NHS Education for Scotland
Equality Impact Assessment Report

Name of function, policy or programme:
Mental Health, Learning Disability and Dementia Programme

NES directorate or department:

Nursing, Midwifery and Allied Health Professionals (NMAHP)
The Dementia component of the programme also includes the Psychology
Directorate.

Name of person(s) completing EQIA:

Susanne Forrest – Programme Director

Date Report Completed: 22/03/14

1. Define the function

What is the purpose of the function?
The purpose of the function is to:

- develop the knowledge and skills of the Mental Health Nursing
  and wider workforce (particularly in relation to developing human
  rights based and recovery focussed support and interventions to
  people experiencing mental health problems and their families
  and carers) as a key component of implementation of national
  policy[1],[2].
- develop the knowledge and skills of the Learning Disability
  Nursing workforce in providing: human rights based; person
  centred; and evidence based support and interventions to people
  with a learning disability and their families and carers, as a key
  component of implementation of national policy[3],[4].
- contribute, in partnership with other NES Directorates and the
  Scottish Social Services Council (SSSC), to develop the
  knowledge and skills of the health and social services workforce.
  Specifically, to ensure workforce development against the
  'Promoting Excellence Framework[5]' in providing human rights
  based, person centred and evidence based support and
  interventions for people with dementia and their families and
  carers. This is a key component supporting implementation of
  national policy[6].

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[1] http://www.scotland.gov.uk/Resource/Doc/924/0097678.pdf
[2] http://www.scotland.gov.uk/Resource/0039/00398762.pdf
[3] http://www.scotland.gov.uk/Resource/0039/00391946.pdf
[4] http://www.scotland.gov.uk/Publications/2013/06/1123/0
[5] http://www.scotland.gov.uk/Publications/2011/05/31085332/0
[6] http://www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Dementia

- across the functions, to engage with and meaningfully involve key stakeholders in the design, delivery, implementation and evaluation of educational initiatives, according to identified need, to ensure a proactive and sustainable approaches to this function
- promote a culture of safety, person centeredness and effectiveness as outlined in the Healthcare Quality Strategy and NHS Education for Scotland's Refreshed Strategic Framework (2014-19) [7] and the 'Refreshed NES Nursing and Midwifery Strategy' due to be launched in 2014.

Who does the function benefit and what is the relevance of the function to those groups?

The direct benefits of the function are that:
- Mental Health and Learning Disability Nurses are provided with education and training opportunities to support development of human rights and evidenced based support and practice, that meets current policy guidance and service priorities.
- people with a learning disability, mental health problems and dementia (and families and carers) who are at risk of experiencing significant health inequalities. The benefit to 'patients/service users' and families and carers from the function will be a workforce able to further develop human rights and evidenced based support, practice and interventions, to address real and potential inequalities experienced by the target groups.
- all healthcare workers in the health and social services sector are provided with education and training opportunities to support development of human rights and evidenced based support and practice that meet current policy guidance in relation to dementia.

How are they affected or will they benefit from it?

The educational resources, training programmes and educational infrastructures associated with this programme, provide consistent human rights and evidenced based educational standards from which NHS health (and where applicable) social services staff have the necessary knowledge, skills and behaviours to: drive forward improvements in the care, support and evidenced based interventions for people with dementia, mental health problems and a learning disability: share and spread best practice; evaluate the local implementation of improvements.

A workforce that is up to date in terms of knowledge and skills is ready to respond to new and emerging challenges by providing patient centred, safe and effective care.

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[7] http://www.nes.scot.nhs.uk/media/2559910/strategicframework2014-2019-web.pdf

The Higher Education Institutes, Further Education Colleges and others, such as Private and Voluntary Sector providers, will benefit from this function in curriculum development and delivery and in practice and service developments.

It is the intent of this programme that people whose lives are impacted by a learning disability, mental health problem, or dementia will benefit from the function as they will receive safer, human rights based, and more effective and person centred care and support.

What results/outcomes are intended?

The aim of the programme is to develop appropriate educational interventions including: educational resources; national training programmes; and the creation of infrastructures for spread, sustainability and impact evaluation, that will:

- ensure that health and (where appropriate) social services professionals and support workers are equipped with the knowledge, skills, behaviours and values to deliver safe, human rights based, person centred, and evidenced based and effective care, for the diversity of people with mental health problems, learning disability and dementia within NHS and social services settings.

