Equality Impact Assessment Report Template

**Title**: High Volume Cataract Surgery Digital Learning Resource

**NES directorate or department**: NHS Scotland Academy

**Date Report Completed**: 03/07/24.

# Introduction

Equality Impact Assessment is a process that helps us to consider how our work will meet the 3 parts of the Public Sector Equality Duty. It is an important way to mainstream equality into our work at NES and to help us:

* Take effective action on equality.
* Develop better policy, technology, education and learning and workforce planning solutions for health, social care and a wide range of our partners, stakeholders, and employees.
* Demonstrate how we have considered equality in making our decisions.

An equality impact assessment has been undertaken on a new digital learning resource that has been developed to support the implementation of the High-Volume Cataract Surgery (HVCS) model nationally. The resource offers a ‘Once for Scotland’ programme of learning to support practical training through completion of educational programme providing registered and unregistered peri-operative, day surgery and theatre staff with the specified skills required to support the implementation of the HVCS model.

The resource is composed of 4 digital modules, each with specific learning outcomes to develop and enhance clinical skills supporting the implementation of the HVCS model: Consent, Marking the Skin, Prepping and Draping and Eye Drop Administration. The resource will sit on the Turas Learn platform.

Learning Outcomes for the resource are:

* Have an understanding of the legal, professional, ethical frameworks that underpin consent, skin marking, prepping and draping and eye drop administration.
* Recognise professional roles and responsibilities in the consent, skin marking, prepping and draping and eye drop administration processes.
* Be able apply principles of informed consent, skin marking, prepping and draping and eye drop administration within the scope of learners’ own professional role.

Although there are related educational resources (i.e., modules on consent for other disciplines), there are currently no learning modules on Turas Learn specific to HVCS. The resource will be split into 4 distinct units, enabling learners to utilise those that are relevant to their individual role and learning needs. They are not follow-on and can be completed over several sittings with no timeline for completion. The learning from the resource should be applied in alignment with the principles of the Centre for Sustainable Delivery’s Improving the Delivery of Cataract Surgery in Scotland: A Blueprint for Success (nhscfsd.co.uk) and Cataract Surgery Blueprint Toolkit (PowerPoint Presentation (nhscfsd.co.uk), which outlines 10 steps to support theatre teams with implementation of the HVCS model.

The resource has been developed in line with recommendations from the SALDR (Scottish Academy Learning and Design Roadmap) workshops in collaboration with expert stakeholders over a period of 18 months and will be based on the following framework:

* Asynchronous online learning delivered via Turas Learn platform.
* Independent flexible completion
* Provision of resources and activities to support application of learning in practice.
* Demonstration videos
* Application of learning should be in coordination with local service area protocols and competency frameworks.

An equality impact assessment was undertaken as the resource was developed. The HVCS Theatre Lead Stakeholder Group was involved in the impact assessment. This included representatives from NHS Scotland Academy and theatre-lead stakeholders with clinical expertise from regional boards across Scotland. Representatives were selected for their clinical and professional expertise within ophthalmology services to meet the aims of the specifically targeted learner group. This report provides an overview of the evidence that informed the resource development, the consideration of differential impact and how it supports the aims of the Public Sector Equality Duty. The resource will undergo NHSSA annual evaluation and review processes; the findings of which will be considered in alignment with the impact assessment and any future revisions that may be required.

# Evidence

It is important to have up to date evidence to inform our impact assessment.

* *Set out what evidence you have used to inform your assessment.*
* *Have you done any consultation or engagement to inform your assessment?*
* *Have you got any gaps?*

The proposal for NHSSA input was initiated via the Centre for Sustainable Delivery (CfSD) High Volume Cataract Surgery (HVCS) Task and Finish Group. The provision of education to support registered and unregistered ophthalmic theatre team members to develop specified clinical and technical skills would enable the facilitation and implementation of the HVCS model and maximise capacity to deliver effective and efficient ophthalmic services, improving service and patient outcomes.

