



## EQUALITY SCREENING TEMPLATE

See [Guidance Notes](#) (POL:PP:032) 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 (incl. doc. reference number) or decision :

**STG:23:DS:002:01:NIBT NIBTS Collection Strategy 2024-2027**

#### 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)**

The purpose of the Collection Strategy document is to set out the anticipated demand for blood and blood components in Northern Ireland over the next three years and how the Northern Ireland Blood Transfusion Service intends to meet this demand. The strategy identifies the challenges NIBTS will face and how these will be met.

This strategy will provide a framework for departments and individuals to plan their priorities and related objectives each year which, in turn, will inform annual business plans and staff development reviews.

This will be achieved by a number of actions outlined within the collection strategy including but not limited to:

- Review the demand and usage of O negative blood
- Implement methods for appropriate stock holding and sufficient collections for specific blood groups e.g. paediatric and neonatal stock.
- Identify the most efficient methods of collection and how best to attract the right donors at the right time to deliver the right blood groups to patients.
- Review staffing and staffing structure on session to ensure that there is an appropriate staffing levels and skill mix to ensure donor safety and experience is at the core of decision making.



The key constraints which may need to be considered are:

- Lack of end to end data in terms of O negative usage and overall stock holding in hospitals. However, with the introduction of Blood Production and Tracking (BPAT) system, we will have access to this.
- Resources, both financial and people may add to restrictions in terms of marketing activity and also resilience within staffing models. The organisation is reviewing models of working and as these are implemented this too may review this as a constraint.

### 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

**NIBTS staff, JNC, regional Blood Bank managers and their teams, Northern Ireland Transfusion Committee (NITC), Haematology Consultants and regional Blood Transfusion committee leads, Regional Blueprint leads, Pathology Network leads, Haemovigilance leads. Staff in NIBTS across the supply chain. Donors and Transfusion recipients.**

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

- what are they?
- who owns them?

**NIBTS Platelet Strategy – under review currently.**  
**NIBTS Corporate Business plan and objectives.**  
**NIBTS Donor Engagement plan – in progress.**



**(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.**

**NIBTS Staff Data 2023-24. Census Data 2021, Blood Donor Data 2023-24.**

**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.**

<b>Category</b>	<b><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></b>
Gender	<p>NIBTS Staff Data: 67.5% female, 32.5% male</p> <p>Donor Data: 52.5% female, 47.5% male</p> <p><b>Census Data:</b> Northern Ireland population (2021 Census): Female 50.8% (967,043), Male 49.2% (936,132) (total population of 1,903,175)</p> <p>Transgender: The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014):</p> <ul style="list-style-type: none"> <li>• gender variant to some degree 1%</li> <li>• have sought some medical care 0.025%</li> <li>• having already undergone transition 0.015%</li> </ul> <p>The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young</p>



	<p>people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p> <p>Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2019) N=1,881,600 (approx.):</p> <ul style="list-style-type: none"> <li>• 18,816 people who do not identify with gender assigned to them at birth</li> <li>• 470 likely to have sought medical care</li> <li>• 282 likely to have undergone transition.</li> </ul>														
Age	<p><b>NIBTS Staff Data:</b></p> <table border="1" data-bbox="320 645 729 913"> <thead> <tr> <th>Age Group</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>16-24</td> <td>3%</td> </tr> <tr> <td>25-34</td> <td>20%</td> </tr> <tr> <td>35-44</td> <td>24%</td> </tr> <tr> <td>45-54</td> <td>21%</td> </tr> <tr> <td>55-64</td> <td>27%</td> </tr> <tr> <td>&gt;=65</td> <td>5%</td> </tr> </tbody> </table> <p><b>Donor Data:</b> Blood donors need to be at least 17 years of age and can continue to donate with no age limit if health check is passed.</p> <p><b>Census Data:</b> Age profile of the NI population (Census 2021):</p> <p>Age band Population Percentage</p> <p>0-14 365,200: 19.2% (15-64 1,211,500: 63.7%) 15-39 594,400: 31.2% 40-64 617,100: 32.4% (65+ 326,500: 17.2%) 65-84 287,100: 15.1% 85+ 39,400: 2.1% All ages 1,903,200: 100%</p> <p>NISRA Mid-year Population Estimates for Northern Ireland: In the year ending mid-2020 the working age population decreased by 0.3 per cent (from 1,183,000 to 1,179,700), representing 62.2 per cent of the population.</p> <p>Age projections: NISRA Estimated and projected population by age, mid-2016 to mid-2041 show that in 2016, 20.8% of the NI Population were aged 0-15 years, and this is projected to decrease 18.2% in 2041. The proportion of adults aged 16-64 in 2016 was 63.2% of the whole population, set to decrease to 57.2 by 2041. However, the proportion of people aged 65 years and over is</p>	Age Group	%	16-24	3%	25-34	20%	35-44	24%	45-54	21%	55-64	27%	>=65	5%
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	projected to rise from 16.0% in 2016 to 24.5% in 2041, overtaking the numbers of children
Religion	<p>NIBTS Staff Data: 41% Catholic 48% Protestant 10% Neither 2% Not determined</p> <p>Donor Data: Donors are not asked their religion.</p> <p>Census Data: Current Religion</p> <ul style="list-style-type: none"> <li>• 'no religion' (17.4%)</li> <li>• 'religion not stated' (1.6%)</li> <li>• Catholic (42.3%)</li> <li>• Presbyterian Church in Ireland (16.6%)</li> <li>• Church of Ireland (11.5%)</li> <li>• Methodist (2.4%)</li> <li>• Other Christian denominations (6.9%)</li> <li>• Other non-Christian Religions (1.3%).</li> </ul> <p>Religion/religion of upbringing (Number - Percentage)</p> <p><u>Catholic: 869,800 - 45.7%</u> Current religion: 805,200 - 42.3% Religion of upbringing: 64,600 - 3.4%</p> <p><u>Protestant and other Christian (including Christian related): 827,500 - 43.5%</u> Current religion: 711,000 - 37.4% Religion of upbringing: 116,600 - 6.1%</p> <p><u>Other religions: 28,500 - 1.5%</u> Current religion: 25,500 - 1.3% Religion of upbringing: 3,000 - 0.2%</p> <p>None: 177,400 - 9.3%</p> <p>All usual residents: 1,903,200 - 100.0%</p>
Political Opinion	<p>Staff Data: 9% Broadly Nationalist 9% Broadly Unionist 16% Other 66% No answer</p> <p>Donor Data: Donors are not asked for their political opinion.</p>



	<p><b>Census Data 2021:</b> National identity (nationality based) (Number – Percentage)</p> <ul style="list-style-type: none"> <li>• British 814,600 42.8%</li> <li>• Irish 634,000 33.3%</li> <li>• Northern Irish 598,800 31.5%</li> <li>• English 16,800 0.9%</li> <li>• Scottish 10,200 0.5%</li> <li>• Welsh 2,000 0.1%</li> <li>• Other national identities 113,400 6.0%</li> </ul> <p>National identity (person based) (Number – Percentage)</p> <ul style="list-style-type: none"> <li>• British only 606,300 31.9%</li> <li>• Irish only 554,400 29.1%</li> <li>• Northern Irish only 376,400 19.8%</li> <li>• British &amp; Northern Irish only 151,300 8.0%</li> <li>• Irish &amp; Northern Irish only 33,600 1.8%</li> <li>• British, Irish &amp; Northern Irish only 28,100 1.5%</li> <li>• British &amp; Irish only 11,800 0.6%</li> <li>• English only/Scottish only/Welsh only 16,200 0.9%</li> <li>• Other combination of British/Irish/Northern Irish/English/Scottish/Welsh only 11,700 0.6%</li> <li>• Other national identities 113,400 6.0%</li> <li>• Polish only 23,900 1.3%</li> <li>• Lithuanian only 11,900 0.6%</li> <li>• Romanian only 7,100 0.4%</li> <li>• Portuguese only 6,900 0.4%</li> <li>• Bulgarian only 4,300 0.2%</li> <li>• Indian only 4,100 0.2%</li> <li>• Other national identity with one or more of British/Irish/Northern Irish/English/Scottish/Welsh only 12,700 0.7%</li> <li>• Other national identities 42,600 2.2%</li> <li>• All usual residents 1,903,200 100.0%</li> </ul>
<p><b>Marital Status</b></p>	<p><b>NIBTS Staff Data:</b> 18% Unknown 29% Single 49.5% Married / Civil Partnership 1.5% Divorced 0.5% Widowed 1% Separated 0.5% Other</p> <p>Donor Data: Donors are not asked for this.</p>



	<p>Census Data 2021:</p> <ul style="list-style-type: none"> <li>• 45.6% (690,500) of those aged 16 or over were married</li> <li>• 38.1% (576,700) were single</li> <li>• 0.2% (2700) were registered in a civil partnership</li> <li>• 9.8% (148,400) were either divorced, separated or formerly in a same – sex partnership</li> <li>• 6.4% (96,400) were either widowed or a surviving partner</li> </ul>
<p><b>Dependent Status</b></p>	<p>Staff Data: 28% Staff with dependents 31% Staff without dependants 41% Not assigned</p> <p>Donor Data: Donors are not asked this.</p> <p>Census Data 2021: Provision of unpaid care (this covers looking after, giving help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age. It excludes any activities carried out in paid employment.) In Northern Ireland all usual residents aged 5 and over = 1,789,348 Percentage of usual residents aged 5 and over who provide: No unpaid care - 87.58% 1-19 hours unpaid care per week - 5.63% 20-34 hours unpaid care per week - 1.38% 35-49 hours unpaid care per week - 1.57% 50+ hours unpaid care per week - 3.84%</p> <p>Carers NI (State of Caring 2022 report) There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK (2022). Carers Week research report 2022.) Of those participating in the survey... • 82% identified as female and 17% identified as male. • 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+. • 24% have a disability. • 98% described their ethnicity as white. • 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role. • 56% are in some form of employment and 18% are retired from work. • 31% have been caring for 15 year or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year. • 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week.</p>



	<ul style="list-style-type: none"> <li>• 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people.</li> </ul>																												
Disability	<p><b>Staff Data:</b> 55% No Disability 2% With Disability 43% Not Assigned</p> <p><b>Donor Data:</b> Data not collect as a whole, information is provided by donors only if it affects their ability to donate. The system does not allow for data for all donors to be retrieving in relation to this.</p> <p><b>Census Data 2021:</b> Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are: Limited a lot – 11.45% Limited a little – 12.88% Not limited – 75.67% (‘Day-to-day activities limited’ covers any health problem or disability (including problems related to old age) which has lasted or is expected to last for at least 12 months.)</p> <p>The breakdown of the various long-term conditions as outlined in the 2021 Census is:</p> <table border="1"> <thead> <tr> <th>Type of long-term condition</th> <th>Percentage of population with condition %</th> </tr> </thead> <tbody> <tr> <td>Deafness or partial hearing loss</td> <td>5.75</td> </tr> <tr> <td>Blindness or partial sight loss</td> <td>1.78</td> </tr> <tr> <td>Mobility of Dexterity Difficulty that requires wheelchair use</td> <td>1.48</td> </tr> <tr> <td>Mobility of Dexterity Difficulty that limits basic physical activities</td> <td>10.91</td> </tr> <tr> <td>Intellectual or learning disability</td> <td>0.89</td> </tr> <tr> <td>Learning difficulty</td> <td>3.5</td> </tr> <tr> <td>Autism or Asperger syndrome</td> <td>1.86</td> </tr> <tr> <td>An emotional, psychological or mental health condition</td> <td>8.68</td> </tr> <tr> <td>Frequent periods of confusion or memory loss</td> <td>1.99</td> </tr> <tr> <td>Frequent periods of confusion or memory loss</td> <td>1.99</td> </tr> <tr> <td>Long – term pain or discomfort.</td> <td>11.58</td> </tr> <tr> <td>Shortness of breath or difficulty breathing</td> <td>10.29</td> </tr> <tr> <td>Other condition</td> <td>8.81</td> </tr> </tbody> </table> <p>Information on rare diseases provided by NI Rare Diseases Partnership</p>	Type of long-term condition	Percentage of population with condition %	Deafness or partial hearing loss	5.75	Blindness or partial sight loss	1.78	Mobility of Dexterity Difficulty that requires wheelchair use	1.48	Mobility of Dexterity Difficulty that limits basic physical activities	10.91	Intellectual or learning disability	0.89	Learning difficulty	3.5	Autism or Asperger syndrome	1.86	An emotional, psychological or mental health condition	8.68	Frequent periods of confusion or memory loss	1.99	Frequent periods of confusion or memory loss	1.99	Long – term pain or discomfort.	11.58	Shortness of breath or difficulty breathing	10.29	Other condition	8.81
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	<p>www.nirdp.org.uk suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is around 110,000 people in Northern Ireland. A disease is “rare” if it affects fewer than 1 people per 2,000.</p>
Ethnicity	<p><b>Staff Data:</b> 64.5% White 0.5% Pakistani 1% Other 34% Not Assigned</p> <p><b>Donor Data:</b> Donors are not asked this.</p> <p><b>Census Data:</b> In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.</p> <p>Ethnic Group Number Percentage: White: 1,837,600 - 96.6% Minority Ethnic Group: 65,600 - 3.4% Black: 11,000 - 0.6% Indian: 9,900 - 0.5% Chinese: 9,500 - 0.5% Filipino: 4,500 - 0.2% Irish Traveller: 2,600 - 0.1% Arab: 1,800 - 0.1% Pakistani: 1,600 - 0.1% Roma: 1,500 - 0.1% Mixed Ethnicities: 14,400 - 0.8% Other Asian: 5,200 - 0.3% Other Ethnicities: 3,600 - 0.2% All usual residents: 1,903,200 - 100.0%</p> <p>Main language of usual residents aged 3 and over Main language Number Percentage English: 1,751,500 - 95.4% Main language not English: 85,100 - 4.6% Polish: 20,100 - 1.1% Lithuanian: 9,000 - 0.5% Irish: 6,000 - 0.3% Romanian: 5,600 - 0.3% Portuguese: 5,000 - 0.3% Arabic: 3,600 - 0.2% Bulgarian: 3,600 - 0.2% Other languages: 32,200 - 1.8% All usual residents aged 3 and over: 1,836,600 - 100.0%</p>
Sexual Orientation	<p><b>Staff Data:</b> 50% Someone of the opposite sex 3% Someone of the same sex</p>



	<p>0.5% Both sexes 3% Do not wish to answer 43.5% Not assigned</p> <p><b>Donor Data:</b> Donors are not asked this.</p> <p><b>Census Data 2021:</b> Of the Northern Ireland population aged 16 years and over 2.1% identified as lesbian, gay or bisexual (LGB), 90% as straight or heterosexual with 7.9% not wishing to state a sexual orientation.</p> <p>Younger people, aged 16 to 24 years were most likely to identify as LGB in 2021, 4.6% of all 16 to 24-year olds, compared to older age groups – 3.8% aged 29-39, 1.2% aged 40-64 and 0.3% aged 65 years and over</p>
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### 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.**



<b>Category</b>	<b>Needs and Experiences</b>
Gender	The donor data and the NI Census data are similar in percentage with an even split between each gender so it is assumed that there is no evidence to suggest that the collection strategy would impact one gender over the other.
Age	From the 25 to 64 age groups the representation of current donors has a similar split. There is a slightly higher percentage of attendees from 55-64 years of age. This declines for donors over 65 years – this seems reflective to the NI Census data. Therefore, there is no evidence to suggest that the collection strategy would impact any age over the other.
Religion	When planning sessions, NIBTS considers differing venues to consider different community backgrounds. An analysis of our Donor Sessions indicates that currently NIBTS is using 83 venues. 40 of the venues being with no perceived religious affiliation, 27 perceived to have a Protestant affiliation and 16 perceived as having a Catholic affiliation. Looked at another way it might conclude that there are 40+27 venues at which Protestants should feel at ease and 40+16 at which Catholics should feel at ease to donate blood. This is something that is reviewed and monitored annually.
Political Opinion	There is no evidence to suggest that the collection strategy would impact one political opinion over the other
Marital Status	There is no evidence to suggest that the collection strategy would impact one marital status over the other.
Dependent Status	Due to Safeguarding issues there has to be an accompanying adult who is not donating blood with any children which are brought to a session. This due to the nature of the process which may leave a donor weak and cause them to faint or have a reaction which requires medical attention.
Disability	Issues relating to accessibility information for people with disabilities are considered in our Accessible Formats Policy.
Ethnicity	Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy. Donor Safety Guidelines are accessible in 6 of the most common languages.
Sexual Orientation	Since the introduction of the FAIR changes, NIBTS have begun undertaking a number of key engagement events to ensure all who are eligible to donate blood feel welcome to regardless of sexual preference. The collection strategy will enable this work to continue going forward.



## 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.**

n/a

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



**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		
Political Opinion		
Ethnicity		

**(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	
Minor impact	X
No further impact	

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

Please tick:

Yes	
No	X



Please give reasons for your decisions.

Having screened the strategy and put in place mitigation for any impacts identified it is not thought that subjecting the strategy to an EQIA will further identify opportunities to promote equality of opportunity.

#### (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	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 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 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 <sup>st</sup> protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please 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
NIBTS will conduct Donor Surveys	NIBTS will conduct Donor Surveys	

Approved Lead Officer: Barbara Mullin  
 Position: Head of Blood and Component Supply Chain Services  
 Date: 17.05.2024  
 Policy/Decision Screened by: Jennifer McErlean

**Please note that having completed the screening you are required by statute to publish the completed screening template, as per NIBTS 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 a copy of the completed screening template and policy/strategy to the HR Office for publishing.***

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 a member of the HR department.