

# Northern Ireland Blood Transfusion Service



Northern Ireland  
Blood Transfusion Service

## Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2021-22

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Documents published relating to our Equality Scheme can be found at: [Equality and Disability – Northern Ireland Blood Transfusion Service \(hscni.net\)](https://hscni.net) and documents relating to our Equality Screenings at: <https://hscbusiness.hscni.net/services/3226.htm>

### (ECNI Q28):

During 2021-22, we completed the Five Year Review of Equality Scheme. The report can be found at:

[NIBTS-Five-Year-Review-of-Equality-Scheme-2021\\_2.pdf \(hscni.net\)](#)

Our Equality Scheme is due to be reviewed again by 31<sup>st</sup> March 2026.

**Signature: Karin Jackson, Chief Executive**

KARIN JACKSON 08 AUGUST 2022

**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 2021 and March 2022**

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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 style="text-align: center;"><b>5</b></p>	<p>Screened in</p> <p style="text-align: center;"><b>0</b></p>	<p>Screened out with mitigation</p> <p style="text-align: center;"><b>3</b></p>	<p>Screened out without mitigation</p> <p style="text-align: center;"><b>2</b></p>	<p>Screening decision reviewed following concerns raised by consultees</p> <p style="text-align: center;"><b>No concerns were raised by consultees on screenings published in 2021-22</b></p>
<p>2. Number of policies subjected to Equality Impact Assessment</p>	<p style="text-align: center;"><b>0</b></p>			
<p>3. Indicate the stage of progress of each EQIA</p>	<p style="text-align: center;"><b>Title and Stage n/a</b></p>			
<p>4. Number of policy consultations conducted</p>	<p style="text-align: center;"><b>0</b></p>			
<p>5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)</p>	<p style="text-align: center;"><b>0</b></p>			

**(ECNI Q24)**  
**Training**

6. Staff training undertaken during 2021-22. (See also Chapter 2, Q6)

<b>Course</b>	<b>No of Staff Trained</b>	<b>No of Board Members Trained</b>
Screening Training	1	0
Equality Impact Assessment Training	1	0
<b>Total</b>	<b>2</b>	<b>0</b>

eLearning: 'Making a Difference'

Part 1 – All Staff	150
Part 2 – Line Managers	150

**(ECNI Q27)**  
**Complaints**

7. Number of complaints in relation to the Equality Scheme received during 2021-22

0

Please provide detail of any complaints:

n/a
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**(ECNI Q7)**  
**Equality Action Plan (see also Chapter 3)**

8. Within the 2021-22 reporting period, please indicate the number of:

Actions completed:  Actions ongoing:  Actions to commence:

**(ECNI Part B Q1)**  
**Disability Action Plan (see also Chapter 4)**

9. Within the 2021-22 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 2021-22, 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 relations<sup>1</sup>.

### **All Section 75 groups:**

Return to the Office / Hybrid working and Agile working was added as a standing item at all quarterly meetings of the equality forum which brings together representatives from each of the 11 regional HSC organisations. The aim was to facilitate the identification and consideration of the needs of staff in decision-making, in particular for staff with a disability and those who are carers; to share good practice; and to ensure engagement with staff members from various section 75 groups.

This included a presentation on the initial findings relating to staff with disabilities and caring responsibilities from the BSO Human Resources Working from Home Survey 2021.

Members gave updates on what work was being done or decisions being made within their organisations in relation to agile and flexible working.

The need for further in-depth analysis of equality findings in the survey and for assurance that New Ways of Working take account of these findings was recognised.

We also met with Disability Action in the context of the Disability Champions Network (which is facilitated by the BSO Equality Unit and brings together the Champions from the 11 regional HSC organisations) to hear about key considerations and best practice.

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<sup>i</sup> This 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:**

