Procedure		Worcestershire Acute Hospitals NHS Trust

Collection of Blood Components/Products from Blood Storage Devices using BloodTrack

Department / Service:	Blood Transfusion, Pathology
Originator:	Lead Transfusion Practitioner, Laura Walters
Accountable Director:	Consultant Haematologist, Transfusion Lead, Sangam Hebballi
Approved by:	TTC and ISAG
Date of Approval:	3RD June 2025
Review Date: **This is the most current document and should be used until a revised version is in place**	3rd June 2028
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Across the Trust
Target staff categories	All staff involved in blood collection process

Plan Overview:
This document details the process of blood component collection, transfer and return. The process must be adhered to in order to maintain the integrity of the units and maintain compliance with the Blood Safety & Quality Regulations 2005.

Key amendments to this guideline

Date	Amendment	Approved by:
June 2018	Addition of instructions on packing a cool box for transportation	Trust Transfusion Committee
July 2019	Minor amendment to sample acceptance criteria for neonates and minor grammatical corrections.	Trust Transfusion Committee
July 2020	Document extended for six months whilst review and approval process takes places	Trust Transfusion Committee
February 2021	Document extended for 6 months as per Trust agreement 11/02/2021	Trust agreement
June 2021	Minor amendments to sample validity and A&E identification of an unknown patient. Change of title from Sample Collection and Blood Transfusion requests	Trust Transfusion Committee
02/06/2021	Amendments to documentation and new collection box usage and packing.	Trust Transfusion Committee
29th Nov 2024	Document extended for 6 months whilst roll out of BloodTrack is completed	Laura Walters
June 25	Document approved with changes to BloodTrack	TTC/ISAG

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1. Introduction

All staff responsible for collecting blood from blood storage devices must be trained and competency assessed in “NPSA Framework 2: Collecting blood components from blood storage devices” in accordance with local policies.
NPSA Framework 2 training is available from the Transfusion Practitioners.

Only one unit should be collected at a time, unless rapid transfusion of large quantities is required e.g. major haemorrhage (please see major haemorrhage procedure).

Serious Hazards of Transfusion (SHOT) states errors in the collection process are a frequent cause of “Never event – incompatible blood component transfused.”

Staff collecting blood must collect the BloodTrack generated blood collection slip from the requesting clinical area first.

The blood collection slip contains the minimum patient identifiers.

The minimum identifiers are:

- First name
- Last name
- Date of birth
- NHS number

These details must be checked against the details on the laboratory-generated label attached to the blood component pack.

The Blood Safety and Quality Regulations (BSQR) require that the time a component is out of a controlled temperature environment is recorded and ‘cold chain’ data must be kept for 15 years. Red blood cells that have been out of controlled storage for more than 30 minutes cannot be reissued for transfusion.

2. Arranging Collection

Clinical staff are to log on to BloodTrack ward enquiry to see if the blood component is ready for collection. You do this by opening up ward enquiry. Signing in using your barcode number and pin, select “*Patient Lookup*” tab on the left hand side. Key in your patients NHS number and select the correct patient. Once selected, enquiry will display patient core identifiers, their blood group, any known special requirements (if blood bank has been alerted in the past), the sample status (so you will know if there is a valid sample in blood bank for your patient) and sample expiry date. Underneath it will inform you if the patient has any blood components available and where.

If component is ready for collection, staff must ensure the pre-transfusion checklist is completed (care pathway and prescription WR2151). When the pre-transfusion checklist is completed, staff will need to generate a collection slip using the BloodTrack PDA and printer (see administration policy on how to generate collection slip).

Once a collection slip has been generated and printed at the patient side, staff need to arrange collection from blood bank via the porters:

- For Worcester Royal Hospital;
  Contact the helpdesk and request blood collection giving the location

- For Alexandra Hospital Redditch:
  Contact the helpdesk and request blood collection giving the location or contact the blood porter via bleep 0208

- For Kidderminster Treatment Centre contact the porters via 35410

The portering staff will then come to the required clinical area, pick up the collection slip and go to collect the required component.

