This year saw the launch of a new Equality Portal, which is a Microsoft Sharepoint site, providing our staff with comprehensive access to a range of equality services provided by the Equality Unit in BSO. The Equality Portal was co-designed with clients, to feature what staff need to know as they consider and mainstream equality in their work and in the workplace, including detailed guidance and resources for use when undertaking equality screenings.

Where changes resulted from screenings, these will be listed in Chapter 6, the mitigation report.

The following changes resulted from EQIAs: N/A

(ECNI Q4,5,6)

2. During the 2024-25 reporting period

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

	Yes/No	Details
Job descriptions	Yes	For all new posts, the Job Description includes the following: “Assist the organisation in fulfilling its statutory duties under Section 75 of the Northern Ireland Act 1998 to promote equality of opportunity and good relations and under the Disability Discrimination (Northern Ireland) Order 2006. Staff are also required to support the organisation in complying with its obligations under Human Rights Legislation.”
Performance objectives for staff	Yes	Completion of Equality e-learning is a mandatory objective for all staff. Staff appraisals document completion of this and set any additional needed targets.

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

	Yes/No	Details
Corporate/strategic plans	Yes	The organisations obligations in respect of Section 75 were appropriately referenced within the organisation’s corporate plan and business plan.
Annual business plans	Yes	

(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2024-25 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Table 2

<p>Policy publicly consulted on</p>	<p>What equality document did you issue alongside the policy consultation document?</p>	<p>Which Section 75 groups did you consult with?</p>	<p>What consultation methods did you use?</p> <p>AND</p> <p>Which of these drew the greatest number of responses from consultees?</p>	<p>Please tell us about anything you feel worked particularly well / not so well in this consultation.</p>
	<p><input type="checkbox"/> Screening template</p> <p><input type="checkbox"/> EQIA report</p> <p><input checked="" type="checkbox"/> none</p>			
	<p><input type="checkbox"/> Screening template</p> <p><input type="checkbox"/> EQIA report</p> <p><input checked="" type="checkbox"/> none</p>			

(ECNI Q21, 26)

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

No

Please provide any details and examples:

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis to address any inequalities observed?	Which Section 75 equality groups benefited from these changes specifically?
N/A			

(ECNI Q22)

5. Please provide any details or examples of where the monitoring of policies, during the 2024-25 reporting period, has shown changes to differential/adverse impacts previously assessed:

Policy previously screened or EQIAed	What were the inequalities identified in the screening or EQIA?	Did the equality monitoring data you collected show that these inequalities had changed in 2024-25? (Please tick)	Please tell us more about these changes and why you think this has happened.
N/A			

(ECNI Q25)

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

The organisation avails of the joint Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the training:

Screening Training Evaluations

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

- To develop an understanding of the statutory requirements for screening: **100%**
- To develop an understanding of the benefits of screening: **96%**
- To develop an understanding of the screening process: **96%**
- To develop skills in practically carrying out screening: **86%**

(ECNI Q29)

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

During 2025-26 we will focus on:

- We will undertake a Five Year Review of our Equality Scheme. The Review will commence during the 2025-2026 reporting period.
- We will continue to encouraging staff to complete their equality and diversity information through awareness communication, detailing the importance in the organisation having this information to strengthen our ability to support staff by our policies and initiatives.
- With our collection strategy now in place we will continue to support our framework and priorities in the strategic donor review.

Appendix – Further Explanatory Notes

1 Consultation and Engagement

(ECNI Q10)

targeting –

We did not undertake any public consultations or pre-consultation exercises during the year. However, we consulted with our staff and some external stakeholder on our blood collection strategy.

(ECNI Q13)

awareness raising for consultees on Equality Scheme commitments – During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication.

(ECNI Q14)

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

2 Audit of Information Systems

(ECNI Q20)

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

Chapter 3

Equality and Disability Action Plans 2023-2028

What we did between 1st April 2024 to 31st March 2025

If you need this document in another format please get in touch with us. Our Equality and Disability Action Plan 2023-28 can be found on our website at: [Equality and Disability – Northern Ireland Blood Transfusion Service](#)

Equality Action Plan 2023-2028: What we will do to promote equality and good relations

Action 1: Donor Services (by end of March 2025)

What we will do: Donor Review – Complete a strategic review of donor services to ascertain the needs of donors and the accessibility of services.

- Review donor complaints process to ensure its easily accessible.
- Identify donor complaints which are submitted which have suggestions to improve accessibility for people with all types of disabilities.
- Review the donation process, documentation and procedures to ensure that the needs of donors with disabilities has been considered and are being met where possible.
- Specifically review the management of Genetic Haemochromatosis donors.
- Review the donation process, documentation and procedures to ensure that the needs of donors whose first language is not English have been considered. Identify any areas for improvement.
- Review current monitoring data collected for donors and consider the scope for widening this in order to inform this review.

What we are trying to achieve: Access to the blood donation services is streamlined and more accessible to all.

Performance Indicator and Target: Identification of trends and volume of complaints via donors – development of quarterly reports; develop further KPI's following analysis of information from donors; to include KPI's for Genetic Haemochromatosis donors; as we do not ask about language in our donor profile we will require time to develop KPI's to gauge the number of donors and their needs throughout the strategic review.

