

Equality, Good Relations and Human Rights SCREENING

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

- 1) What is the likely impact on equality of opportunity for those affected by this policy, for each of the section 75 equality categories? (minor, major or none)
- 2) Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- 3) To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor, major or none)
- 4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

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.

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:

<http://www.hscbusiness.hscni.net/services/1798.htm>

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Proposal to temporarily transfer regional provision of perinatal paediatric pathology service from Belfast HSC Trust to Alder Hey Children's NHS Foundation Trust.

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

Service Overview

Paediatric pathology is a sub-specialty area within cellular pathology. It covers a number of key areas including:

- Post mortem examination of the fetus, infant or child
- Placental histology
- Specialist paediatric surgical and oncology pathology;

The hospital perinatal/paediatric post mortem (also known as autopsy) service is primarily to provide answers for parents as to why their baby has died and may support planning for, and care during, future pregnancies. The majority of post mortems are currently provided for late miscarriages, stillbirths and babies who survive only a short time after birth. Much more rarely, hospital post-mortem examinations are provided for older babies and children.

Of note, post mortems ordered by the Coroner, where the circumstances of the

death falls under Section 7 of The Coroners Act (Northern Ireland) 1959 are also undertaken locally. This service is provided outside of the HSC through a separate contract with the Department of Justice outside the remit of Health and Social Care.

The Health and Social Care Board has commissioned the Belfast Trust to provide this perinatal paediatric pathology service on a regional basis across Northern Ireland since 2008.

Perinatal/paediatric autopsies are performed by a consultant Perinatal / Paediatric Pathologist who has specialist training in this area.

Background

The Trust is funded for 3 full time perinatal/ paediatric pathologists, but since June 2016 the service has only had 1 full time perinatal paediatric pathologist in post due to staff turnover.

In response to a reduction in service capacity, Belfast Trust with the support of the Health and Social Care Board (HSCB) have previously:

- Instigated contingency arrangements whereby a paediatric Pathologist employed through an Agency has provided ad hoc cover for the annual and study leave of the 1 remaining perinatal/paediatric pathologist.
- Set up a Service Level Agreement (SLA) with Alder Hey Children's NHS Foundation Trust, Liverpool to provide the microscopic examination and reporting of placenta.
- Attempted to recruit further trained perinatal paediatric pathologists on 4 different occasions since 2015 with the most recent being in November 2017 where an international recruitment drive was unsuccessful, with no applicants. Belfast Trust has maintained an open-ended recruitment process with an agency which specialises in international recruitment for these posts.

This problem is not unique to Northern Ireland. Paediatric pathology is a very small specialist area. In 2016, the Royal College of Pathologists in a survey of the workforce identified 64 consultant posts across the UK, 13 of which were reported vacant. Currently 1:5 consultant paediatric pathology posts remain vacant.

The one remaining perinatal paediatric pathologist has indicated their intention to leave the Trust in February 2019.

It is essential that plans are now put in place to ensure that a stable high quality paediatric perinatal pathology service will be available to the population of Northern Ireland in the foreseeable future. This includes the provision of a perinatal/paediatric post mortem service for those families who wish to find out more about why their baby may have died.

In addition to ongoing recruitment drives, the HSCB has contacted all health service organisations that currently provide a perinatal / paediatric post mortem service within the NHS and ROI in an attempt to secure an in-reach service from a Consultant perinatal/paediatric pathologist from the south of Ireland or from other parts of the United Kingdom on a sustainable, long-term basis.

Efforts to reinforce the service on a cross border basis have not been possible due to a similar shortage of perinatal paediatric pathology consultants in the south of Ireland.

Proposal Details

While continuing to explore all avenues to maintain the service in Northern Ireland, the Health and Social Care Board (HSCB), the Public Health Agency and the Trust are now seeking to consolidate provision of perinatal / paediatric pathology services for the region by a service provider in the UK on an interim basis. (Microscopic examination and reporting of placentas is already provided outside Northern Ireland in Alder Hey NHS Foundation Trust, Liverpool due to limited perinatal paediatric pathologist capacity).

The HSCB fully understands the concerns and sensitivities around this service and would wish to provide assurances that while we explore how best to deliver this service in the future, at all times the dignity of patients and their families will be fully respected.