If the component is not ready for collection, clinical staff should ensure the component has been requested via the transfusion request form or contact blood bank to discuss.

3. Where to collect blood components

	Worcester	Redditch	Kidderminster
Red Cells	Blood issue room: Haemobank Fridge	Haemobank Fridge	Haemobank Fridge
FFP/Octoplas	Blood Issue room: Haemobank Fridge	Haemobank Fridge	Haemobank Fridge
Cryoprecipitate	Blood Issue Room: platelet Incubator via BloodTrack kiosk	Platelet Incubator via BloodTrack Kiosk	N/A
Platelets	Blood Issue room: platelet incubator via BloodTrack kiosk	Platelet incubator via BloodTrack Kiosk	Transport box
Anti-D	Blood Issue room: Haemobank Fridge	Haemobank Fridge	Haemobank Fridge

4. Removing a component from storage using a BloodTrack pick up slip

1. Take the pickup slip from clinical area to the appropriate BloodTrack Haemobank/Kiosk

2. Scan employee identification barcode and enter pin

3. Select *"Taking Out"*

4. If prompted for a transport method, select *"Room Temp".*

5. Haemobank will prompt you to "*scan pickup slip".*

   Note: if there are no units available for the patient, it will alert you and advise you to contact blood bank for advice. You must contact blood bank for advice.

6. You will then be prompted to *"remove unit from tray"* and the Haemobank will unlock and light up the drawer where the required component is. Once the unit is removed, ensure you close the draw and door properly. For the platelet kiosk, select platelets from the tray labelled with patient surname according to the list on the front of the agitator.

   Note: If the device tray/compartment is empty when removing a unit from the Haemobank device, this is due to someone performing a "Move in" transaction, but not actually placing the unit into the device. If the tray/compartment is empty, touch "Tray is Empty" on the taking out screen, and the BloodTrack software will locate another unit. If there is no suitable unit then an alert screen will display, prompting you to contact blood bank. You must then contact blood bank as BloodTrack has instructed.

7. BloodTrack will prompt you to *"scan the unit number"*. This is where you scan the first barcode on the blood component, located under the donor number on the bag. An image will appear on screen to prompt you where to scan the unit.

8. BloodTrack will then prompt you to "*scan product code*", an image will appear on screen, to prompt you where to scan the unit

9. BloodTrack will confirm that the transaction is "*Good"* if the right unit is selected.

10. BloodTrack will then ask you *"Do you want any units for the same patient",* you would select *"no"* if only collecting one unit for the patient and Blood Track will automatically log you out and lock the haemobank.

Note: If collecting more than one unit, select "yes", collect the other unit from the Haemobank and complete steps 7, 8, 9 and 10 again. You must then take both units into blood bank so these can be packed into a box for you.

11. You will then check the compatibility label matches the pickup slip, checking the following matches:
    - Patient surname
    - Patient first name
    - D.O.B
    - NHS No.

    Check the following matches between the blood component and compatibility label:
    - Donor Number
    - Component type
    - Expiry date
    - Blood group of the unit matches between the compatibility label and component.
    - No lumps or leakages.

12. Once you are happy all details match, complete the red transit bag by filling in the requested details and take the required component to the requesting clinical area immediately.

5. Removing a component from storage using a manually completed collection slip

1. Take the collection slip from the clinical area to the required BloodTrack Haemobank/Kiosk.

2. Scan employee identification barcode and enter pin.

3. Select *"Taking out"*

4. If prompted for a transport method, select *"Room Temp"*

5. Select "*By Patient Number*".

6. Key in the patients NHS number from the collection slip and press *"search".*

7. Patient details will appear on the screen. You need to check the details on the screen and the collection slip match with the following information:
    - Patient surname
    - Patient first name
    - D.O.B
    - NHS No. matches

    If everything matches, then select "*yes".*

    Note: If the patient details do not match between the screen and collection slip, select "no". Take the collection slip back to the ward and inform the staff the slip and patient details do not match. The ward staff will need to investigate this.

