Public Services Delivery
Scotland

NHS SCOTLAND

Equality Impact Assessment Report
Falls, Frailty, and Bone Health: Informed Level Module

Title: Falls, Frailty, and Bone Health: Informed Level Module

Public Services Delivery Scotland: NMAHP, Workforce Education and Career Development Programme

Date Report Completed: 27 August 2024
Date Report Reviewed (i): October 2025
Date Report Reviewed (ii): 04 November 2026

Introduction

This Equality Impact Assessment (EQIA) has been reviewed in relation to Public Services Delivery Scotland (PSD Scotland) falls, frailty, and bone health, informed level online module.

The aim of this EQIA is to help PSD Scotland consider how the falls, frailty, and bone health module, meets the three parts of the Public Sector Equality Duty (Ministry of Justice. [Internet]. Public sector equality duty; 2024 June 21 [cited 2012 July 06]; Available from: Public sector equality duty - GOV.UK (www.gov.uk)):

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This EQIA will consider and assess how this module meets this Public Sector Equality Duty and if or how it impacts on individuals with protected characteristics.

The Equality Act 2010 identifies age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation as protected characteristics (Legislation.gov.uk. [Internet]. Equality Act 2010; 2024 June 06 [cited 2010]; Available from: Equality Act 2010 (legislation.gov.uk)).

The EQIA is an important way to mainstream equality into our work at PSD Scotland 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; and
- demonstrate how we have considered equality in making our decisions.

Background

The Scottish Government have a draft national falls and fracture prevention strategy 2019-24 which sets out a vision in which people live a life free from harm and social isolation from falls (Scottish Government. [Internet]. National falls and fracture prevention strategy 2019-2024, draft: consultation; 2024 March 06 [cited 2019 July 08]; Available from: National falls and fracture prevention strategy 2019-2024 draft: consultation - gov.scot (www.gov.scot) This strategy aims to build resilience at a population level, take action earlier, target evidence-based and personalised support, and to build an integrated approach. As part of this, there is a shared responsibility to take earlier preventative action which is based on evidence and for systems, individuals, and communities to work closely to plan and deliver prevention and management care.

Throughout Scotland, National Health Service (NHS) Boards have a variety of roles in relation to specialists in falls, frailty, and bone health. NHS Boards do have a variety of resources available to support learning and development, however, these resources are NHS Board and clinical area specific. Due to this variance, specialists across Scotland have called for a Once for Scotland approach to falls, frailty, and bone health education.

In October 2023, a request was made to NHS Education for Scotland (NES), to support development, review, and launch of an informed level fall, frailty, and bone health learning module which would be hosted on the national Turas dashboard.

The aim of the module is to inform health and social care staff about why falls, frailty, and bone health matter and what strategies can help support prevention and management of falls. Content includes what physical and psychological effects of falls can have on an individual, what health, behaviour, and environmental risk factors may be, and how to locate relevant guidelines in relation to falls.

The development of this informed level module is relevant to the following equality outcomes (NES. [Internet]. NES Equality and Diversity Outcome and Mainstreaming Progress Report and Priorities 2021-2025; 2024 March 06 [cited no date]; Available from: equality-outcomes-and-mainstreaming-report-2021-25.pdf (scot.nhs.uk)

Outcome 1: Health inequalities are mitigated and where possible reduced or prevented through the provision of opportunities for health and care staff with to enhance relevant skills and knowledge.

- Outcome 4: Retention and career development is improved as there will be a supportive and inclusive training package available which in turn creates a more productive and stable service.
- Outcome 7: Access to learning is improved through enabling flexible learner access on any device; delivering resources built to best practice accessibility standards; and providing appropriate and relevant digital literacies development for learners.

This EQIA drew on information from stakeholders within the user forum and is now annually reviewed through the annual editorial board meeting. Understanding the needs of stakeholders, and seeking their feedback, means our services are always relevant, responsive, and person focused.

An overview of the module was also shared with groups of people who have lived experience of falls, frailty, and bone health.

