

Equality Impact Assessment Tool

This Tool has been developed to ensure that equalities, human rights, economic, social factors and the Armed Forces Covenant Duty are being considered ahead of the implementation of any new or revised policies, provisions, criteria, functions, practices and activities, including the delivery of services. Please note for the purpose of this document these will be grouped together and simply referred to as '**activity**'.

General Information			
Name of activity	Decommissioning the Cell Salvage Service		
Lead person and job title	John Muthiah, Clinical Director in Anaesthesia, Critical Care and Pain Management		
Contact Information (<i>telephone and/or email</i>)	John.Muthiah@nhs.scot	Date of this assessment	05/12/2024
Names and roles of those involved in the impact assessment process	Peter Girvan, Assistant General Manager, Surgery Kerry Riddell, Equality & Diversity Facilitator		
Describe the activity in no more than 200 words	Perioperative cell salvage is the process whereby blood shed during an operation is collected, filtered and washed to produce autologous (patients own) red blood cells for transfusion to the patient. It is an important component of Patient Blood Management which is a evidence based multidisciplinary approach to the care of patients requiring transfusion. This approach including the use of cell salvage may reduce the need for allogenic (donor) blood transfusion which is a precious resource with limited supply and also carries its own risks. We (NHS Dumfries and Galloway) have not been able to offer intraoperative cell salvage (CS) for atleast a couple of years in patients who may benefit from its use.		
How will people be affected by this activity?	There may be a group of patients who for religious reasons will not accept allogenic blood transfusion but may consent to the administration of cell salvage blood. More recently, during and after the Covid Pandemic , some patients who do not accept covid vaccines have refused blood transfusion from people who have been vaccinated. If we use the national data that 0.2% of population belongs to the particular religious group it will equate to 300 people in NHS Dumfries and Galloway. We do not know the number of people who will refuse transfusion due to other reasons eg.patients who refuse transfusion from covid vaccinated donors. These groups of patients may have to have their treatment planned in other healthboards which offer this service. In an urgent situation, we may have to transfer the patient to a different health board. This poses a risk to patients in an emergency situation when the patients may not be stable enough to be transferred elsewhere. Even though this scenario is possible in any surgical speciality the incidence of significant haemorrhage has reduced to a great extent since we stopped performing Abdominal Aortic Aneurysm repair in NHS Dumfries and Galloway. Obstetric patients with significant risk of peripartum bleeding may have to have their care transferred to another healthboard if use of cell salvage was found to be desirable during the peripartum period.		
Who has been involved in the development of this activity and in what capacity?	Dr John Muthiah, Clinical Director in Anaesthesia and Critical Care has had discussions with another slightly smaller size healthboard, and other clinical specialities which may be affected by the change. This healthboard in Scotland does not use cell salvage at all because of the same challenges we are facing. I have liaised with the Clinical Director for Obstetrics, and contacted the Clinical Director for the surgical directorate regarding the consideration to stop using cell salvage.		

	We are planning meetings with representatives of the religious group to hear their views and find solutions that will mitigate the risks
Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment	Although there are theoretical advantages of reducing allogenic blood transfusion the SALVO trial (https://pubmed.ncbi.nlm.nih.gov/29318985/) did not prove this finding. There may be advantages in terms of reducing the risks associated with allogenic blood transfusion but autologous blood transfusion carries its own risks including haemolytic disease of the new born in the future pregnancies, amniotic fluid embolism, air embolism, incorrect assembly of equipment, incorrect dilution of anticoagulant, usage in a contraindicated patient just to name a few. There is no strong evidence for cost-effectiveness for the use of cell salvage. Our decision to stop offering perioperative cell salvage was not based on cost of the equipment but on other factors which makes it unlikely that we can deliver this service safely. The reasons behind the decision to decommission the cell salvage service are as follows: 1. Staff training and maintenance of staff competencies and the clinical governance that goes with it. The Australian blood authority recommends 10 cases under supervision to achieve initial competencies and a further 10 cases/year to maintain competencies. This will not be possible with the with the current number of surgeries which entail significant blood loss where cell salvage may have a role 2. Having a dedicated clinical lead and a coordinator for cell salvage. With current staffing shortages due to various factors including challenges in recruitment it may not be possible to allocate these roles. 3. Identifying extra staffing to support the setting up of the CS equipment when it is needed. The recommendations are that we have a dedicated person to setup and run the cell saver during both elective and emergency surgery. This will be unrealistic due to the current staffing situation. 4. Not performing enough number of major surgeries where CS could be used to maintain adequate knowledge and skills. We do not perform AAA repair surgery as well as the number of procedures with a risk of blood loss more than 20% of the blood volume of the patient performed in NHS Dumfries and Galloway is low. Again, staff training and maintenance of competencies will be unlikely to be achieved with the low numbers involved. 5. The anaesthetic department feels that we will not be able to deliver the service safely, maintaining the standards that are required as recommended by the UK cell salvage action group without adequate provision in terms of allocated roles like the Clinical Lead and/or CS coordinator and a dedicated nurse managing the setting up of the cell salvage equipment and processing of blood thereafter.