Following successful approvals and completion of NHSSA project initiation processes, resource design and development were undertaken. An initial scoping exercise and survey was distributed to theatre service leads nationally to further explore educational needs, willingness to participate in resource design and development and perceived resource requirement and utility.

Survey results which included responses from a number of regional boards substantiated evidence of the educational need and requirement for support for HVCS; and this was also confirmed by those who were recruited to form the resource design and development group.

The NHSSA programme design and development process is inherently inclusive and is initiated over 2 x Learning and Development Design Roadmap (SALDR) workshops to support a collaborative, co-productive approach with identified stakeholders. SALDR workshops have been designed to facilitate development of robust, learner-centred, outcomes-focussed curriculums that meet service and learner needs.

SALDR is adapted from similar evidence-based roadmaps published under a Creative Commons Attribution-Non-commercial-ShareAlike 4.0 International License. These include ELDeR by the University of Edinburgh, and CAIeRO by the University of Northampton, both of which are based on Professor Gilly Salmon’s Carpe Diem Five Stage Model. Carpe Diem stems from original research by Professor Gilly Salmon at the Universities of Glasgow Caledonian, Bournemouth and Anglia Ruskin. It was developed further at the Universities of Leicester, Southern Queensland, Northampton, Swinburne and Western Australia.

All components of the resource are aligned to the A Blueprint for Success (nhscfsd.co.uk) and Cataract Surgery Blueprint Toolkit (PowerPoint Presentation (nhscfsd.co.uk), which in turn, are aligned to national health policy and Royal College of Ophthalmology guidance. This ensures that all associated learning demonstrates evidence to support HVCS learning needs.

Key evidence sources that informed the EQIA and the development of this resource include:

Action on Cataracts (NHS Executive) 2000

Cataracts in adults: management NICE guideline [NG77] (October 2017)

Cataract surgical training in high volume cataract settings, The Royal College of Ophthalmologists (December 2021)

Centre for Sustainable Delivery Improving the Delivery of Cataract Surgery in Scotland.

A Blueprint for Success (2022)

Centre for Sustainable Delivery Improving the Delivery of Cataract Surgery in Scotland Blueprint Toolkit

High Flow Cataract Surgery Version 2.0, Ophthalmic Services Document, The Royal College of Ophthalmologists (January 2022)

MacEwen C. Eye risk from ‘overstretched NHS’, BBC News. 2016: http://www.bbc.co.uk/news/health-35743550

National Ophthalmology Workstream: Hospital Eye Services Progress, Priorities & Practical Actions for A Safe, Sustainable Service across Scotland (April 2017)

Ophthalmic Services Guidance, Restarting and Redesigning of Cataract Pathways in response to the COVID 19 pandemic, The Royal College of Ophthalmologists (August 2020)

Ophthalmology GIRFT Programme National Specialty Report, C MacEwen, A Davis and L Chang (December 2019)

The Way Forward: Cataract Options to help meet demand for the current and future care of patients with eye disease, The Royal College of Ophthalmologists (January 2017)

Workforce Guidance: Cataract Services and Workforce Calculator Tool, The Royal College of Ophthalmologists (March 2021)

Lewis, N., & Bryan, V. (2021) *Andragogy and teaching techniques to enhance adult learners’ experience.* Journal of Nursing Education and Practice 11(11): 31. DOI:[10.5430/jnep.v11n11p31](http://dx.doi.org/10.5430/jnep.v11n11p31)

Marques. J. (2012). *The dynamics of accelerated learning.* Business Education and Accreditation. V 4 (1). Pp 101-112. Available at [The Dynamics of Accelerated Learning by Joan Marques :: SSRN](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2005248)

NHS Education for Scotland (2023). *Our strategy 2023-26. People, partnerships, performance.* Available at [Corporate Strategy 2023-26 | NHS Education for Scotland (nes.digital)](https://newsletters.nes.digital/corporate-strategies/corporate-strategy-2023-26/). (Accessed April 2024).