The educational interventions can contribute to the delivery of human rights based, person centred, safe and evidence based and effective care by:

- Enabling staff to recognise and fulfil their responsibilities in providing these respects.
- Providing knowledge and skills in relation to mental health, learning disabilities and dementia
- Helping define the human rights values base and evidence base, to enable staff to communicate the situation and background in order to improve health care experiences and outcomes.
- To assist in the development of roles and skills for NHS health and social services staff in the development of practice and services improve patient/service user outcomes.

What is NES's role in developing and delivering the function?

NHS Education for Scotland's role in developing and delivering the programme includes:

- scoping and identifying learning needs;
- producing educational frameworks and guidance;
- developing educational resources;
- developing, commissioning and delivering national training programmes;
- influencing and shaping the undergraduate and post graduate

preparation of health professionals;

- developing and supporting infrastructures to support spread and sustainability;
- evaluating impact of national educational initiatives and supporting local impact evaluation activities;
- spreading and sharing innovation and best practice;
- working in partnership with other internal and external stakeholders and agencies to ensure the educational initiatives meet the needs of multi professional support and workers across sectors in Scotland;
- ensuring the meaningful involvement of people with a learning disability, mental health problems and dementia.

The Mental Health, Learning Disability and Dementia Programme provides a comprehensive suite of educational initiatives to support NHS and social services staff to improve their knowledge, skills and behaviours within the programme area.

While the programme is described in this Equality Impact Assessment report as a NMAHP Directorate led programme many functions are cross NES Directorate in nature in particular the 'dementia' component of the programme) and reflect the role of the NMAHP Directorate in leading corporate work programmes in relation to Scottish Government 'national clinical priorities'.

The programme of work is also closely linked to a number of existing NES work streams within the Nursing, Midwifery and Allied Health Professionals, Psychology, Pharmacy and Medical directorates. Close working relationships are established between existing work streams both within NES and the wider national groups to agree joint working arrangements and reduce duplication of effort.

The 'dementia' component of the programme is a joint programme of work being taken forward with SSSC and is closely aligned to the NES/SSSC work programme on the integration of health and social care.

Who are the partners in developing and delivering the function and what are their roles?

NES works in partnership with a number of key stakeholders in the design and implementation of the educational initiatives across this Programme (see Appendix I).

In terms of governance for this programme of work a number of both internal and external groups exist. The external groups tend to be national and may be at Scottish Government level. Internally NES administers a variety of meetings including Programme Boards, internal cross-directorate and project management groups.

2. Evidence used to inform assessment of workforce Equality and Diversity Issues

- ISD workforce statistics on Nurses and Midwives and Therapeutic Clinicians by age and gender
- ISD workforce data on total NHSScotland workforce by ethnicity
- Analysis of Ethnicity (2001 population census)
- SWISS workforce data (2006) – 60% response
- Literature Review on dyslexia in Nursing undertaken for the Royal College of Nursing (Dale & Aiken, 2007)

Very limited data on the equality and diversity profile of NHSScotland staff groups is available from the NHSScotland Information Services Division at http://www.isdscotland.org/isd/796.html.

For most staff groups, only age and gender are reported. Information on disability, ethnicity, religion or belief, sexual orientation and transgender status are presented for NHSScotland as a whole but are not broken down by grade or staff group (although most data are available per NHS Board). The quality of the data is limited by high non-response rates (particularly for ethnicity, religion or belief and sexual orientation). In the case of disability, information about specific impairments is not collected.

In Psychology, NES and ISD collaborated on a workforce planning report [1] which provides more detailed statistics on the equality and diversity profile of psychologists than is available for any other staff group. The Psychology workforce is predominantly white Scottish or British, female, and nondisabled. Specific population diversity issues which can be noted in the data or literature are as follows:

Disability

The overall number of staff who identified as disabled is very low, at no more than 0.5% for NHSScotland overall (no population size provided). This seems to be relatively consistent across NHS Boards. However, other studies suggest that these numbers may be significantly underreported, and a number of barriers to disclosing disability have been identified.

