NHS National Services Scotland

Equality Impact Assessment Process Stage 1

Key Considerations:

The Equality Act 2010 means that public authorities (including health boards) have a legal duty to have 'due regard' to the need to:

- **Eliminate discrimination, harassment and victimisation**

- **Promote equality of opportunity**

- **Promote and foster good relations between the protected groups**

Public bodies are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals. Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages.

There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the service, function, policy or practice will be fully effective for all target groups

Please consider the following questions in relation to the Policy/Project/Review you are working on and assess what the potential impact on the Equality Act 2010 Protected Characteristics could be. The Equality Act 2010 Protected characteristics are:

- **Age**
- **Disability**
- **Faith/Religion/Belief**
- **Race**
- **Sex (men and women)**

NHS National Services Scotland

- **Transgender**
- **Pregnancy Maternity**
- **Marriage Civil Partnerships**

Please refer to **appendix 2** for information on the barriers to inclusion and equality

Consideration	Response
What is the aim of the Review Describe briefly the project aims and outcomes which can be taken from your existing Business Plans and PID Summary only short and concise from background paper	Donor Services have been working to improve their digital interface with donors and meet their higher technological expectations. Following the implementation of a Donor Web Portal (DWP) for donors within Glasgow Donor Centre, the aim is to introduce this to the wider donor population over Scotland. The Donor Web Portal (DWP) is designed to ensure that Donor Services deliver: - Wed-based access to records for existing donors. - Web-based access for new donors to register for an account and create appointments. - For existing and lapsed donors to be able to book an online appointment to donate. - For donors to make certain 'defined change's to their donor record themselves via a '"my details" tab.
Who are the current service users describe the current patient/staff demographic taken from the existing service data that is available to you Please include the demographics of the service users/patient/ donors/customers	Donors General Public NSS Staff

NHS National Services Scotland

Consideration	Response
Considering the aim of the Policy and the potential outcome of the review are you aware of any potential impact on the following protected characteristics: think about your own expertise and experience of the service / product when considering the potential impact on the protected characteristics Include any data, evidence and /or research available	
Age	• There is a lower age limit of 17. No one under the age of 17 can register an online account until their 17th birthday or make an appointment to donate. • There is an upper age limit of the day after their 65th birthday for the DWP accounts for new donors. • No donors from the day after their 65th birthday can register for a DWP account if they are new donors. • Donors with a known and registered eProgesa donating history over 65 years of age can create an account and make appointments – where their details match their eProgesa record. • Donors over 70 years will not be able to create appointments unless they have donated within the past 2 years (the eProgesa record will hold data deferral to stop this within the DWP) The current SNBTS Donor Selection Criteria and blood donation guidelines (NATS MED 008 34) DSG state donors must not donate if: a) They are under 17 years of age b) They are a first time donor who has had their 66th birthday c) They are a returning donor who has had their 70th birthday (To donate after their 70th birthday a donor must remain in good health and have given at least one full donation in the previous 24 months)

Consideration	Response
Disability	"Web Content Accessibility Guidelines (WCAG) 2.0 covers a wide range of recommendations for making Web content more accessible. Following these guidelines will make content more accessible to a wider range of people with disabilities, including accommodations for blindness and low vision, deafness and hearing loss, limited movement, speech disabilities, photosensitivity, and combinations of these, and some accommodation for learning disabilities and cognitive limitations; but will not address every user need for people with these disabilities. These guidelines address accessibility of web content on desktops, laptops, tablets, and mobile devices. This is measured against the WCAG 2.0 A, AA, and AAA". (http://www.w3.org/TR/WCAG/ [accessed July 2018] NSS websites recognise these standards and work towards making our services more accessible and inclusive for all. We conform to W3C international standards issued by the World Wide Web Consortium (W3C) and strive to achieve AA standard in Web Content Accessibility (WCAG) 2.0 standards Two Accessibility assessments for the DWP have been undertaken by UserVision. August 2017 and June 2018 accessibility assessments identify that the current DWP system is not compliant with the A or AA standard of the WCAG. Corrective actions are contained within a risk assessment (Risk Jotter July 2018, see appendix 3). The DWP will be in Beta phase on release in Phase 1 with the goal of achieving AA compliance by October 2019. DWP Accessibility statement (see appendix 4)
Faith/Religion/Belief	NA

Consideration	Response
Race[1]	NA
Sex	NA
Transgender	The DWP currently only allows donors or general public to identify as their sex as male or female in line with the existing eProgesa donor information criteria fields. However the DWP will be updated in line with any changes to eProgesa capability and SNBTS/SABTO guidelines as they develop in the future
Pregnancy Maternity	NA
Marriage Civil Partnerships	NA

Further Commentary and supporting evidence:

- Include the link to any supporting documentation here
- In this section of the document reflect if any involvement exercise was carried out on the review and include any feedback / findings received

---

[1] "Race" is specified in legislation, but in practice, what is monitored is ethnic group, which is 'the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race' (Bhopal 2004).

- Include the information available on the identified potential negative impacts
- If you have identified any potential negative impacts please go to Stage 2 of the Equality Impact Assessment Process

Document approved: The Donor Web Portal project group
Signed off by: Lynne Willdigg, Associate Director, SNBTS Donor & Transport Services
Published date and location:

NHS National Services Scotland

Appendix 1: Further support and information:

1. Information Services Division (ISD) http://www.isdscotland.org /

2. NSS Intranet Equality pages
   http://genss.nss.scot.nhs.uk/portal/page?_pageid=513,1071116&_dad=portal&_schema=PORTAL

3. Scottish Government Equality Finder http://www.gov.scot/Topics/People/Equality/Equalities

4. Bridging the Gap Resource http://www.bridgingthegap.scot.nhs.uk /

5. Scottish Public Health Observatory section on population groups   http://www.scotpho.org.uk/population-groups

Appendix 2: Examples of barriers to inclusion and equality

Levels, barriers can be personal, cultural, institutional and structural.