Scoping has been undertaken with Alder Hey NHS Foundation Trust to assess whether they could take on the perinatal paediatric pathology work from Northern Ireland, which would amount to 230-240 paediatric consented post-mortems a year.

Alder Hey and Belfast Trust are fully licensed with the Human Tissue Authority (HTA) and are closely regulated in terms of the principles of consent, dignity, quality and openness and honesty. The HTA regulates all post mortem examinations which take place in England, Wales and Northern Ireland.

Families and parents will always be asked if they wish to proceed with a hospital post-mortem, the results of which may help them more fully understand the circumstances of death, and also support their decisions on future family planning. The decision for the baby or child to have a hospital post mortem will ultimately be the choice of the parents and the family.

Relevant HSC staff are already fully trained in engaging respectfully and seeking informed consent from parents and families in line with regional guidance. Additional training is being planned to ensure that all staff who need to be are fully up to date with proposed new arrangements so that they can effectively and sensitively support families in making decisions that are right for them.

If parents do decide to consent to a hospital post mortem, they will have the opportunity to spend time with their baby before this takes place. Every baby or child who requires a hospital post mortem will be treated with the utmost dignity, respect and sensitivity throughout this process and in the journey to and from Alder Hey. The baby or child will be taken there and back carefully and respectfully by the appropriate Providers who are experienced in dealing professionally and sensitively with such matters. The process will all be co-ordinated by Belfast Trust staff in close partnership with the service in Alder Hey.

The HSCB and Belfast Trust have met with all parties who will be responsible for the transportation of the babies to Alder Hey to ensure that the proposed pathways are of the highest standard in respect of safety, respect and dignity.

There is ongoing engagement with relevant charities and patient representative groups to ensure that the views of families inform the transport pathway. It is envisaged that those families who wish to avail of a hospital post mortem, will be able to choose which method of transport is more acceptable to them.

Members of the HSCB, PHA and Trust have met the senior management teams at the airport, the airport ground staff and the airline senior management team. The Trust has engaged with the only licenced company in Belfast who specialises in the air transportation of deceased loved ones. Working closely with Belfast Trust, this company will co-ordinate the air side service from Belfast to Liverpool and return. As is current practice, the Trust funeral director will also be involved in the transportation of babies when required. Meetings are also planned with relevant ferry companies.

In addition, parents/family will supported to travel to Liverpool by air or sea to accompany their baby or child with travel expenses for 2 people being provided.

In addition to support from HSC staff in Northern Ireland, every family and baby from Northern Ireland will be assigned their own personal, trained Bereavement Coordinator in Alder Hey. This named person will liaise with the family and will provide support, updates and assurances throughout their journey.

Meetings have taken place with the Coroner's office in Northern Ireland, and advice sought from the Coroner's office in Merseyside, in regard to the transport of human remains between Coronial jurisdictions. Work is ongoing to agree documentation requirements and communication pathways between Department of Justice officers and the HSC.

The HSCB, PHA and Trust would prefer that a perinatal / paediatric post mortem service could be provided locally in Northern Ireland. Regrettably this will not be logistically possible after the end of December 2018. It is important that, for those families who wish to avail of a hospital post mortem, a service is available. The HSCB will continue to scope and explore medium to longer term options to return a full paediatric pathology service to Northern Ireland.

Proposal Aim: Service Improvements

Whilst it would be preferable to have a local service, it is also recognised that the provision of the hospital post mortem service in Alder Hey in the interim will also bring about some improvements to the service including:

- Provision of a more robust, high quality paediatric perinatal pathology service with the potential to increase capacity for placental examination from 500 to 1500 a year.
- Continuity of service delivery with the service provided 52 weeks of the year from Monday- Friday. *The regional service is currently only available 3 days a week due to the consultant shortage and has been suspended for a number of weeks to facilitate annual and study leave in recent years if a locum has not been available.*
- A paediatric autopsy will be completed within 36 hours of arrival at Alder Hey,
- Shorter and consistent turnaround times for full pathology report which will be available within 2 months for the vast majority of cases, as opposed to the current potential wait of 3-6 months.
- Greater networking and peer review with colleagues in larger centres in the UK.
- Robust contingency and quality assurance arrangements.