Sensory impairment, specific learning difficulties (like dyslexia, dyscalculia, dyspraxia) and mental health difficulties were the particular impairments most frequently identified in the literature on health care education and disability, and were also identified as the most common impairments for which students in health care professions sought learning support by disability advisors in the higher education sector.

Ethnicity

NES collects data on the equality and diversity profile of applicants to postgraduate vocational training posts in the professional groups where it

has a role in recruitment (dentistry, medicine, pharmacy and psychology). These data are reported on our website at
http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-scheme.aspx

The data on trainee recruitment shows a trainee population in dentistry and medicine that is considerably more diverse in terms of ethnicity and religion than NHSScotland as a whole, although comparisons between the two datasets may not be valid because of the high rate of non-response in the NHSScotland dataset.

Gender

The workforce in Nursing, Midwifery, Allied Health Professions and Psychology is predominantly female, and other fields in health care, particularly medical general practice and some medical specialties, have a more even gender balance at the trainee level. Women are underrepresented at consultant level in the medical and dental workforces. Considerably more women than men work part time. Many professional groups (e.g. medicine) are characterised by internal gender occupational segregation, with men and women predominating in different specialities.

Learning Needs

As part of previous NES work to establish learning needs, 'Administration and Support Services Staff' were asked about their learning preferences. On-the-job learning was most popular with staff, with online learning being the least popular by undertaking a study of learning needs.

Managers were also asked about the modes of training delivery available to their staff. This finding suggests that, whilst online learning may be one of the most commonly used means of delivery, its effectiveness may be limited by the learners' preferences. This was supported by both managers and staff members in interviews/focus groups. Support Services staff (and their managers) pointed out that these staff groups often have little or no access to information technology (IT). Some Administrative Services staff stated that online learning (particularly at their desks) was difficult to fit in with their work, and that carrying out their everyday work at a computer was a disincentive to learning via computer.

Additionally, a national survey was commissioned by NES on the learning preferences and priorities of clinical health care support workers. This group of healthcare workers are characterised as mature females with many years service in the NHS. The national survey sought to understand from a healthcare support worker perspective, the preferred learning style, previous learning experience and current access or barriers to learning at work and for work. 17.8% of all clinical healthcare support workers (HCSWs) in NHS Scotland responded to the survey. There was a strong preference for

learning supported by a colleague or trainer and delivered as close to the workplace whilst computer based learning was not liked by many. It was also acknowledged as a learning need HCSWs would like training delivered which is more practical hands-on and skill based. Also gaps were identified in clinical skills, communication and computer skills.

While the evidence cited above relates to Administrative and Support Worker and HCSW staff, findings chime with experiences of meeting staff learning needs to engage with the Mental Health, Learning Disabilities and Dementia Programme

- Creating accessibility to learning resources

The Open University on-line resource on making your teaching inclusive states that adjustments made for disabled students can often benefit all students[9]. For example, when describing a diagram to a blind student, it might become obvious that there is a better way to present the information for all students. They acknowledge the challenges facing providers and recommend that we should devise a comprehensive strategy to tackle every aspect of an individual learner's need.

A literature review carried out by the Royal College of Nursing highlighted that Dyslexia is the most common disability in the student population at 41% of those students who had declared a disability. In the nursing population there is no definite prevalence figure but it has been suggested it may range from 3 - 10%. The review recommends that providers of e-learning materials should be more aware of the effects that dyslexia can have on the learners understanding.

All the learning resources are available via the NES website or the knowledge network, which is produced according to NES accessibility guidelines. Relief or staff bank workers have access to the Health Board learning systems and can freely access many of the resources.

3. Assessment of Impact

Race

In terms of workforce, it is common for people of different nationalities and minority ethnic backgrounds to use relief or bank work as an entry point into employment. These workers may be less likely to access training provided by employers or to have access to computers in the workplace. Learners whose first language is not English may have difficulty participating fully in training or accessing resources on line. This in turn may have an impact on employment progression and achieving learning outcomes.

There is a risk that staff from minority ethnic communities will experience indirect discrimination if they are unable to access learning resources not because of their race but due to them being part-time or temporary staff or

because their first language is not English.

The e-learning resources are accessible anytime and anywhere, and learners can learn at their own pace, rather than having to keep pace with a class of fellow learners in a face-to-face learning environment.