8. BloodTrack will then ask you ask what product you want to collect. Select the component required. For the purposes of this example, we will select *"red cells"* (collection will be the same process for all components).

   Note: If there are no units available for the patient, it will alert you and advise you to contact blood bank for advice.
   BloodTrack may also alert, there are no units available for the patient and inform you of a component in another storage location. For example, if you scan collection pick up slip in Haemobank accidentally instead of platelet shaker kiosk. If this happens contact blood bank for advice so they can check what you are collecting.

9. You will then be prompted to *"remove unit from tray"* and the Haemobank will unlock and light up the drawer where the required component is. Once selected ensure you close the draw and door properly. For the platelet kiosk, select platelets from the tray labelled as patient surname according to the list on the front of the agitator.

   Note: If the device tray/compartment is empty when removing a unit from the Haemobank device, this is due to someone performing a "Move in" transaction, but not actually placing the unit into the device. If the tray/compartment is empty, touch the "Tray is Empty" pad on the taking out screen, and the BloodTrack software will locate another unit. If there is no suitable units then an alert screen will display, prompting you to contact blood bank. You would then contact blood bank as BloodTrack has instructed.

10. BloodTrack will prompt you to *"scan the unit number".* This is where you scan the first barcode on the blood component, located under the donor number on the bag. An image will appear on screen to prompt you where to scan the unit.

11. BloodTrack will then prompt you to "*scan product code".* An image will appear on screen to prompt you where to scan the unit.

12. If you are happy the unit matches, select *"yes"*

    Note: If you are not happy with the unit, select "no".
    If the component you have removed from the storage device does not match exactly, you must select no. BloodTrack will then ask you to return the component to the storage device in the tray highlighted. Return the unit and the HaemoBank will locate another unit. If there is no suitable unit then a red alert screen will display, prompting you to contact blood bank. You would then contact blood bank as BloodTrack has instructed.

13. BloodTrack will confirm that the transaction is "*Good".*

14. BloodTrack will then ask you *"Do you want more units for the same patient?"* You would select *"no"* if only collecting one unit for the patient and Blood Track will automatically log you out and lock the Haemobank.

Note: If collecting more than one unit, then select "yes", collect the other unit from the Haemobank and complete steps 7, 8, 9, and 10 again. You must then take both units into blood bank so these can be packed into a box for you.

15. You will then check the following details match between the compatibility label and the collection slip:
    - Patient surname
    - Patient first name
    - D.O.B
    - NHS number

    Check the following matches between the blood component and compatibility label:
    - Donor Number
    - Component type
    - Expiry date
    - Blood group of the unit matches between the compatibility label and component.
    - No lumps or leakages.

13. Once you are happy all details match, complete the red transit bag by filling in the requested details and take the required component to the requesting clinical area immediately.

6. Warning and Message screens

BloodTrack has multiple warning and message screens, these should **never** be ignored as they could mean there is something wrong with the blood component. When these screens appear, you are to stop where you are in the process and do exactly what the screen alerts you to do. Most screens will ask you to contact blood bank for advice with the extension number displayed on the screen. You are to action this.

7. Clinical area/Ward receipt

On arrival in the clinical area, blood components/products should be handed to a trained nurse/doctor only.

For individual units the nurse/doctor should then check that the correct unit has been collected by checking the following matches against the patient's details:
- Patient surname
- Patient first name
- D.O.B
- NHS number

And by checking the following matches between the blood component and traceability tag:
- Donor Number
- Component type
- Date on the unit

- Blood group of the unit matches between the compatibility label and component
- Blood group of the unit is compatible with patient blood group
- No lump or leakages
- Any Special requirements required by the patient are met

The staff member will then need to sign the red transit bag and the person delivering the unit is free to leave. If any discrepancies are noted by ward staff, the person delivering the unit is to return the component/product to blood bank.