Any evaluation will need to consider a trauma informed lens in relation to the informed level module, and to consider safety, trust, choice, collaboration, and empowerment (NES. [Internet]. Transforming psychological trauma: a knowledge and skills framework for the Scottish workforce; 2024 March 06 [cited 2017]; Available from: nationaltraumatrainingframework.pdf (transformingpsychologicaltrauma.scot)) Accessibility standards in relation to the design and inclusivity also need to be considered (NES. [Internet]. Inclusive education and learning policy; 2024 March 06 [cited 2023 May]; Available from: [nes-inclusive-education-learning-policy-may-2023.pdf (scot.nhs.uk))

Evidence

Qualitative data which contributed to this EQIA came from user forums, with stakeholders from health and care from across Scotland, a facilitated survey to individuals with lived experience of falls, and the NES project team at the time.

The main gaps identified by the user forums, was that staff may have limited development time and there may be challenges around digital literacy.
Both the user forum and feedback from those with lived experience, agreed that this module was important due to the impact of how falls, frailty, and bone health can have on an individual.

A scoping review was conducted by the NES project team, using NHS Scotland workforce data held on Turas (NES. [Internet]. NHS Scotland workforce; 2024 March 24 [cited 2024]; Available from: NHS Scotland workforce | Turas Data Intelligence). This data was used to examine the demographics of staff whom the falls module is intended for, and to allow us to consider potential inequalities. From reviewing the data, it did highlight that those with protected characteristics, are in the minority and therefore may be disadvantaged although not significantly. Data can be found in Appendix B.

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. 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.
A Fairer Scotland Assessment requires public authorities to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. We have included our Fairer Scotland Assessment in this Equality Impact Assessment.

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?

The table below gives an overview of the assessment in relation to those with protected characteristics and potential impact.

Characteristic	**Potential Impact**
Age	We are not aware of any specific issues relating to this protected characteristic.
Disability	We are not aware of any specific issues relating to this protected characteristic. This product complies with national standards for accessibility -Web Content Accessibility Guidelines (WCAG) 2.2 AA for public bodies.
Gender reassignment	We are not aware of any specific issues relating to this protected characteristic.
Race	Resource content is representative of the general population.
Religion and belief	Resource content is representative of the general population.
Sex	We are not aware of any specific issues relating to this protected characteristic.
Sexual orientation	We are not aware of any specific issues relating to this protected characteristic.
Marriage and civil partnership	We are not aware of any specific issues relating to this protected characteristic.
Pregnancy and maternity	We are not aware of any specific issues relating to this protected characteristic.

The module will need to be inclusive and accessible and be able to be displayed in several different formats.

To conclude, the evidence shows that there is a low risk for unlawful discrimination, and we have built in actions to advance equality of opportunity and foster good relations.

Next Steps

The Equality Impact Assessment has informed the following actions:

Issue or risk identified	Action	Responsibility	Timescale	Resource required
To ensure the falls, frailty, and bone health module meets accessibility guidelines	The module will be accessible, for example, there will be transcripts alongside any animations **COMPLETED 03.09.25**	NES Digital NES Falls Project Team	Q3 2024/25	Support from NES Digital and stakeholders
The falls, frailty, and bone health module will need to be representative of the staffing population	The module will be representative of the staffing population which can be demonstrated through case studies **COMPLETED 03.09.25**	NES Digital NES Falls Project Team	Q3 2024/25	Support from NES Digital and stakeholders
Monitoring of module in relation to this EQIA	Ensure this EQIA is reviewed on an annual basis and becomes a standing item on the user forum agenda/editorial group Annual review of the digital estate ensuring they are up to date and links to further resources are intact **CONTINUING 04.11.26**	NES Falls Project Team PSD Scotland lead for the falls, frailty and bone health module	Annually Q2 2026/27	Support from stakeholders Support from stakeholders with the annual editorial board

Monitoring

This EQIA was originally reviewed by the NMAHP Education Quality Group.

There will be ongoing monitoring in relation to the actions highlighted within this EQIA and will be a standing item on the annual editorial board meeting.

The EQIA will be reviewed as part of digital estate governance processes.

Evaluation of the module is on-going.