What we did over the last year:

After review by Senior Leadership Team and NIBTS Board the Blood Collection Strategy 2024-27 document underwent a consultation exercise and Equality screening exercise to allow the document to be activated on 27/06/2024.

The purpose of this collection strategy is to set out the anticipated demand for blood and blood components in Northern Ireland and NIBTS intends to identify challenges and meet demand. This strategy will provide a framework for departments and individuals to plan their priorities and related objectives each year which, in turn, will inform annual business plans and staff development reviews. Document will also be reviewed annually in response to European Blood Alliance benchmarking report on productivity and performance. This is hoped to overall help support blood donor needs and will highlight areas needing change.

Additionally, NIBTS commissioned a market research company to conduct a qualitative research study to acquire information about our donors' mindsets and behaviours and opinions on our branding and practices. An important aspect of this research piece is to understand barriers to becoming a blood donor and to find out if people understand why blood donations is important and who it helps. Samples of the population included young adults, older families, ethnic minorities, younger families and gay men. With the qualitative data now gathered

NIBTS plan to schedule meetings with Senior Leadership Team to summarise findings and determine what plans need to be formulated from this work. This research will greatly support the donor review action.

This work is in progress.

Action 2: Donor Services (by end of March 2025)

What we will do: Engagement - Engage with a range of organisations from across a number of diverse groups to ensure a diverse spectrum of voices and offer a range of engagement opportunities:

- To include wider promotion of FAIR project & partnership with the Rainbow project.
- To develop partnership with local minority groups to ensure we hear their voices. Listening exercising to be done with these groups.
- To include engagement with the UK Genetic Haemochromatosis Society and primary and secondary care providers to promote awareness of blood donation within this community.

What we are trying to achieve: Better engagement of people from all groups helping with shaping our service;

Better understanding of the FAIR project within our local LGBTQ community; Improved relations with our LGBTQ community; Better representation in all of NIBTS engagement of Ethnic minority groups; Better engagement of people with Genetic Haemochromatosis and their care providers.

Performance Indicator and Target: To get a better understanding of what our current engagement level is within Section 75 and seek to improve upon this. In order for us to specify clear targets this will require us to have completed our surveys and listening exercises.

What we did over the last year:

NIBTS participated in the Belfast Pride event 2024 and had a very positive engagement experience offering blood group analysis to assist the public to understand what blood group they were and how important their respective blood groups are to NIBTS.

All UK and Ireland blood establishments took part in the FAIR survey being led by UK Health & Security Agency (UKHSA) in 2024. The survey was to engage relevant donor base with 'negative' microbiology test results to seek their feedback on FAIR changes. NIBTS had to undertake this in an amended approach due to our privacy statement and GDPR concerns. NIBTS engaged with donors at donation session over a 3-week period about the objectives of the study and invited them to express their interest in taking part.

It was identified that due to limited response on the survey, UKHSA decided NIBTS would be unable to proceed with involvement as donors may be able to be identified. NIBTS will still avail of UK wide data responses to understand general behaviours towards FAIR changes.

This work is in progress.

Action 3: Medical Team (by end of March 2025)

What we will do: Interpreting – Engage with the Polish community and other ethnic groups in Northern Ireland in order to look at interpreting/ translation issues during donation sessions and improve access to blood donation services for these groups. Work initially with members of the Polish community in order to identify key barriers and to pilot translation services during donation sessions. Following the pilot evaluate feasibility for extending this service to other languages/sign language.

What we are trying to achieve: Donors whose first language is not English are facilitated where possible to donate blood, thereby increasing the pool of donors and accessibility to our services.

Performance Indicator and Target: The use of interpreting service for donors whose first language is not English is in place. Use of interpreting service increases for Blood donation services.

What we did over the last year:

NIBTS undertook a pilot with the Polish community training and making Polish interpreters available at donation sessions. This pilot was intended as a means to assess feasibility of providing interpreters at donation sessions. Due to covid and staffing issue the pilot was delayed and eventually suspended. Since then NIBTS has considered the following.

The licence regulator MHRA (Medicines & Healthcare Products Regulatory Agency) requires for a donor to have a personal face to face donation interview with donor staff who is trained, qualified and competency assessed. The JPAC (Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee) states in the Red Book (DSG-WB Edition 203, Release 29) on communication difficulties

with donors, that donors must not donate if they don't fully understand the donation processes, or be able to give their informed consent to the process and to the testing of their blood for diseases that may affect their suitability for use. JPAC also states that where third party interpreters are used and they are present at any part of the selection procedure where there is an exchange of confidential information between the donor and the qualified health professional, interpreters must:

- a. Understand the requirements of the Blood Safety and Quality Regulations (BSQR) relevant to the donation process and provide an accurate and truthful translation and interpretation of all information provided to enable the Blood Service to comply with these regulations.
- b. Not be personally known to the donor.
- c. Fully understand their duty of confidentiality and the confidential nature of any information obtained from the donor.

Further JPAC change notification **CN 14-2025**, raised concerns about the use of third parties during any exchange of confidential information between the donor and the qualified health professional may compromise the confidentiality of the donor and the safety of the blood supply. While it is permissible for any third party to act as an enabler by helping to reassure the donor and to assist in establishing effective communication between the donor and the qualified health professional, a third party must not participate in the health screening interview, including any exchange of confidential information, unless they are not personally known to the donor, and they are an **accredited trained interpreter or a member of blood service staff with appropriate language skills**. It stated that if blood services wish to use an interpretation service, these must meet relevant health care standards, including **the service is available for pre-session and post-donation donor enquiries and follow up of adverse events and abnormal results**.

