

Equality and Human Rights Screening Template



Annual Business Plan 2022-23

September 2022

NIPEC is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

1. What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories (minor / major / none)?
2. Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
3. To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor / major / none)?
4. Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

For advice on screening please contact: staff in the Equality Unit Business Services Organisation, equality.unit@hscni.net or Telephone 028 9536 3961

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website – <http://www.hscbusiness.hscni.net/services/1798.htm>

As part of the audit trail documentation needs to be made available for all policies as decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Annual Business Plan 2022-23

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

NIPEC's Annual Business Plan for 2022-23 details how it will make best use of its resources to achieve its strategic objectives. It also details how NIPEC plan to improve how they work by:

- Continuing to strengthen a culture of critical enquiry and quality improvement and the use of best available evidence, feedback from stakeholder engagement and other available information sources
- Demonstrating that NIPEC is an agile and flexible organisation which can respond quickly to strategic priorities and in particular the challenges presented by the global COVID-19 pandemic
- Promoting and facilitating innovation and reform underpinned by co-production and co-design
- Maintaining competent and professional staff and promoting and supporting continuous improvement and learning
- Enabling initiatives to support the health and wellbeing of our staff and stakeholders
- Ensuring that NIPEC's functions are underpinned by robust governance and outcomes-based accountability framework.

The COVID-19 global pandemic dramatically changed the landscape of the Health and Social Care (HSC) system in Northern Ireland as services were significantly reconfigured in order to respond to the pandemic challenge and reduce the risk of COVID-19 transmission.

In June 2020, the Minister of Health took steps to temporarily change the current governance and accountability arrangements within the Health and Social Care Framework Document (September 2011) and also published the 'Strategic Framework for Rebuilding Health and Social Care Services'. The Strategic Framework, which provides an analysis of the adverse impact of COVID-19 on the health care system since March 2020, sets out the approach to rebuilding HSC services and remains the extant strategic approach to achieving the right balance between delivering COVID-19 and non-COVID-19 activity. The management board, established in 2020, continues to have responsibility for providing oversight and direction on the implementation of the Department of Health's (DoH) 'Strategic Framework for Rebuilding HSC Services' for the next year.

NIPEC have continued to play an active role in supporting the DoH in these challenging times. The organisation has responded by frequently reviewing its priorities in order to support the HSC from the outset of the pandemic and a number of NIPEC COVID-19 specific objectives were agreed by NIPEC's Council and the DoH through updated Business Plans.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

NIPEC staff and Council members

NIPEC key stakeholders including:

- Nursing and Midwifery registrants
- Nursing and Midwifery Council (NMC)
- DoH
- HSC Trusts
- Higher Education Institutions, ie. Queens University Belfast, Ulster University, Open University
- Independent / Voluntary Sector
- Professional bodies / staff side organisations
- Other regional HSC organisations

General public

1.4 Other policies or decisions with a bearing on this policy or decision

- what are they?
- who owns them?

Chief Nursing officers for the UK and Nursing and Midwifery Council (2017) *Enabling Professionalism in Nursing and Midwifery*

Department of Health, Social Services and Public Safety (2009) *Improving the Patient and Client Experience*

Department of Health (2018) *Co-Production Guide for Northern Ireland: Connecting and realising value through people*

Department of Health (2020) *Nursing and Midwifery Task Group (NMTG) Report and Recommendations*

Department of Health, Social Services and Public Safety (2011) *The Health and Social Care Framework Document (The Framework Document)*

Department of Health (June 2020) *Rebuilding Health and Social Care Services Strategic Framework*

Department of Health (2020) *Surge Planning Strategic Framework*

Department of Health (2016) *Health and Wellbeing 2026: Delivering Together*

Department of Health, Social Services and Public Safety (2011b) *Quality 2020: A 10 Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland*

Department of Health, Social Services and Public Safety (2014a) *Making Life Better. A Whole System Strategic Framework for Public Health 2013 – 2023*

Department of Health (2017) *HSC Collective Leadership Strategy*

Department of Health (2021) *Health and Social Care Northern Ireland Quarterly Workforce Bulletin*

