

**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)

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

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

<b>Consideration</b>	<b>Response</b>
<p><b>What is the aim of the Review</b></p> <p>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</p>	<p>Donor Services have been working to improve their digital interface with donors and meet their higher technological expectations.</p> <p>Following the implementation of a Donor Web Portal (DWP) for donors within Donor Centres, the aim is to introduce this to the wider donor population who donate at community sessions over Scotland</p> <p>The Donor Web Portal (DWP) is designed to ensure that Donor Services deliver:</p> <ul style="list-style-type: none"> <li>• Web-based access to records for existing donors.</li> <li>• Web-based access for new donors to register for an account and create appointments.</li> <li>• For existing and lapsed donors to be able to book an online appointment to donate.</li> <li>• For donors to make certain 'defined change's to their donor record themselves via a "my details" tab.</li> </ul>
<p><b>Incorporation of FAIR</b> ( For the <b>Assessment of Individual Risk</b>)</p>	<p>SNBTS has implemented FAIR on 14<sup>TH</sup> June 2021 alongside the other UK Blood Services – This is designed to be fairer and promote equality to enable donation from individuals who have been previously excluded .</p>
<p><b>Who are the current service users</b></p>	<p>Donors General Public NSS Staff</p>

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Consideration	Response
<p>Describe the current patient/staff demographic taken from the existing service data that is available to you</p> <p>Please include the demographics of the service users/patient/ donors/customers</p>	
<p><b>Who is affected by FAIR Changes ?</b></p>	<p>All current and prospective blood donors in Scotland.</p>
<p><b>FAIR</b></p> <p>All donors will now be asked about their recent sexual activity and sexual health history</p>	<p>SNBTS have developed a comprehensive communications plan with input from external stakeholders to ensure that all prospective donors are aware of the changes and are clearly signposted on where to get advice across a range of communication channels.</p> <ul style="list-style-type: none"> <li>○ Website, Digital and Social media</li> <li>○ On session Leaflet</li> <li>○ Direct marketing</li> <li>○ Internal communications</li> <li>○ Media responses and FAQs</li> <li>○ Can I donate Quiz &amp; Portal</li> </ul>
<p><b>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:</b></p> <p>think about your own expertise and experience of the service / product when considering the potential impact on the protected characteristics</p>	



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Consideration	Response
that are likely to have different impacts on different age cohorts	<ul style="list-style-type: none"> <li>• The impact on future intention to donate</li> <li>• The impact on our ability to supply patients in Scotland</li> </ul> <p>The findings of this research have been used</p> <ul style="list-style-type: none"> <li>• To inform our communication strategy</li> <li>• Undertake analysis of who these criteria affect different cohorts (e.g Age, Sex, Donor Status, sexual orientation&amp; race)</li> </ul> <p>To inform supply and demand planning to ensure that SNBTS continue to meet the transfusion needs of patients in Scotland</p> <p>Age guidelines are used for all new and existing donors</p>
<b>Disability</b>	<p>“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”.</p> <p>(<a href="http://www.w3.org/TR/WCAG/">http://www.w3.org/TR/WCAG/</a> [accessed March 2020])</p> <p>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</p>

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Consideration	Response
<p><b>Sight Impaired Donors</b></p> <p>May require assistance in completing the DSR and online questionnaire may require assistance to complete the form may find questions more embarrassing or intrusive</p>	<p>Three Accessibility assessments for the DWP have been undertaken by UserVision. August 2017 June 2018 and February 2020 accessibility assessments identify that the current DWP system is not fully compliant with the A or AA standard of the WCAG. Corrective actions are monitored through SNBTS Risk Register (no 5112). SNBTS &amp; NSS have a robust risk management approach which ensures that any risk factors as regards our business operations and impact on the public, donors are managed so that risks are mitigated and resolved.</p> <p>DWP Accessibility statement will be featured and available on the DWP home page (see appendix 3 for the web page link).</p> <p>A number of the solutions in place address a number of concerns and issues raised or encountered by donors with disabilities and the same solution may offer benefits to more than one cohort of donors affected by disability</p> <ul style="list-style-type: none"> <li>• Scotblood website is built to be accessible to Sight Impaired Donors</li> <li>• Leaflets can be made available in alternative formats</li> <li>• SNBTS are exploring additional solutions from Vaccination Scheduling tool and will update on progress</li> <li>• The ability to undertake a confidential risk assessment via telephone will improve service to visually impaired donors</li> <li>• The ability to complete the Health Check question at home already assists sight impaired donors to complete the questionnaire with trusted assistance</li> <li>• Making the questions available on line allows donors to complete out with session environment</li> </ul>