As a result of JPAC recommendations, UK Blood donor services typically avoid using interpreters during donor interviews due to the lack of overall control and responsibility the blood donation organisation would have over the interpreters and the need to prioritise the safety and integrity of the blood supply.

In addition, current third-party interpreting services do not meet regulatory standards for informed consent, and their availability is on an appointment basis only for face-to-face interpreting. Interpreting is required not only at the registration and HCQ stages, but throughout the session to explain to the donor what is happening, and manage them if they feel unwell while donating/post donation. The process can take more than an hour for each donor.

Blood Services have concerns about potential risks for accuracy and miscommunication when it comes to complex terminology on medical and other eligibility questions that require precise understanding. The misinterpretation of terms, such as disease names or behavioural risks by untrained interpreters could lead to errors, potentially allowing unsafe donations or deferring eligible donors. There are additional risks about queries about sexual behaviour, drug use, or travel demand that require exact answers. Even minor translation errors might compromise screening validity. Other issues about informed consent where donors have to understand independently questions and information relayed by interpreters and this may affect the content and validity of their consent.

Other additional risks are about confidentiality and sensitive information, like topics on sexual activity or drug use, where donors in general may hesitate to disclose personal health details through an interpreter, fearing breaches of privacy, and although professional interpreters are bound by confidentiality, often interpreters belong to the same community of the donor, and this can impact on their concerns on the interpreters breaching their confidentiality.

There are other logistic limitations due to the difficulty of resourcing in time interpreters which can delay donation.

While interpreters are valuable in some healthcare setting, UK blood donor services, including NIBTS, apply stringent criteria on third-party interpreters for the engagement of non-English speaker donors, to ensure accuracy, compliance, and donor autonomy, aligning with the zero-tolerance approach for errors in transfusion safety. With this in mind NIBTS will not be able to progress this action any further.

We did not progress this work.

Action 4: Medical Team (by end of March 2025)

What we will do: Policy Development - Develop a Gender Identity Policy in relation to Donors

- Scope best practice in other Blood Transfusion Services
- Engage with gender identity groups and individuals
- Develop, screen and consult on policy.

What we are trying to achieve: Needs and dignity of donors who identify as transgender, non-binary and intersex are better met.

Performance Indicator and Target: Policy in place providing clear advice and support for Donors and Staff
Feedback from donors indicates their needs and dignity have been better met.

What we did over the last year:

NIBTS is in the process of upgrading the donor collection system to eProgesa. This system will allow for better collection and management of donor data including gender identity. It will also align with upcoming race

legislation on monitoring and collection of data. In line with these changes the policy on Gender Identity in Relation to Donors has been delayed until February 2026 when the new system Go-live is scheduled. The policy is currently being scoped in line with JPAC guidelines and new system functionality as well as best practice and engagement.

This work is in progress.

Action 5: Human Resources (by end of March 2025)

What we will do: Training - Equality Diversity & Good Relations e-learning to be offered as mandatory training to all staff.

What we are trying to achieve: Increase staff awareness of Equality Diversity & Good Relations.

Performance Indicator and Target: 75 % of staff completed the e-learning training.

What we did over the last year:

To date, 189 BTS staff have completed Making a Difference eLearning, which is 84% of all our staff

We completed this action.

Equality Action Plan - Conclusions

- We completed 1 action (Action 5)
- We did some work on but didn't complete 3 actions (Actions 1, 2 and 4).
- We didn't do any work on 1 action (Action 3).
- All of the actions in our action plan are at regional and at local level.
- Our action plan is a live document. If we make any big changes to our plan we will involve people in the Section 75 categories. We will tell the Equality Commission about any changes.

Disability Action Plan 2023-2028: What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

Action 1: Human Resources and BSO Equality Unit - by end of March 2025

What we will do: Awareness Days - Raise awareness of the lived experience of people with specific disabilities and conditions.

What we are trying to achieve: Promoting positive attitudes. Increased staff awareness of a range of disabilities and conditions.

Performance Indicator and Target: Two Awareness Days profiled every year. >50% of staff taking part in the evaluation indicate that they know more about people living with disabilities and conditions as a result of the awareness days.

What we did over the last year:

We held two Awareness Days during the year, one covering Arthritis and one on Neurodiversity. Our Arthritis Awareness Day was held on 3 December 2024 which is the UN International Day of People with Disabilities. We wanted to highlight and celebrate this important day with all our workplace colleagues who may/or may not be disabled. Lisa Carlisle, NI Regional Officer for Versus Arthritis facilitated the Arthritis Awareness Day. Lisa talked about Arthritis and working and covered a range of topics including why work matters; the impact of Arthritis on working; research undertaken by Versus Arthritis; the rights of disabled people and reasonable adjustments requirements and how to manage the condition of Arthritis in the workplace.

Following the session, we uploaded a recording of the Arthritis Awareness session and a copy of the facilitator's slide presentation to the Equality Unit Portal for information for all staff.