Additional work to facilitate the implementation of proposed changes in this interim period include:

- Information and training sessions will be provided to all relevant staff including medical, nursing, midwifery, laboratory, mortuary and administrative staff to raise awareness of the service change and ensure that staff have access to the information and knowledge to appropriately support the families who will use it.
- A video and/or similar resource will be commissioned to provide further support for parent and family decision making. This work will be guided by the views of families and bereavement support staff.
- Ongoing with key charities and patient representative groups who support families through loss and bereavement including but limited to; SANDS , Trust Bereaved Parents Groups, Cruse, Barnardo's, Children's Heartbeat Trust, Heartbeat NI, Lullaby Trust, NI Children's Hospice and Forget Me Knot, Amara.
- Engagement with HSC stakeholders including other HSC Trusts, Public Health Agency, Health and Social Care Board, and Department of Health.
- Engagement with the wider population, media and MLAs through a targeted communications strategy;
- Existing information on the hospital post mortem service has been updated and will be translated into to the top 10 most popular BME languages and transcribed into easyread and in MP3 format.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

- Parents and their families who have suffered the death of a baby or child
- Representatives and Charities working to support parents and families who are bereaved through death of a baby/child including but not limited to: SANDs, Tiny Life, NI Hospice, Snowdrop Group, Children's Heartbeat Trust, Barnardos. Life after loss, Heartbeat NI, CRUSE, Lullaby Trust, Forget Me Knot, Amara
- Staff, particularly those working in maternity, neonatology, paediatric,

gynaecology, pathology and mortuary services.

- Trade Unions and Professional Groups RCM, RCOG, RCPATH, RCPCH, BAPM, Neonatal Nurses Association
- Alder Hey NHS Foundation Trust
- HSC Trusts
- Health and Social Care Board
- Public Health Agency
- Department of Health
- Coroner's service
- Department of Justice
- RQIA
- Human Tissue Authority (HTA)
- Funeral Directors Association and individual funeral directors
- George Best Belfast City Airport
- Manchester Airport
- Airline Company
- Ferry Company
- Menzies Aviation
- TCB Group
- Media

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

- **what are they?**
- **who owns them?**
- Human Tissue Act 2006;
- HTA Codes of Practice 1: Consent, 3: Post-Mortem Examination and 5: Disposal of human tissue;
- Good Practice in Consent for Examination, Treatment or Care (DHSSPS 2003);
- Reference Guide to Consent for Examination, Treatment of Care (DHSSPS 2003);
- HSS(MD)3/2014 27 January 2014 - Introduction of New Training Programme on Seeking and Obtaining Consent for Hospital Post-Mortem Examination.
- CORONERS ACT 1959. Section 7 of the Coroners Act, 1959 (Northern Ireland) places a statutory duty on, amongst others, medical practitioners, in certain circumstances, to report a death to the Coroner. Guidelines on matters relating to the Coroner <https://www.health-ni.gov.uk/publications/guidelines->

matters-relating-coroner

(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.

- Census information (2011)
- Carers NI State of Caring 2017
- Northern Ireland Maternity system (NIMATS)
- Rates of stillbirths, neonatal, perinatal and extended perinatal deaths by age band of mother: Northern Ireland 2012 – 2016 (NIMATS/ NIMACH)
- Existing data from Belfast HSCT Laboratory Information Management System (LIMS).
- NISRA (2018) Registrar General Northern Ireland Annual Report 2017. Available at <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/RG2017.pdf>
- Northern Ireland Pooled Household Survey (NIPHS) tables, published 2017. Data (2013/14 and 2014/15) from four NI Household Surveys (i.e. Labour Force Survey, Family Resources Survey; NI Health Survey, and Continuous Household Survey). Available here <https://www.nisra.gov.uk/publications/northern-ireland-pooled-household-survey-niphs-tables>
- All-Ireland Traveller's Health Survey, 2010.
- NI Health Surveys (2010/11 – 2016/17) Available at <https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland>
- Redshaw, M., Rowe, R. and Henderson, J. (2014) Listening to Parents after stillbirth or the death of their baby after birth. National Perinatal Epidemiology Unit, University of Oxford.
- HSCB Staff Data (June 2018) (Note: HSCB data has been used as staff

numbers in the Commissioning team are low)