Sign-off

Director: Karen Wilson

Date: September 2024
Date Report Reviewed (i): October 2025
Date Report Reviewed (ii): 04 November 2026

Appendix A

Falls, Frailty, and Bone Health (informed level module): Recommendations for Measuring Impact

NHS Education for Scotland will lead (or commission) the evaluation which will be overseen by the falls user forum. The main evaluation phase will take place tentatively in quarter 4 of 2024/25. Launch date is still to be confirmed. The evaluation will measure engagement impact through qualitative and quantitative methods including data analytics and user surveys.
The overall aim of the evaluation is to establish the awareness of use including accessibility, and benefits and challenges of the informed level module.
NHS Education for Scotland will discuss the evaluation report to agree any subsequent actions. A short summary of the evaluation will be shared with stakeholders through the TURAS webpage and user group. Measures will be agreed with the national stakeholder group.

Needs	Objectives	Data sources
Service Needs: **Planned impact on patients, service, organisation**	**Impact targets for patients, organisation and service**	**Measurement**
There is a need for health and care staff to be supported to develop knowledge and skills on falls, frailty and bone health, which will impact on cost and time savings, increase productivity, standard of performance, compliance, and innovation, and create a better external and internal reputation.	By quarter 4 of 2024/25, health and care staff accessing the informed level module, will report increases in performance and productivity. There will be evidence to support that there is a better external and internal reputation, and that there are also cost and time savings.	User survey Manager testimony
Performance Needs: **Planned changes in individual/team performance or behaviour** **(Who needs to do what?)**	**Team and/or individual performance targets**	**Measurement**
Health and care staff will assess any requirement of new skills and knowledge required and how these can be applied to practice which is supported by the informed level module.	By quarter 4 of 2024/25, there will be evidence that health and care staff (n=1000) will be accessing and engaging with the informed level module.	User survey Manager testimony Digital analytics
Educational Needs: **Educational impact. Planned changes in individual or team capability (skills, knowledge, confidence, attitude)**	**Team and/or individual learning targets**	**Measurement**

Health and care staff will have a better awareness of what their development needs and will be able to apply new learning in relation to falls. Health and care staff will have improved motivation and confidence to access relevant development opportunities and apply new learning to practice.	By quarter 4 of 2024/25, there will be evidence to support that health and care staff have an improved level of understanding and application of falls prevention. By quarter 4 of 2024/25 there will be data available which evidence's an increase in motivation and confidence.	User survey Manager testimony Digital analytics
Engagement Needs: **Engagement impact. What needs to happen for the required changes in capability, performance and impact?**	**Targets describing the reaction to or engagement in the planned initiative**	**Measurement**
Health and care staff need to be willing to apply new learning and recommend the informed level falls module to colleagues. Health and care staff will find the falls module relevant to their own role and development.	By quarter 4 of 2024/25 there will be data available which evidence's an increase in understanding and application of falls prevention. There will be evidence that (n=1000) health and care staff are accessing the falls module and will rate it as highly relevant to their role and development. 80% of health and care staff accessing the falls module are willing to recommend it to colleagues, and 80% of health and care staff accessing it, indicate plans to apply their learning about development opportunities.	User survey User focus groups Manager testimony Digital analytics

Appendix B

In September 2023, there was 163, 495 staff working in NHS Scotland who this module is attended for.

Protected Characteristic	**Evidence**
Age	Median age of staff is 45. 25.5% of the workforce in 55 or over.
Sex	81.4% of staff are female, and 18.6% are male.
Religion or belief	32.1% of staff have no religion, 15.2% Church of Scotland, 10.9% Roman Catholic, 6.9% Christian, 10.1% declined to answer, 20.7% not known, 0.3% Buddhist, 0.6% Hindu, 0.1% Jewish, 1.1% Muslim, 0.1% Sikh, 2% other.
Race	57% are white Scottish, 9.2% white British, 15.6% not known, 8.5% declined to answer, 2.9% Asian, 0.8% African, 0.5% mixed, 0.2% Caribbean or black.
Sexual orientation	64.1% heterosexual, 21.4% not known, 11.7% declined to answer, 1.5% gay/lesbian, 1% bisexual, 0.3% other.
Transgender	53.6% are not transgender, 0.1% are transgender, 36% unknown, 10.3% declined to answer.
Disability	60.6% do not have a disability, 1.4% do have a disability, 30% unknown, 8% declined to answer.