Our Awareness Day on Neurodiversity was held 21 March 2025 during Neurodiversity Celebration Week which is a worldwide initiative that takes place during 17 -23 March. This session focused on Autism and ADHD and was led and facilitated by Sharon Didrichsen and Elaine Stephens from Specialisterne, which is a not for profit organisation specialising in Autism and ADHD. The content of this session was co-designed with staff in advance. This helped Specialisterne develop an awareness session which focused on the Neurodiversity information needs of staff attending, in relation to working with or managing a colleague who may be neurodivergent.

This session was not recorded, however, Specialisterne have produced an aide-memoire of the session which is available to all staff through the Equality Unit Portal.

We completed this action.

Action 2: Senior Management with support by BSO Equality Unit -by end of March 2025

What we will do: Create and promote meaningful placement opportunities for people with disabilities- promoting positive attitudes and encouraging participation in public life

What we are trying to achieve: People with a disability gain meaningful work experience. People with a disability are successful in applying for paid employment after they have completed a placement.

Performance Indicator and Target: At least 1 placement offered every year. Feedback through annual evaluation of scheme indicates that placement meets expectations. At least 1 placement participant is successful in applying for paid employment within 12 months of completion of their placement.

What we did over the last year:

During the year, together with voluntary sector partners we developed new arrangements for offering placements for people with a disability. We have agreed to offer one set of placements together with Disability Action and another set together with Supported Employment Solutions. This way, we want to reach as broad a range of people with a disability as possible. Instead of a fixed starting point and a fixed duration, we will now offer placements throughout the year and for any length between two and six months, depending on the nature of the placement.

By the end of March 2025, we had drafted a policy and guidance documents as well as a Memorandum of Understanding. We want to agree these and start offering placements early in 2025-26.

We did not complete this action.

Action 3: Human Resources and BSO Equality Unit - by end of March 2025

What we will do: Tapestry - Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its agreed priorities.

What we are trying to achieve: Staff with a disability feel more confident that their voice is heard in decision-making. Staff with a disability feel better supported.

Performance Indicator and Target: Increases in Tapestry membership or in participation at meeting.

What we did over the last year:

Tapestry, jointly with BSO HR, ran a Lunch and Learn session on Reasonable Adjustments on 8th November. This session covered the legislation in relation to Reasonable Adjustments and was very well attended by staff and managers alike.

Engagement - Tapestry are currently working on several engagement projects including looking at their overall experience of the accessibility of Sharepoint, NIPEC's new website, the Equip program. Tapestry members also attended a PHA event on 4th December in order to promote the Network.

Carers - Tapestry also furthered the Carers Agenda, it was added as a standing item on quarterly meeting agendas and, most recently hosted a presentation by Carers NI who discussed issues for working carers and sign-posted members to support resources.

A recent survey with members showed that a majority (80%) would welcome some of the meetings be hosted face to face. It was agreed that going forward, at least 2 quarterly meetings per year will be held in person.

We completed this action.

Action 4: Donor Services - by end of March 2025

What we will do: Personal & Public Involvement (PPI) Project - Encourage people with disabilities to attend NIBTS Personal and Public involvement (PPI) events and get involved in donor focus groups:

- Develop promotional material in accessible formats
- Distribute through disability organisations and on the NIBTS website.

What we are trying to achieve: Better engagement of people with a disability in shaping our service. Improved accessibility and increased blood donations from people with a disability.

Performance Indicator and Target: Wide range of disability groups targeted. Increased participation of people with a disability in PPI events and donor focus groups.

What we did over the last year:

Donor experience and safety is of utmost importance to NIBTS. While our services are not directly comparable to a hospital setting or involve service delivery related to patient treatment which is a key focus of PPI groups, for NIBTS the focus continues to be on reaching people with disabilities to become blood donors. Regulatory requirements around being eligible to donate continue to change and NIBTS work revolves around ensuring donors are made aware of these changes and clarify reasons why they may be denied to donate on a temporary or permanent basis so as not to detriment their health and wellbeing.

This work is in progress.

Action 5: Human Resources with support by BSO Equality Unit – by end of March 2025

What we will do: Reasonable Adjustments - Provide disability awareness training for managers with a focus on reasonable adjustments. Produce a reasonable adjustment guide.

What we are trying to achieve: Provide training. Issue guidance/signpost to information.

Performance Indicator and Target: Clear advice and support for managers and staff. 75% of feedback post training indicates an increase in knowledge in dealing with reasonable adjustments for staff with disabilities.

What we did over the last year:

NIBTS has designed training on disability awareness with a focus on reasonable adjustment for managers. This training is due to take place in late 2025.

This work is in progress.

Action 6: Human Resources – by end of March 2025

What we will do: Accessibility - Undertake an audit of our website to review accessibility:

- Ensure relevant contact details are available and up to date
- Review feasibility to provide key information in British Sign Language

What we are trying to achieve: Accessibility to our information is easily available to all Section 75 groups.

Performance Indicator and Target: Relevant contact details are up to date. Determined feasibility of key information being available in Sign Language actioned.

What we did over the last year:

A review of the NIBTS website concluded that there is no video content present and that no information would currently require to be produced in BSL.

NIBTS is in the process of moving our website to a new template in line with other HSC organisations. The new template has enhanced features for accessibility which will make our information more easily available to Section 75 groups. This work is planned to be completed in 2026.

This work is in progress.

(5) Additional Measures

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations.
- We report on progress against our Disability Action Plan to our Board and Senior Management Team (the people at the top of our organisation) every year.