	<b>Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.</b>
Persons of different religious belief	An analysis of our Donor Sessions indicates that currently NIBTS is using 83 venues. 30 of the venues being with no perceived religious affiliation, 30 perceived to have a Protestant affiliation and 23 perceived as having a Catholic affiliation. Looked at another way it might conclude that there are 30+30 venues at which Protestants should feel at ease and 30+23 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	There have been no new developments or changes in policies or practices.
Persons of different age	There have been no new developments or changes in policies or practices.
Persons with different marital status	There have been no new developments or changes in policies or practices.
Persons of different sexual orientation	NIBTS completed the implementation of the FAIR (For the Assessment of Individualized Risk) project as detailed in last year's report. Blood donor eligibility questionnaire now focuses on questions on sexual behaviour rather than sexual orientation, removing the automatic deferral of men who have sex with men from donating blood.
Persons of different genders and gender	We introduced a Menopause Policy to provide clarity, direction and support on how menopause related issues should be dealt with, for individuals experiencing

identities	difficulties associated with the menopause, acknowledging that indirectly the menopause can affect women’s partners, families and colleagues as well.
Persons with and without a disability	<p>[Please note: Our work on promoting equality for people with a disability in the workplace is reported on in detail in the Disability Action Plan – Progress Report 2021-22. This comprises, for example, our Disability Awareness Days for staff.]</p> <p><b>Awareness raising of Tapestry, the Disability Staff Network</b> - The June 2021 meeting had to be cancelled due to low attendance at the meeting. As a result of this, a conscious effort was made to raise awareness of the network and its meetings. Meeting notices were issued to all staff before each meeting, articles were included in staff newsletters and corporate communications sent to all staff outlining the purpose and work of the network as well as encouraging attendance. As a result of this, network membership has grown and attendance at meetings has increased significantly. This has meant an increase in the numbers of our staff who have disabilities, or who care for someone with a disability accessing support or making their voice heard through the network. Several Tapestry members attended and gave an input at a systems leadership conference attended by senior leaders across Health and Social Care. The members felt that the senior leaders seemed to learn a lot and Tapestry was also promoted as a good practice example of supporting staff. A lot of questions were asked about all three presenters’ experiences and they all contributed their differing experiences.</p>
Persons with and without dependants	The introduction of our Working from Home Policy has given the opportunity for staff with dependents and without to avail of more flexible working methods in order to help them with responsibilities outside of work. Staff have an opportunity for a better work life balance.

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

**(ECNI Q4,5,6)**

2. During the 2021-22 reporting period

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

	Yes/No	Details
Job descriptions	Yes	All new Job Descriptions now include the following wording:  “Assist NIBTS 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 NIBTS in complying with its obligations under Human Rights Legislation.”
Performance objectives for staff	Yes	Equality is a core dimension of the staff review process.

(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 2021-22 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><b>Policy publicly consulted on</b></p>	<p><b>What equality document did you issue alongside the policy consultation document?</b></p>	<p><b>Which Section 75 groups did you consult with?</b></p>	<p><b>What consultation methods did you use?</b></p> <p><b>AND</b></p> <p><b>Which of these drew the greatest number of responses from consultees?</b></p>	<p><b>Do you have any comments on your experience of this consultation?</b></p>
<p>N/A</p>	<p><input type="checkbox"/> Screening template</p> <p><input type="checkbox"/> EQIA report</p> <p><input 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:

**Table 3**

<b>Service or Policy</b>	<b>What equality monitoring information did you collect and analyse?</b>	<b>What action did you take as a result of this analysis?</b>  <b>AND</b> <b>Did you make any changes to the service or policy as a result?</b>	<b>What difference did this make for Section 75 groups?</b>
N/A			

**(ECNI Q22)**

5. Please provide any details or examples of where the monitoring of policies, during the 2021-22 reporting period, has shown changes to differential/adverse impacts previously assessed:

**Table 4**

<b>Policy previously screened or EQIAed</b>	<b>Did you gather and analyse any equality monitoring information during 2021-22?</b>  <b>(Please tick)</b>	<b>What were the adverse impacts at the point of screening or EQIA?</b>	<b>What changes to these occurred in 2021-22, as indicated by the equality monitoring data you gathered?</b>
N/A	<input type="checkbox"/> Yes  <input type="checkbox"/> No		

## (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: **94%**
- To develop an understanding of the benefits of screening: **95%**
- To develop an understanding of the screening process: **85%**
- To develop skills in practically carrying out screening: **83%**

### EQIA Training Evaluations

Participants were asked: "Overall how well do you think you have achieved the following learning outcomes". The figures in bold represent the percentage of participants who selected 'Very well' or 'Well'.