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Consideration	Response
<p><b>Hearing Impaired/Deaf</b></p> <p>Donors may find verbal questions on the criteria more difficult to hear and this could compromise confidentiality. This is compounded by the need for staff to wear face masks.</p>	<ul style="list-style-type: none"> <li>• Option to undertake assessment and appointment booking via telephone is available</li> <li>• Telephone appoint allows donors to choose time when they won't be overheard</li> <li>• SNBTS researched availability of transparent masks and evaluate their use if feasible. Note: No suitable safe options were identified. We will continue to explore this as an option</li> <li>• All staff trained to answer questions and use talkback technique to assess comprehension.</li> </ul>
<p><b>Mental health</b></p> <p>Donors affected by experience of discrimination and stigma may be distressed by the questions</p> <p>Donors affected by previous history of unwanted sexual activity may find the questions distressing</p>	<p>SNBTS have ensured that we:</p> <ul style="list-style-type: none"> <li>• Provide information of where to get support</li> <li>• Specialist training for staff in managing concerns and distress</li> <li>• Addressed in the communications across all strands</li> <li>• Provided options for donors to seek advice in a safe and confidential space via the 03459090999 call line and the Donor Enquiry form</li> </ul> <p>SNBTS have provided effective sign posting for staff and donors on where to seek advice in communication channels and on session. In addition, we have provided specialist training to help staff support affected donors</p>

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Consideration	Response
<p><b>Mental Impairment</b></p> <p>May find the changes in donor selection and the rationale difficult to comprehend. Donors need to be mentally competent and able to demonstrate comprehension and give consent</p>	<ul style="list-style-type: none"> <li>• All staff trained to answer questions and use talkback technique to assess comprehension.</li> <li>• All communication seeks to simplify language and avoid jargon to assist with comprehension</li> <li>• Help and support is provided on website and via Donor Help line</li> </ul>
<p><b>Faith/Religion/Belief</b></p> <p>The questions in relation to sexual behaviours and recent sexual activity may offend those who believe these activities are forbidden by faith rules</p> <p>Also may be more difficult to discuss these questions in the School environment</p>	<p>To address concerns SNBTS have</p> <ul style="list-style-type: none"> <li>• Clear communication on the reasons we need to ask the questions and offer advice or information.</li> <li>• Used a forewarn and inform strategy –to ensure donors not surprised by the changes</li> <li>• Signpost donors to the information to allow decision to donate</li> <li>• Ensure that the questions are handled as sensitively as possible</li> </ul> <p>SNBTS will ensure that information of fair is provided to all schools participating in collection sessions</p>



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Consideration	Response
<p><b>Race<sup>1</sup></b></p> <p>Donors affected by the high risk partner from Sub Saharan Africa may believe that they are being discriminated against as they will still be excluded by the despite.</p> <p>This would disproportionately affect people from areas of high prevalence of HIV</p>	<p>SNBTS have worked with UK Colleagues to address these concerns</p> <p>From the 14<sup>th</sup> of June 21 this exclusion criterion will no longer apply to donors in Scotland</p>
<p><b>Sex</b></p>	<p>SNBTS have taken actions via communications and staff training to</p> <ul style="list-style-type: none"> <li>• Offer reassurance that all donors are asked the same questions</li> </ul>

<sup>1</sup> "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).