NHS Education for Scotland (2023). *Learning and education strategy. 2023-2026.* Edinburgh: NHS Education for Scotland.

NHS Scotland Academy, NHS Education for Scotland & NHS Golden Jubilee (2024). *Accelerated training through collaboration.* Available at [NHS Scotland Academy](https://www.nhsscotlandacademy.co.uk/) (Accessed April 2024).

Scottish Government (2018). *Healthcare waiting times: improvement plan.* Available at [Healthcare waiting times: improvement plan - gov.scot (www.gov.scot)](https://www.gov.scot/publications/waiting-times-improvement-plan/) (Accessed April 2024)

Scottish Government (2021). *NHS recovery plan.* Available at [NHS recovery plan - gov.scot (www.gov.scot)](https://www.gov.scot/publications/nhs-recovery-plan/pages/1/) (Accessed April 2024)

Scottish Government (2022). *Health and social care: national workforce strategy.* Available at [Health and social care: national workforce strategy - gov.scot (www.gov.scot)](https://www.gov.scot/publications/national-workforce-strategy-health-social-care/) (Accessed April 2024)

Scottish Government (2022) *National workforce strategy for health and social care in Scotland.* Available at National Workforce Strategy for Health and Social Care in Scotland (www.gov.scot) (Accessed April 2024)

Scottish Government (2022). *NHS Scotland climate emergency and sustainability strategy. 2022-2026*. Available at [NHS Scotland Climate Emergency and Sustainability Strategy 2022-26 (www.gov.scot)](https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/08/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026/documents/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026/govscot%3Adocument/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026.pdf) (Accessed April 2024).

Further details can be provided by contacting the team at:

[nhsscotlandacademy@nhs.scot](mailto:nhsscotlandacademy@nhs.scot)

The Equality Impact Assessment will be published when the resource is launched. Comments and feedback on our initial assessment are welcomed to inform the EQIA.

# Assessment

We have considered how this work will impact on the Public Sector Equality Duty. This includes how it might affect people differently, taking account of protected characteristics and how these intersect, including poverty and low income. This is important as a national NHS Board in our work to address health inequalities.

We have also considered children’s rights where appropriate and our role as a corporate parent.

The bullet points below are the 3 parts of the Public Sector Equality Duty:

* How will it progress equality of opportunity for people who experience inequalities?
* How will it eliminate discrimination, victimisation or harassment or other unlawful conduct?
* How can it promote good relations between people who share a protected characteristic and those who do not? For example, think about how we can tackle any prejudice or stigma.

We have set out our assessment of impact on different protected characteristics in Annex A.

In summary:

* The resource is intended to contribute by supporting the implementation of the HVCS model in ophthalmology theatre services across Scotland, thereby maximising capacity to deliver effective and efficient ophthalmic services, improving service and patient outcomes.
* It has been designed and developed to support learners working in perioperative, operative and day surgery ophthalmology services to implement the HVCS model by providing digital education/upskilling in identified areas of need: consent, marking the skin, prepping and draping and eye drop administration.
* It is designed to provide theoretical knowledge to enable learners to apply in practice in alignment with local service processes and competency frameworks.
* This resource is delivered digitally which supports the diverse learning needs of the healthcare workforce in how it can access technology for learning. It has been designed so that it is broken down into unit and sections that can be undertaken flexibility, in chunks of time rather than in one setting and meets NES’s accessibility guidelines. It also offers a flexible delivery to improve access for remote and rural learners and boards. The resource meets accessibility guidelines as it has been built on the Turas Learn e-learning platform.
* It is recognised that the starting point of knowledge and skills in learners may differ. The resource has been designed flexibility to learn at pace with opportunities to focus of specific areas of identified learning for each individual.
* We recognise that learners will present with individual lived experiences and will be affected differently. We have introduced all concepts and learning in a way that we hope will make people feel safe.