(6) Encourage Others

- We include questions relating to the two duties in our equality and human rights screening form. The screening form is completed for all policies and decisions.

(7) Monitoring

- We hold quarterly Internal Equality & Disability meetings with all relevant departments and senior officials with decision making abilities to discuss progress on work and identified issues, whilst also encouraging and support any work in this area.

(8) Revisions

- During the year we reviewed our Equality and Disability Action Plans 2023-28.

Disability Action Plan - Conclusions

- We completed 2 actions (Action 1 & 3).

- We did some work on but didn't complete 3 actions (Action 4, 5 & 6).
- We didn't do any work on 1 action (Action 2).
- All of the actions in our action plan are at regional and at local level.
- Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.

Chapter 4



Northern Ireland
Blood Transfusion Service

Equality and Disability Action Plans 2023-28 October 2023

Northern Ireland Blood
Transfusion Service (NIBTS)

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

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1. Introduction

Brendan Garland as Chair and Karin Jackson as Chief Executive of the Northern Ireland Blood Transfusion Service we are committed to promoting equality and good relations. For people with a disability, we recognise that we have to do more to promote positive attitudes and to encourage their participation in public life.

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

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

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

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

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2. Who we are and what we do

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

We do things like:

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

3. How people can be involved in our work

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

Additionally, people can participate in our Personal and Public Involvement (PPI) events which seek to help in shaping our service.

4. What the law says

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

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

- Gender (and gender identities)
- Age

- Religion
- Political opinion
- Ethnicity
- Disability
- Sexual orientation
- Marital status
- Having dependants or not.

There are three good relations groups we need to consider:

- Religion
- Political opinion
- Ethnicity.

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

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

This includes people with any type of disability, whether for example, physical disabilities; sensory disabilities (such as sight loss or hearing loss); autism; learning disabilities; dyslexia; mental health conditions (such as depression); or conditions that are long-term (such as cancer or diabetes). Some of these disabilities may be hidden, others may be visible. This also includes people with Genetic Haemochromatosis.

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

5. How we reviewed our last plans and developed these new plans

In starting off to develop this plan we looked at what we have done so far to promote equality and good relations, to promote positive

attitudes towards disabled people and to encourage their participation in public life.

As part of our Five Year Review, we asked all teams in our organisation to think through the following questions:

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

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

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

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

- our Five Year Review of Equality Scheme
- monitoring data
- new research or data
- equality screening exercises that have been completed
- their professional experience and knowledge
- issues raised in consultations or through other engagement with staff and service users.

We engaged closely with Tapestry, our Disability Staff Network, in the development of our Disability Action Plans. We held a focus group with them to find out what issues important to them as a member of staff with a disability or as a carer they think the organisation should address as a priority.

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

6. What we have done so far

This is some of what we have done to promote equality under our previous Equality Action Plan:

- Following Ministerial and Departmental approval in June 2020 NIBTS reduced the deferral period to 3 months for men who have sex with men. Following on from this, during 2020, the FAIR (For the Assessment of Individualised Risk) group assessed the feasibility of developing an individual risk-based approach to donor selection to minimise the transmission of Transfusion Transmitted Infections due to sexual risk factors. The outputs were reviewed by SaBTO in October 2020 and were accepted by all UK Ministers and the report published on 14th December 2020. NIBTS implemented this recommendation in August 2021.
- Alongside the BSO Procurement and Logistics Service, we took action to proactively promote equality of opportunity with regards to our contracts with recruitment agencies. Together with our HSC partners, we included in tender specifications a requirement for bidders to demonstrate how they promote equality with reference to: training their staff; gathering feedback from agency workers; their provisions on making reasonable adjustments for agency workers; and outreach work to attract a diverse range of agency workers. We have collected monitoring data for all nine equality groupings. This enables us to monitor the diversity of agency workers placed with us and, where necessary, to engage with recruitment agencies in relation to the undertaking of measures to address under-representation of specific equality groupings in the cohort of agency workers.

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

Promote positive attitudes towards disabled people

- We have held a number of disability awareness days for our staff. Each looked at a different disability. The aim is to increase the knowledge and awareness of our staff including on how to support a person with a particular disability. Since

the pandemic the sessions have been held online, improving accessibility for all staff including those who may be disabled. The sessions are recorded and uploaded to the website of Tapestry, our disability staff network.

- We have developed a dedicated scenario on disability as part of our e-learning resource called 'Making a Difference'. It is available to all Health and Social Care staff. All our staff have been asked to complete the programme at induction.

Encourage the participation of disabled people in public life

- Together with our partners, we set up Tapestry, a disability network for our staff. Part of the role of this network is to raise disability issues with decision makers in our organisation.
- We have participated in a disability work placement scheme, facilitated by the BSO for all the 11 regional Health and Social Care organisations. We hosted one person. We trained the participant on how to apply for a job in Health and Social Care organisations, including mock interviews.
- We have engaged with primary and secondary care to promote blood donation within the Genetic Haemochromatosis community.

7. What we have learned so far

Some of the key points we have learned from developing and implementing our action plans are described below.

Disability Placement Scheme

- We learned that it is important to bring people together not just at induction stage but also at the end. Thus, we now run an End of Year event too, to celebrate the achievement with everyone involved (participants, placement managers, Employment Support Officers, and the facilitators).
- It is vital that participants are reimbursed for their travel cost quickly. Therefore, we have agreed the principle that no

participant be out of pocket for their expenses for more than 1 week.