- To demonstrate an understanding of what the law says on EQIAs **94%**
- To demonstrate an understanding of the EQIA process **98%**
- To demonstrate an understanding of the benefits of EQIAs **96%**
- To develop skills in practically carrying out EQIAs **84%**

**(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 2022-23 we will focus on:

- Developing and consulting on new Equality and Disability Action Plans, jointly with our partner organisations
- Implementing key commitments identified in our 5 Year Review of Equality Scheme report. These include:
  - Making it more clear where screening activity has taken place
  - Including more equality specifics in our Business Plan ensuring that the Business Plan is screened
  - Engaging further with existing staff forums in developing policies

## **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.

#### **(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.



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# Equality and Disability Action Plans 2018-23

**What we did between April 2021 and March 2022**

Our Equality and Disability Action Plan 2018-23 can be found here:

[https://nibts.hscni.net/download/disability\\_and\\_equality\\_action\\_plan/NIBTS-Equality-and-Disability-Action-Plan-2018-2023-Final.pdf](https://nibts.hscni.net/download/disability_and_equality_action_plan/NIBTS-Equality-and-Disability-Action-Plan-2018-2023-Final.pdf)

If you need this document in another format please get in touch with us. Our contact details are within this document.

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

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p><b>Gender Identity</b></p> <p>1. Deliver awareness and training initiatives to relevant staff as part of the roll-out of the Gender Identity and Expression Employment Policy</p>	<p>Staff who identify as transgender and non-binary feel more supported in the workplace</p>	<p>Feedback from staff who have drawn support through the policy indicates a positive experience.</p>	<p>HR with support from Equality Unit</p> <p>By end of March 2022</p>

**What we did over the last year:**

The roll-out of the Making a Difference eLearning for all staff, which includes a dedicated scenario in relation to gender identity, continued during 2021-22. We updated the module to reflect changes in same-sex marriage legislation. No additional awareness and training initiatives were delivered to staff during the year.

The BSO Equality Unit contacted TransgenderNI during the year to explore the possibility of the organisation providing dedicated training to teams where a member of staff comes forward to disclose that they identify as transgender or non-binary. It is the intention to follow up on these efforts in 2022-23.

**We did not complete this action.**

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p><b>Training</b></p> <p>2. Making a Difference – e-learning</p> <ul style="list-style-type: none"> <li>• Add module to suite of mandatory training for all staff</li> <li>• Deliver on training targets</li> </ul>	<p>Increased staff awareness of equality and human rights.</p>	<p>Making a Difference e-learning included in mandatory training for staff</p> <p>40% of staff have completed the e-learning module</p>	<p>HR with support by Equality Unit</p> <p>Annually</p>
<p><b>What we did over the last year:</b></p> <p>During this year, 15- staff undertook the eLearning. To date, 150 BTS staff have completed Making a Difference eLearning, which is 75% of all our staff.</p> <p><b>This work is completed for this year. It will be reviewed annually.</b></p>			
<p><b>Domestic Violence</b></p> <p>3. Undertake awareness raising relating to new support mechanisms</p>	<p>Staff with experience of domestic violence are better supported</p>	<p>Awareness raising undertaken with 100% of staff</p>	<p>HR with support by Equality Unit</p>

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
(developed by BSO) to support staff with experience of domestic violence			By March 2022
<p><b>What we did over the last year:</b></p> <p>We introduce the regionally developed Workplace Policy on Domestic and Sexual Abuse which was based on the guidance by the Department of Health and Department of Justice in partnership with key stakeholders – Trade Unions, Women’s Aid Federation NI, Victim Support, Nexus and Northern Ireland Congress for Racial Equality. With the aim of providing information, advice and support with different resources and arrangement which could be put in place including a Safety and Work Plan. We undertook an awareness exercise to ensure all staff were aware of this.</p> <p><b>This action has been completed.</b></p>			
<p><b>Donor interpreting</b></p> <p>6. As part of a general review of NIBTS blood collection programme, undertake a pilot of the use of interpreters for</p>	<p>Donors whose first language is not English are facilitated to donate blood, thereby increasing the pool of donors.</p>	<p>Numbers of donors whose first language is not English has increased</p>	<p>Medical Team with input from Laboratory Services/Donor Services Manager</p> <p>By March 2022</p>

blood donors whose first language is not English			
<p><b>What we did over the last year</b></p> <p>The Interpreting service is now available for Polish donor.</p> <ul style="list-style-type: none"> <li>• During 2019/20 following the training of Polish interpreters in donor selection guidelines and health check questionnaires, NIBTS donor staff were trained on the use of the Big Word interpreter service process.</li> <li>• Big Word posters were generated and distributed to all donation sessions and donor information leaflets were translated into Polish in order to facilitate the planned pilot with the Polish community.</li> <li>• NIBTS contacted the Resurgam Trust to inform and engage with the Polish community in Northern Ireland regarding the pilot.</li> <li>• The pilot has initially been put on hold due to COVID-19 and still hasn't had any further developments in 2021/22 due to ongoing COVID-19 pressures.</li> </ul> <p><b>This work is ongoing.</b></p>			