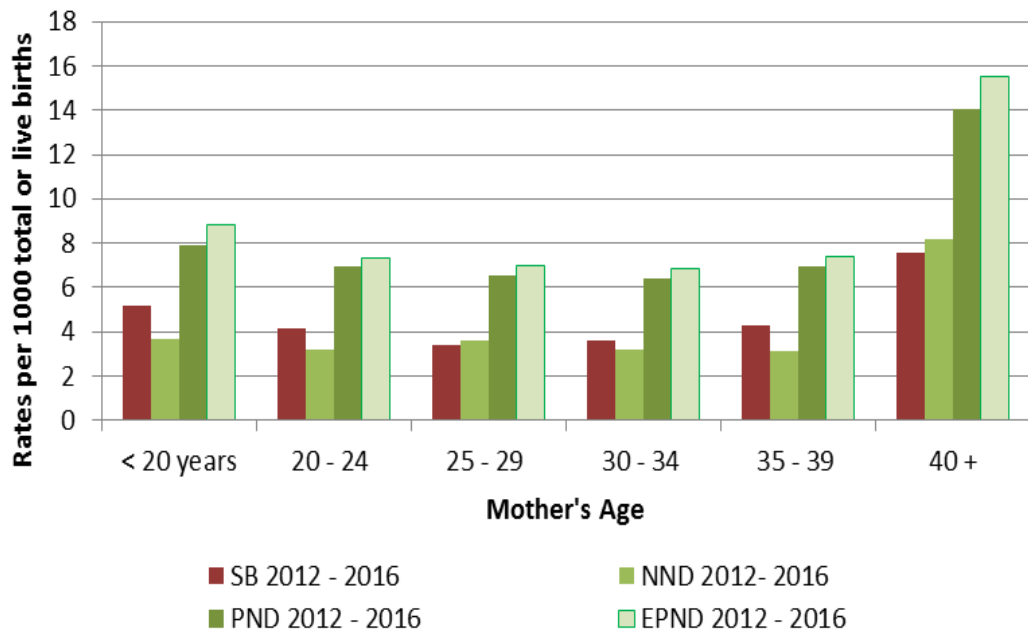
- Views were sought at information and awareness sessions with senior staff across 5 HSC Trusts including medical, nursing, midwifery, laboratory, mortuary and administrative staff
- Ongoing engagement with key charities and patient representative groups who support families through loss and bereavement including but limited to; SANDS , Trust Bereaved Parents Groups, Cruse, Barnardoes, Children’s Heartbeat Trust, Heartbeat NI, Lullaby Trust, NI Children’s Hospice and Forget Me Knot, Amara.
- Engagement with HSC stakeholders including other HSC Trusts, Public Health Agency, Health and Social Care Board, Chief Medical Officer and DOH.

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.

Category	<i>What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p><u>Service users</u> Existing programme data for 2017 shows that of the cases that were sent for hospital post-mortem: 117 cases were female; 120 were male, and 4 were indeterminate.</p> <p><u>Potential Users</u> The size of the resident population in Northern Ireland is estimated to be 1.862 million people. Just over half (50.9 per cent) of the population were female, with 946,900 females compared to 915,200 males. (Mid-year population estimate 2016; published June 2017)</p>

	<p><u>HSCB Staff data</u></p> <p>Male: 25.25% Female: 74.75%</p>
Age	<p><u>Service users</u></p> <p>There is no data relating to the age of mothers or their partners/ spouses/ family members using the service.</p> <p><u>Potential Users</u></p> <p>It is recognised that most service users will be women of child-bearing age and their respective partners/ spouses/ family members.</p> <p>Mother's age for infants born 2016/17 (NI Residents):</p> <p>174 births to women aged 17 years or under; 586 births to women aged 18-19; 3060 births to women aged 20-24; 6584 births to women aged 25-29; 8267 births to women aged 30-34; 4492 births to women aged 35-39 and; 914 births to women aged 40 years and over. (NIMATS)</p> <p>Examination of data collected from 2012 to 2016 (see graph below) shows that the rates of stillbirths, neonatal, perinatal and extended perinatal deaths are highest amongst mothers aged 40 years and over, compared to any other age group. (NIMATS/ NIMACH)</p> <p>Rates of stillbirths, neonatal, perinatal and extended perinatal deaths by age band of mother: Northern Ireland ~ 2012 – 2016 <i>Source: NIMATS/NIMACH. Note: Limitations in interpreting rates/numbers due to small numbers and caution is advised.</i></p>



There is no data collected on the age of partners/ spouses/ family members who use the service. However, data suggests 22% of the NI Population were aged 0-16 years; 11% were 16-24 years; 12% aged 25-34 years; 14% aged 35-44 years; 14% aged 45-54 years; 12% aged 55-64 years and; 15% were aged 65 years and over. (Census 2011)

The majority of post mortems are carried out on babies born with no signs of life, many born at very early gestational ages, before they would be expected to be able to survive independently. The data provided is over the last 3 years and indicates that the vast majority are within the 11-18 gestational weeks.