Impact Assessment Questions

Please complete the table below and outline within the comments sections:

1. any evidence, relevant information or involvement that has influenced the decision on impact (this may also include demographic profiles, audits, research, health needs assessment, work based on national guidance, findings from engagement and consultation). Prompts are available on **page 4** to support discussion around potential impacts.
2. Mitigating measures that will be taken to ensure that no impact is negative

When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:

- Does the proposed activity impact on the **elimination of discrimination**?
- Does the proposed activity contribute towards **advancing equality of opportunity** by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?
- Does the proposed activity **foster good relations** between different groups?

Protected Characteristics/Impact Areas	Are there any positive impacts?	Are there any negative impacts?	Rationale for decision and further comments	What measures will be put into place to mitigate any negative impacts?
Age	NA	NA	NA	NA
Disability	NA	NA	NA	NA
Sex	NA	Pregnant women who are at risk of major haemorrhage may wish to have their peripartum care in another health board	NA	NA Referral to another healthboard on case by case basis
Gender reassignment and Transgender	NA	NA	NA	NA
Marriage and Civil Partnership	NA	NA	NA	NA
Pregnancy and Maternity	NA	NA	NA	NA
Race	NA	NA	NA	NA
Religion or belief	None	Yes	Patients who for reasons related to religion or belief will not accept allogenic (donor) blood transfusion	1. Decision Based on risk-benefit analysis. 2.Establish other patient blood management strategies – in line with “No Blood Policy” 3.Transfer treatment to other healthboards who offer this service 4.Involve patients in the shared decision making process
Sexual orientation	NA	NA	NA	NA
Carers	NA	Yes	Carers may have to travel to look after who they are caring for	Refer to Carers’ Hub for support
Human Rights	NA	NA	NA	Right to privacy and beliefs will be protected

Health, Wellbeing & Health Inequalities	NA	NA	NA	NA
Economic & Social Sustainability	NA	Yes	Cost factor for patients who may have to travel to other healthboards making it challenging for patients who cannot afford it	NA
Staff	Yes	Yes	The decommissioning will establish a clear process of caring for this group of patients, which will be positive. Staff not able to provide high quality service for this group of patients will be negatively impacted.	Explaining the reasons for the decision based on the risk benefit analysis
Environmental	NA	NA	NA	NA
Armed Forces Personnel and Veterans	NA	NA	NA	NA

Where any potentially negative impacts are identified on page 2, the mitigating/follow up actions must be fully documented in the table.		
Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?	Yes, patients with particular beliefs may not have access to an alternative to allogenic blood transfusion	
Does this activity require consideration of the Fairer Scotland Duty ? If yes, please outline the steps taken to meet the needs of the duty.	<i>This places a legal duty on public bodies to actively consider how they can reduce inequalities of outcomes because of socio-economic disadvantage, such as low income, area deprivation and material deprivation, and to produce a written assessment of the results. This duty only applies to strategic decisions or activity. More information can be found here.</i>	
Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats, where relevant:	Easy Read	
	British Sign Language	
	Alternative Languages	
	Large Print	
	Other (please specify)	
How will you monitor the ongoing impact of the activity on protected characteristic groups?	Audit of patients who are affected in terms of whether other patient blood management strategies are used, clinical outcomes including transfer of care to other boards, patient feedback and adverse incidents through the Datix adverse incident reporting system	
Please outline next steps	1. Meeting representatives of the particular religious faith 2. Considering referral onwards to other healthboards for non-emergency patients on a case by case basis	

When complete, the lead person should send a copy of the Impact Assessment Tool to the Equality and Diversity Lead by emailing it to – dq.odl@nhs.scot. The impact assessment will then be published on the NHS Dumfries and Galloway public website at www.nhsdg.co.uk

Please take 5 minutes to share your experience of completing this Impact Assessment by completing [this short survey](#)

Please note that this is a legal document stating that you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission.