# Next Steps

The Equality Impact Assessment has informed the following actions:

The impact assessment has identified there is no potential for unlawful discrimination. We have identified the following actions to better advance equality and meet the Public Sector Equality Duty:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Issue or risk identified | Action | Responsibility | Timescale | Resource required |
| Identify actual impacts via the evaluation of the resource once it is launched. | Include equality impacts as part of the evaluation and ongoing review processes | Programme Team | Annual review (formal process) and ongoing (informal) |  |
| Review the content of the resource as part of regular content review to ensure it remains up to date. | Include equality impacts as part of the programme evaluation and ongoing review processes | Programme Team | Annual review (formal process) and ongoing (informal) |  |
| Review Equality Impact Assessment |  |  | By July 2025 |  |

# Sign-off

Director: Clair Graham

Date: 23/07/24

| **Protected Characteristic / Population Group** | **Positive / Negative / Neutral Impact** | **Rationale** |
| --- | --- | --- |
| **Age**  Children/Young People – including consideration of children’s rights.  Adults  Older age groups | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will encourage learners to consider these in relation to supporting an inclusive workforce.  Issues of consent, capacity and autonomy are explored in detail in Unit 1, including legal aspects for those for age-specific groups such as children and the older adult. Specific module content will also include consideration and assurance of a person-centred approach throughout all clinical activity (i.e., communication, individualised care and management plans and managing risk.)  It is recognised that learners will come with different experiences and levels of understanding around age and age discrimination. |
| **Care Experience** | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will encourage learners to consider these in relation to supporting an inclusive workforce.  The resource does not specifically highlight issues that care experience people may experience but key themes overlap with those explored in legal and professional responsibilities and factors determining them in Unit 1 on autonomy, consent and capacity and throughout all units.  Specific module content will also include consideration and assurance of a person-centred approach throughout all clinical activity (i.e., communication, individualised care and management plans and managing risk.)  It is recognised that learners will come with different experiences and levels of understanding around care experience. |
| **Disability**  (incl. physical/ sensory/ learning disabilities, neurodiversity, communication needs; mental health) | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will encourage learners to consider these in relation to supporting an inclusive workforce.  The resource highlights issues that people with disabilities may experience for example sensory impairments, mental health and cognitive impairment and key themes overlap with those explored in legal and professional responsibilities and factors determining them in Unit 1 on consent (i.e., autonomy and capacity).  Specific module content will also include consideration and assurance of a person-centred approach throughout all clinical activity (i.e., communication, individualised care and management plans and managing risk.)  The resource meets accessibility guidelines as it has been built on the Turas Learn e-learning platform. A learner-centred approach to delivery will be taken and learners will have opportunities to access resources to support digital literacy in accordance with individual needs. Appropriate risk assessments would be offered to learners with additional requirements in their clinical setting.  It is recognised that learners will come with different experiences and levels of understanding around disability |
| **Pregnancy and Maternity** | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will encourage learners to consider these in relation to supporting an inclusive workforce.  The programme does not specifically highlight pregnancy and maternity-related issues; however, themes of ensuring a person-centred and individualised approach to service user pathways and management plans will be embedded throughout all resource content and activity.  The resource meets accessibility guidelines as it has been built on the Turas Learn e-learning platform allowing flexibility of learning requirements. Appropriate risk assessments would be carried out for learners with specific maternity-related needs in their practice setting.  It is recognised that learners will come with different experiences and levels of understanding around pregnancy/maternity issues. |
| **Marriage/civil partnership (Protected characteristic in relation to employment)** | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will encourage learners to consider these in relation to supporting an inclusive workforce.  The programme does not specifically highlight marriage/civil partnerships; however, themes of ensuring a person-centred and individualised approach to service user pathways and management plans will be embedded throughout all units.  It is recognised that learners will come with different experiences and levels of understanding around marriage/civil partnership issues. |