Gestational Age	2015	2016	2017
11-18 gw	103	93	107
19-23 gw	46	54	42
24-28 gw	24	29	29
29-33 gw	13	8	9
34-41 gw	45	41	37
Post Neonatal <1 year	12	13	12
>1 year	11	6	2
Total	254	238	238

	<p><u>HSCB Staff data</u></p> <table> <tr><td>16-24 years</td><td>0.20%</td></tr> <tr><td>25-29 years</td><td>3.43%</td></tr> <tr><td>30-34 years</td><td>7.47%</td></tr> <tr><td>35-39 years</td><td>14.14%</td></tr> <tr><td>40-44 years</td><td>15.35%</td></tr> <tr><td>45-49 years</td><td>19.39%</td></tr> <tr><td>50-54 years</td><td>19.80%</td></tr> <tr><td>55-59 years</td><td>14.95%</td></tr> <tr><td>60-64 years</td><td>3.84%</td></tr> <tr><td>>=65 years</td><td>1.41%</td></tr> </table>	16-24 years	0.20%	25-29 years	3.43%	30-34 years	7.47%	35-39 years	14.14%	40-44 years	15.35%	45-49 years	19.39%	50-54 years	19.80%	55-59 years	14.95%	60-64 years	3.84%	>=65 years	1.41%
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Religion	<p><u>Service users</u> There is no data collected on the religion of parents who use the service.</p> <p><u>Potential Users</u></p> <p>The most recently published (2017) population data suggests that: Catholic = 41.7% (599,000) Protestant/ other Christian = 47.6% (683,000) Other religion (to include Buddhist, Hindu, Jewish, Muslim, Sikh, any other religion) = 1.3% (18,000) No religion/ not stated = 9.3% (134,000)</p> <p><u>HSCB Staff data</u></p> <table border="1"> <tr><td>Perceived Protestant</td><td>4.24%</td></tr> <tr><td>Protestant</td><td>31.72%</td></tr> <tr><td>Perceived Roman Catholic</td><td>1.62%</td></tr> <tr><td>Roman Catholic</td><td>45.86%</td></tr> <tr><td>Neither</td><td>1.21%</td></tr> <tr><td>Perceived Neither</td><td></td></tr> <tr><td>Not assigned</td><td>15.35%</td></tr> </table>	Perceived Protestant	4.24%	Protestant	31.72%	Perceived Roman Catholic	1.62%	Roman Catholic	45.86%	Neither	1.21%	Perceived Neither		Not assigned	15.35%						
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Political Opinion	<p><u>Service users</u> There is no data collected on the political opinion of parents who</p>																				

use the service.

Potential Users

Most recent published data from the Northern Ireland Life and Times Survey (2016) on political opinion shows that of the NI population:
Unionist 29%; Nationalist 24%; Neither 46%; Other/ don't know 2%.

HSCB staff data

Broadly Nationalist	2.42%
Other	2.42%
Broadly Unionist	1.82%
Not assigned	89.29%
Do not wish to answer	4.04%

Marital Status

Service users

There is no data collected on the marital status of parents who use the service.