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Consideration	Response
<p>Female donors may perceive that these questions as more judgemental and shaming that other donor cohorts</p>	<ul style="list-style-type: none"> <li>• Provide communication to explain the need for the questions and these are not in any way judgmental</li> <li>• Ensure that protocols and processes for managing any disclosure of intimate partner violence will remain in place</li> </ul> <p>In addition the research offered some reassurance that very few donors felt judged or shamed by the questions</p>
<p><b>Sexual Orientation</b></p> <p>Heterosexual donors who were previously accepted under the previous criteria but now deferred may feel discriminated against.</p> <p>Some Gay and Bisexual men and men who have had sex with men may not be able to donate under the FAIR criteria and feel that they are being discriminated against.</p>	<p>The criteria are designed to ask all donors the same questions and are likely to be welcomed by LGBT+ donors.</p> <p>SNBTS have actions in place to address these concerns</p> <ul style="list-style-type: none"> <li>• Ensure rationale for the exclusion criteria and supporting evidence is clear.</li> <li>• Provided training that enable staff to address donor concerns and keep the advice proportionate.</li> <li>• Provided FAQs to support the provision of clear concise explanations.</li> <li>• SNBTS continue to participate and seek further advice form FAIR committee. The discussions with FAIR ongoing and plans are in place for post implementation review and monitoring of the new criteria</li> <li>• SNBTS continue to participate and seek further advice form FAIR committee in relation to the use of PrEP and PEP and Condom use that may address some of these concerns. The discussions with FAIR ongoing and plans are in place for post implementation review and monitoring of the ne criteria</li> </ul>

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Consideration	Response
<b>Gender reassignment</b>	This will improve access to donation for transgender donors
<b>Transgender</b>	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
<b>Pregnancy Maternity</b>	Pregnant and recently pregnant donors are deferred from donation on Donor Safety grounds.
<b>Marriage Civil Partnerships</b>	NA
During an impact assessment you should consider any impacts on:  <b>Gypsy Travellers</b>	No impact

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Consideration	Response
<p><b>Homeless people</b></p>	<p>No impact</p>
<p><b>Poverty including the Fairer Scotland Duty</b></p> <p>General Considerations on Poverty</p> <p>Digital Poverty may limit ability to undertake the FAIR online assessment</p> <p><b>Staff</b> Staff may find the need to ask the more explicit questions uncomfortable and stressful (FAIR Questions)</p>	<p>SNBTS have taken a number of actions to address issues of poverty</p> <ul style="list-style-type: none"> <li>• Introduced ability to check eligibility on line</li> <li>• Provide local call rate help line</li> <li>• Offer the option to be called back if concern about the length or cost of the call</li> <li>• Provided better online options to check eligibility to avoid costs of travel</li> <li>• SNBTS are exploring options and affordability to provide free phone helpline</li> </ul> <p>• Retain option for telephone and on session help</p> <p>SNBTS have designed a number of solutions to address these concerns</p> <ul style="list-style-type: none"> <li>• Specialist and familiarisation training undertaken</li> <li>• Provide excellent support using the donor selection toolkit that provides staff with clear but detailed information to help address their and donor concerns</li> </ul>

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Consideration	Response
	<ul style="list-style-type: none"><li>• Where possible we have used a tick box format for questions that avoid verbalising the questions<ul style="list-style-type: none"><li>○ On Paper Donor Health History for</li><li>○ Online in Donor Portal</li></ul></li><li>• SNBTS have undertaken extensive staff engagement throughout implementation and in designing the underpinning processes and procedure</li></ul>

### 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

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- 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
- All publications are available on the Scotblood website alongside news articles and the Can I donate quiz. The Donor Portal can be accessed via the website. In addition, a document summarising the FAIR Communication Strategy is available on request

**Document approved: Lorna McLintock**

**Signed off by: Lorna McLintock**

**Published date and location:**

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### 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](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.



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### Appendix 3 :- Accessibility Statement

NSS/SNBTS Accessibility Statement is a live document and can be located direct from the Donor Web Portal page online at

<https://donor.scotblood.co.uk/dwp/portal/dwa>

Navigate to the footer of the Donor Web Portal landing page, click on [Accessibility](#)