NHS Education for Scotland
Equality Impact Assessment Report

Name of function, policy or programme:
Public Health - HAI, Health Protection and Public Health

NES directorate or department:

Nursing, Midwifery and Allied Health Professionals (NMAHP)

Name of person(s) completing EQIA:

Gill Walker – Programme Director
Jane Cantrell – Programme Director
Ruth Robertson – Education Programme Manager

Date Report Completed: 03 /02/14

1. Define the function[1]

What is the purpose of the function?

The purpose of the function is to:

- develop the knowledge and skills of all healthcare workers in the NHS and social care sector in public health
- engage with key stakeholders in the design, delivery and implementation of educational initiatives, according to identified need to ensure a proactive and sustainable approach to this function
- promote a culture of safety, person centeredness and effectiveness as outlined in the Healthcare Quality Strategy and NHS Education for Scotland nursing and midwifery strategy [1& 2].

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

The direct benefits of the function are that all healthcare workers in the NHS and social care sector are provided with consistent evidence based range of educational resources that meet current policy guidance in relation to public health.

The benefit to patients and service users from the function will be a workforce able to protect patients, clients and communities from healthcare associated infection, health protection risks and to promote health and well being.

How are they affected or will they benefit from it?

The educational resources and infrastructure associated with this programme provide consistent evidence based standards of practice from which NHS health and social care staff have the necessary knowledge,

skills and behaviours to prevent and control of infection, promote health protection principles and be able to evaluate the local implementation of practice.

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.

The Higher Education Institutes, Further Education Colleges and others, such as specialists in infection prevention and control, will benefit from this function in curriculum development and delivery.

Patients and service users will benefit from the function as they will receive safer and more effective care.

What results/outcomes are intended?

The aim of the programme is to develop appropriate education frameworks, resources and interventions which will ensure that health and social care professionals and support workers are equipped with the knowledge, skills, behaviours and competences to carry out safe and effective care for the diversity of patients within NHS and social care settings.

The education frameworks and educational resources can contribute to the delivery of person centred, safe and effective care by:

- Enabling staff to recognise and fulfil their responsibilities in providing safe patient care.
- Providing knowledge and skills in relation to public health, health protection and HAI.
- Helping define the evidence base and, enable staff to communicate the situation and background in order to improve health outcome and prevent the risk of avoidable infection.

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The outcome of the purpose is a consistent evidence based range of education frameworks and educational programmes. These will assist in the development of roles and skills for NHS health and social care staff in the prevention of HAI, protect and improve health and 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, devising and/or agreeing standards and guidance, developing publications/web resources, designing and commissioning learning packages, communicating outputs to all stakeholders, evaluating the impact of project outputs on staff groups and aligning to partner agencies that will meet the needs of multi professional support and workers in Scotland.

The Public Health Programme provides a comprehensive suite of resources to support all NHS and social healthcare staff improve their knowledge, skills and behaviours within the areas of health improvement, health protection and HAI.

The NHS Education for Scotland Corporate Plan[3] (2013-2014) identifies HAI education as inextricable link to improving quality along with to the patient safety and patient experience and the overarching healthcare Quality Strategy. This will ensure more transparency and better commonality of methods and practices across NHS Scotland to reduce the risk of patients and service users being exposed to avoidable infection.

The Public Health, Health Promotion, HAI work is also closely linked to a number of existing NES work streams within the Nursing, Midwifery and Allied Health Professionals, Dental, Educational Development, 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.

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 education initiatives.

These include:

- Scottish Government HAI Policy Unit and Health Protection Team
- All NHS Scotland Boards
- NHSScotland HAI Executive Leads
- NHS Scotland Executive Leads for Sexual Health and BBV
- Lead Clinicians for Sexual Health
- Healthcare Environment Inspectorate
- Health Protection Scotland
- Health Protection Network
- Local Authorities
- Care Inspectorate
- Scottish Care
- Health Improvement Scotland
- Health Facilities Scotland
- Health Protection Education Advisory Group
- NHS National Services Scotland
- Scottish Antimicrobial Prescribing Group
- Scottish Microbiology and Virology Network
- Scottish Immunisation Workforce Education Advisory Group