Where resources are produced in a PDF version accessible word documents are also available to down load. In addition to availability of resources on the NES web site we have produced many resources in hard copy to ensure accessibility for staff with limited access to IT.

Disability

Disabled people make up 6% of the Social Services workforce. In the NHS in Scotland, the overall number of staff who identified as disabled is very low, at no more than 0.5% for NHS Scotland overall (no population size provided). Dyslexia is the most common disability in the student population at 41% of students declaring a disability. In the nursing population there is no definite prevalence figure but it has been suggested it may range from 3 - 10%. Depending on the type and level of disability the following would have to be considered:

- Temporary or bank staff may include people with disabilities who are exploring alternative but flexible types of employment to suit their needs and abilities, but may be less likely to be offered access to learning provided by employers.
- Some methods of training delivery may not take into account the needs of people with learning difficulties such as Dyslexia, sensory impairments and the variety of learning styles of learners.
- Reasonable adjustments in practice learning may be required to support participants. (This can be cross referenced with the practice learning EQIA)
  http://www.nes.scot.nhs.uk/media/2500521/eqia_nmahp_practice_education.pdf
- On-line learning resources may not be accessible to all staff. There is a need to ensure that e-learning developed is built to appropriate standards of accessibility in accordance with NES Inclusive Learning and Education Policy and the Digital Resource Accessibility Guide [12&13].

There is a risk that disabled staff will experience discrimination if they are unable to access learning resources that do not meet their needs Frameworks and education resource will promote equality, and diversity and good relationships through the development of the resources. Through our engagement networks and communications strategy we will explore these too ensure that the learning resources are accessible to the widest possible population of learners.

All the learning resources are available via the NES website or the knowledge network, which is produced according to NES accessibility

guidelines. Relief or staff bank workers have access to the Health Board learning systems and can freely access many of the resources.

Inclusive Education and Learning page on the Knowledge Network:
http://www.knowledge.scot.nhs.uk/home/learning-and-cpd/about-education-and-learning/inclusive-education-and-learning.aspx

Gender
Nursing and Social Services is predominately a female workforce in the caring profession. 81% of nurses and 84% in social services are female.

When selecting learners and participants for learning there are barriers experienced by some groups which may disproportionately affect women.

- Part-time staff of which the majority are women are more likely to be excluded from accessing training programmes, if courses are not repeated on different days at different times. This may have an impact on part-time staff or those working permanent night-shifts. Operational issues including pressures on budgets and absence may limit the release of staff to attend training.

There is a risk that female staff will experience discrimination if they are unable to access learning resources that do not meet their needs.

Sexual Orientation
There is no identified impact of the programme of work as a result of sexual orientation. There is a gap in evidence on sexual orientation to allow us to assess the impact on this group.

Religion or Belief
There is no identified impact of the programme work as a result of religion or belief. There is a gap in evidence on religion or belief to allow us to assess the impact on this group.

Age
Older staff may be treated differently from their younger colleagues in terms of the level of learning and the development opportunities. This will be based on the perception that younger employees are more likely to stay longer and apply the knowledge and skills required in the workplace.

Levels of information technology literacy of older staff may vary so using on-line resources may discriminate against this group.

There is a risk that older staff may experience discrimination if they are not considered a priority group and have difficulty accessing on-line resources.

All the learning resources are available via the NES website or the

knowledge network, which is produced according to NES accessibility guidelines. Relief or staff bank workers have access to the Health Board learning systems and can freely access many of the resources.

Other Groups:
There are other groups who may be at risk of being adversely impacted by the programme for example staff in rural communities, staff with low levels of literacy.

In order to make our resources accessible we write these in plain English so that our intended audience can understand and engage with the resources. The Campaign for Plain English can be accessed at: http://www.plainenglish.co.uk.

Remote and Rural staff

This group of staff may be disadvantaged in terms of accessing training which tends to be held in main urban locations. Video-conference facilities can be provided however this will limit interaction with the rest of the group, and is not always an adequate substitute to face-to-face training.

Internet access, IT literacy and literacy

On-line resources may not be accessible to all staff as computer and internet access cannot be assumed. NHS firewalls routinely block Flash and other interactive software used learning resources. Levels of IT literacy among staff vary so publishing resources on-line may not engage with some groups. Literacy may be a challenge for other staff groups may contribute and impact on employment and career progression. The main learning management system used for the educational resources is electronic and this may have an impact on access and utilisation. Other methods need to be considered to ensure staff without internet access or IT skills to do not miss out on learning and development issues.

