

(Risk level will be added by EQIA steering group)

3. Rapid Impact Assessment summary report

Each of the numbered sections below must be completed

Interim report ☐ Final report ☒ (Tick as appropriate)

1. Title of plan, policy or strategy being assessed.

Bite Size: Literacy in the Workplace Programme 2012-13

2. What will change as a result of this proposal?

The workplace is a priority setting for health promotion in the 21st century (WHO) as it directly influences the physical, mental, economic and social wellbeing of workers and the health of their families, communities and society.

Evidence shows that improved literacy skills benefit not only individual learners, but also their family, our economy and society as a whole.

The Health Promotion Service will continue to lead a small partnership, including UNISON, that commissioned WEA (The Workers Educational Association) to deliver adult literacy and numeracy support to NHS Lothian employees.

Adult learning tutors will deliver training to small groups of four to six participants, supported by their line managers to attend in work time. Approximately 10 courses will run once a week for four to eight weeks. Attendees could include laundry, domestic, portering, estates and catering staff. Courses will be tailored to individual groups, covering skills that will assist people in work and at home.

Popular topics in the past have been basic computer skills, an introduction to the IT system for mandatory training, spelling, grammar and punctuation, writing letters and e-mails, dyslexia strategies and numeracy skills.

It is expected that this learning opportunity will enable some participants to complete e-learning modules. Basic IT literacy skills and confidence are required to access e-learning.

Literacy, numeracy and use of information technology present real difficulties for some staff. There can be considerable stigma attached to IT, literacy or numeracy difficulties.

We are committed to the staff governance standard, requiring that all staff have access to learning to enable them to carry out their roles effectively.

The Plan for 2012-13 outlines proposals to introduce Bite Size to staff bands 1-3 at Midlothian Community Hospital, Roodlands Hospital and the Astley Ainslie site. It also includes plans to continue work at Western General Hospital, St Johns Hospital and the Royal Edinburgh Hospital.

3. Briefly describe public involvement in this proposal

Feedback from participants on the benefits of involvement in previous programmes has been taken into consideration. Partnership is represented on the Steering Group.

4. Date of RIA

Friday 9th November 2012

5. Who was present at the RIA? Identify facilitator and any partnership representative present

Name	Job Title	Date of RIA training	Email
Mairi Simpson (Facilitator)	Team Leader, Health Promotion Service	2011	Mairi.simpson@nhslothian.scot.nhs.uk
Jean MacAuley	Staff Side Rep., UNISON	2010	Jean.macauley@nhslothian.scot.nhs.uk
Robert Aitken	Associate Director of Operations, Facilities		Robert.Aitken@nhslothian.scot.nhs.uk
Jessie Harrington	Workplace Learning Tutor Organiser, Workers Education Association		j.harrington@weascotland.org.uk
Lorrane Borwick	Workplace Learning Tutor Organiser, Workers Education Association		l.borwick@weascotland.org.uk

6. Evidence available at the time of the RIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	In part	We know the number of staff bands 1 – 3 in NHS Lothian and we know that a significant proportion work in Facilities.
Data on service uptake/access	Yes	A similar project in WGH, St John's and Royal Edinburgh engaged 111 people on a range of programmes. Managers in the new areas anticipate demand.