Potential Users

Population census data (2011) suggests:

Married	47.56%
Single never married	36.14%
Separated	3.98%
Divorced	5.45%
Same Sex Civil Partnership (SSCP)	0.09%
Widowed or Surviving partner from SSCP	6.78 %

HSCB staff data

Divorced	3.03%
Mar/CP	62.63%

	<table border="1"> <tr><td>Other</td><td>0.81%</td></tr> <tr><td>Separat</td><td>1.82%</td></tr> <tr><td>Single</td><td>16.16%</td></tr> <tr><td>Unknown</td><td>15.56%</td></tr> <tr><td>Widw/R</td><td></td></tr> <tr><td>Not assigned</td><td></td></tr> </table>	Other	0.81%	Separat	1.82%	Single	16.16%	Unknown	15.56%	Widw/R		Not assigned		
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Dependent Status	<p><u>Service users</u> There is no data collected on the dependent status of parents who use the service.</p> <p><u>Potential Users</u></p> <p>Population data suggests that:</p> <p>Parents with dependent children:</p> <ul style="list-style-type: none"> • Responsibility for dependent children: 238,094 households (33.9% of all NI households). • In Northern Ireland there are approximately 116,000 lone parent families with approximately 123,750 children. <p>Carers</p> <ul style="list-style-type: none"> • 13% have caring responsibilities • Approx 70% receive no monetary reward for giving this care • 48% received help from other family members, but 38% received no support from others (Health Survey NI (2016/17)) <p>CarersNI State of Caring 2017 Annual survey (UK wide, including NI)</p> <ul style="list-style-type: none"> • 24% of respondents given up work to care • 26% reduced working hours to care <p>Based on information from Carers Northern Ireland:</p> <ul style="list-style-type: none"> • 1 in every 8 adults is a carer • There are approximately 214,000 carers in Northern Ireland • Any one person has a 6.6% chance of becoming a carer in any year • One quarter of all carers (26%) provide over 50 hours of care 													

- per week
- People providing high levels of care are twice as likely to be permanently sick or disabled than the average person
 - Approximately 30,000 people in Northern Ireland care for more than one person
 - 64% of carers are women; 36% are men

HSCB staff data

Yes - dependents	13.54%
Not assigned	83.43%
No	3.03%

Disability

Service users

There is no data collected on the disability of parents who use the service.

Potential Users

It is estimated that in Northern Ireland, 42% have longstanding illness (30% limiting and 12% non-limiting illness) Health Survey NI (2017).

Prevalence of longstanding limiting illness increases with age: approximately 8% among young adults aged 16 to 34 years, compared to 60% among those who are aged 65 years and over. (Census 2011)

The table below indicates prevalence of different long term conditions using information gathered in the last census (although these may have changed over time):

Type of long – term condition	Percentage of population with condition %
Deafness or partial hearing loss	5.14%
Blindness or partial sight loss	1.7%
Communication Difficulty	1.65%
Mobility of Dexterity Difficulty	11.44%

A learning, intellectual, social or behavioural difficulty.	2.22%
An emotional, psychological or mental health condition	5.83%
Long – term pain or discomfort.	10.10%
Shortness of breath or difficulty breathing	8.72%
Frequent confusion or memory loss	1.97%
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy).	6.55%
Other condition	5.22%
No Condition	68.57%

(Census 2011)

HSCB staff data

No	71.52%
Not assigned	26.06%
Yes	2.42%

Ethnicity

Service users

There is no data collected on the ethnicity of parents who use the service.

Potential Users

However, in 2017, of the out of the 23,075 births registered, 2421 births (10.5%) were to mothers who were born outside the UK and Ireland. This compares with 2 per cent 20 years ago. (NIMATS)

Population based statistics published in 2017 show that in 2014/15 in Northern Ireland: Ethnicity White = 98.2% (1,409,000); All other Ethnicities = 1.8% (26,000)

Traveller population in N Ireland is estimated at 3905 (All-Ireland Traveller's Health Survey, 2010)

Statistics from the HSC Interpreting Service showed a large rise in requests for interpreters from 1,850 in 2004-2005 to 10, 6541

requests in 2016-2017. The most popularly requested languages are listed below:

1. Polish (31220 requests)
2. Lithuanian (15866 requests)
3. Romanian (8975 requests)
4. Portuguese (8323 requests)
5. Arabic (6203 requests)
6. Slovak (5356 requests)
7. Tetum (5319 requests)
8. Chinese - Mandarin (5103 requests)
9. Bulgarian (3421 requests)
10. Hungarian (3387 requests)

HSCB staff data

Not assigned	60.40%
White	39.39%
Other	
Black African	
Indian	
Chinese	0.20%

Sexual Orientation

Service users

There is no data collected on the sexual orientation of parents who use the service.