Prompts for Impact Assessment

This section is for reference only. It provides some prompts around what to consider when completing the Impact Assessment Tool. **This is not an exhaustive list, and is provided simply as initial pointers to stimulate thinking and discussion which should be noted within the template above.**

Equality Issues: All groups	Points to consider
- Consider the following equality impacts: <u>Access</u>: consider whether different groups have the same ability to make use of your information or service <u>Experience</u>: Think about what different people might think and feel during your programme, or as a result of your policy. <u>Outcomes</u>: Consider how people from different groups may be at a disadvantage in the results achieved by your project or policy. <u>Participation</u>: Think about the ways in which people are able or encouraged to take part, or the ways in which they are given the opportunity to make their own choices. - Don't make assumptions - Make yourself aware of the data and research that shows how protected characteristics impact on health and healthcare, and in particular, your own service. - Have you considered local and national statistics and evidence available on the demographic breakdown of those who use your service, and which protected characteristic groups are more likely to be affected by any changes? - Consider how to collect demographic information on each of the groups for profiling of access to/outcomes of services and initiatives. - People within each protected characteristic group are not all the same – people may be disadvantaged in more than one way. There are sometimes issues within groups that may make some people more vulnerable. - Consider intersectionality: the impacts on people with several protected characteristics that could result in them being particularly impacted - Have you engaged with the people affected by any changes to services? - Thinking about the information, language and imagery you are using.. - Is it translatable? - Is it understandable in different formats? - What alternative arrangements could be put in place to make it accessible? - How do people know how to access those alternatives? - Alternative formats include, Easy Read, British Sign Language and languages other than English. - Consider access to services – is the way in which services are accessed changing? Has this been communicated in different formats to ensure understanding? This can be about physical access as well as how we communicate with people about our services, this can be about letters, IT used to access appointments and even the wearing of masks - Are there particular groups who do not use or under use your service, or who are less satisfied with it? - Don't just think about your piece of work in isolation - will this change make a difference at another point in the pathway? Impacts may be positive or negative - How does this piece of work impact on people's ability to share any needs they have and for the organisation to then make any timely adjustments for that person - Remember that everyone on the group has protected characteristics and experiences that they can bring to the assessment.	

Age	Points to consider
	• This refers to children and adults of a particular age or age range. • What does local and national data tell you about different age groups? Is demographic information available on who is engaging with your service? • Are there any discriminatory practices in terms of any age groups that may or may not be justified? E.g. is the service designed with a specific age group in mind? • Younger people may have less access to transport, older people may be more likely to have underlying medical health conditions, age often connects with other characteristics but beware of making assumptions about the capacity of older or younger people • Is information given in an appropriate format in relation to the age of your service users?
Disability	Points to consider
	• A person has a disability if they have a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities • Have you considered reasonable steps that can be taken to accommodate the needs of disabled people such as: • Getting in and out of spaces, availability of information verbal and written, access to toilets, induction loop systems, provision of an interpreter. • Employment opportunities for people with disabilities – does your piece of work positively support this? • Are you sure that the output from the activity is “accessible to all”? Many people have disabilities that are not visible or that they don't feel comfortable to disclose • Have you looked at what constitutes as a disability under the Equality Act 2010? This includes physical conditions, mental health, and sensory impairment. • Do you routinely record the communication needs of patients with a physical or mental health condition, learning disability or sensory impairment for referring to when sending out appointments etc? • Do you currently monitor whether or not service users have a mental health condition, physical or learning disability, or sensory impairment so that you know how well your service is being used by people with a disability? (this also applies to staff if assessing a piece of work that affects them) • Have you considered the timing of your service/appointments/meeting to meet the different needs of people who may rely on particular modes of transport? • Have you considered the accessibility of any technology being used?
Gender Reassignment	Points to consider
	• This covers both: • Gender Reassignment, which is the process of transitioning from one gender to another. Individuals in this category are often termed transsexual. Gender reassignment does not need to involve any medical supervision or surgical procedures; it could simply involve a permanent change of the social gender role in which the person lives their life, (for example through a permanent change of name and the way they dress). • Other transgender identities - such as polygender, androgyne, intersex, and cross-dressing people. The terms transgender and trans are both widely used by equality organisations to refer to a diverse range of people who find their gender identity does not fully correspond with the sex they were “assigned” at birth. Although the term transgender does refer in part to transsexual people (see above), not all transgender people will undergo the process of gender reassignment, but may face similar barriers to access.