- Infection Control Network of Infection Control Doctors, Nurses and Managers
- Infection Prevention Society
- Higher Education Institutions
- Colleges Scotland
- Institute of Research and Innovation in Social Services
- External services providers including copywriters and IT suppliers
- UK Health Protection Departments

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

- 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)

- Scottish National Point Prevalence Survey of Healthcare Associated Infection and Antimicrobial Prescribing

- Understanding the development needs of the primary care and community health workforces with regard to sexual health in NHSScotland to enable the successful implementation of 'The Sexual Health and Blood Borne Virus Framework 2011-2015': a scoping study.

- Guidance and information obtained via the national Health Protection Advisory Groups and disciplinary groups e.g. CPHM network

- **Equality and diversity profile of NHSScotland workforce**

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 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

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[7]. 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.

Two percent of staff in Administrative Services and 10% of staff in Support Services said that they have a disability which affects how they engage with learning, but few indicated the nature of their disability. The study attempted to addressing barriers to learning such as issues of language, learning and numeracy.

- Research was undertaken to identify priorities for infection prevention and control education and training for healthcare workers in community settings with the involvement of frontline and key local and national stakeholders. Barriers affecting uptake of training include:

- time pressures and staff shortages
- lack of active buy-in from managers and senior staff
- a lack of training that recognises the diversity and challenges of roles within community healthcare
- a lack of computers to access e-learning.

- A national survey was commissioned by NHS Education for Scotland of 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.

- Creating accessibility to e-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. We have used this strategy as far as possible, when developing the on-line resource.

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[10]. 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.

2. 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[11]. 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.

Disability

Disabled people make up 6% of the Social Services workforce[11]. 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. HAI 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.

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 public health 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 public health 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.

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.

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

Blood Borne Viruses Training/educational resources

Hepatitis B and C- Detection, diagnosis and management
This multidisciplinary training was developed by NES as a response to the Sexual Health and BBV Framework 2011-2015. The resource focuses on current experience in practice related to the detection, diagnosis and management of Hepatitis B and C. Key areas include exploring i) the appropriate management of chronically infected people in primary and secondary care ii) communication skills and feedback required when giving results of testing and iii) strategies for preventing and avoiding transmission of Hepatitis B and C. The resource has been piloted and a 'train the trainers' day for NHS Boards has been facilitated by NES (February 2014) In 2014-15 an evaluation will be carried out to ascertain the ongoing use of this resource.

Recognition and Diagnosis of HIV Infection

This resource developed by NES highlights the need for early recognition and detection of HIV infection. The resource takes the form of a tutorial with case studies and can be modified for multidisciplinary audiences (March 2014)

Person centred care is highlighted throughout these resources. These resources are only examples of the BBV work carried out by NES.
Sexual Health Training/Projects
This training includes not only on-line learning but also a face-to-face day. This face-to-face day is modified depending on the make –up of the group. This allows for specific issues to be raised and discussed as required. A key aspect of the training is how to take a robust sexual health assessment. This very much considers the person centred aspects of undertaking this work.

This project is part of the NES response to the Sexual Health and BBV Framework 2011-2015. Work will be on-going after 2015 as the next steps with regard to sexual health will be decided in due course.
Another set of educational resources that is due to be completed in March 2014 has been about supporting practitioners, who may in their day-today work, come into contact with survivors of sexual violence. The resource is ,for a range of professionals including midwives, reproductive health nurses, sexual health teams, practice nurses, GPs, obstetricians and gynaecologists and contains various video case studies.
The work also contributes to the gender based violence agenda.

HAI

The HAI resources recognise that we all have an important role to play in ensuring the healthcare environment is clean, comfortable and safe for service users and staff, whoever we are, and that infection prevention and control is everybody's business.
The progress made in educational initiatives in the prevention and control of healthcare associated infections has been developed with contributions from a wide range of external stakeholders and through engagement with users of the resources. This ensures the appropriate mode of learning for the resource is developed. Consideration of delivering care to a diverse population, person centredness and personal objectives is included in this process. Resources identify the practice and competence required to provide safe, effective and person-centred care for all members of staff.

