

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

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

Consideration	Response	Advice notes column (please delete on final document)
<p>What is the aim of the Review</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>This review is of the redevelopment of the HPS Website, part of the NSS Digital Transformation Programme. This project is taking the opportunity to review the information architecture of the site, introduce a content management system(s) to manage the content, documents and news, re-work the content and move to a cloud hosted website.</p>	<p>Existing website can be viewed at http://www.hps.scot.nhs.uk.</p>
<p>Who are the current service users</p> <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>The main audience is healthcare and local authority professionals involved in health protection both in the primary and secondary care settings. This will include Consultants in Public Health, Health Protection Nurses, Infection Control Nurses, Infection Control Doctors, Infection Control Managers, Infectious Disease Physicians, GPs, Practice Nurses, Occupational Health staff, Environmental Health Officers, care home staff, nursery staff.</p> <p>The other audiences are: Policy makers, researchers, academia, media, public, third sector organisations.</p>	

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Consideration	Response	Advice notes column (please delete on final document)
<p>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:</p> <p>think about your own expertise and experience of the service / product when considering the potential impact on the protected characteristics</p> <p>Include any data, evidence and /or research available</p>		
<p>Age</p>	<p>A negative impact is unlikely. The website has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.</p> <p>The site has been built to respond to user's equipment and browser preferences e.g. screen readers and size of text.</p>	<p>User centred design together with following the relevant standards are being used to improve the user experience.</p>
<p>Disability</p>	<p>The negative impact is unlikely. The website has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.</p> <p>The site has been built to respond to user's</p>	<p>User centred design together with following the relevant standards are being used to improve the user experience.</p>

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Consideration	Response	Advice notes column (please delete on final document)
	equipment and browser preferences e.g. screen readers and size of text.	
Faith/Religion/Belief	Negative impact is unlikely, but a positive impact is also unlikely.	
Race¹	Negative impact is unlikely, but a positive impact is also unlikely.	
Sex	Negative impact is unlikely, but a positive impact is also unlikely.	
Sexual Orientation	Negative impact is unlikely, but a positive impact is also unlikely.	
Transgender	Negative impact is unlikely, but a positive impact is also unlikely.	
Pregnancy Maternity	Negative impact is unlikely, but a positive impact is also unlikely.	
Marriage Civil Partnerships	Negative impact is unlikely, but a positive impact is also unlikely.	

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).

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Further Commentary and supporting evidence:

- Accessibility standards are outlined in the NSS Design Manual: <http://nss-design-manual.herokuapp.com/resources/accessibility>
- As a Public Sector body we also adhere to standards outlined by Gov.UK at: <https://www.gov.uk/service-manual/helping-people-to-use-your-service/making-your-service-accessible-an-introduction>

Document approved: HPS Website Redevelopment Team

Signed off by: Johanna Reilly

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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
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, 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.