**Equality Action Plan - Conclusions**

- We completed 2 action (Number 2 & 3)
- We didn't do what we said we would do for 1 action
- We still have some work to do to complete 2 actions
- 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 2018-2023: What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p><b>Awareness Days</b></p> <p>2. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).</p>	<p>Increased staff awareness of the range of disabilities and needs</p>	<p>Two annual awareness days profiled &gt;50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days</p>	<p>HR and BSO Equality Unit</p> <p>Annually</p>

### What we did over the last year:

During 2021-22 we held 2 Awareness Days, facilitated by the BSO Equality Unit. We asked staff which disabilities they wanted to know more about. They told us they wanted to know more about Dementia and Attention Deficit Hyperactivity Disorder (ADHD). Both sessions were held using Zoom.

We emailed staff to let them know about the Awareness Days. The information was also added to the Tapestry website <http://tapestry.hscni.net/>.

On the Dementia awareness day, Dr Duffy who is the Consultant Lead Clinical Psychologist for Older People in the Northern

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p>Trust gave a presentation about Dementia, with a particular focus on caring for a loved one who has dementia.</p> <p>The other Awareness Day was about ADHD. Siobhan McErlane, a Specialist Health Visitor from the ADHD/ Behaviour Assessment Service in the Northern Trust gave a presentation. Siobhan talked about ADHD, from assessment and diagnosis to management of the condition.</p> <p>Videos of both of the days have been published on the Tapestry website. This way, staff who couldn't be part of the live sessions on the day, are able to watch the presentations whenever it suits them.</p> <p>We held a survey asking staff what they thought of the Awareness Days. 68% of those who responded reported knowing more about ADHD, including supporting a friend or family member or work colleague with ADHD. This figure was 61% in relation to Dementia.</p> <p><b>This action has been completed.</b></p>			
<p><b>Tapestry</b></p> <p>3. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.</p>	<p>Staff with a disability feel more confident that their voice is heard in decision-making.</p> <p>Staff with a disability feel better supported.</p>	<p>Tapestry staff survey in 2022-23</p>	<p>HR and BSO Equality Unit</p> <p>Annually</p>
<p><b>What we did over the last year:</b></p>			

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<ul style="list-style-type: none"> <li>• During 2021-22, we tried to promote Tapestry in a number of different ways and to encourage staff to get involved. We sent emails to all staff to raise awareness. Tapestry gained a few new members who attended meetings and joined the Tapestry mailing list.</li> <li>• Tapestry were approached by BSO HR to give input into many projects including user testing of the new HR portal and input into a new line manager resource which will now have a section on managing staff with disabilities due to suggestions put forward by members.</li> <li>• Three Tapestry members presented at a system leadership conference which was attended by senior leaders across HSC. The members presented on the barriers they have faced in work and the things that have been put in place to address these. Tapestry was also promoted as a good practice example of supporting staff. A lot of questions were asked about all three presenters' experiences and they all contributed their differing experiences.</li> </ul> <p><b>This action has been completed.</b></p>			
<p><b>Monitoring</b></p> <p>4. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and providing guidance to staff on the importance of monitoring.</p>	<p>More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.</p>	<p>Increase in completion of disability monitoring information by staff to 90%</p> <p>Prompt issued to staff on a regular basis.</p>	<p>HR with support by Equality Unit</p> <p>Annually</p>

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p>Prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system)</p>			

**What we did this year**

A reminder email was sent out to all staff across the regional HSC organisations to update their equality information on the Human Resources IT system, with instructions telling them how to do this.

On the Disability Awareness Days, staff were told about the benefits of telling their employer if they had a disability both by speakers from the voluntary sector, and in the emails that went out to staff publicising events.

We also wrote about this in our staff newsletter.

The most recent staff monitoring data this year shows the numbers of staff who told us whether they had a disability or not has slightly decreased from 59% in March 2021 to 56% in March 2022. This could be due to a recent influx in new staff as well as the retirement of a group of existing staff. This means that we have to keep encouraging staff to complete the information. In total, 4% of staff had declared that they have a disability. This figure is almost the same as last year.