Data on quality/outcomes	Yes	There is a report ¹ produced by WEA that includes both quantitative and qualitative data from the participants and their supervisors/managers.
Research/literature evidence	Yes	<p>We do not know how many NHS Lothian staff have a literacy or numeracy difficulty as we do not measure this. There is still a stigma around literacy and numeracy difficulties. Therefore many people who experience them do not disclose their difficulties and select work and leisure options that won't expose their difficulty.</p> <p>The findings of the SSAL² (Scottish Survey of Adult Literacies) 2009 highlights the extent of the problem and the link to poverty and inequality.</p> <ul style="list-style-type: none"> • 73.3% of the Scottish working age population have a level of literacies that is recognised internationally as appropriate for a contemporary society; • around one quarter of the Scottish population (26.7%) may face occasional challenges and constrained opportunities due to their literacy difficulties, but will generally cope with their day-to-day lives; and • within this quarter of the population, 3.6% (one person in 28) face serious challenges in their literacy practices. <p>SSAL 2009 identifies that one of the key factors linked to lower literacy capabilities is poverty, with adults living in the 15% of the most deprived areas in Scotland being more likely to have literacy capabilities at the lower end of the scale. It is important that organisations keep this in mind when they are planning engagement strategies to reach prospective learners.</p> <p>We also know that approximately 1 in 10 people in society are dyslexic in some way. That is over half a million people in Scotland³.</p>
Patient experience information	No	This programme does not impact on patients directly. However it will impact indirectly if staff are more literate, more confident and healthier. Also if staff are able to undertake mandatory training.
Consultation and involvement findings	Yes	There is a multi-agency steering group that monitors and provides direction to the project.
Good practice guidelines	Yes	The project insists that training is delivered by qualified adult learning tutors. These tutors are supervised by qualified staff at WEA.
Other (please specify)		

¹ 'Healthy Working Lives Literacy and Numeracy Project Education Report 1 April 2011 – 31 March 2012'

² <http://www.scotland.gov.uk/Publications/2010/07/22091814/0> (accessed 12.11.12)

³ <http://www.dyslexiascotland.org.uk/the-facts> (accessed 12.11.12)

7. Population groups considered

	Potential differential impacts
Older people, children and young people	The project targets working age people. However there is evidence that it could benefit families and communities as the learner will apply these skills at home and possibly in their community.
Women, men and transgender people (include issues relating to pregnancy and maternity)	The programme is offered to small groups of staff of all genders. Programmes are tailored to need so single gender groups may be possible if deemed appropriate.
Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems)	The programme is targeted at staff in bands 1 – 3 of NHS Lothian. Within this cohort some may have a disability. It is designed to support those with a learning difficulty and courses are tailored to individual's needs. For example 1:1 support has been provided in the past to a man with dyslexia. The tutors therefore tailor courses to suit need and learning style.
Minority ethnic people (includes Gypsy/Travellers, non-English speakers)	The programme will support staff who are non-native speakers. ESOL has been offered in the past. Tutors will also signpost people to community based support if this is preferable.
Refugees & asylum seekers	It is unlikely that refugees and asylum seekers will benefit from this programme.
People with different religions or beliefs	The programme is targeted at staff in bands 1 – 3 of NHS Lothian. Within this cohort some will have different religions or beliefs, be LGBT, be unmarried, married or in a civil partnership. However these populations will not necessarily be targeted. As the programme is delivered in the workplace, particular needs in relation to beliefs should have been arranged.
Lesbian, gay, bisexual and heterosexual people	
People who are unmarried, married or in a civil partnership	

People living in poverty / people of low income	The project is targeted at low paid workers. Primarily attendees are on bands 1 – 3 although some band 4 staff have benefitted from the programme also. The impact of poverty on health is well documented. The link between literacy difficulties and poverty and health is illustrated in section 6 above.
Homeless people	It is unlikely that homeless people will benefit from this programme. However some low paid workers may be in temporary accommodation.
People involved in the criminal justice system	It is unlikely that people involved in the criminal justice system will benefit from this programme.
People with low literacy/numeracy	This is the main focus of the project. Details of benefits/evidence etc outlined in section 6 above.
People in remote, rural and/or island locations	A small number of staff may live in rural or semi-rural locations. If people have improved IT skills they will be more confident to access on-line services, such as shopping and banking.
Carers (including parents, especially lone parents; and elderly carers)	Some staff will be carers. Carers are at risk of low income.
Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal)	This is the main focus of the project. Details of benefits/evidence etc outlined in section 6 above.
OTHERS (PLEASE ADD):	