- The work environment plays an important role for many participants so we have built in this aspect into the written information that placement managers provide upfront on the placement offered.
- A high turn over amongst Employment Support Officers poses particular challenges for ensuring consistency in the implementation of the scheme. An internal briefing for new officers before the scheme kicks off should address this issue.

Disability Awareness Days

- Since we moved our days online we have seen a huge rise in numbers of staff attending our events. Also, they come from a wider range of locations.
- Recording the sessions has been a great success. This means staff who can't attend on the day can access the event whenever it suits them.
- There is a huge information need of staff who are carers of a person with a disability, for example of a person living with ADHD or with dementia.
- Staff are interested in learning more about how to support a family member, not just colleagues in the workplace.

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

Tapestry – Disability Staff Network

- Staff fora need refreshed and promoted on an ongoing basis.
- For a forum to be effective in its supporting and influencing role, a committed HR presence at senior level is essential as is the timely engagement and consultation on

policies/decisions/strategies etc. to inform the development of these.

Disability Champions

- From our partners we have learned that a Champion can be a powerful advocate for the consideration of disability issues in decision-making and its scrutiny.

On a general level, organisational change and staff turn-over can pose a big challenge. It is the personal commitment of staff and leaders to the equality agenda that drives progress. When such individuals leave, actions are at risk of not being taken forward and of ending up merely being rolled over.

8. What is in the new plans

There are two separate tables below. The first table lists all the actions that we will do to promote equality and good relations. This is our Equality Action Plan.

The second table describes what we will do to promote positive attitudes towards people with a disability and to encourage their participation in public life. This is our Disability Action Plan.

In both plans we also say what difference we hope to make and when we will do these actions.

9. How we will monitor these plans

Every year we will write up what we have done. We will also explain when we haven't done something. We send this report to the Equality Commission. We also publish this report on our website: [Equality and Disability – Northern Ireland Blood Transfusion Service \(hscni.net\)](http://hscni.net)

We will have a look at the plans every year to see whether we need to make any changes to them. If we need to, we will write those

changes into the plans. Before we make any big changes we talk to people in the equality groupings to see what they think.

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

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

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

The plans are also available on our website: [Equality and Disability – Northern Ireland Blood Transfusion Service \(hscni.net\)](http://hscni.net)

[We will send our plans to all organisations and individuals on our consultation list when we have finalised them and also when we have made major changes to them.](#)

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

- For training and awareness events, we ask our staff about what learning they are taking away with them.
- We check summary figures to see whether, for example, more people from a particular under-represented group are availing of a service after promoting it to them specifically.

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

10. Equality Action Plan 2023-28: What we will do to promote equality and good relations

What we will do	What we are trying to achieve and who for (ie. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
<p>Donor Review</p> <p>1. Complete a strategic review of donor services to ascertain the needs of donors and the accessibility of services.</p> <ul style="list-style-type: none"> • Review donor complaints process to ensure its easily accessible. • Identify donor complaints which are submitted which have suggestions to improve accessibility for people with all types of disabilities. • Review the donation process, documentation and procedures 	<p>Access to the blood donation services is streamlined and more accessible to all.</p>	<p>Identification of trends and volume of complaints via donors – development of quarterly reports Develop further KPI's following analysis of information from donors. To include KPIs for Genetic Haemochromatosis donors. As we do not ask about language in our donor profile we will require time to develop KPIs to gauge the number of donors and their needs throughout the strategic review.</p>	<p>Donor Service will take the lead. Medical Team will lead on the Genetic Haemochromatosis donors. Quarterly update on complaints. Year of Completion: 2028</p>

What we will do	What we are trying to achieve and who for (ie. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
<p>to ensure that the needs of donors with disabilities has been considered and are being met where possible. Specifically review the management of Genetic Haemochromatosis donors.</p> <ul style="list-style-type: none"> • Review the donation process, documentation and procedures to ensure that the needs of donors whose first language is not English have been considered. Identify any areas for improvement • Review current monitoring data collected for donors and consider the scope for widening this in order to inform this review 			

What we will do	What we are trying to achieve and who for (ie. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
<p>Engagement</p> <p>2. Engage with a range of organisations from across a number of diverse groups to ensure a diverse spectrum of voices and offer a range of engagement opportunities:</p> <ul style="list-style-type: none"> • To include wider promotion of FAIR project & partnership with the Rainbow project. • To develop partnership with local minority groups to ensure we hear their voices. Listening exercising to be done with these groups. • To include engagement with the UK Genetic Haemochromatosis Society and primary and secondary care providers to promote awareness of blood donation within this community. 	<p>Better engagement of people from all groups helping with shaping our service.</p> <p>Better understanding of the FAIR project within our local LGBTQ community.</p> <p>Improved relations with our LGBTQ community.</p> <p>Better representation in all of NIBTS engagement of Ethnic minority groups.</p> <p>Better engagement of people with Genetic Haemochromatosis and their care providers.</p>	<p>To get a better understanding of what our current engagement level is within Section 75 and seek to improve upon this.</p> <p>In order for us to specify clear targets this will require us to have completed our surveys and listening exercises.</p>	<p>Donor Services</p> <p>Medical Team</p> <p>Re Genetic Haemochromatosis engagement</p> <p>Year of Completion: 2028</p>