**This work is completed for this year. It will be reviewed annually.**

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p><b>Policy Development</b></p> <p>7. Develop guidance / signpost to information that will deal with life threatening or debilitating conditions like cancer.</p>	<p>Issue guidance / signpost to information</p>	<p>Clear advice and support for managers and staff.</p>	<p>HR</p> <p>By March 2022</p>
<p><b>What we did over the last year:</b></p> <p>We created a Health &amp; Wellbeing page on our Intranet site as well as a link to the Regional Workforce Wellbeing site. Here staff can access a number of different resources for guidance / signposting on different ailments, disorders as well as life threatening or debilitating conditions. This was publicized to our staff and refence was included in our staff newsletter.</p> <p>We formed a Health &amp; Wellbeing group which meets monthly and is open to all staff. The aim of this group is to produce and promote different initiative for staff and to support staff wellbeing. We also appointed two Health Champions through collaborative work with Chest, Heart and Stroke.</p> <p><b>This action has been completed.</b></p>			
<p><b>Laboratory Refurbishment</b></p> <p>13. Hospital services refurbishment plans over the next 3 to 4</p>	<p>The workplace is more accessible to staff who have a disability</p>	<p>Feedback from staff who have a disability</p>	<p>Laboratory Modernisation Officer</p>

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
years will include consideration for staff with a disability, e.g. height adjustable and moveable benches - ensure workflow is lean; equipment is accessible for all staff; notices and visual management is in best colour and font.			By March 2022

**What we did over the last year:**

A preliminary business case was presented for this action, looking at all the viable options and process mapping the project. Unfortunately, due to current space issues for processing daily work it is not feasible to complete this work.

**We did not complete this action.**

**(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 Council 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. This includes work that other organisations will do for us, for example, contracts that we have with voluntary sector organisations for health and wellbeing promotion work.

## **(7) Monitoring**

- During the year, we kept in touch with two groups of people involved in our work placement scheme, together with our Health and Social Care partner organisations. These are the Employment Support Officers from the participating voluntary sector organisations (such as RNIB, RNID and Action Mental Health, for example) and the Placement Managers. We spoke to them about their thoughts on the feasibility of restarting the Placement Scheme and how we would best design placements to provide opportunities to as wide a range of people with a disability as possible.

## **(8) Revisions**

- During the year we reviewed our Equality and Disability Action Plans 2018-23.

## **Disability Action Plan - Conclusions**

- We completed 4 actions (2, 3, 4 & 5)
- We didn't do what we said we would do for 1 action (13)
- 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.



Northern Ireland  
Blood Transfusion Service

# **Equality and Disability Action Plans 2018-2023**

Updated June 2022

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

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## Introduction

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

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

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

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

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

Northern Ireland Blood Transfusion Service  
Lisburn Road  
Belfast  
BT9 7TS  
Telephone: 028 9032 1414  
[Ivan.Ritchie@nibts.hscni.net](mailto:Ivan.Ritchie@nibts.hscni.net)

## Who we are and what we do

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

We were set up on 1st June 1994.

We do things like:

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

## How people can be involved in our work

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

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

## What the law says

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

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

- Gender (and gender identities)
- Age
- Religion
- Political opinion
- Ethnicity

- Disability
- Sexual orientation
- Marital status
- Having dependants or not.

There are three good relations groups we need to consider:

- Religion
- Political opinion
- Ethnicity

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

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

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

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

## **How we reviewed our last plans and developed these new plans**

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

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

- What has worked well?
- What hasn't worked well?

- What lessons have we learned?
- Did we do what we said we would do?
- Has this made a difference for people in the way we thought it would?

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

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

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

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

We also learned from what we heard when we:

- spoke with the members of our staff disability network to find out what we should do to promote equality for those who have a disability and those who care for somebody who has a disability
- together with our colleagues in the Health and Social Care Trusts ran an engagement event with people from different equality groupings to find out what they think we could do to better promote equality.

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

We think it is important to involve people from different groups in developing our plans. This is why we will set up meetings as part of

this consultation. This will include speaking to our staff, especially the two networks we have in place: Tapestry – our disability staff network, and the Lesbian, Gay, Bisexual and Transgender Staff Forum for the whole of Health and Social Care.