Potential Users

Annual Reports of the Registrar General for NI show that 2005 to 2017 inclusive there have been 1202 civil partnerships registered in NI, although this does not reflect the total numbers of gay, lesbian or bisexual people living in NI.

There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.

HSCB staff data

	Do not wish to answer	0.40%
	Not assigned	87.27%
	Opposite sex	11.72%
	Same sex	0.40%
	Both sexes	0.20%

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.

<i>Category</i>	<i>Needs and Experiences</i>
Gender	Given that most females using the service will have recently given birth, there is a high likelihood that they will be unable to travel. As such travelling will be more difficult than for male partners or family members.
Age	It is recognised that service users will be of child bearing age (mothers), and their partners who will range in age. There is no data to suggest that the needs and experiences of service users differ on the basis of age.
Religion	<p>Some religious groups may object to a post-mortem being undertaken, and have called for less-invasive methods such as MRI and CT scans. It is acknowledged that attitudes to post-mortem may vary according to religious or personal beliefs and each member of staff who addresses the issue of consent will be trained in engaging respectfully and sensitively with parents and families.</p> <p>Some religions also call for loved ones to be buried within a short time frame. The new service will not be able to facilitate a service in less than 72 hours. Of note, the current service also cannot guarantee, a post mortem in an acceptable time frame to</p>

	facilitate all religious beliefs and practice.
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion.
Marital Status	It is recognised that individuals using the new service who do not have the support of a spouse or partner may find accompanying their child more difficult.
Dependent Status	<p>It is anticipated that this proposal will impact on parents and families who have been bereaved and who are considering whether to consent to a post mortem for their baby or child. It is acknowledged that this time is especially emotive and decisions around post-mortems are very traumatic for parents. The Trust will ensure that this process will be dealt with sensitively and with the appropriate level of information and assurances.</p> <p>Individuals and families who may have further children will have additional needs relating to the service, as paediatric pathology services can support planning for, and care during, future pregnancies.</p> <p>It is recognised that individuals with caring responsibilities, and/or have additional children may find it more difficult to travel with their baby/ child.</p>
Disability	<p>It is recognised that service users who have a disability that impacts on their ability to communicate (e.g. hearing loss/ learning disability etc.) will have additional needs with regards to information and communicating their wishes. This will be particularly important in ensuring informed consent.</p> <p>Also, service users who are disabled may find travel more difficult, depending on the type and level of their disability.</p>
Ethnicity	People whose first language is not English may have additional communication needs in relation to information materials, and will have additional needs particularly around issues of informed consent.
Sexual	

Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation.
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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.

There is no data to suggest that the service change will impact on those with multiple identities.
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2.5 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>
Given that females will have given birth, there is a high likelihood that they will be unable to travel, or that travelling will be more difficult than for male partners or family members. In cases where the mother of the child does wish to travel to Alder hay, the hospital post-mortem can be delayed to allow her time to recover from the birth.	Engagement with families, relevant charities and other patient representative groups commenced in August 2018 when the need for a service change was identified. This work has shaped service plans to date and will continue to do so. As planning for the service change has developed, the breadth of stakeholder