What we will do	What we are trying to achieve and who for (ie. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
<p>Interpreting</p> <p>3. Engage with the Polish community and other ethnic groups in Northern Ireland in order to look at interpreting / translation issues during donation sessions and improve access to blood donation services for these groups. Work initially with members of the Polish community in order to identify key barriers and to pilot translation services during donation sessions. Following the pilot evaluate feasibility for extending this service to other languages / sign language.</p>	<p>Donors whose first language is not English are facilitated where possible to donate blood, thereby increasing the pool of donors and accessibility to our services.</p>	<p>The use of interpreting service for donors whose first language is not English is in place. Use of interpreting service increases for Blood donation services.</p>	<p>Medical Team Year of completion: 2025</p>
<p>Policy Development</p> <p>4. Develop a Gender Identity Policy in relation to Donors:</p> <ul style="list-style-type: none"> • Scope best practice in other Blood Transfusion Services 	<p>Needs and dignity of donors who identify as transgender, non-binary and intersex are better met.</p>	<p>Policy in place providing clear advice and support for donors and staff.</p>	<p>Medical Team Year of Completion: 2026</p>

What we will do	What we are trying to achieve and who for (ie. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
<ul style="list-style-type: none"> Engage with gender identity groups and individuals Develop, screen and consult on policy 		Feedback from donors indicates their needs and dignity have been better met.	
<p>Training 5. Equality Diversity & Good Relations e-learning to be offered as mandatory training to all staff.</p>	Increase staff awareness of Equality Diversity & Good Relations.	75 % of staff completed the e-learning training.	Human Resources Department Figures generated annually. End: 2028

11. Disability Action Plan 2023-28: What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Awareness Days</p> <p>1. Raise awareness of the lived experience of people with specific disabilities and conditions.</p>	<p>Promoting positive attitudes:</p> <p>Increased staff awareness of a range of disabilities and conditions.</p>	<p>2 awareness days profiled every year.</p> <p>>50% of staff taking part in the evaluation indicate they know more about people living with disabilities and conditions as a result of the awareness days.</p>	<p>Human Resources Department with support from BSO Equality Unit.</p> <p>End: 2028</p>
<p>Placement Scheme</p> <p>2. Create and promote meaningful placement opportunities for people with disabilities.</p>	<p>Promoting positive attitudes and Encouraging participation in public life:</p> <p>People with a disability gain meaningful work experience.</p> <p>People with a disability are successful in applying for paid employment after they have completed a placement.</p>	<p>At least 1 placement offered every year.</p> <p>Feedback through annual evaluation of scheme indicates that placement meets expectations.</p> <p>At least 1 placement participant is successful in applying for paid</p>	<p>Senior Management with support from BSO Equality Unit.</p> <p>End Mar 2028</p>

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
		employment within 12 months of completing their placement.	
<p>Tapestry</p> <p>3. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its priorities. Promote it through emails, bulletins, screensavers, discussions.</p>	<p>Encouraging participation in public life:</p> <p>Staff with a disability feel more confident that their voice is heard in decision-making.</p> <p>Staff with a disability feel better supported.</p>	<p>Increase in Tapestry membership or in participation at meetings</p> <p>Tapestry staff survey</p>	<p>Human Resources Department with support from BSO Equality Unit</p> <p>End: 2028</p>
<p>Personal & Public Involvement (PPI)</p> <p>4. Encourage people with disabilities to participate in NIBTS Personal and Public Involvement (PPI) events and get involved in donor focus groups:</p> <ul style="list-style-type: none"> Distribute through disability organisations, staff disability 	<p>Better engagement of people with a disability in shaping our service.</p> <p>Improved accessibility and increased blood donations from people with a disability.</p>	<p>Wide range of disability groups targeted.</p> <p>Increased participation of people with a disability in PPI events and donor focus groups.</p>	<p>Donor Services</p> <p>Year of Completion: 2026</p>

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
network (Tapestry) and on the NIBTS website.			
<p>Reasonable Adjustments</p> <p>5. Provide disability awareness training for managers with a focus on reasonable adjustments. Produce a reasonable adjustment guide.</p>	Provide training. Issue guidance / signpost to information.	<p>Clear advice and support for managers and staff.</p> <p>75% of feedback post training indicates an increase in knowledge in dealing with reasonable adjustments for staff with disabilities.</p>	<p>Human Resources Department with support from BSO Equality Unit</p> <p>Year of Completion: 2026</p>
<p>Accessibility</p> <p>6. Undertake an audit of our website to review accessibility:</p> <ul style="list-style-type: none"> • Ensure relevant contact details are available and up to date • Review feasibility to provide key information in British Sign Language 	Accessibility to our information is easily available to all Section 75 groups	<p>Relevant contact details are up to date.</p> <p>Determined feasibility of key information being available in Sign Language actioned.</p>	<p>Human Resources Department</p> <p>Year of Completion 2026</p>

Signed by:



Chair:

Chief Executive: Karin Jackson

Date:

Date: 29.08.2025



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Chapter 5: Equality and Human Rights Screening Report



Northern Ireland
Blood Transfusion Service

Equality and Human Rights Screening Report

April 2024 – March 2025

These screenings can be viewed on the BSO website under:

<https://bso.hscni.net/directorates/people-and-place/equality-and-human-rights/equality-screening/>

Policy / Procedure	Policy Aims	Date	Screening Decision
Collection Strategy 2024-2027	The purpose of the Collection Strategy document is to set out the anticipated demand for blood and blood components in Northern Ireland over the next three years and how the Northern Ireland Blood Transfusion Service intends to meet this demand. The strategy identifies the challenges NIBTS will face and how these will be met	May-24	Screened out with mitigation
Computer Security Policy IP:005	The Information Security Policy details the organisation's approach to Information Security Management and is aligned to the HSCNI Information Security Policy which applies across the wider HSC.	Apr-24	Screened out without mitigation
Employer Pension Contributions - Alternative Payment Policy	This policy provides an optional alternative to pension contribution for those employees who can demonstrate that they are impacted by an annual allowance (AA) pension tax charge and decide to opt out of the pension	Nov-24	Screened out without mitigation

	scheme thereby choosing to forego pension tax relief.		
Flexible Retirement Guidance for HSC Pension Scheme Members and associated Frequently Asked Questions (FAQs)	This guidance and FAQs support employees to access flexible working later in their careers, this guidance has been developed to provide an overview of the options available to employees who are members of the HSC Pension Scheme.	Nov-24	Screened out without mitigation
Investigation of A Suspected Transfusion Reaction	The purpose of this policy is to provide guidance to both NIBTS and Hospital staff on how to appropriately investigate a suspected transfusion reaction.	Jun-24	Screened out without mitigation
Performance Management Framework	The purpose of this performance management framework is to ensure that processes are in place and responsibilities are defined that enable the Board, Senior Management Team and other key personnel to set and monitor the organisation's performance against regional and organisational objectives, enabling action to be taken where appropriate.	Jun-24	Screened out without mitigation
Policy for Excluding Donors Who Have Been	In 2004, as a precaution against transfusion	Jun-24	Screened out without mitigation

Transfused with Blood Components on Or After 1 January 1980	transmission against vCJD, blood donors who received or think they have received a blood transfusion on or after 01 January 1980 were excluded from donating whole blood or platelets. This policy aims to state which criteria should be applied when considering eligibility of previously transfused donors.		
Policy For Haemoglobinopathy Testing Of Blood Products And Other Non-Mandatory Testing	This policy outlines NIBTS' approach to the haemoglobinopathy testing of blood donations within Northern Ireland.	Feb-24	Screened out with mitigation
Raising a Concern in The Public Interest (Whistleblowing) Policy and Procedure	This policy set out the accountability and governance within HSC organisations to encourage people to engage with the process for raising a concern and ensure they feel safe while doing so.	Sep-24	Screened out without mitigation
Resuscitation Policy	This policy provides an overview of issues which must be considered in the setting of resuscitation involving donors, staff or members of the public. It considers areas of equipment, staffing and training in dealing with such incidents.	Jun-24	Screened out with mitigation
Violence and Aggression in the Workplace Policy	The purpose of this policy is to outline NIBTS commitment in partnership with staff representatives, to ensure	Jul-24	Screened out with mitigation

	the prevention, reduction and management of violence and aggression towards staff in the workplace, and to ensure associated structures, policies and support is in place to enable staff to work safely.		
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No concerns were raised by consultees on screening published in 2024-25



Northern Ireland
Blood Transfusion Service

Equality and Human Rights Mitigation Report

April 2024 – March 2025

Collection Strategy

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Religion & Ethnicity status – NIBTS will continue to source venues in neutral locations where possible and also look at accessibility issues to the service.</p>	<p>To support any equality issues identified and to allow for further engagements with stakeholders NIBTS will conduct Donor Surveys – these will look at asking donors about the accessibility of our sessions and to look at changes we can make to make it easier for donors to donate. We will source European Blood Alliance benchmarking data, UK Forum benchmarking information and analyse future demand trend data informed by NIBTS Medical Director.</p>

Policy For Haemoglobinopathy Testing Of Blood Products And Other Non-Mandatory Testing

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Disability - Issues relating to accessibility information for people</p>	<p>Communication will be in line with individual accessibility needs.</p>

<p>with disabilities are considered in our Accessible Formats Policy.</p> <p>Ethnicity – this test is voluntary for all donors, if test is positive measures will be taken to inform the donors GP for treatment and management, this will be communicated in line with any accessibility needs of the recipient.</p>	
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Resuscitation Policy

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Disability – Individuals with learning disability, hearing loss / deafness will need to be communicated one on one if an incident occurs.</p>	<p>Individuals will be supported and one to one communication will be given to reassure and ensure that the individuals understand the situation.</p>

Violence and Aggression in the Workplace Policy

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p><u>Gender, Religion, Political Opinion, Disability, Ethnicity & Sexual Orientation:</u></p> <p>This policy was discussed and reviewed with the Regional Conflict Bullying and Harassment forums,</p>	<p>Review and reflect on all incidents – looking at how to make improvements and safeguards to ensure that the risk is minimised from the incident occurring again.</p>

<p>with representatives from each HSC & trade union. In its creation its aim was to reduce and prevent V&A incidents, as well as the management of those in a cohesive and reflective way. The benefits of this policy is that a process is in place for a more cohesive and coherent approach in dealing with V&A.</p>	
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