## **What we have done so far**

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

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

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

## **Promoting positive attitudes towards disabled people**

- To date, we have held 11 disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing loss and deafness, Learning disabilities, Cancer, Arthritis and Musculoskeletal conditions, mild/ moderate mental health conditions, fibromyalgia, multiple sclerosis (MS), and autism.
- We developed an e-learning resource on disability. It is available to all Health and Social Care staff. All our staff have been asked to complete the programme at induction.

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

### **Encourage the participation of disabled people in public life**

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

### **What we have learned so far**

#### Monitoring

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

## Placements

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

## Awareness Days

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

## Training

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

## **What is in the new plans**

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

## **How we will monitor**

Every year we write up what we have done. We also explain when

we haven't done something. We send this report to the Equality Commission. We also publish this report on our website: <http://www.nibts.org/>

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

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

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

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

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

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

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

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

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

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

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p><b>Gender Identity</b></p> <p>1. Identify and pilot training available from organisations in the gender identity sector and put arrangements in place to access such training for teams where a member of staff comes forward to disclose that they identify as transgender or non-binary.</p>	<p>Staff who identify as transgender and non-binary feel more supported in the workplace</p>	<p>Arrangements are in place</p> <p>Feedback from staff who have drawn support through the policy indicates a positive experience.</p>	<p>HR with support from Equality Unit</p> <p>By end of March 2023</p>
<p><b>Training</b></p> <p>2. Making a Difference e-learning</p> <ul style="list-style-type: none"> <li>• Add module to suite of mandatory training for all staff</li> <li>• Deliver on training targets</li> </ul>	<p>Increased staff awareness of equality and human rights.</p>	<p>Making a Difference e-learning included in mandatory training for staff</p> <p>40% of staff have completed the e-learning module</p>	<p>HR with support by Equality Unit</p> <p>Annually</p>

<p><b>Policy Development</b></p> <p>6. Develop a Gender Identity Policy in relation to Donors</p> <ul style="list-style-type: none"> <li>• Scope best practice in other Blood Transfusion Services</li> <li>• Engage with gender identity groups and individuals</li> </ul> <p>Develop, screen and consult on policy.</p>	<p>Needs and dignity of donors who identify as transgender, non-binary and intersex are better met.</p>	<p>Policy in place providing clear advice and support for Donors and Staff Feedback from donors indicates their needs and dignity have been better met.</p>	<p>Medical Team</p> <p>By March 2023</p>
<p><b>Donor Review</b></p> <p>7. Undertake a strategic review and equality screening of access to blood donor services including:</p> <ul style="list-style-type: none"> <li>• Explore how engagement, of donors with disabilities, at PPI events can be improved</li> </ul>	<p>Access to the blood donation services is streamlined and more accessible to a diverse donor pool</p>	<p>Information on accessibility and suitability of blood donation for all donors to be sought via donor satisfaction surveys. To include questions specifically related to access for those with a disability or whose first language is not English.</p>	<p>Donor Services</p> <p>By March 2023</p>

<ul style="list-style-type: none"><li>• Review donor complaints and suggestions to identify any which focus on the need to improve accessibility for people with disabilities</li><li>• Review the donation process, documentation and procedures to ensure that the needs of donors with disabilities has been considered. Including those with sight/hearing loss and those with a learning disability. Identify any areas for improvement</li><li>• 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</li></ul>			
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<ul style="list-style-type: none"> <li>Review how we assess donor venues. Ensure the needs of people with disabilities have been considered.</li> </ul>			
<p><b>Donor interpreting</b></p> <p>6. As part of a general review of NIBTS blood collection programme, undertake a pilot of the use of interpreters for blood donors whose first language is not English</p>	<p>Donors whose first language is not English are facilitated to donate blood, thereby increasing the pool of donors.</p>	<p>Numbers of donors whose first language is not English has increased</p>	<p>Medical Team with input from Laboratory Services/Donor Services Manager</p> <p>By March 2022</p>

## Disability Action Plan 2018-2023:

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

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p><b>Awareness Days</b></p> <p>1. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).</p>	<p>Increased staff awareness of the range of disabilities and needs</p>	<p>Two annual awareness days profiled</p> <p>&gt;50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days</p>	<p>HR and BSO Equality Unit</p> <p>Annually</p>
<p><b>Tapestry</b></p> <p>2. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its agreed priorities.</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>Increases in Tapestry membership or in participation at meetings</p>	<p>HR and BSO Equality Unit</p> <p>Annually</p>