Engagement with stakeholders is essential to ensure that the risk of discrimination is reduced and that there is consultation and involvement of affected groups.

All the learning resources are available via the NES website or the knowledge network, which is produced according to NES accessibility guidelines. Relief or staff bank workers have access to the Health Board learning systems and can freely access many of the resources.

The contribution made by this programme to cultural competence and person-centred care.

NES/SSSC Promoting Excellence Dementia Work Programme
Scotland's second National Dementia Strategy was launched in June 2013. This 3 year strategy builds on the first 2010 strategy and contains 17

commitments to continue to drive forward improvements in the care and treatment for people with dementia, and their families and carers, across health and social services. This includes Commitment 8 'To continue to improve staff skills and knowledge by working with NES and SSSC to take forward a second Promoting Excellence training plan across the period of the strategy'.

The NES/SSSC Promoting Excellence Education Framework for all staff in health and social services demonstrates a process for ensuring that human rights are both the foundation for, and embedded within, our workforce development programme.

Promoting Excellence Quality of Life (QoL) outcome indicators (below) were developed around the PANEL principles which were used within the Charter of Rights for People with Dementia and their Carers. The knowledge and skills within the framework were developed to ensure these QoL indicators were met and the rights based principles underpinning the framework as a whole were clearly outlined.

Quality of Life Outcome Indicators
- People with dementia have access to a timely and accurate diagnosis of dementia.
- People with dementia feel empowered and enabled to exercise rights and choice, maintain their identity and to be treated with dignity and equity.
- People with dementia maintain their best level of physical, mental, social and emotional wellbeing.
- People with dementia have access to individuals, groups and organisations that can support their spiritual or personal beliefs and reflect their cultural wishes.
- People with dementia have access to quality services and can continue to participate in community life and valued activities.
- People with dementia feel safe and secure and are able to be as independent as possible.
- People with dementia are able to maintain valued relationships and networks, and have the opportunity to develop new ones both personal and professional.
- People with dementia, their families, friends and carers, have access to the information, education and support that enhances the wellbeing of the person with dementia and those that support them.

(*Promoting Excellence 2011*)

The subsequent workforce development programme which has now been ongoing, for almost 4 years, and is continuing for a minimum of a further 2 years, is designed around Promoting Excellence and therefore based on rights and outcomes for people with dementia their families and carers.

The workforce development programme addresses the knowledge, skills, behaviours and attitudes staff require within their role and the education initiatives in place are designed to ensure these are translated into practice.

This is a major programme of work involving all health and social services

staff and including the production of a range of training resources, national training programmes and development of infra structures for spread, sustainability and impact evaluation. All education is designed against the Promoting Excellence Framework and:

- Reflects rights based, asset based, evidence based and personal outcomes focussed approaches to improving the care, treatment, support and quality of life for people with dementia and their families and carers, at all stages of their dementia journey;

- Is designed and implemented in a way that supports delivery of the Dementia Standards and Quality of Life Outcome Indicators set out in Promoting Excellence;

- Adopts a co-production approach by actively and meaningfully involving people with dementia and their families and carers, through continued engagement and involvement with the Scottish Dementia Working Group[8] and National Dementia Carers Action Group[9].

National training programmes include:

The Dementia Champions Programme

As the population in Scotland ages, this is reflected in the increasing use of acute hospital care settings by people with dementia. Currently up to one in four of all general hospital beds in the UK are occupied by people over 65 years who have dementia. People with dementia who have other health problems are also more likely to be inappropriately admitted to hospital, are more likely to stay longer in hospital, to the detriment of their own wellbeing, and are more likely to be discharged directly to a care home.

To date the Dementia Champions programme has prepared over 400 staff from a range of disciplines in acute care hospitals and associated social services settings to: lead front lime improvements in dementia care; sustain change in their area; and cascade information and education about dementia to other staff.

Increasing Access to Psychological Therapies for People with Dementia and Families/Carers

A number of programme have been rolled out to provide staff with knowledge and skills to provide person centred and evidence based interventions for people with dementia and families and carers including training of 100 'Stress and Distress' Trainers who have rolled out the training to over 290 health and social services staff locally. Also training in Cognitive Stimulation Therapy has been delivered to over 200 staff.