| **Gender Reassignment** | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will support learners to consider these in relation to supporting an inclusive workforce.  The programme does not specifically highlight gender reassignment; however, themes of ensuring a person-centred and individualised approach to service user pathways and management plans will be embedded throughout all units.  It is recognised that learners will come with different experiences and levels of understanding of gender reassignment and discrimination that may be faced. |
| **Race/Ethnicity** | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will encourage learners to consider these in relation to supporting an inclusive workforce.  Each unit encourages learners to adopt an inclusive approach and consider race and ethnicity in all aspects of care (i.e., capacity, health literacy, obtaining informed consent, language and communication, medicine administration, cultural differences etc). Themes of ensuring a person-centred and individualised approach to service user pathways and management plans will be embedded throughout all units.  It is recognised that learners will come with different experiences and levels of understanding of race and ethnicity and the discrimination that may be faced.  Learners will be signposted to the Cultural Humility digital resource if they wish to explore these themes further. |
| **Religion/Faith (including none)** | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will encourage learners to consider these in relation to supporting an inclusive workforce.  The modules consider impact of religion and faith in relation to consent, autonomy and clinical intervention (i.e., eye drop administration); with themes of ensuring a person-centred and individualised approach to service user pathways and management plans embedded throughout all units.  It is recognised that learners will come with different experiences and levels of understanding of religion and faith and discrimination that may be faced. |
| **Sex** | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will encourage learners to consider these in relation to supporting an inclusive workforce.  The programme does not specifically highlight sex; however, themes of ensuring a person-centred and individualised approach to service user pathways and management plans will be embedded throughout all units.  It is recognised that learners will come with different experiences and levels of understanding of sex and discrimination that may be faced. |
| **Sexual Orientation** | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will support learners to consider these in relation to supporting an inclusive workforce.  The programme does not specifically highlight sexual orientation; however, themes of ensuring a person-centred and individualised approach to service user pathways and management plans will be embedded throughout all units.  It is recognised that learners will come with different experiences and levels of understanding of sexual orientation and discrimination that may be faced. |
| **Socio-economic status** | Positive | All units in the resource will include content on legal and professional frameworks and roles and responsibilities in the specific clinical skill of focus. This will encourage learners to consider these in relation to supporting an inclusive workforce.  Each unit encourages learners to adopt an inclusive approach and consider factors that may be determined by socioeconomic status including health literacy, capacity, access to resources and links to health outcomes.  Themes of ensuring a person-centred and individualised approach to service user pathways and management plans will be embedded throughout all module content and activity.  It is recognised that learners will come with different experiences and levels of understanding around socioeconomic status and discrimination that may be faced. Learners who wish to learn more about this are signposted to the Cultural Humility resource which explores concepts of power and privilege. |
| **Staff** | Positive | The resource is aimed at registered and non-registered theatre team members working in ophthalmology in day surgery and perioperative services.  It is recognised that learners will have different starting points in knowledge in this area and will have different access to space for learning, including access to technology to access the resource on Turas.  The resource is hosted digitally to support a flexible learner experience allowing them to balance practice with learning at an individualised pace.  The resource meets accessibility guidelines as it has been built on the Turas Learn e-learning platform. A learner-centred approach to delivery will be taken and learners will have opportunities to access resources to support digital literacy in accordance with individual needs.  The resource has been designed and developed in collaboration with members of the theatre workforce; enabling an inclusive co-productive approach. |
| **Other groups who experience inequalities:**  People experiencing homelessness and housing insecurity.  People with low literacy levels.  People who are or have been affected by traumatic events in early life.  Remote and Rural communities |  | The resource does not specifically highlight issues that impact on equalities such as homelessness; however, many of these overlap and be considered through exploration of wider links with socio-economic status and health. Literacy is considered within the consent unit in the context of autonomy and capacity. In addition, themes of ensuring a person-centred and individualised approach to service user pathways and management plans will be embedded throughout all module content and activity.  All NHSSA programmes embed a trauma-informed approach and faculty will have completed mandatory TIA.  It is recognised that learners will comes with different experiences and levels of understanding of wider inequalities and their impact on service uptake and outcomes. |