<p><b>Monitoring</b></p> <p>3. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and providing guidance to staff on the importance of monitoring.</p> <p>Prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system)</p>	<p>More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.</p>	<p>Increase in completion of disability monitoring information by staff to 90%</p> <p>Prompt issued to staff on a regular basis.</p>	<p>HR with support by Equality Unit</p> <p>Annually</p>
<p><b>Mental Health Charter</b></p> <p>4. Sign up to Mental Health Charter.</p>	<p>Staff with mental health conditions feel better supported in the workplace</p>	<p>The organisation has signed up and communication has been issued to all staff</p>	<p>HR with support by Equality Unit</p> <p>By March 2023</p>

<p><b>Replacement Couches</b></p> <p>10. Ensure the couches currently in use are suitable for donors with a musculoskeletal problem, bariatric donors; roll out replacement programme.</p>	<p>Bariatric donors and donors with musculoskeletal problems are facilitated</p>	<p>Numbers of donors has increased by 5 %</p>	<p>Donor Services By March 2023</p>
<p><b>Personal &amp; Public Involvement (PPI) Project</b></p> <p>11. Encourage people with disabilities to attend NIBTS Personal and Public involvement (PPI) events and get involved in donor focus groups:</p> <ul style="list-style-type: none"> <li>• Develop promotional material in accessible formats</li> <li>• Distribute through disability organisations and on the NIBTS website.</li> </ul>	<p>Better engagement of people with a disability in shaping our service. Improved accessibility and increased blood donations from people with a disability.</p>	<p>Increased participation of people with a disability in PPI events and donor focus groups.</p>	<p>Donor Services By March 2023</p>

## **Chapter 5: Equality and Human Rights Screening Report**



Northern Ireland  
Blood Transfusion Service

# **Equality and Human Rights Screening Report**

**April 2021 – March 2022**

These screenings can be viewed on the BSO website under:  
<http://www.hscbusiness.hscni.net/services/3086.htm>

Policy / Procedure	Policy Aims	Date	Screening Decision
Facilitating members of the public with a mobility disability to donate blood	Replacement of the blood donation couch with the donation chair. The donation chair has been shown to reduce vasovagal reactions, as donors raise more gently to an upright position	Jan-22	Screened out with mitigation
Menopause At Work Policy	This menopause policy and supporting guidance are intended to provide clarity and direction on how BSO should deal with menopause related issues, for individuals experiencing difficulties associated with the menopause	Sep-21	Screened out with mitigation
MP:025 Medical Team Competency Framework, Including Out of Hours Work	This policy sets out the arrangements for ensuring and documenting Consultant Haematologist/Consultant in Transfusion Medicine competency to undertake the role of Medical Consultant, including on call duties. Competency in clinical duties is required to support the delivery of a safe, effective and quality service.	Feb-22	Screened out without mitigation

Policy for Vaccination of Staff Against Hepatitis B	The purpose of this policy is to provide information on Hepatitis B vaccination for NIBTS /healthcare staff	Sep-21	Screened out without mitigation
Workplace Policy on Domestic Abuse	The purpose of this policy is to signal a clear commitment of NIBTS's support to any member of staff affected by domestic or sexual abuse. The policy demonstrates NIBTS's commitment to providing guidance for employees and managers to address the occurrence of domestic or sexual violence & abuse and its effects on the workplace.	Mar-22	Screened out with mitigation

No concerns were raised by consultees on screening published in 2021-22.



Northern Ireland  
Blood Transfusion Service

# Equality and Human Rights Mitigation Report

April 2021 – March 2022

## Facilitating members of the public with a mobility disability to donate blood

<i><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p>Benched marked against like services and took guidance from regulatory guidelines; Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC)</p> <p><b>Disability:</b> The donation chair has been shown to reduce vasovagal reactions in blood donors; the donor raises more gradually and gently to an upright position. Any donor who has musculoskeletal / mobility problems will potentially have difficulty with both couch and chair. Bariatric people frequently have similar mobility issues. People with mobility issues can invite their carer / relative to attend session with them to assist with moving.</p> <p>Issues relating to accessible information for people with disabilities are considered in our accessible formats policy.</p> <p><b>Ethnicity:</b> Issues relating to accessible information for people whose first language is not English are considered in our accessible formats policy.</p>	<p>Continue to monitor regulatory guidelines.</p>

## Menopause at Work Policy

<i><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p><b>Gender</b> Whilst menopause occurs in women, it was important to highlight how it can affect different genders both directly and indirectly. This policy and supporting guidance are intended to provide clarity and direction on how NIBTS should deal with menopause related issues, for all individuals irrespective of their perceived gender who are experiencing difficulties associated with the</p>	<p>This policy shall be reviewed:</p> <ul style="list-style-type: none"> <li>• Every 2 years or;</li> <li>• following receipt of new information;</li> <li>• upon implementation of new agreements which may affect the procedure</li> <li>• Regular communication to staff on awareness/education on menopause</li> </ul>

menopause.