Health Service Executive and Health and Social Care NI (2022) *All-Ireland Digital Capability Framework for Health and Social Care*

Northern Ireland Human Rights Commission (NIHRC) (2022) *The impact of Covid-19 on public services in Northern Ireland*

Northern Ireland Practice and Education Council (NIPEC) (2017) *Management statement between the Department of Health and Northern Ireland Practice and Education Council for Nursing and Midwifery*

NIPEC (2022) *Preceptorship Framework for Nursing, Midwifery and Specialist Community Public Health Nursing in Northern Ireland*

Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurse, midwives and nursing associates*

Nursing and Midwifery Council. (NMC) (2018) *Future nurse: Standards of proficiency for registered nurses*

Nursing and Midwifery Council (NMC) (2021) *Building on ambitions for community and public health nursing*

Nursing and Midwifery Council (NMC) (2018) *Education standards consultation response*

Nursing and Midwifery Council (2020) *Recovery programme standards*

Nursing and Midwifery Council (2020) *Principles for Preceptorship*

Nursing and Midwifery Council *Reviewing our post-registration standards*

Nursing and Midwifery Council (2020) *Caring with Confidence: The Code in Action*

Nursing and Midwifery Council (2021) *Managing concerns: a resource for employers*

Nursing and Midwifery Council (2020) *Nursing and Midwifery Council Future Strategy 2020-2025*

Smith, J. and Coveney, S. (2020) *New Decade, New Approach*

United Kingdom Government legislation (2020) *Coronavirus Act 2020*

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

NIPEC staff data as at June 2021

NMC Equality and Diversity NI data 2021/22

NI HSC Workforce Census as at March 2022

Census 2011 / 2021 (estimates)

NI Life and Times Survey (NILT) 2017 / 2018

NISRA

Office for National Statistics (ONS) Sexual Orientation UK 2017

The Gender Identity Research and Education Society (GIRES)

Office for National Statistics (ONS) 2019 – www.ons.gov.uk

Carers NI

Registrar General Annual Report for NI 2020. Available at

<https://www.nisra.gov.uk/system/files/statistics/RG%20Annual%20Report%202020%20Accessible.pdf>

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Please note:

- NMC Equality and Diversity NI data relates to 26,854 nurses and midwives who were on the NMC permanent register with an address in NI as at 31st March 2022.

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>As at June 2021, figures indicate 91.67% of NIPEC workforce is female and 8.33% is male.</p> <p>NMC Equality and Diversity data for NI in 2020/21 reports 92% on the permanent register identify as female, whilst 8% identify as male (slight difference from the UK where 89% identify as female and 11% as male).</p> <p>NI HSC Workforce Census as at March 2022 reports females represented 91% of nursing and midwifery staff, with 59% working full time. Males represented 9% of the nursing and midwifery workforce, with 88% working full time. NI HSC Workforce Census also reports that 78% of HSC employees are female with 58% working full time.</p> <p>Census 2021 population estimates for NI was 1,903,100; male 49%; female 51% (May 2022).</p> <p>The Gender Identity Research and Education Society (GIRES) estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office (2011) and subsequently updated (2014):</p> <ul style="list-style-type: none">• gender variant to some degree 1%• have sought some medical care 0.025%• having already undergone transition 0.015% <p>The numbers who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p> <p>Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:</p> <ul style="list-style-type: none">• 18,816 people who do not identify with gender assigned to them at birth• 470 likely to have sought medical care