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		Ongoing 2014/15	Variable	Resources can be accessed and used by learners whose first language is not English.

	actively discriminate this group. Resources are made available in other formats on request.				
Delivery methods of training 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.	Provision of resources in alternative formats Signpost those delivering training to Inclusive Education and Learning site on the Knowledge Network web site	Programme Lead with relevant team members.	Ongoing 2014/15	Variable	Resources can be accessed and used by 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	Access to a resource library that ensures a bank of images	Project Team	Ongoing 2014/15	None	The reflection of a diverse workforce in learning materials

the diversity in NHSScotland's workforce	representative of a diverse workforce				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?

Sexual Health Training
Data for the education and training related to sexual health courses will be collected from the participants that undertake the training. This data will consist of the number of participants, and gender. This data is collected by RCGP who run the courses.
Analysis will take place after ever course and then collectively over a year @ 3 courses. There are no specific targets or indicators. The results will be reported to the NES internal sexual health and BBV framework group and Scottish Government Executive Leads groups as requested towards the end of 2014, by the Programme Director engaged with this work.

HAI
The feedback gathered through the Questback survey forms the basis for the standardised editorial governance process to ensure content and application are contemporary and fit for purpose. These forms are analysed on a monthly basis. Currently we follow up all completed learners to prompt them to complete the survey as we only had on average 5% compliance when relying on the link within the “Next Steps” section and this approach has seen an increase of evaluation completions rise to 18%.

When developing or reviewing programmes of work we follow a standardised approach of establishing a curriculum advisory group made up of key stakeholder organisations, topic experts and representation of key recipients. A HAI team member project manages the development of the programme and

chairs this group. Engagement with users ensures the appropriate mode of learning for the resource is to be developed.

The project lead for the development of the resource retains the lead for the continuing evaluation and editorial review process and the project support staff manages the system approach. This includes a review of the Questback survey forms and feedback from the learners via the HAI enquiries mailbox, and the HAI Education Leads Network.

The HAI Practice Education Co-ordinator regularly visits the key infection prevention control, public health and education leads at health boards to discuss work being undertaken by the HAI team and how it could potentially support their learning needs. Uptake statistics, user feedback and resource information is shared with the leads along with discussions on strategic direction. In return areas of concern, emergent and horizon scanning issues at health board level are discussed. This information is used to identify any impact on the function and the purpose of the function that may not promote equality and diversity.

The HAI enquiries mailbox provides an opportunity for learners to contact the project team and identify any issues they have in accessing and using the learning resources. This is monitored on a daily basis, Monday to Friday. Any issues are allocated to the appropriate project lead for action as a priority.

All NES HAI e-learning resources and programmes contain a feedback form (managed via Questback) which contains questions about the resources, e.g. what could be improved. All feedback is monitored on a regular basis.

Feedback is also collected via various editorial governance groups (e.g. Cleanliness Champions Management Groups) to ensure that the NES HAI products are accessible, written in plain English and fit for purpose.

Details of monitoring are reported and shared through discussion and action at the NES HAI Programme Board, the NES Patient Safety Multi-disciplinary Group, the NES Clinical Skills Group, the HAI National Advisory Group, the HAI Delivery and Implementation Group, and the Scottish Antimicrobial Prescribing Group, where a rolling log is kept of action required and action completed. Every 3 years Educational Governance Committee requires an HAI educational governance report, and this includes feedback from learners to the Questback survey forms.

Health Protection

As per other Public Health workstreams 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 health protection community is undertaken during the development and implementation phases via a variety of communication channels including both electronic and 'face to face' meetings. This consultation includes capturing any specific EQIA requirements e.g. accessibility of resources in terms of dyslexia.

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 Questback survey forms (or equivalent) relating to course/resource evaluation.

At a national level there is also an opportunity to discuss and evaluate on an ongoing basis any specific feedback or concerns in relation to NES educational resources in terms of EQ issues including accessibility e.g. Health Protection Education Advisory Group meets quarterly.

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

The Public Health Function is under continual review and improvement. This EQIA will be reviewed every 3 years at the same time as the educational governance report is required.

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