**Age**

Although menopause is part of the natural ageing process, medical conditions or surgical intervention can bring on menopause irrespective of age. This policy and supporting guidance highlights how variance exists in age and will raise wider awareness and understanding of menopause. In many cases it is an individual experience, not comparable with colleagues of the same age or stage of menopause.

**Disability**

Menopause of itself is not a disability, however, depending on the severity and longevity of menopause related symptoms experienced by the individual it may be classified as such. Davies - v - Scottish Courts & Tribunal Service in May 2018, an employee’s menopausal symptoms were deemed to be a disability for the purposes of the Disability Discrimination Act 1995. Therefore, when dealing with employees who have menopausal symptoms, NIBTS will be mindful of the need to consider if an employee is disabled as a result of those symptoms and if it is concluded that they are - reasonable adjustment(s) will be considered in line with relevant policies and related legislative provisions such as the DDA 1995. Case law has also recognised the importance of putting in place ‘timely’ reasonable adjustments for staff with a disability.

**Marital Status/Ethnicity/Sexual Orientation**

Menopause Assessment and Action Plan: Guidance for managers and employees included in appendices to support the policy outlining how the menopause can have an effect on marital status, and how the menopause can affect people differently depending on their ethnicity and sexual orientation. This policy covers the impact of the menopause on employees working within HSC organisations recognising that severe menopausal symptoms can adversely affect health and wellbeing, work performance, absenteeism, presenteeism, staff retention

- Consultation with appropriate groups from the voluntary sector via Employment Equality Network Group
- Ensure appropriate language is used and update where necessary
- Provide awareness sessions on Menopause on a regular basis

and/or health and safety at work.  
The policy sets out the key principles to which NIBTS should adhere to, to ensure that individuals affected by the menopause or perimenopause are treated fairly and given the appropriate support and any reasonable adjustments if applicable.

## Workplace Policy on Domestic and Sexual Abuse

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
<p>Disability: Ensure that this policy (and others) are available on request in accessible formats and consideration given to all those with disabilities. Also, all staff are to be made aware of the policy, though such avenues as Awareness Sessions. There may be a need for support and any reasonable adjustments to practice to ensure a fair hearing.</p> <p>Age: Younger (or older) members of staff may lack experience or confidence to report incidents of domestic abuse, and therefore the policy states clearly what constitutes incidents of domestic abuse and gives examples.</p> <p>Sexual orientation: In order to give LGB people more confidence in reporting incidences of domestic abuse, the policy states that staff can approach HR if they are uncomfortable approaching their manager. Support sources and organisations for people of different sexual orientations have been included in the policy.</p> <p>Ethnicity: It is recognised that cultural differences exist between different ethnic groups, and that staff from minority ethnic groups may be reluctant to report incidents of domestic abuse. Sources of help and information on agencies who can help people experiencing domestic violence are included in the policy. This includes details of the PSNI, including the availability of Domestic Violence Support Officers. Details for Victim Support, Women’s Aid, and the Simon Community are also included, who can provide legal advice, and information on housing and benefits available to those leaving situations of domestic abuse/ violence.</p> <p>Gender: As most cases of domestic abuse involve a female victim, and that people are especially vulnerable leaving work, the policy suggests support with transport arrangements to and from work if necessary. A safety at work plan is also</p>	<p>For all issues identified under Section 75 it is important that this policy is shared with all, and targeted with the section 75 groups. Therefore communication is key when this policy is released. NIBTS will continue to gather data in regards on all incidences of domestic abuse) and gather equality data in order to monitor the progress of this policy and procedure.</p> <p>To ensure the on-going effectiveness of this policy and procedure, a review will be undertaken at regular intervals, and not more than 3 years from the date of implementation.</p>

<p>included in the guidance policy. Dependents: The policy includes arrangements for Special leave, if for example the employee needs to find suitable alternative accommodation. Also included is flexibility in shift patterns to suit additional or more complicated caring arrangements as a result of domestic abuse.</p>	
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