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[8] http://www.sdwg.org.uk/

[9] http://www.alzscot.org/campaigning/national_dementia_carer_action_network

For more detail see http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence.aspx

Realising Recovery – Joint NES/Scottish Recovery Network (SRN) Programme

SRN and NES have worked in partnership since 2006. Over the years we have taken forward a joint programme of work to support the development of recovery focussed mental health practice through education and training. Implicit in recovery focussed practice education is a focus on human rights. Our work programme has/currently involves:

- Development of Realising Recovery: A National Framework for Learning and Training in Recovery Focused Practice in 2007.
- Development of the Realising Recovery – Learning Resource in 2008 to support implementation of the framework. The resource includes a number of modules including: 'understanding recovery'; 'using self to develop recovery focussed practice'; 'enabling self direction'; 'person centred care and support'; 'sharing responsibility for risk and risk taking'; 'connecting with communities';
- Support for the dissemination (via a training for trainers programme and trainers networks) and evaluation of values based and recovery focussed training initiatives across NHS Scotland;
- A range of activities over 2011-13 including training, learning networks, direct outreach to NHS Boards and work with universities to support implementation of the Scottish Recovery Indicator (SRI) to enable recovery focussed service improvements.

Supporting People with Profound Learning and Multiple Disability: educational resource

This resource is aimed health and social care staff working with people profound learning and multiple disability and their families and is designed to support existing education and training and continuing professional development for staff around supporting people with profound learning and multiple disabilities that are accessing acute hospital care. The resource was developed in partnership with PAMIS and features videos of families and carers talking about heir experiences and what matters most to them. Issues explored include communication; family and carer involvement; welfare guardianship and palliative and end of life care.

4. Actions taken or planned in **response to issues identified in the analysis**

Issue identified	Action to be taken in response to issue	Responsibility	Timescale (indicate whether actions have already been completed, or provide timescale for carrying out the action)	Resources required	What is the expected outcome?
Older staff, female or disabled staff groups may have challenges in literacy, IT literacy and ability to access the resources.	Engagement with NHS Board and social care stakeholders to assess the appropriate mode of learning for the resource being developed. Resources are made available in other formats on request.	Programme Lead with relevant team members	Ongoing 2014/15		Resources are useful and accessible by the widest possible group of learners
Staff groups whom their first language is not English	Engagement with users prior to development of resources to ensure the materials produced are accessible, and in a format that does not actively discriminate this group. Resources are made available in other formats on request.		Ongoing 2014/15	Variable	Resources can be accessed and used by learners whose first language is not English.
Delivery methods of training may not take	Provision of resources in alternative formats	Programme Lead with relevant team	Ongoing 2014/15	Variable	Resources can be accessed and used by

into account the needs of people with learning difficulties such as Dyslexia, sensory impairments and the variety of learning styles of learners.	Signpost those delivering training to Inclusive Education and Learning site on the Knowledge Network web site	members.			learners with learning difficulties such as Dyslexia, sensory impairments and the variety of learning styles of learners.
Ensure any work commissioned externally will specify equality and diversity considerations in the contract	Contractors are aware of equality and diversity considerations and that these are reflected consistently across all programmes of work.	Programme Lead with relevant team members.	Ongoing 2014/15	None	All externally commissioned work will comply with equality and diversity considerations.
Use published images reflecting and recognising the diversity in NHSScotland's workforce	Access to a resource library that ensures a bank of images representative of a diverse workforce	Project Team	Ongoing 2014/15	None	The reflection of a diverse workforce in learning materials embeds multicultural richness in the workplace

5. Risk Management

We will continue to adopt the function and continue to monitor and review Equality and Diversity within the different work-streams, and undertake further consultations with the relevant stakeholders, as and when required when new pieces of work are commissioned.

There are no specific risks identified.

6. Consideration of Alternatives and Implementation

The impact assessment indicates that the function will not negatively discriminate, either directly or indirectly.

7. Monitoring and Review

Monitoring and review of equality impact should ideally be part of a wider monitoring or review process.

What data will be collected?
What analysis of the data will be undertaken?
Are there specific targets or indicators to be monitored?
How will results of monitoring be reported, when and by whom?