<p>Attitudes to post-mortem may vary according to religious or personal beliefs and each member of staff who addresses the issue of consent will be trained in engaging respectfully and sensitively with parents and families.</p> <p>Should parents and families with dependents consent to the post mortem, they will have the opportunity to spend time with the baby or child before transfer to Alder Hey. They will also have the option to request travelling with the baby or child.</p> <p>Each baby and family will be assigned its own named bereavement coordinator to ensure that the family are provided with updates and assurances regarding the baby's arrival in Alder Hey and the completion of the post mortem.</p> <p>Sensitive and user-friendly information on Consent to Post Mortem information will be co-designed by parents who have previously been bereaved and bereavement co-ordinators to ensure that the process is fully transparent and that people are provided with the necessary assurances and standards with which their baby or child will be treated.</p> <p>A video resource will be developed to enhance existing support and counselling so that parents and families in Northern Ireland are able to make an informed choice about consenting to a post mortem examination for their baby or child in Alder Hey Children's NHS Foundation</p>	<p>engagement has also grown, reflecting targeted communication.</p> <p>To date work with stakeholders has been concentrated on informing the communication and logistics aspects of the service change. Moving forward stakeholder engagement will continue to inform logistical arrangements but will also play a key role in improving information resources to inform families about the value of post mortem and the NI pathway.</p> <p>In addition, stakeholders will inform and guide prospective monitoring of the service in regard to collating qualitative data on patient and family experience so that any issues can be addressed in a timely manner.</p> <p>Liaison will continue with relevant staff to get feedback on their experience and also to consider and address any gaps highlighted in training or skills.</p> <p>A prospective evaluation of the service is planned from inception in January 2019 which will gather data on family experience to inform any service changes or improvements moving forward.</p> <p>Specific consideration will be given to the service evaluation and collecting data on any groups identified which may be particularly impacted through the change. This work will require input from our charities and patient representative group as well as</p>
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<p>Trust.</p> <p>Parents or family members who are travelling alone or who do not have the support of a spouse or partner will have support from staff in Northern Ireland, and will also be assigned their own personal, trained Bereavement Coordinator in Alder Hey. This named person will liaise with the individual and provide assurances throughout and advise and update on the baby or child's care pathway.</p> <p>All travel arrangements for the baby and any 2 family members who wish to travel will be organised and paid for by the HSCB.</p> <p>It is recognised that individuals who have communication difficulties due to a disability may have additional communication needs. All Health and Social Care staff are required to undertake mandatory equality training which cover disability and human rights considerations. Staff will also be aware of the need to consider reasonable adjustments in terms of accessibility of information and communication. Provision will be made to have a sign language interpreter available if required, or have information provided in different formats (e.g. easyread and in MP3 format).</p> <p>All the relevant Consent to Post Mortem information will be translated into the top 10 most popular</p>	<p>bereavement support staff from both NI and Alder Hey to ensure that data is collected in a sensitive manner.</p>
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<p>languages in Northern Ireland and further languages will also be available on request. Health and Social Care staff are fully trained on the use of interpreters and professional, accredited interpreters employed in the Northern Ireland HSC Interpreting Service receive more specialist training in complex area such as bereavement and maternity scenarios.</p>	
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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	n/a	
Political Opinion	n/a	
Ethnicity	n/a	

(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)

Please tick:

Major impact	<input checked="" type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	<input type="checkbox"/>

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

Please tick:

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Please give reasons for your decisions.

An EQIA is suggested because of the importance and sensitivity associated with paediatric pathology, and the potential impact for future pregnancies.

Given the current lack of service data relating to the nine Section 75 population groupings, it is also important to collect data to explore the impact the service will have on each of these.

(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>
n/a	

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>
n/a	n/a

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Are Human Rights relevant?

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.	Yes
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	Yes
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 have a potential positive impact or does it potentially interfere with anyone’s Human Rights?

List the Article Number	Positive impact or potential interference?	How?	Does this raise any legal issues?*
			Yes/No
Article 8	Potential interference	The transportation to Alder Hey Children’s NHS Foundation Trust of the baby or child may be perceived to have a negative impact on the right to family life.	No
Article 12	Positive impact	Sustaining this service could be perceived to have a potential positive impact in terms of having a baby in the future. A post mortem may identify the causes of a miscarriage or stillbirth, and this may have implications for future family planning. A post mortem is likely to give important information.	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.

With regards to Article 8 of the Human Rights Act 1998 (Right to respect for private & family life, home and correspondence), if parents/family do provide informed consent to a hospital post mortem, they will be offered the opportunity to spend time with the baby before it travels to Alder Hey.

The agreements with the service provider Alder Hey Children's NHS Foundation Trust, the Funeral Directors and other service providers will ensure that they will alert the HSCB and Belfast HSC Trust of any incidences that will have an impact on the service. There will be a formal quarterly review of activity and experience and on-going communication between the relevant parties.

A prospective evaluation of the service is planned from inception in January 2019 which will gather data on family experience to inform any service changes or improvements moving forward.

(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
Monitoring data relating to uptake, non-uptake, and feedback on the service will be collected with regards to each of the Section 75 groups. This will allow exploration of the needs experienced by different groups of people.	N/A	Parent feedback on service Post mortem uptake rate

Approved Lead Officer:

Iain Deboys

Position:

Acting Director of Commissioning

Policy/Decision Screened by:

Heather Reid

Signed:

Date:

16/11/18

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 completed template to:
Equality.Unit@hscni.net**

Template produced November 2011

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net;
phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023
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