Different kinds of Barriers:

Structural, where circumstances create or result in barriers - for example in access to a 'good education' adequate housing, sufficient income to meet basic needs. And as we have observed, structural barriers are associated with poor life outcomes that can be observed in the significant disparities in health between areas of affluence and those associated with poverty.

Institutional, where policies, processes, practices sustain an organisational or service culture that excludes certain people or groups; an obvious example being what has been called the 'glass ceiling', i.e. that while not visible, a ceiling exists beyond which women - find it very difficult to progress.

Cultural barriers can prevent, for example, consideration of spiritual, relational or dietary needs that do not conform with traditional expectations. **Personal** barriers, for example where healthcare staff hold individual prejudices that influence their practice. These actions may be conscious, but as we have discussed, they can often be unconscious or unwitting. **Attitudinal barriers** are not as easy to identify as physical barriers, but they can feel every bit as real to those who are exposed to them.

Barriers can be…

Physical in nature; observed in the built environment, for example in accessing buildings, narrow doorways, and the absence of lifts or accessible toilets…

About communication; where for example the language, communication or information needs of certain group and individuals are assumed, not taken into account, valued or given weight.

Appendix 3 :- Disability Consideration

Risk Jotter

Risk Description:	There is a risk that disabled, particularly visually impaired donors, will not be able to access the Donor Web Portal in its Beta phase due to the failure to attain the AA accessibility standard required of Scottish Government Health public facing digital sites.	Proximity Date: 24 July 2018
Impact Description:	SNBTS faces a rise in complaints from disabled donors during the Beta phase of the Glasgow DC, Donor Centre Donor Web Portal Go live.	Risk Owner Lynne Willdigg

Notes: Accessibility testing undertaken by Uservision, a government approved accessibility testing company.

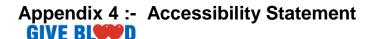|	Impact Description	Impact (1-5)	Likelihood (1-5)	RAG (I x L)
Clinical	Potential for loss of small number of donations	1	3	3
Business*	Not meeting minimum legal standard during Beta phase. Potential for legal consequences. Additional unplanned cost of Accessibility retesting	4	1	4
Staff	Potential for frontline staff to have to deal with complaints from disabled donors/general public	2	2	4
Reputation	Risk of rise in complaints and adverse comments in media coverage. Risk to reputation with stakeholders.	2	3	6

Notes:

Primary Category		Residual Risk for Primary		Secondary Category	
Clinical	☐	Impact (1-5)	1	Clinical	☐
Business	☐	Likelihood (1-5)	3	Business	X
Staff	☐	RAG	3	Staff	☐
Reputation	X			Reputation	☐

Mitigating Actions:	
1	When site goes live in GDC it will be in Beta phase with Accessibility statement informing donors we are working towards reaching AA standard by end of financial year. Will remain in Beta till AA standard is achieved.
2	All disabled donors commenting or complaining will be contacted on one to one basis and asked to contribute to future testing.
3	A commitment has been agreed with supporting delivery plan with external supplier MAK to achieve compliance before role out of national community collection sessions.

Other Considerations (Mandatory):

Strategic Objective:		Adverse Health Impact	
Customer at Heart of everything we do	Completion of AA standard before coming out of Beta phase	**No. people affected**	**Extent of potential adverse impact**
Increase service Impact		Zero	0
Improving the way we do things	Will provide first public facing portal for donors to manage their own donor account.	<5K	1
		5-50K	2
Be a great place to work		50K – 500K	3
Confidential:	Y/N	500K – 5M	4
		>5M	5

Risk Jotter v3.0 – May 2015

Appendix 4 :- Accessibility Statement

GIVE BL♥♥D

Accessibility

The Scottish National Blood Transfusion Service are continously working to make our websites as accessible and usable as possible for all abilities and disabilities. This includes older audiences and those with visual, hearing and cognitive and motor impairments.

Assistive technologies

We try and make our websites work with various assistive technologies by:

- using easier-to-read colours
- using larger fonts
- allowing navigation using a keyboard only

Get help

Visit the BBC website for guidance on:

- making your mouse easier to use http://www.bbc.co.uk/accessibility/guides/mouse_easier/
- using your keyboard to control your mouse http://www.bbc.co.uk/accessibility/guides/keyboard_mouse/
- alternatives to a keyboard or mouse http://www.bbc.co.uk/accessibility/guides/alternative_devices/
- increasing the size of the text in your web browser http://www.bbc.co.uk/accessibility/guides/text_larger/
- changing text and background colours http://www.bbc.co.uk/accessibility/guides/change_colours/
- how to magnify your screen http://www.bbc.co.uk/accessibility/guides/magnify/
- screen readers and talking browsers http://www.bbc.co.uk/accessibility/guides/screenreaders/

Feedback

We wish to keep improving our services and welcome your feedback. If you have any trouble using this site please contact us.

To speak to us, call 0345 90 90 999 Mon-Thurs: 9am-7pm Fri: 9am-5pm. Alternatively, you can email nss.snbtsenquiry@nhs.net