- Have you used non gender-specific language that is inclusive of Trans people, including non binary people?
- Where relevant, are there opportunities for people to indicate the pronouns they use rather than relying on assumptions?
- Do you consider the confidentiality of Trans people?
- Do you consider needs of Trans people accessing clinics, admission process etc?
- Are any of your services only available to a single sex? How have the needs of Trans people been considered within these?

Marriage and Civil Partnership

Points to consider

- The rights and responsibilities that come with marriage and civil partnership are almost identical. Under the Equality Act 2010 it is unlawful discrimination for people who are married or in a civil partnership to be treated less favourably than people who are not married or in a civil partnership.
- Equality legislation also protects people in relation to sexual orientation, which means that you cannot be treated less fairly as a same-sex couple than a mixed-sex couple would be treated.
- Have you considered that those in civil partnerships should be given the same rights and benefits as those who are married?

Pregnancy and Maternity

Points to consider

- Pregnancy is the condition of being pregnant/expecting a baby. Maternity refers to the period after the birth. Protection against maternity discrimination covers 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
- Are you aware that the new law makes it clear that it's against the law for people to get less favourable treatment because they are breastfeeding when receiving services? (this also applies to staff if assessing a piece of work that affects them)
- Are you aware that it is illegal to refuse to employ someone because they are pregnant, on maternity leave, because of an illness related to pregnancy and or to dismiss someone when they reveal this?

Race and Ethnicity

Points to consider

- This refers to a group of people defined by their ethnic or national origins, race, colour, and nationality (including citizenship). All minority race and ethnic groups are covered including, for example, Gypsy/Traveller communities, Jewish communities, English people as well as visible minority groups like African, Caribbean and Asian.
- We are required to provide an interpreter for people whose first language is not English, how will this happen in relation to this piece of work?
- Have you ensured that core information is available in languages other than English?
- Do you routinely record the language that a person speaks so that you can send letters in the correct language or to phone them instead if they can't read?
- Have you thought about your assessment materials and methods and made sure that they are relevant to people from different cultures?
- Have you considered general data available on health needs of equality groups i.e. Type 2 diabetes is up to 6 times more common in South Asian people and up to three times more common in African and African-Caribbean people?

Religion, Faith and Cultural

Points to consider

- Religion is the worship or faith in a God or Gods but belief is wider and includes religious, spiritual and philosophical beliefs. It also includes lack of belief or no belief in religion (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
- Do you currently record patients' religion in order to assist you in identifying users and non-users of your service from various religious backgrounds and any specific needs which they may have?

- Is there inclusive prayer/reflective spaces available for those from all religions and beliefs for staff and service users?
- How do you consider necessary dietary requirements?
- Have you considered the gender of staff when caring for females?
- Does the service allow for requests from staff to have time off for religious festivals and functions?

Sex/Gender

Points to consider

- This covers biological sex - whether you are a man, a woman or non-binary. Non-binary is used for people who don't feel male or female; they may feel like both, or something in between, or they may not relate to gender at all. Some prefer to use the pronoun "they" rather than he or she.
- Does the data you are basing this piece of work on clearly show whether or not there any differences between the needs of women and men?
- Do you gather data about how women and men use the service/s? If there is a difference in how a service is accessed how do you act on that?

Sexual Orientation

Points to consider

- Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. This includes people who are heterosexual, lesbian, gay, bisexual, pansexual or asexual.
- Does your service recognise and respect individual's sexual orientation?
- Does your service recognise same sex relationships in respect to next of kin etc?
- Recording forms / use terminology such as partner / civil partner?
- Does your service make it easy for someone to discuss their sexual orientation if it is relevant?

Carers

Points to consider

- Will the policy or service change impact on staff who are carers?
- Does the policy or service change include provision for staff who are carers to access support?
- How will you inform and involve patients' carers?
- Have you involved patients' carers in the development of the service or policy?

Human Rights

Points to consider

- This is about protecting and promoting individuals' rights and freedoms in relation the Human Rights Act 1998

Does the activity affect people's human rights?