8. What positive impacts were identified and which groups will they affect?

Impacts	Affected populations
<p>What impact will the proposal have on equality? The group affected is primarily staff on low wages. It was agreed that improved literacy can impact positively on a person's health (mental and physical), income, confidence, wellbeing, etc. It can assist them at work, at home and in their community. The programme also attempts to reduce stigma by highlighting that all people could improve their literacy skills therefore people are not instructed to attend. By talking to staff about past programmes this also makes the programme more attractive and accessible to all staff.</p> <p>What impact will the programme have on lifestyles? As stated earlier, the workplace is a priority setting for</p>	<p>Staff on low income.</p>

<p>health promotion in the 21st century (WHO) as it directly influences the physical, mental, economic and social wellbeing of workers and the health of their families, communities and society.</p> <p>It was agreed there could be secondary benefits to lifestyles (on-line information, improved confidence to continue learning), to the social environment (improved employability skills, access to social networks, improved opportunity to participate in community activities) etc.</p> <p>What impact will the programme have on the social environment?</p> <p>This programme empowers people. Past participants have reported that this learning allowed them to bank on-line, shop on-line, send e-mails at work, write menus in the canteen confidently, undertake further study, assist children with homework, participate in social media, communicate more confidently with colleagues at work, access other community support, etc.</p> <p>People felt valued by their employer because they were able to attend in work time.</p> <p>What impact will the programme have on the physical environment?</p> <p>The programme could contribute positively on living conditions as people who develop new skills and confidence may undertake further learning, may gain qualifications and/or may gain better paid employment. This could impact on them and their family.</p> <p>It can improve their own safety at work as well as the safety of staff, patients and visitors as they may be supported to access on-line and other learning on health & safety.</p> <p>How will the programme impact on access and quality of services?</p> <p>As stated above, the programme has in the past led staff to feel valued by their managers. This impacts on their attitude to their work. Also if staff have more self-confidence they are more likely to feel they have some control over their work and be less stressed.</p> <p>While the programme will primarily benefit staff it will also impact on the quality of services provided to patients as the staff are more likely to understand health and safety requirements, to be more confident communicators and to get more job satisfaction.</p>	<p>Staff on low income. Family of staff on low income.</p> <p>Staff on low income. Family of staff on low income. Health service users.</p> <p>Staff on low income. Family of staff on low income. Health service users.</p> <p>Staff on low income. Family of staff on low income. Health service users.</p>
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9. What negative impacts were identified and which groups will they affect?

Impacts	Affected populations
Very few negative impacts identified. Potential stigma if courses aren't marketed appropriately/sensitively.	Staff with literacy difficulties.

10. What communications needs were identified? How will they be addressed?

The new programme will be appropriately marketed. Meetings will take place with managers and supervisors in the selected areas. Material regarding the courses will be made available to staff in the most appropriate ways. Staff will have the option to speak to tutors and staff side reps involved in the programme on a 1to1 basis if they have queries. All courses are tailored to the needs of the participants and are delivered in a suitable format. For example in the past a class developed a booklet for visitors. In developing the booklet literacy skills and techniques were taught.

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

Nil identified at this stage.

12. Recommendations

It is recommended that publicity and other materials/methods are sensitive to the stigma that surrounds literacy and numeracy difficulties.

13. Specific to this RIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the RIA)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Publicity and other materials/methods are sensitive to the stigma that surrounds literacy and numeracy difficulties.	Tracy McBurnie (NHSL) and Jessie Harrington (WEA).	December 2012	April 2013

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

Reports to the Steering Group on a quarterly basis.

Manager's Name: Mairi Simpson

Date: 12.11.12

Please send a completed copy of the summary report to:

James Glover, Head of Equality and Diversity
James.Glover@nhslothian.scot.nhs.uk

Note that you **will** be contacted by a member of NHS Lothian's impact assessment group for quality control and/or monitoring purposes.