If delivering blood components in a transport box, hand the box to a trained member of staff. The member of staff should check the blood component/product transit form matches the patient details, by checking:

- Patient surname
- Patient first name
- D.O.B
- NHS number

Once confirmed it is for the expected patient, staff member must sign the Blood Component/Product Transit form, but not attempt to open the box as this would compromise the cold chain. The Blood Component/Product Transit form states what blood components are in the box and should only be opened when ready to use.

The transport box is valid for 4 hours from time of packing, but once opened you have 30 minutes to return components you are not going to use, and four hours to complete transfusion of all units enclosed. If you are not going to use any of the components in the unopened transport box, please ensure it is returned before the 4-hour expiry so the units can be returned to stock for use. If the box is returned after the four hours, everything in the transport box will be wasted due to cold chain failure.

8. Blood component return from clinical areas

Single unit red cell return

1. Collect the component from the clinical area. The clinical area should arrange the collection of the unit for return via switchboard or ask the porter to return it at time of delivery.

2. Take the unit for return to the Haemobank, scan your employee identification barcode and enter your pin.

3. The Haemobank screen will then ask if you are "*taking out*" or "*putting in*". Select "*putting in*".

4. The Haemobank will ask you to "*scan the unit number*". This barcode is located under the donor number on the bag. An image will appear on screen to prompt you where to scan the unit.

5. Once you have scanned the unit number, the fridge door will unlock and a drawer will light up. Open the drawer and place the unit in.

Note: If the HaemoBank device compartment is already full, select "tray not empty" on the screen and it will select another tray for you. Never return a unit to an already occupied drawer.

6. The Haemobank will then ask you to "*scan another unit*" or "*Log out*". If you have another unit to return, select this option and follow steps 4 and 5 again. If no further units are to be returned, tap "*Log out*".

Return of all other components/products and Transit Box Return

Only red cells are to be returned via the HaemoBank. All other components/products are to be returned directly to the blood bank. Laboratory staff are responsible for returning the components/products to appropriate storage locations.

If the Transit box form is incomplete and the cold chain cannot be established, the units will be wasted.

9. Red cells

Collection of single units of red cells

- Single units are transported within the acute trust in a red bag found on the bench next to the HaemoBank.
- Take unit straight to clinical area without delay and give to the trained nurse/midwife looking after the patient.

Collection of Multiple units of red cells

If you require more than one unit of red cells, they must be transported in a transit box.

- Go to the Haemobank and sign in as per instructions above, select "*taking out*"
- Select the transport method as "*cool box*"
- Remove the required number of units as per instructions above, checking each unit individual on removal from the fridge
- Once you have taken out required number of units, take them into the blood bank to be packed into a transit box by the laboratory staff.
- Laboratory staff will then complete the Blood component / product transit form with patient details, date and time.
- The laboratory staff will seal the box with a numbered cable tie. The number will be transcribed on to the transit form and the form will placed in the clear slot on the lid of the transit box.
- Take the box to the clinical area and give to the trained member of staff that has ordered the blood. The box **should not** be opened at this point. The clinician should check the patient information on the transit form matches the patient's information on file, and sign the blood component / product transit form, taking responsibility for the box and its contents.
- The person delivering is then free to leave.

The red cells can remain in the box for 4 hours providing that the box remains sealed, and the cable tie is not broken.

Once the transit box is opened you have 30 minutes to return the units if they are not going to be used or 4 hours to complete transfusion of enclosed units.
The laboratory will monitor this time and alert the clinical area to return the box 30 minutes before the 4-hour expiry time is reached.

Transfer of blood with the patient to other hospitals

This should be avoided if possible.
Blood can only be given in transit when the patient is accompanied by a transfusion trained registered practitioner.

To transfer the blood with the patient the blood bank must be informed.
The laboratory will pack and seal the transit box and complete the LF-U- TRA Inter Hospital Blood Component / Product Transfer Form.
The transit box should not be opened until the patient is ready to be transfused.