	<ul style="list-style-type: none"> • 282 likely to have undergone transition. <p>Care Quality Commission consulted with trans people on what makes a good service and used this feedback to develop key questions to use when visiting maternity services and observing the environment - https://www.cqc.org.uk/guidance-providers/healthcare/adult-trans-care-pathway-what-cqc-expects-maternity-gynaecology-0</p>
Age	<p>As at June 2021, figures indicate NIPEC's workforce falls within the following age groups:</p> <p>35-39 – 8.33% 40-44 – 8.33% 45-49 – 0% 50-54 – 25% 55-59 – 25% 60-64 – 25% >65 – 8.33%</p> <p>NMC Equality and Diversity data for NI in 2021/22 reports 9.05% on the permanent register are aged 61 and over; 12.57% are aged 56-60; 12.49% are aged 51-55; 22.56% are aged 41-50; 25.47% are aged 31-40; and 17.85% are aged between 21 and 30. (NB: there was a 5.2% rise in the combined number of people aged 21-40 and the combined number of people aged 56 and above also increased by 2.9%)</p> <p>NI HSC Workforce Census as at March 2022 reports that 46% of nursing and midwifery staff were aged under 40; 24% were aged 40-49; and 30% were over 50 years of age.</p> <p>Census 2021 population estimates published in May 2022 indicates NI population has increased to 1,903,100 - 50% of those aged 0-64 are female whilst 50% are male; and 54% of those aged 65+ are female whilst 46% are male (May 2022). Overall, estimates show 19% of the population are aged 0-14 years, 64% are aged 15-64 years and 17% are aged 65+ years.</p> <p>NISRA estimated and projected population by age, mid-2016 to mid-2041 show that in 2016, 20.8% of the NI Population were aged 0-15 years, and this is projected to decrease 18.2% in 2041. The proportion of adults aged 16-64 in 2016 was 63.2% of the whole population, set to decrease to 57.2 by 2041. However, the proportion of people aged 65 years and over is projected to rise from 16.0% in 2016 to 24.5% in 2041, overtaking the numbers of children. https://www.nisra.gov.uk/publications/2016-based-population-projections-northern-ireland-statistical-bulletin-charts</p>
Religion	<p>As at June 2021, figures for NIPEC workforce indicate 41.67% are Protestant, 33.33% are Catholic, 8.33% are neither and 16.67% are unknown.</p> <p>NMC Equality and Diversity data for NI in 2021/22 reports 78.4% on the permanent register are Christian; 6.7% are either unknown or prefer not to answer; 12.1% state no religion; 0.2% are Muslim; 0.6% are Hindu/Buddhist/Jewish/Sikh; and 2% other.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>Census 2011 figures for NI indicate:</p> <ul style="list-style-type: none"> • 45.14% (817,424) are either Catholic or brought up as Catholic

	<ul style="list-style-type: none"> • 48.36% (875,733) are Protestant or brought up as Protestant • 0.92% (16,660) belong to or had been brought up in other religions and philosophies • 5.59% (101,220) neither belonged to, nor had been brought up in a religion. • Catholic - 40.76% (738,108) • Presbyterian Church in Ireland – 19.06% (345,150) • Church of Ireland – 13.74% (248,813) • Methodist Church in Ireland – 3% (54,326) • Other Christina (including Christian related) – 5.76% (104,308) • Other religions – 0.82% (14,849) • No religion – 10.11% (183,078) • Did not state religion – 6.75% (122,233) <p>Census 2021 figures for NI indicate:</p> <ul style="list-style-type: none"> • Catholic – 805,151 • Presbyterian Church in Ireland –316,103 • Church of Ireland – 219,788 • Methodist Church in Ireland – 44,728 • Other Christina (including Christian related) 130,377 • Other religions –25,519 • No religion – 330,983 • Did not state religion –30,529
<p>Political Opinion</p>	<p>As at June 2021, the political opinion of 66.67% of NIPEC’s workforce was unknown, 16.67% stated they were broadly Unionist, whilst 16.66% of the workforce stated ‘other’ or did not wish to answer.</p> <p>There is no NMC Equality and Diversity NI or UK data for this group.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>NI Population (NILT) 2016:</p> <ul style="list-style-type: none"> • Unionist - 29% • Nationalist - 24% • Neither -46% • Other/don’t know - 2%
<p>Marital Status</p>	<p>As at June 2021, figures indicate 66.67% of NIPEC’s workforce is married or in a civil partnership, whilst 33.33% are unknown.</p> <p>There is no NMC Equality and Diversity NI or UK data for this group.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>Northern Ireland Life and Times (2018):</p> <ul style="list-style-type: none"> • Single (never married) - 32% • Married and living with husband/wife - 51% • A civil partner in a legally-registered civil partnership - 0% • Married and separated from husband/wife - 3% • Divorced - 6% • Widowed - 7% <p>Civil partnerships:</p>

	<p>Annual Reports of the Registrar General for NI published in 2021 show that up to 2020, there have been 1441 civil partnerships registered in NI</p>
<p>Dependent Status</p>	<p>Full data not available, however, the majority of NIPEC staff are female plus anecdotal evidence indicates about half of NIPEC’s workforce have some form of caring responsibilities for family member(s), eg. spouse, elderly parent(s), and/or children in full time education.</p> <p>There is no NMC Equality and Diversity NI or UK data for this group.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>NI Health Survey (2018) reports 17% of respondents were carers (21% of women and 13% of men).</p> <p>Carers NI:</p> <ul style="list-style-type: none"> • 1 in every 8 adults is a carer • 2% of 0-17 year olds are carers, based on the 2011 Census • There are approximately 220,000 carers in Northern Ireland (• Any one of us has a 6.6% chance of becoming a carer in any year • One quarter of all carers provide over 50 hours of care per week • People providing high levels of care are twice as likely to be permanently sick or disabled than the average person • 64% of carers are women; 36% are men. <p>Carers NI: State of Caring 2019 Annual survey (UK wide, including NI):</p> <ul style="list-style-type: none"> • 2 in 5 carers (39%) responding reported being in paid work. • 38% of all carers reported that they had given up work to care. • 18% had reduced their working hours. • 1 in 6 carers (17%) said that they work the same hours but their job is negatively affected by caring, for example because of tiredness, lateness, and stress. • 12% of carers said they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities. • Just over 1 in 10 carers (11%) said they had retired early to care. • Only 4% of respondents of all ages said that caring has had no impact on their capacity to work. • Only one quarter (25%) of carers who aren’t yet retired and had an assessment in the last year felt that their need to combine paid work and caring was sufficiently considered in their carer’s assessment. • Carers who are not yet retired were also asked about their future plans and 53% said they are not able to save for their retirement. • Some carers are saving or have saved less for their retirement with 17% saying they did this because their working hours were reduced.
<p>Disability</p>	<p>As at June 2021, 75% of NIPEC’s workforce stated they do not have a disability, no-one stated they have a disability, whilst 25% of the workforce was unknown.</p> <p>NMC Equality and Diversity data for NI in 2021/22 reports 94.6% on the permanent register state they do not have a disability, 2.5% state they do, and 2.9% are unknown or prefer not to answer.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>Census 2011 figures for NI report:</p>

- 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.
- 68.57% (1, 241709) of residents did not have long – term health condition.
- Deafness or partial hearing loss – 5.14% (93, 078)
- Blindness or partial sight loss – 1.7% (30, 785)
- Communication Difficulty – 1.65% (29, 879)
- Mobility of Dexterity Difficulty – 11.44% (207, 163)
- A learning, intellectual, social or behavioural difficulty - 2.22% (40, 201)
- An emotional, psychological - 5.83% (105, 573) or mental health condition
- Long – term pain or discomfort – 10.10% (182, 897)
- Shortness of breath or difficulty breathing – 8.72% (157, 907)
- Frequent confusion or memory loss – 1.97% (35, 674)
- A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612)
- Other condition – 5.22% (94, 527)
- No Condition – 68.57% (1, 241, 709)

Health Survey NI (2017/18 – published 2019):

- 43% longstanding illness (32% limiting and 11% non-limiting illness)
- Females (44%) were more likely than males (40%) to have a long-term condition.
- Prevalence also increased with age with 22% of those aged 16-24 reporting a long-term condition compared with 70% of those aged 75 and over.
- Four-fifths of respondents (81%) had contact with the Health and Social Care System in Northern Ireland
- Of these, 84% were either very satisfied or satisfied with their experience
- A fifth (21%) reported high levels of anxiety, while 45% reported very low levels

Health Inequalities Annual Report 2019: <https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2019>

The Office for National Statistics (ONS) reported that in 2020 the number of disabled adults who were recent internet users in the UK reached almost 11 million, 81% of disabled adults; up from just over 10 million (78% of disabled adults) in 2019.

Census 2021 figures for NI report:

- 217,964 regard themselves to have a health problem, were day to day activities are limited alot.
- Deafness or partial hearing loss – 109,457
- Blindness or partial sight loss – 33,961
- Communication Difficulty –
- Mobility of Dexterity Difficulty – 28,138
- A learning, difficulty - 59,888
- An intellectual or learning disability- 16,923
- An emotional, psychological or mental health condition-165,127
- Long – term pain or discomfort – 220,328
- Shortness of breath or difficulty breathing – 195,754
- Frequent confusion or memory loss – 37,789
- Other condition – 167,752
- No Condition – 1,735,421

Ethnicity	<p>Full data on NIPEC’s workforce is not available, however, anecdotal evidence suggests staff are white and/or of European origin.</p> <p>NMC Equality and Diversity data for NI in 2021/22 reports 88.08% on the permanent register are white, 1.88% are unknown or prefer not to say, 1.58% are Black/African/Caribbean, 7.82% are Asian Bangladeshi/Chinese/Indian/Pakistani/Filipino or Arab, and 0.64% are mixed/multiple Ethnic/other Ethnic group.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>Census 2011 figures for NI report:</p> <ul style="list-style-type: none"> • White – 98.21% (1,778,449) • Chinese – 0.35% (6,338) • Irish Traveller – 0.07% (1,268) • Indian – 0.34% (6,157) • Pakistani – 0.06% (1,087) • Bangladeshi – 0.03% (543) • Other Asian – 0.28% (5,070) • Black Caribbean – 0.02% (362) • Black African – 0.13% (2,354) • Black Other – 0.05% (905) • Mixed – 0.33% (5,976) • Other – 0.13% (2,354) • (1.8% 32,596 of the usual resident population belonged to minority ethnic groups) <p>In addition, Census 2011 figures for NI report the following for language spoken by those aged 3 and over:</p> <ul style="list-style-type: none"> • English – 96.86% (1,681,210) • Polish – 1.02% (17,704) • Lithuanian – 0.36% (6,249) • Irish (Gaelic) – 0.24% (4,166) • Portuguese – 0.13% (2,256) • Slovak – 0.13% (2,256) • Chinese – 0.13% (2,256) • Tagalog/Filipino – 0.11% (1,909) • Latvian – 0.07% (1,215) • Russian – 0.07% (1,215) • Hungarian – 0.06% (1,041) • Other – 0.75% (13,018) <p>Census 2021 figures for NI report:</p> <ul style="list-style-type: none"> • White –1,837,575 • Chinese – 9,495 • Irish Traveller – 2,609 • Indian – 9,881 • Pakistani – 1,596 • Filipino-4,451 • Chinese-9,495 • Arab-1,817

	<ul style="list-style-type: none"> • Other Asian – 5,244 • Black African -8,069 • Black Other – 2,963 • Mixed – 14,382 • Other ethnicities– 3,568 <p>In addition, Census 2021 figures for NI report Number of all usual residents aged 3 and over; Number and percentage of all usual residents aged 3 and over: English, Polish, Lithuanian, Irish, Romanian, Portuguese, Arabic, Bulgarian, Chinese (not otherwise specified), Slovak, Hungarian, Spanish, Latvian, Russian, Tetun, Malayalam, Tagalog/Filipino, Cantonese, Other languages</p> <p>The following languages are spoken by those aged 3 and over:</p> <p>English: 1,751,510</p> <p>Polish: 20,134</p> <p>Lithuanian: 8,978</p> <p>Irish: 5,969</p> <p>Romanian: 5,627</p> <p>Portuguese: 4,982</p> <p>Arabic: 3,627</p> <p>Bulgarian: 3,572</p> <p>Chinese (not otherwise specified) [note 2]: 3,329</p> <p>Slovak: 2,333</p> <p>Hungarian: 2,172</p> <p>Spanish: 1,860</p> <p>Latvian: 1,700</p> <p>Russian: 1,605</p> <p>Tetun: 1,576</p> <p>Malayalam: 1,478</p> <p>Tagalog/ Filipino: 1,339</p> <p>Cantonese: 1,247</p> <p>Other languages:13,578</p> <p>The most recently published population-based data (NI Pooled Household Survey (NIPHS) tables, published 2017) suggests that in 2014/15 the ethnic breakdown in NI was: Ethnicity White – 98.2% (1,409,000); all other Ethnicities – 1.7% (26,000).</p>
Sexual orientation	<p>Full data not available for NIPEC’s workforce.</p> <p>NMC Equality and Diversity data for NI in 2020/21 reports that 91.4% on the permanent register identify as Heterosexual or straight, 1.2% are Gay or Lesbian, 1.1% are Bisexual, 6.2% are unknown or prefer not to say, and 0.1% other.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>An estimated 2.7% of the UK population, aged 16 years and over, identified as lesbian, gay or bisexual (LGB) in 2019, an increase from 2.2% in 2018.</p> <p>Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2019 (6.6% of all 16 to 24 year olds, an increase from 4.4% in 2018); older people (aged 65 years and over) also showed an increase in those identifying</p>

as LGB, from 0.7% to 1.0% of this age category.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

<i>Category</i>	<i>Needs and Experiences</i>
Gender	
Staff	NIPEC has a predominantly female workforce. Females are more likely to have caring responsibilities than their male counterparts – see dependent section below.
Registrants	92% of nurses and midwives on the permanent register in NI identify as female – see dependent section below.
General Public	None
Age	
Staff	Older people may be less likely to be computer literate and have access to a computer and the internet. This issue is of particular significance during the ongoing Pandemic with a move to conducting business online, where face to face communication options are less likely.
Registrants	
General Public	
	Younger people (registrants, service users and carers) may prefer social media (Facebook, Twitter, etc.) as a means of communication.
	There will be a need to provide age-appropriate information including the use of Plain English.
Religion	
Staff	None
Registrants	None
General Public	In planning engagement events and meetings, there is a need to consider a neutral venue/location or appropriate alternative option if a venue is used that is associated with one particular community.
Political Opinion	
Staff	None
Registrants	None
General Public	In planning engagement events and meetings, there is a need to consider a neutral venue/location or appropriate alternative option if a venue is used that is associated with one particular community.
Marital Status	
Staff	Issues for those with dependents may be compounded for those who are single parents.
Registrants	
General Public	

Dependent Status	
Staff	<p>There are potential issues for those with dependents and/or caring responsibilities who may require some flexibility in terms of timing and location of meetings or engagement events. These may be further compounded by the challenges of juggling work and childcare as a result of the ongoing Pandemic.</p> <p>Meetings should be planned in advance to address accessibility issues for those with dependents and where applicable, assistance with travelling expenses as per NIPEC's Service User, Carer and Stakeholder Reimbursement Guidelines and Procedures.</p>
Registrants	
General Public	
Disability	
Staff	<p>Consideration may need to be given to access to buildings/venues for meetings for those with physical disability. People with a learning disability or sensory impairment may require some form of additional support when attending meetings or engagement events.</p> <p>Those with a learning disability may need communication to be tailored to their needs, including Plain English.</p> <p>People with a disability may require accessible formats to be made available.</p> <p>People with a disability may be less likely to have access to a computer or the internet. This issue is of particular significance during the current pandemic with a move to conducting most business online, where face to face communication options are less likely.</p>
Registrants	
General Public	
Ethnicity	
Staff	None.
Registrants	Whilst the NMC require nursing and midwifery registrants to have a standard level of English, there may be other grades of nursing and midwifery staff, eg. health care assistant, who may not be required to have this same standard. In these cases, there is a need to ensure arrangements are in place to provide interpreting and translation on request.
General Public	Some potential issues relating to people whose first language is not English, and the need to ensure arrangements are in place to provide interpreting and translation on request; this will be particularly important for communications utilising more complex, medical/clinical terminology and language.
Sexual Orientation	
Staff	There is no data to suggest that the needs and experiences of service users differ on the basis of Sexual Orientation.
Registrants	
General Public	

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

None

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>In screening the Business Plan, NIPEC have identified pieces of work within the Plan that will be equality screened during 2022-23 – see Appendix 1. Progress on completion of equality screenings will be monitored through NIPEC’s Business Team.</p> <p>People with a disability, those whose first language is not English NIPEC’s Accessible Formats Policy outlines how those developing information should consider alternative formats, and how information and publications can be requested in alternative formats, receipt of which is recorded and requests are monitored.</p> <p>Children and Young People and Older People, People with Disabilities NIPEC will provide alternative formats on request to meet the needs of older people who don’t have computer skills or access to a computer/internet and will also consider the need to provide age-appropriate information to meet the needs of children and young people.</p> <p>Those whose first language is not English As part of HSCNI, NIPEC can access the regional contract for interpreting, translation and transcription services.</p> <p>People with a disability During the ongoing Pandemic, there has been a move to conducting most business online using Zoom and other online platforms. This need to move to virtual meetings during Covid 19 highlighted the need for organisers to consider any additional impact on Section 75 groups.</p>	<p>People with a disability, those whose first language is not English NIPEC will continue to monitor requests for alternative format and/or language to inform future production of electronic and written communication.</p> <p>People with a disability, those whose first language is not English, Children and Young People and Older People, People with dependents, political opinion/religion A checklist has been developed to assist those organising engagement events and meetings and developing information – this will cover the need to take account of specific needs of the nine groups.</p>

<p>However, in normal times, NIPEC’s procedure for booking external venues requires those responsible for organising events and meetings ensure that venues are fully accessible.</p> <p>People with dependents, political opinion/religion</p> <p>During the ongoing Pandemic, there has been a move to conducting most business online using Zoom and other online platforms. This need to move to virtual meetings during Covid 19 highlighted the need for organisers to consider any additional impact on Section 75 groups.</p> <p>However, in normal times, when planning engagement events and meetings, NIPEC will consider their timing and location and the need for a neutral venue/location. Where applicable, assistance with travel expenses will also be considered.</p> <p>NIPEC is a regional body and organises engagement events and meetings on a geographical spread where possible – it will arrange for tele and video conferencing to facilitate those unable to travel.</p>	
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2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	Impact	Suggestions
Religion	None	None
Political Opinion	None	None
Ethnicity	None	None

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	✓
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	
No	✓

Please give reasons for your decisions:

NIPEC's Business Plan for 2022-23 sets out its key priorities and provides details of the key actions under each of these areas. The Plan covers a wide range of work streams with a focus on work developed in partnership with its key stakeholders that translates regional direction and policy into practice, and provide resources which strengthen the capacity and capability of the nursing and midwifery professions in Northern Ireland.

In developing its Business Plan and taking forward the key actions, NIPEC recognises the need to consider any impact on Section 75 groups, and that the needs, experiences and priorities of these groups may vary. NIPEC's work streams and key actions are detailed in Appendix 1, and where required will be individually equality screened as they are taken forward.

Mitigation has been put in place to address any equality issues identified in the screening of this policy. It is not thought that subjecting this policy to EQIA will present further opportunities to promote equality of opportunity.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
Where appropriate to the workstream and its focus, NIPEC will liaise with BSO's Equality Unit in obtaining contact information to facilitate engagement with disability groups and their members.	N/A

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision</i>	<i>What else could you do to promote</i>
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<i>currently promote positive attitudes towards disabled people?</i>	<i>positive attitudes towards disabled people?</i>
<p>NIPEC has endorsed and issued to all staff guidance on the positive portrayal of people with a disability – this includes a checklist to assist those developing information.</p> <p>Communication materials developed in NIPEC during 2022-23 will continue to take this guidance and checklist into account.</p>	N/A

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone’s Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above, please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No
N/A	N/A	N/A	N/A

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

N/A

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
N/A	N/A	N/A

Approved lead officer: Linda Kelly / Jill Jackson

Position: Chief Executive / Head of Corporate Services

Date: September 2022

Policy/decision screened by: Janet Hall, Associate Corporate Services Manager

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward completed template to: equality.unit@hscni.net

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English), please contact:

Business Support Manager
NIPEC
79 Chichester Street
Belfast BT1 4JE

Email: enquiries@nipec.hscni.net

Tel: 0300 300 0066

Equality Screening Programme 2022-23

Business Plan Reference	Action
1A	<p>Nursing and Midwifery Excellence / Assurance Framework</p> <p>Support the DoH to develop a Nursing and Midwifery Professional Excellence / Assurance Framework.</p>
1A; 1B	<p>Implementation of the DoH standards for the Nursing Assistant role</p> <p>Work with the DoH to identify systems which need to be in place to support the effective implementation of the DoH standards for the Nursing Assistant role.</p>
1A; 1B; 1C	<p>Enhanced Clinical Care Framework for Care Home residents</p> <p>Support the development of clinical standards aligned to the regional Quality Improvement approach.</p>
1A; 1B; 1C; 1D	<p>Digital Transformation</p> <p>Support the digital transformation agenda aligned to Encompass and Digital Health and Care NI strategic direction.</p>
1C	<p>Leadership Development</p> <p>Support the DoH to develop a NI Nursing and Midwifery Leadership Framework.</p>
Business Plan Reference	Action
2A	<p>NIPEC Quality Assurance</p> <p>Continue to quality assure a range of non-NMC approved education programmes using the NIPEC Quality Assurance Framework (2016).</p>
2A; 2B	<p>NIPEC Quality Assurance Framework</p>

	Review and update the NIPEC Quality Assurance Framework for DoH NI Commissioned Development and Education Programmes (2016).
2B; 2C	<p>Education Support in Practice</p> <p>Review the support required for practice experience for students on pre-registration and post-registration nursing and midwifery programmes aligned to Future Nurse Future Midwife and update Post-registration Education Standards.</p>
2C; 2D	<p>Post Registration Education</p> <p>Work with the DoH to take forward the recommendations of the NI review of Post Registration Education Commissioning in NI.</p>
2C; 2D	<p>NMC Post Registration Education</p> <ul style="list-style-type: none"> • Progress the implementation of the NMC updated education standards for Specialist Post Registration Qualifications (SPQ) and Specialist Community Public Health Nurses (SCPHN) aligned to the NMC Post-registration Standards Review. • Revise the Career Framework for Specialist Nursing roles and update to align with NMC Post-registration Standards for Specialist Practice.
3A	<p>Professionalism</p> <p>Promote the Enabling Professionalism Framework across NI through a programme of work to raise public understanding of the roles of nurses and midwives.</p>
Business Plan Reference	Action
3B	<p>Learning Disabilities Nursing</p> <ul style="list-style-type: none"> • Support the outworking from the DoH Learning Disability nursing through development of career pathways. • Support the NI Collaborative to take forward objectives agreed with the DoH stemming from the Review of Learning Disabilities Nursing.
3B; 3C	<p>Advanced Nursing Practice</p> <p>Review, inform and support the strategic direction of Advanced Nursing Practice in NI.</p>

3C; 3D	<p>Career Pathways</p> <ul style="list-style-type: none"> • Provide oversight to the implementation and embedding of the specific Career Pathway Process in line with the Guidance Framework for Career Pathway development. • Progress the development of Career Pathways to meet DoH strategic priorities for nursing and midwifery and aligned to the Delivery Care work programme.
4A; 4C	<p>Nursing and Midwifery Strategy</p> <p>Support the DoH to develop a Nursing and Midwifery Strategy for NI in collaboration with key stakeholders.</p>
4C	<p>Communities of Practice</p> <p>Support the DoH to establish an infrastructure to set up and develop Communities of Practice across the HSC system.</p>
Business Plan Reference	Action
4D	<p>Communication and Engagement</p> <p>Actively engage with stakeholders on the Nursing and Midwifery professional agenda.</p>
5E	<p>Corporate Plan</p> <p>Produce a Corporate Plan for the period 2023-24 to 2027-28 and a Business Plan for 2023-24, taking account of any targets / outcomes set by the DoH.</p> <p>NB: <i>Development of new Corporate Plans will take place following the formation of a new NI Executive and agreement on a new Programme for Government.</i></p>
5G	<p>Equality and Disability</p> <p>Develop a new 5-year Equality and Disability Action Plans for 2022-27</p>
Business Plan Reference	Action

5L

NIPEC Quality Improvement Strategy 2019-23

- NIPEC's Staff's knowledge and skills continue to be developed in QI methodologies and the Science of Improvement and these are reflected in NIPEC's work where relevant.