

Equality and Human Rights Screening Template



Annual Business Plan

July 2019

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?

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Annual Business Plan 2019-20

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 2019-20 details how it will make best use of its resources to achieve its strategic objectives, as set out in NIPEC's Corporate Plan 2017-21.

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
- 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
- Ensuring that NIPEC's functions are underpinned by robust governance and outcomes based accountability framework.

The Business Plan focuses on major new and on-going work-streams for 2019-20, incorporating Department of Health (DoH) requirements and stakeholder's needs. It is not however intended to cover every aspect of NIPEC's work.

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
- NMC
- Department of Health
- HSC Trusts
- Higher Education Institutions, ie. QUB, Ulster University, Open

University

- Independent / Voluntary Sector
- Professional bodies / staff side organisations
- Other HSC organisations, ie. PHA, CEC, RQIA

General public

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

- **what are they?**
- **who owns them?**

NIPEC (2017) *Corporate Plan 2017-21*

NIPEC (2019) *Engagement and Communication Strategy*

Northern Ireland Executive (2016) *Draft Programme for Government Framework 2016-2021*

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

Expert Panel Report, Department of Health. (2016). *Systems, Not Structures. Changing Health and Social Care*

Co-Production Guide for Northern Ireland (2018) *Connecting and Realising Value Through People*

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*

Donaldson, L., Rutter, P. & Henderson, N. (2014) *The Right Time, The Right Place*

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

Health and Social Care Board. (2016). *eHealth and Care Strategy for Northern Ireland*

Department of Health (2016) *A Strategy for Children's Palliative and End of Life Care 2016-26*

Department of Health (2016) *A Strategy for Paediatric Healthcare Services provided in Hospitals and in the Community 2016-26*

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

NMC (2015b) *The Code: Professional standards of practice and behaviour for nurse, midwives and nursing associates*

(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 2019

NIPEC Council data as at March 2015

NMC Annual Equality, Diversity and Inclusion Report 2017-18 (proxy data)

NMC Equality and Diversity proxy data 2017

NI HSC Workforce Census as at March 2016

Census 2011

NI Health Survey (NISRA) 2017

NI Life and Times Survey (NILT) 2016

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.

NB. NMC Equality and Diversity data relates to the 690,278 nurses and midwives who were on the NMC register on 31 March 2018.

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 2019, figures indicate 89% of NIPEC workforce is female and 11% is male whilst a survey of NIPEC Council members in March 2015, show 76.9% are female and 23.1% are male</p> <p>NMC Equality and Diversity data for the UK in 2018 reports 10.7% of registrants in the UK are male, whilst 89.3% are female.</p> <p>NI HSC Workforce Census as at March 2016 reports that</p>

	<p>females represented 92% of nursing and midwifery staff, with 55% working full time. Males represented 8% of the nursing and midwifery workforce, with 90% working full time.</p> <p>Most recent mid-year population estimates for NI was 1,851,600; male 49%; female 51% (NISRA, 2017)</p>
Age	<p>As at June 2019, figures indicate NIPEC's workforce falls within the following age groups:</p> <p>35-39 – 15.79% 40-44 – 0% 45-49 – 0% 50-54 – 21.05% 55-59 – 36.84% 60-64 – 10.53% >65 – 15.79%</p> <p>As at March 2015, figures indicate NIPEC's Council falls within the following age groups:</p> <p>16-24 – 0 25-34 – 7.7% 35-49 – 38.5% 50-64 – 38.5% 65-74 – 15.3%</p> <p>NMC Equality and Diversity data for the UK in 2018 reports 8.7% are over 60, 29% are in their 50s, 27.1% are in their 40s, 21.5% are in their 30s and 13.6% are between 19 and 29.</p> <p>NI HSC Workforce Census as at March 2016 reports that 39% of nursing and midwifery staff were aged under 40, while 40% of midwives were over 50 years of age.</p> <p>Most recent mid-year population estimates for NI show (NISRA 2017):</p> <p>0-19 (inclusive) = 483,978 (26% of NI population) 20-34 = 366,619 (19.7%) 35-49 = 370,263 (19.9%) 50-64 = 343,522 (18.4%) 65-74 = 166,059 (8.8%) 75-89 = 118,965 (6.4%) 90+ = 12,731 (0.7%)</p>
Religion	<p>As at June 2019, figures for NIPEC workforce indicate 47.37% are Protestant, 26.32% are Catholic and 26.32% are unknown.</p> <p>A survey of NIPEC Council members in March 2015 found 76.9% are Christian, 7.7% had no religious beliefs and 15.4%</p>

	<p>stated 'other' in their response.</p> <p>NMC's Equality, Diversity and Inclusion Report 2018 notes that 30.1% of midwives say they have no religion or belief compared with 22.1% of nurses. It also states that 54.8% of midwives identify as Christian compared with 59.8% of nurses.</p> <p>More specifically, the NMC Equality and Diversity data for the UK in 2017 reported 54.3% of registrants are Christian, 21.3% are unknown or prefer not to answer, 19.6% state no religion, 1.8% are Muslim, 1.7% are Hindu/Buddhist/Jewish/Sikh and 2% other.</p> <p>NI HSC Workforce Census for this 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 • 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>Political Opinion</p>	<p>Data available for NIPEC workforce and NIPEC Council has been taken into consideration but has been withheld from publication as numbers are relatively small and individuals could be identified.</p> <p>There is no NMC Equality and Diversity data for this group.</p> <p>NI HSC Workforce Census for this 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 2019, figures indicate 68.42% of NIPEC's workforce</p>

	<p>is married or in a civil partnership, whilst 31.58% are unknown.</p> <p>A survey of NIPEC Council members in March 2015 found 84.6% are married or in a civil partnership, whilst 15.4% stated 'other' in their response.</p> <p>There is no NMC Equality and Diversity data for this group.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>NI Population (NILT) 2016:</p> <ul style="list-style-type: none"> • Single (never married) – 33% • Married and living with husband/wife or civil partner in a legally-registered civil partnership – 50% • Married and separated from husband/wife/civil partner – 3% • Divorced/Dissolution – 6% • Widowed – 8%
<p>Dependent Status</p>	<p>Full data not available, however, the majority of staff are female plus anecdotal evidence indicates about half of NIPEC's workforce have some form of caring responsibilities for family member(s), eg. elderly parents, and/or children in full time education.</p> <p>A survey of NIPEC Council members in March 2015 found 75% had caring responsibilities for either a child, a dependent older person or a person(s) with a disability.</p> <p>There is no NMC Equality and Diversity data for this group.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>Census 2011 figures for NI report:</p> <ul style="list-style-type: none"> • 11.81% of the resident population provide unpaid care to family members, friends, neighbours • 3.11% provided 50 hours of care or more • 33.86% of households contain dependent children • 40.29% contained at least one person with a long-term health problem or a disability. <p>NI Health Survey reports 13% have caring responsibilities (2016/17).</p>
<p>Disability</p>	<p>As at June 2019, figures indicate 68.42% of NIPEC's workforce state they do not have a disability, 5.26% stated they have a disability, and 26.32% are unknown.</p> <p>A survey of NIPEC Council members found 76.8% did not consider they had a disability, whilst 23.1% stated they did, citing either a mental health condition or a long standing illness such as cancer, HIV, diabetes, chronic heart disease or</p>

epilepsy.

NMC Equality and Diversity data for the UK in 2018 reports 86.7% of registrants do not have a disability, 9.3% are unknown or prefer not to answer, and 3.9% state they do.

NI HSC Workforce Census for this is unavailable.

Census 2011 figures for NI report:

- 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)

DHSSPS Information Analysis Directorate Hospital Statistics:
Mental Health and Learning Disability (2013/14)

Mental Health

During 2013/14, there were 5,124 admissions under the mental health Programme of Care. There were 11,338 consultant-led outpatient attendances in the Belfast HSC Trust for the mental health specialties. Of these 744 (6.6%) were new attendances and 10,594 (93.4%) were review attendances. (Consultant-led outpatient services for the mental health specialties were reported by the Belfast HSC Trust only)

Learning Disability

During 2013/14, there were 365 admissions under the learning disability Programme of Care. In 2013/14, there were 6,696 consultant-led outpatient attendances within the learning disability Programme Of Care in Northern Ireland. Of these, 464 (6.9%) were new attendances and 6,232 (93.1%) were review

	<p>attendances.</p> <p>NI Health Survey 2017 reports 42% have a long-standing illness (30% limiting; 12% non-limiting).</p>
Ethnicity	<p>Full data not available, however, anecdotal evidence suggests staff are white and/or European origin.</p> <p>A survey of NIPEC Council members found 7.7% were from an ethnic background, whilst 92.3% are white.</p> <p>NMC Equality and Diversity data for the UK in 2018 reports 74.1% of registrants are white, 7.7% are unknown or prefer not to say, 7.7% Black/African/Caribbean, 7.7% Asian Bangladeshi/Chinese/ Indian/Pakistani, and 2.8% are mixed/multiple Ethnic/other Ethnic group.</p> <p>NMC's Equality, Diversity and Inclusion Report 2018 notes that 18% of registrants are from ethnic minority groups.</p> <p>NI HSC Workforce Census for this 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% (2354) • Black Other – 0.05% (905) • Mixed – 0.33% (5976) • Other – 0.13% (2354) <p>(1.8% 32,596 of the usual resident population belonged to minority ethnic groups)</p> <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)

Top 10 interpreting languages for NI Health and Social Care Interpreting Service 1 January - 31 December 2014 :

- Polish - 31,912
- Lithuanian – 16,592
- Portuguese – 8,442
- Chinese - Mandarin - 5,823
- Slovak – 4,977
- Tetum – 4,336
- Romanian – 4,228
- Hungarian - 3,360
- Chinese – Cantonese – 3,056
- Russian – 2,999

NISRA births registered in Northern Ireland by mother’s country of birth 2013 (provisional data):

Mother’s Country of Birth	Number of Births	Percentage %
Northern Ireland	19,937	82.1
Rest of UK	1,271	5.2
Republic of Ireland	626	2.6
A8 Countries (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia)	1,257	5.2
All other countries	1,188	4.9
Total	24279	100

Sexual orientation

Full data not available for NIPEC’s workforce, but NI population estimate is 1 in 10.

A survey of NIPEC Council members found 100% are heterosexual.

NMC’s Equality, Diversity and Inclusion Report 2018 notes that 0.6% of midwives identify as gay or lesbian as compared with 1.7% of nurses.

More specifically, NMC Equality and Diversity data for the UK in 2017 reports 77.1% of registrants are heterosexual, 14.9% are unknown or prefer not to answer and 2% are LGB&T.

NI HSC Workforce Census for this is unavailable.

There is variation in estimates of the size of the LGB&T

	population in Northern Ireland. Estimates are as high as 5-7% (65-90,000) of the adult population in Northern Ireland (based on the UK government estimate of between 5-7% LGB&T people in the population for the purposes of costing the Civil Partnerships Act). A similar proportion or more recently the Office of National Statistics estimate 1.5-2% which would be closer to 20-30,000 adults. This latter document is disputed by various LGB&T organisations.
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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 and the majority of its Council members are female. Females are more likely to have caring responsibilities than their male counterparts – see dependent section below.
Registrants	90% of NMC registrants in the UK are 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.
Registrants	Younger people (registrants, service users and carers) may have a preference for social media (Facebook, Twitter, etc.) as a means of communication.
General Public	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 (see below) in terms of timing and location of meetings may be exacerbated for single parents.
Registrants	
General Public	
Dependent Status	
Staff	Those who NIPEC wish to engage with that have dependents may require some flexibility in terms of timing and location of meetings, and where applicable, assistance with travelling expenses as per NIPEC's policy, 'Payment of Travelling and other Allowances to NIPEC Council Members'.
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.</p>
Registrants	
General Public	
Ethnicity	
Staff	None.
Registrants	Whilst the NMC require 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>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</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>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 translation and interpreting.</p> <p>People with a disability 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 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 required – it will also 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 2019-20 sets out its key priorities and provides details of the key actions under each of these areas. The Plan covers a wide range of workstreams which will enable NIPEC to contribute to the ambitious programme of reform to improve health and social care services for people in Northern Ireland. NIPEC retains its focus on work developed in partnership with its key stakeholders to translate 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.

Workstreams and key actions will be equality screened as they are taken forward as detailed in Appendix 1

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 currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
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. Communication materials developed in NIPEC will take this guidance and checklist into account.	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	No

time	
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
NIPEC will continue to monitor requests for alternative formats to inform the development of information in various formats at the time of publication.		

Approved lead officer: Edmund Thom

Position: Head of Corporate Services

Date: May 2019

Policy/decision screened by: Janet Hall, 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:

Corporate Services Manager
NIPEC
79 Chichester Street
Belfast BT1 4JE

Email: enquiries@nipec.hscni.net
Tel: 0300 300 0066

Equality Screening Programme 2019-20

Business Plan Reference	Action	Lead SPO	Work-stream timescales	
			Start date	Completion date
1A; 1B; 1C	<p>Recording Care - Transforming Nursing and Midwifery Data (<i>via Transformation funding</i>)</p> <p>Continue to develop the Recording Care Project in relation to:</p> <ul style="list-style-type: none"> • Further implementation of the agreed regional approach to person centred care planning • Implementation of the new adult hospital based care data set into all practice environments across HSC Trusts • Exploration of the use of a standardised nursing language to support person centred care planning approaches • Support of a regional evaluation of the person centred care planning approach in collaboration with the University of Ulster and Queen's University Belfast • Exploring opportunities for further resources/investment to support expansion of informatics capacity • Ensuring the work directly supports and informs the development of the Encompass programme of work • Testing the regionally agreed principles for nursing and midwifery hand over in various practice settings • Scoping opportunities to develop the agreed person centred care 	A Reed	2018/19	Ongoing

	planning approaches in District Nursing care settings.			
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Business Plan Reference	Action	Lead SPO	Work-stream timescales	
			Start date	Completion date
1A; 1B; 1C	<p>Nursing and Midwifery Supervision</p> <p>Lead in the coproduction of a model for Nursing and Midwifery Supervision within a single policy framework for Northern Ireland, including small scale testing and refinement of a final version.</p>	A Reed / U Gaffney		Ongoing
1A	<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>	C McCusker	TBA by Chief Nursing Officer	TBA by Chief Nursing Officer
2A	<p>Quality Assure non-NMC approved education programmes</p>	F Cannon / E Boyle		
2B; 2C	<p>Future Nurse Future Midwife (FNFM) (via Transformation Funding)</p> <p>Continue to lead a process to embed the outworking of the new NMC Future Nurse pre-registration Nursing and Midwifery standards including:</p>	F Cannon	2018/19	

	<ul style="list-style-type: none"> • Curriculum Development • Development of a Practice Assessment Document • Arrangements for Supervision and Assessment • Engagement and Communication 			
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Business Plan Reference	Action	Lead SPO	Work-stream timescales	
			Start date	Completion date
2B; 2D	<p>Continuous Professional Development (CPD) Framework: Lead the development of a CPD Framework for Nurse and Midwives which:</p> <ul style="list-style-type: none"> – Scopes education programmes delivered “in-house” in HSC Trusts – Includes an ‘Education Passport’ system for nurses and midwives – Builds on, and is aligned to the current pre-registration NMC “Future Nurse/Midwife” standards – Includes a regionally agreed approach to staff induction for Nursing and Midwifery across the HSC Trusts – Aligns with arrangements for Preceptorship and Supervision for 	C McCusker	TBA	TBA

	<p>Nurses and Midwives across the system</p> <ul style="list-style-type: none"> – Supports life-long learning and development – Reviews the need and if appropriate makes recommendation regarding development of an electronic system to support CPD aligned to the Online Portfolio and Careers Pathway. 			
2C	<p>Post Registration Masters Programme in Nursing (via Transformation Funding):</p> <p>Facilitate a project to test the development, implementation and evaluation of a Post Registration Masters Programme in Nursing to support the transformation agenda outlined in Delivering Together 2016.</p>	B Gribben	October 2018	

Business Plan Reference	Action	Lead SPO	Work-stream timescales	
			Start date	Completion date
3A	<p>Professionalism</p> <ul style="list-style-type: none"> • Support UK CNOs to expand the work of Enabling Professionalism • Support the implementation of resources to promote 	A Reed		March 2020

	<p>professionalism within Northern Ireland including 'Raising Concerns'</p> <ul style="list-style-type: none"> • Provide advice to support an independent national evaluation programme. 			
3B	<p>NI Collaborative – Strengthening the Commitment</p> <p>Continue to support the NI Collaborative to progress the Actions within the NI Action Plan (DoH).</p>	E Boyle	TBA by Chief Nursing Officer	
3B	<p>Attributes framework</p> <p>Support the delivery of a 5 year Quality Improvement Plan for the HSC and the development of a career pathway linked to the four levels of the Attributes Framework.</p>	C McCusker	TBA by Chief Nursing Officer	
3C	<p>Link Nurse role</p> <p>Take forward the recommendations of the '<i>Review of the Link Nurse role</i>'</p>	C Lecky	From June 2019	

Business Plan Reference	Action	Lead SPO	Work-stream timescales	
			Start date	Completion date
3C	<p>Career Pathways</p> <p>District Nursing In support of the District Nursing Framework 2018-26, develop a career pathway for all nursing and nursing assistant roles working within district nursing services.</p> <p>Mental Health Nursing In the context of the review of pre-registration education standards for mental health nurses progress the development of a Career Pathway.</p> <p>Stroke Nursing Develop a career pathway for nurses working within Stroke services in Northern Ireland.</p> <p>Neurology Develop a career pathway for nurses working within Stroke services in Northern Ireland.</p>	C McCusker	Commenced in February 2019	
4A	<p>Communication and Engagement</p> <p>Maximise opportunities to co-design and co-produce resources and support implementation with stakeholders through:</p> <ul style="list-style-type: none"> Continued engagement with frontline staff via stakeholder events 	All		Ongoing

	<ul style="list-style-type: none"> • Hosting and engaging with twitter chats on relevant topics in collaboration with key partners • Maximising engagement on social media. 			
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Business Plan Reference	Action	Lead SPO	Work-stream timescales	
			Start date	Completion date
4A; 4C	<p>Delegation</p> <ul style="list-style-type: none"> • Subject to funding, produce a web application to enable accessibility and utility of the Delegation framework for nursing and midwifery tasks and duties. • Support the production of a multi-professional governance framework for delegation across integrated care teams. • Examine the role and practice of the Nursing Assistant and Health Care support worker (based on the new Delegation Framework) e.g. Theatre Support Worker. 	A Reed / U Gaffney		Ongoing
4A	<p>Safeguarding (Adults)</p> <p>In partnership with the PHA and with key stakeholders develop an action plan which details the infrastructure required to support nurses and midwives to effectively safeguard vulnerable adults.</p> <p>Work will focus on:</p>	F Bradley	TBA – in partnership with PHA	TBA – in partnership with PHA

	<ul style="list-style-type: none">• Safeguarding nurse capacity (PHA)• Roles at specialist, advanced and consultant levels of practice for adult safeguarding nurses across the HSC (NIPEC/PHA)• Development of a career pathway which articulates roles and responsibilities and includes Core Job Descriptions (NIPEC).			
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