

SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the ‘why’ ‘what’ ‘when’, and ‘who’ in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Closure of Belfast Cord Blood Bank

1.2 Description of policy or decision

Belfast Cord Blood Bank (BCBB) has been operating for 10 years. In the 10 years of operation, only two cord bloods have been issued for use. One went to another part of the UK and the other to Brazil. There are two NHS cord blood banks in England and international banks which offer their cord blood internationally. Patients from Northern Ireland requiring cord blood for a stem cell transplant can access cord blood from the UK and international banks.

The Human Tissue Authority requires that public cord banks, such as the BCBB, meet minimum standards. For the BCBB to achieve these standards would require approximately £200k capital funding plus additional £400k revenue each year in addition to the current budget. DHSSPS have instructed the HSCB to implement the following changes to the BCBB

- BCBB should suspend procurement of unrelated donations.
- Arrangements should be made to close BCBB and arrangements will be made to transfer or dispose of stored cords appropriately in line with relevant regulations.
- Put in place a robust arrangement for the collection, processing and storage of directed cord blood donations (“saviour sibling” donations) in the NHS Blood Bank.

The objectives of these changes are to ensure that:

- Cord blood is not collected and processed in a unit that does not meet extant standards which makes it unsuitable for use
- Cords currently stored in BCBB are disposed of or transferred to a suitable facility with the appropriate licenses
- There is a robust arrangement for the processing and storage of directed cord donations
- The best use of financial resources is made

These objectives will be achieved by

- Putting in place an arrangement with NHS Blood and Transplant for future processing and storage of directed cords. This arrangement will also support local collection of directed cord blood
- Closing BCBB and using resources to support other HSC activity

Constraints

The main constraints to achieving the above objectives are:

- Negative perception of “closure”
- Misunderstanding of what change means for NI (no change in service delivered)
- Staff redeployment
- Change management in NIBTS
- Agreeing SLA with NHS Blood and Transplant.

1.3 Main stakeholders affected (internal and external)

- NIBTS Staff (Four)
- Belfast Trust maternity staff
- Mothers delivering in Royal Jubilee Maternity Hospital who wish to give cord blood altruistically
- Patients who could benefit from a stem cell donation from a sibling cord
- Paediatric Haematology service

1.4 Other policies or decisions with a bearing on this policy or decision

- Agreements in place to access highly specialist care such as stem cell transplant using cord blood in specialist centres in GB – Bristol.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

Discussions with NIBTS chief executive and medical director. NIBTS CEx has discussed with affected staff.

Correspondence and discussion with DHSSPS.

Discussion with co-director for maternity services Belfast Trust and Paediatric Haematologist.

Cost of all options – including improving and maintaining BCBB calculated – not cost effective.

No one in NI has ever benefited from BCBB cord blood. Only around 350 donations are collected each year = 1.4% out of a total 25,000 deliveries or births. Of the 350 only 50 are banked (0.2% of 25,000 NI deliveries or births).

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Service users

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	No Impact
Age	No Impact
Religion	No impact

Political Opinion	No impact
Marital Status	No impact
Dependent Status	No impact
Disability	No impact
Ethnicity	No impact
Sexual Orientation	No impact

Staff

All staff will be redeployed to comparable roles within NIBTS.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	Needs and Experiences
Gender	Parents may have an expectation of making an altruistic donation. Mothers are possibly more involved in this choice. However impact minimal.
Age	People of reproductive age more impacted
Religion	No impact
Political Opinion	No impact
Marital Status	No impact
Dependent Status	No impact
Disability	No impact
Ethnicity	No impact
Sexual Orientation	No impact

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example, disabled minority ethnic people, disabled women, young Protestant men, and young lesbians, gay and bisexual people.

No impact

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<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>
No equality issues highlighted	

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	na	
Political Opinion	na	
Ethnicity	na	

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Major impact	
Minor impact	
No further impact	x

Please tick:

Yes	
No	x

Please give reasons for your decisions.

Only a very small proportion of women giving birth in NI are offered and take up the opportunity to make an altruistic donation.

No patient in NI has ever benefitted from the BCBB.

Arrangements will be put in place to ensure that directed donations can be made in NI with processing done in GB. The processing will be to a higher specification than can currently be offered in Belfast. Therefore there will be an improvement to the service for this small group of donors (less than 10 per year)

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
na	

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
na	

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move onto to move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?)

Equality & Good Relations	Disability Duties	Human Rights

Approved Lead Officer: _____

Position: _____

Date: _____

Policy/Decision Screened by: _____

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

**Please forward the completed template to:
Equality.Unit@hscni.net**

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