Data for the education and training related to dementia courses is collected from the participants that undertake the training. This data will consist of the number of participants, and gender. For the Dementia Champions course this data is collected by the University of the West of Scotland who run the course and for the Psychological Therapies Courses by NES direct. Analysis will take place after ever cohort and then collectively over a year. There are no specific targets or indicators. The results will be reported to the NES/SSSC Programme Board at the end of 2014, by the Programme Directors engaged with this work.

The overall governance of the programme is overseen by a joint NES/SSSC Programme Board. When developing or reviewing training or resources we engage with key relevant stakeholder organisations, topic experts and representation of key recipients. We engage actively with the Scottish Dementia Working Group and the National Dementia Carers Action Network to ensure the meaningful involvement of people with dementia and families and carers in designing and developing education to ensure it reflects their unique and perspectives.

Similar processes are in place for the Mental Health and Learning Disability components of the work both which report to respective Stakeholder Steering Groups.

When developing or reviewing programmes of work we follow a standardised quality assurance approach which allows issues relating to equality to be gathered as appropriate. This includes establishing an editorial/advisory group made up of key stakeholder organisations, disciplinary groups (who represent the target audience) and topic experts. Appropriate consultation with the wider relevant communities and

stakeholders is undertaken during the development and implementation phases via a variety of communication channels including both electronic and 'face to face' meetings.

Information is also gathered in relation to attendance at training events in terms of any special requirements that the learners may have and also via feedback gathered through the Quest back survey forms (or equivalent) relating to course/resource evaluation.

When will you review the function, taking into account any monitoring information?

The Mental Health, Learning Disability and Dementia Programme is under continual review and improvement. This EQIA will be reviewed every 3 years.

Who will be responsible for leading this review?
This review will be led by the relevant programme directors that lead on aspects of this programme of work.

Sign off   Directorate Management Group

Date

Appendix I

Partners in developing and delivering the function

NES works in partnership with a number of key stakeholders in the design and implementation of the educational initiatives across this Programme.

For the **Mental Health Nursing** component of the programme partners and stakeholders include:

- Scottish Government (SG) Mental Health Division and Chief Nursing Officers' Directorate.
- All NHS Scotland Boards - via the SG convened Mental Health Clinical Leads Group, the NES NMAHP Programme Director for Mental Health is a member of this group.
- The Mental Health Nursing Forum for Scotland, the NES NMAHP Programme Director for Mental Health, is Vice Chair of this group
- Pre Registration Nursing Mental Health Field Programme Leads
- The NES Mental Health Stakeholder Steering Group that includes a range of key stakeholders from across statutory and voluntary sectors including:
  - Penumbra
  - Support in Mind Scotland
  - The Scottish Recovery Network (a key partner in our work)
  - Health Care Improvement Scotland
  - The School of Forensic Mental Health
  - The Mental Welfare Commission for Scotland
  - Scotland's Colleges

For the **Learning Disability Nursing** component of the programme partners and stakeholders include:

- Scottish Government (SG) Chief Nursing Officers Directorate.
- All NHS Scotland Boards - via the Learning Disability Senior Nurses Group
- Pre Registration Learning Disability Programme Leads
- The Scottish Consortium for Learning Disabilities
- PAMIS
- SG Strengthening the Commitment Implementation Group.
- The NES Learning Disability Stakeholder Steering Group that includes a range of key stakeholders from across statutory and voluntary sectors.

For the **Dementia** component of the programme stakeholders include:

- Scottish Government (SG) Mental Health Division, Chief Nursing Officers Directorate and Joint Improvement Team.
- All NHS Scotland Boards
- SSSC (as a key partner in our work)
- Alzheimer Scotland (as a key partner in our work)
- The Scottish Dementia Working Group
- The National Dementia Carers Action Network
- NHS Health Scotland
- Health Care Improvement Scotland
- The Institute for Research and Innovation in Social Services (IRISS)
- The Scottish Ambulance Service
- COSLA
- The Care Inspectorate
- Scottish Care
- Higher Education Institutions
- SG Joint Improvement team

In terms of governance for this programme of work a number of both internal and external groups exist. The external groups tend to be national and may be at Scottish Government level. Internally NES administers a variety of meetings including Programme Boards, internal cross-directorate and project management groups.