Right to Life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody

Freedom from torture and inhuman or degrading treatment - you should never be tortured or treated in an inhuman or degrading way, no matter what the situation

Freedom from slavery and forced labour - you should not be treated like a slave or subjected to forced labour

Right to liberty and security - you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime

Right to a fair trial and no punishment without law - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law

Respect for your private and family life, home and correspondence – you have the right to live your life privately and enjoy family relationships without interference from government

Freedom of thought, belief and religion - you can believe what you like and practise your religion or beliefs

Freedom of expression – your right to hold your own opinions and to express them freely

Freedom of assembly and association – your right to protest by holding meetings and demonstrations with other people

Right to marry and start a family - you have the right to marry and raise a family

Protection from discrimination in respect of these rights and freedoms - everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age

Right to peaceful enjoyment of your property – property can include things such as land, houses, objects you own, shares, licenses, leases, patents, money, pensions and certain types of welfare benefits

Right to Education – protects your right to an effective education. Parents also have a right to ensure that their religious and philosophical beliefs are respected during their children's education

Right to participate in free elections – support your right to free expression by holding free elections at reasonable intervals

Health, Wellbeing and Health Inequalities	Points to consider
• This is about physical and mental health and wellbeing and includes e.g. feelings of safety and security, leisure activity, participation, creativity, affection and developing/achieving potential. It covers all aspects of poverty including income and fuel poverty, lack of confidence and self-esteem • Will this activity give people and families experiencing poverty the opportunity to ensure that their voice is heard? • Will the activity support those experiencing poverty to move from dependence to independence? • Will information and services related to the activity be easy to access? • Will the activity provide services that meet the needs of people experiencing poverty? • Think about how the activity will impact on increasing opportunities for: • Participation in physical activity • Accessing healthy food choices • Promoting positive mental health and wellbeing	

Economic and Social Sustainability	Points to consider
• This is about e.g. pay, employment opportunities, assisting businesses to develop and grow, welfare to work schemes and disadvantaged groups, local self-help schemes and valuing and supporting voluntary work. It also covers issues around aspects of poverty including individual and community resilience. • How will your activity impact on e.g. social status, employment (paid or unpaid), opportunities to expand on learning experiences, opportunities for volunteering, encouragement of investment in skills and training, assistance for people on low incomes or support for disadvantaged groups in any way, help people access advice on financial inclusion, availability or delivery of services for people living rurally and increase in access to facilities for arts, cultural and leisure pursuits? • How will the activity work in rural areas where the existing infrastructure is typically less developed or where infrastructure does not exist (e.g. mains gas, fast broadband connections)?	

Environment	Points to consider
• This is about enhancing the built environment, preserving local heritage, reducing the need to travel by improving or adding to local facilities, promotion of public transport, living conditions such as	

housing and green spaces, biodiversity, the amount of emissions, fuel consumption, fuel use and renewable energy technologies.

- If the effect or possible effect is minimal, no action is required under the requirements of Strategic Environmental Assessment (SEA) but there is a duty under the Environmental Assessment Scotland Act 2005 to notify the SEA authorities. There are templates available to help this process. This should be noted on the summary sheet. If there is any likely positive or negative environmental effect, a full SEA may be required.
- In order to comply with the Climate Change (Scotland) Act and [Carbon Reduction Commitment Energy Efficiency Scheme](#) organisations must maintain accurate records and data with regard to its Emissions. If your policy may lead to a change in levels of emissions, has account been taken of the need to accurately record this data?
- Will your policy affect infrastructure – housing, land and buildings?
- Does the activity promote active travel and physical activity?

Armed Forces Personnel and Veterans

Points to consider

- This is about ensuring that due regard is paid to the principals of the Armed Forces Covenant Duty. Due regard must be paid to:
 - The unique obligations of, and sacrifices made by, the armed forces
 - Removing disadvantage arising for armed forces personnel, or veterans
 - The principle that it may be justified to make 'special provisions' for armed forces personnel or veterans in the planning, delivery and provision of services
- How will the activity impact on members of the armed forces. veterans and their families?
- Is there an opportunity to reduce disadvantage for armed forces personnel, veterans and their families? For example, in relation to accessing healthcare, delays receiving treatment due to relocation and understanding the health and care needs of armed forces personnel.