On arrival at the receiving hospital, the transit box should be taken to the transfusion laboratory unless blood is being administered to the patient or is required to remain with the patient, such as immediate transfer to theatres.

10. Fresh frozen plasma (FFP)

FFP needs to be defrosted prior to being placed in the issue fridge for collection. Once defrosted, this component must be used within 24 hours and discarded if not used.

Follow the same collection process as above. Multiple units of FFP can be carried in a red transportation bag in an emergency.
In non-emergency situations, multiple units of FFP must be taken to the lab and packed for transport in a transit box as per collection of multiple units of red cells.

FFP can be placed in the same transit box as red cells providing it is at the same temperature. If the FFP has only just been defrosted and is still warm, it should be in a separate transit box.

11. Platelets

Platelets are stored in the platelet incubator in the blood bank issue room between 20-24 degrees. Platelets must **NOT** be placed in a fridge or a transit box with cool packs.

Issued units are listed by the patients' surname, as documented on the list on the front of the platelet agitator.

The process to collect platelets is the same as red cells, but instead of using the Haemobank, you use the BloodTrack kiosk on top of the platelet agitator.
Once removed ensure you erase the patient's surname off the list.

Platelets are transported in a red transit bag.

Take unit straight to clinical area without delay.

12. Cryoprecipitate

Cryoprecipitate needs to be defrosted. Once defrosted, it is to remain at room temperature. When issuing cryoprecipitate, the lab will place it in the issue room platelet agitator for collection. Once defrosted, this component must be used within 4 hours.

Complete the unit checks and scan out the unit using the platelet BloodTrack kiosk, as per the above instructions for collection of platelets. One dose of cryoprecipitate is comprised of 2 units, so it is permitted to transport 2 units of cryoprecipitate.

All units are transported in a red transportation bag found on the bench in issue room. Do **NOT** put cryoprecipitate in a transit box or fridge.

13. Octoplas (Solvent detergent plasma)

Octoplas should be transported in the same manner as FFP.
Octoplas requires defrosting prior to use. Once defrosted this must be used within 24 hours.

Follow the instructions for FFP removal as above. Multiple units of Octoplas can be carried in a red transportation bag in an emergency. In non-emergency situations, multiple units of Octoplas must be taken to the lab and packed for transport in a cool box as per multiple units of red cells above.

14. Anti-D

Anti-D issued on a named patient basis. The collection of anti-D follows the same checking and recording process as that of red cells.

All blood products are transported in a red transportation bag.

15. Emergency red cells

Locations

Emergency red cells are located in the following areas:

- WRH Stock fridge in Blood Bank
- WRH A&E department in Resus area (2 O RhD negative units and 2 O RhD positive units)
- Alex Stock fridge in Blood bank
- KTC Issue fridge in theatre (4 O RhD negative units)

O RhD negative units are used for all children over 4 months and <18 years and all females <55 years old

O RhD negative paediatric units are used for all neonates and children under 4 months old and are only available from blood bank

O RhD positive units are for males > 18 years old and all females > 55 years old

Collection of emergency units

For WRH and ALEX
If emergency O RhD negative red cells are required, staff should activate the Major Haemorrhage Protocol via 2222 (please see Major Haemorrhage Protocol for further information).

This will alert the charge hand porters to go straight to blood bank and collect the Major Haemorrhage Packs. These are transported to the required clinical area using a Transit Box.

The transit box transfer sheet will contain the details of the patient. If patient details cannot be obtained from the clinical area, the transit sheet patient information will be blank. If the patient's identity us unknown to all staff (e.g. an unidentified, unconscious patient in A+E) the unique A&E patient demographics are used.

As the emergency blood is not cross matched there are no patient details on the traceability tags. It is the responsibility of the administrator to ensure they complete the full name, D.O.B and NHS number of the patient on the traceability tag. The administrator must also complete their full name, date and time administered. This ensures vein to vein traceability is maintained as per legal requirements (BSQR, 2005).

For KTC
If emergency O RhD negative red cells are required, staff should activate the Major Haemorrhage Protocol via 2222. The porter will go straight to the Haemobank and remove the 4 O RhD negative units and deliver these to the required clinical area. The porter will then go to the Minor Injuries Unit and wait for the transit box to arrive via courier. On arrival at Minor Injuries, the box should be delivered straight to the clinical area (please see Major Haemorrhage Protocol for further information).

16. Contingency plan if BloodTrack Haemobank/kiosks ever went offline.

If the BloodTrack software on the Haemobank or Kiosk ever failed all blood components/products will be returned into Blood Bank. Staff who need to collect during downtime, will need to go into blood bank and show staff the collection slip. Blood bank will hand you the component/product from the stock fridge/incubator. Note the removal time here as you will need this.
The staff member collecting the blood component/product will still have to carry out the required manual checks by checking:
The collection slip matches against the compatibility label:

- Patient surname
- Patient first name
- D.O.B
- NHS number
- Component type

And by checking the following matches between the blood component and traceability tag:

- Donor Number
- Component type
- Date on the unit
- Blood group of the unit matches between the compatibility label and component.
- Blood group of the unit is compatible with patient blood group.
- No lump or leakages
- Any Special requirements required by the patient are met.

Staff would then need to complete the blood bank register; this would be placed in the issue room on the bench. You would have to handwrite in black ink the patient details and component unit number details from the compatibility slip and the date and time it was removed from blood bank. You would then enter your BloodTrack number which is found on your barcode and sign your name.

You will need to complete the details on the red bag, this is important as this time is used by the nursing staff to calculate maximum transfusion time allowed.

You will the transport the component/product to the clinical area as per usual methods.

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	BloodTrack provides an electronic full audit trail on the collection process. We can view by user, right through to specific component/product. BloodTrack software sends an alert to blood bank staff when something happens outside "normal" processes so these can be investigated.	BloodTrack provides a live audit trail. Only staff who have been trained and competency assessed can have access to collect components/products. If there is ongoing satisfactory use, staff will complete update training online. If there is unsatisfactory practice noted, we can disable access until re-assessment and training takes place.	This is a live system so any errors or alerts will be flagged up in real time. These will be dealt immediately and followed by TP team.	Blood bank staff and the Transfusion Practitioner team.	The transfusion Practitioner team will monitor for any trends and audit trail reports will be reported to the Trust Transfusion Committee (TTC).	Ongoing live system

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Consultant Haematologist
Consultant Urgent care
Consultant Specialised medicine
Consultants Women's and Children's
Consultant SCSD
Blood Bank Manager
Community IV team lead
Deputy Chief Nurse
Transfusion practitioner

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Trust Transfusion Committee
ISAG

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust	☒	Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Dr Sangam Hebballi

Details of individuals completing this assessment	**Job title**	**e-mail contact**
	Lead transfusion practitioner	Wah-tr.transfusionpractitioners@nhs.net
Date assessment completed	**02/07/2021**	

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Collection of Blood Components/Products from Blood Storage Devices using BloodTrack**			
What is the aim, purpose and/or intended outcomes of this Activity?	Safe Transfusion			
Who will be affected by the development & implementation of this activity?	❑ x ❑ ❑	Service User Patient Carers Visitors	x x ❑ ❑	Staff Communities Other _____
Is this:	❑Review of an existing activity X New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	NHS BT British Society for haematology guidelines Blood safety and Quality regulations NPSA safer practice notice No:14 MHRA Serious hazards of transfusion Serious adverse blood reactions and events
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	n/a
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		This policy will have neutral impact on all equality groups.
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling **Other Vulnerable and Disadvantaged Groups** (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	none	.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Laura Walters
Date signed	26/06/2024
Comments:	None
Signature of person the Leader Person for this activity	Sangam Hebballi
Date signed	26/06/2024
Comments:	none

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval