

A COLLECTIVE LEADERSHIP FRAMEWORK FOR NURSING AND MIDWIFERY IN NORTHERN IRELAND

June 2024

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

A COLLECTIVE LEADERSHIP FRAMEWORK FOR NURSING AND MIDWIFERY IN NORTHERN IRELAND

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)**

In 2023, the Chief Nursing Officer, Department of Health, (DoH) commissioned the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to:

- Develop a leadership framework to strengthen the professional leadership of nursing and midwifery at every level, support investment in leadership training and development and enhance the culture of collective leadership within the health and social care system in NI.

Project Objectives

- I. Undertake a review of the literature to inform the project;
- II. Scope the current leadership frameworks, opportunities and education and training programmes available and/or being utilised by nurses and midwives in Northern Ireland;
- III. Engage with key stakeholders to develop and agree a leadership framework, supporting resources, leadership training, development and alumni for nurses and midwives at all levels in NI;
- IV. Liaise with IT to build a digital format;
- V. Host the agreed Leadership Framework for Nursing and Midwifery on NIPEC's website;
- VI. Quantify any additional resource required to support on-going evaluation and monitoring of the leadership framework;
- VII. Submit a project report to the DoH Chief Nursing Officer with recommendations to support the implementation and evaluation of the leadership framework.

A Task and Finish Group will be convened, chaired by a Senior Consultant from the HSC Leadership Centre. The Task and Finish Group will provide the overall direction, management and governance of the project. Representation will be sought from relevant stakeholders including nurses and midwives in HSC Trusts, DoH, PHA, Education Providers, Primary Care, Independent Sector, Patient Client Council (PCC), RCN, RCM and Directors of Human Resources.

Communication and consultation processes will be ongoing throughout the project using various mechanisms including the NIPEC website along with utilisation of key stakeholders' communication mechanisms. Communication and consultation processes will ensure that any communication is accessible to everyone including those who have a disability and may use screen readers, require a sign language interpreter or those who have a learning disability as well as those whose first language is not English.

This will reflect the progress of the project and encourage individuals to contribute to and participate in the project at various stages.

Evaluation of project management processes will be completed by NIPEC at the end of the Project.

On completion of the project, a Final Report will be presented to the CNO and available on NIPEC's website.

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

All nurses and midwives employed across the HSC in NI at all levels

All student nurses and midwives in NI

Staff who manage/supervise nurses and midwives in NI

Other NIPEC key stakeholders including:

- DoH
- HSC Trusts
- Primary Care / GP Federations
- Higher Education Institutions, i.e. Queens University Belfast, Ulster University, Open University
- Nursing and Midwifery Council (NMC)
- Professional bodies / staff side organisations
- Other regional HSC organisations (e.g. CEC, PHA)
- Northern Ireland Medical and Dental Training Agency (NIMDTA)
- People who use or care for someone receiving nursing and/or midwifery services.

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

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

DoH (2016) *Health and Wellbeing 2026: Delivering Together*. Belfast: DoH

DoH (2017) HSC Collective Leadership Strategy www.health-ni.gov.uk/publications/hsc-collective-leadership-strategy

DoH (2018) *Health And Social Care Workforce Strategy 2026. Delivering For Our People* available at hsc-workforce-strategy-2016.pdf (health-ni.gov.uk) accessed on 5 January 2022 www.health-ni.gov.uk/publications/health-and-social-care-workforce-strategy-2026

HEIW (2021) *Compassionate Leadership Principles for Health and Social Care*
<https://leadershipportal.heiw.wales>

NMC (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC.

NMC (2023) www.nmc.org.uk/globalassets/sitedocuments/data-reports/may-2023/0110c-annual-data-report-ni-web.pdf

NMTG (2020) *Nursing and Midwifery Task Group: Report and Recommendations*. Belfast: DoH

NHS Leadership Academy (2011)
[www.leadershipacademy.nhs.uk/wpcontent/uploads/2012/11/NHS Leadership-Framework-LeadershipFramework.pdf](http://www.leadershipacademy.nhs.uk/wpcontent/uploads/2012/11/NHS_Leadership-Framework-LeadershipFramework.pdf)

NHS Leadership Academy (2013) www.leadershipacademy.nhs.uk/healthcare-leadership-model/

NHS Leadership Academy (2021) www.leadershipacademy.nhs.uk/organisational-resources/our-leadership-way/

NHS Scotland (2010) www.gov.scot/publications/delivering-quality-through-leadership-nhsscotland-leadership-development-strategy/

West, M. (2014) *Collective leadership for cultural change* www.kingsfund.org.uk/insight-and-analysis/videos/michael-west-collective-leadership-culture-change

(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.

NMC Equality and Diversity NI data 2023

NI HSC Workforce Census as at March 2021

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 over 27,600 nurses and midwives who were on the NMC permanent register with an address in NI as at 31st March 2023, mainly within HSC Trusts but also in General Practice and other Independent Health Care Provider settings. Whether employed in a formal or informal leadership role, each staff member, individually and collectively, plays a significant part in the provision of safe, high quality and person-centred healthcare.

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>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 2021 reports females represented 92% of nursing and midwifery staff, with 59% working full time. Males represented 8% of the nursing and midwifery workforce, with 90% working full time. NI HSC Workforce Census also reports that 78% of HSC employees are female with 57% 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• 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>NMC Equality and Diversity data for NI in 2020/21 reports 8.75% on the permanent register are aged 61 and over; 25.92% are aged 51-60; 23.01% are aged 41-50; 24.33% are aged 31-40; and 17.96% are aged between 21 and 30. (NB: there was a 5% rise in the combined number of people aged 21-40 and the combined number of people aged 56 and above also increased by 6.2%)</p> <p>NI HSC Workforce Census as at March 2021 reports:</p> <ul style="list-style-type: none"> • 45% of Nursing and Midwifery staff were aged under 40; 24% were aged 40-49; and 31% were aged over 50. • 41% of Midwives were aged under 40; 26% were aged 40-49; and 34% were aged over 50. • 39% of Nurse Support staff were aged under 40; 23% were aged 40-49; and 38% were aged over 50. <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.</p> <p>https://www.nisra.gov.uk/publications/2016-based-population-projections-northern-ireland-statistical-bulletin-charts</p> <p>Royal College of Midwives report highlighted that in 10 years between 2007 and 2017, the number of babies born in Northern Ireland to women aged 30 or older has risen by 8.5%. In 2017, however, a clear majority (57.5%) were to older women and the remainder (42.5%) were to younger women Northern-Ireland-State-of-Maternity-Services-Report-2018.pdf (emap.com)</p>
Religion	<p>NMC Equality and Diversity data for NI in 2020/21 reports 78.8% on the permanent register are Christian; 7.36% are either unknown or prefer not to answer; 11.09% state no religion; 0.17% are Muslim; 0.45% are Hindu/Buddhist/Jewish/Sikh; and 2.15% 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 • 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)

	<ul style="list-style-type: none"> • 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)
Political Opinion	<p>There is no NMC Equality and Diversity NI or UK data for this group. 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%
Marital Status	<p>There is no NMC Equality and Diversity NI or UK data for this group. 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: 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>
Dependent Status	<p>There is no NMC Equality and Diversity NI or UK data for this group. 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.

	<ul style="list-style-type: none"> • 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.
Disability	<p>NMC Equality and Diversity data for NI in 2020/21 reports 93.57% on the permanent register state they do not have a disability, 2.8% state they do, and 3.59% 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> <ul style="list-style-type: none"> • 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) <p>Health Survey NI (2017/18 – published 2019):</p> <ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • A fifth (21%) reported high levels of anxiety, while 45% reported very low levels <p>Health Inequalities Annual Report 2019: https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2019</p> <p>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.</p> <p>Birthrights Study (2018) reported a lack of knowledge about disability and how this can influence pregnancy, childbirth and parenting -</p> <p>https://www.birthrights.org.uk/2018/03/20/new-research-disabled-women-need-to-be-heard-and-respected-as-experts-about-their-bodies/</p> <p>https://www.rcn.org.uk/clinical-topics/womens-health/pregnancy-and-disability</p>
Ethnicity	<p>NMC Equality and Diversity data for NI in 2020/21 reports 88.85% on the permanent register are white, 2.2% are unknown or prefer not to say, 1.04% are Black/African/Caribbean, 6.85% are Asian Bangladeshi/Chinese/Indian/Pakistani/Filipino or Arab, and 1.06% are mixed/multiple Ethnic/other Ethnic group.</p> <p>NMC note that just under 20% of UK registrants are from ethnic minority groups.</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% (2354) • Black Other – 0.05% (905) • Mixed – 0.33% (5976) • Other – 0.13% (2354) • (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)

	<ul style="list-style-type: none"> • 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>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> <p>NISRA data compiled for the most recent Registrar Generals Report (2021) show 10.3% of births were to mothers who were born outside of the United Kingdom and the Republic of Ireland. This compares with 2.5% 20 years ago.</p>
Sexual orientation	<p>NMC Equality and Diversity data for NI in 2020/21 reports that 1.09% on the permanent register identify as Gay or Lesbian, 91.41% are Heterosexual or straight, 0.81% are Bisexual, and 6.69% are unknown or prefer not to say.</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 as LGB, from 0.7% to 1.0% of this age category.</p>

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.

Category	Needs and Experiences
Gender	<p>92% of nurses and midwives on the permanent register in NI identify as female. Females are more likely to have caring responsibilities than their male counterparts and may be more likely to work part-time – see dependent section below.</p> <p>Consideration may need to be given to specific needs of trans people giving birth, understanding of these and how these can be best met.</p>
Age	<p>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 current pandemic with a move to conducting most business online, where face to face communication options are less likely.</p> <p>Younger people (registrants, service users and carers) may be more likely to be comfortable with online training / communication and have a</p>

	<p>preference for social media (Facebook, Twitter, etc.) as a means of communication.</p> <p>There will be a need to provide age-appropriate information including the use of Plain English.</p> <p>Potential differing needs of younger/older mothers requiring consideration of age appropriate provision of care.</p>
Religion	<p>In planning 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.</p> <p>Consideration may need to be given of particular rituals in some cultures relating to child birth and how these can be best met in consultation with the mother and their family.</p>
Political Opinion	<p>In planning 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.</p>
Marital Status	<p>Issues for those with dependents may be compounded for those who are single parents. Consideration may need to be given for mothers giving birth alone and/or without a partner and any particular needs they may have and/or additional support they may require.</p>
Dependent Status	<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>
Disability	<p>Some potential issues relating to accessibility of the website, use of internet and publication of electronic documents for people with disabilities and the need to ensure suitable alternative formats are made available. People with disabilities may be less likely to have access to a computer or the intranet, have accessibility issues for the online elements and some screen readers are not compatible with certain systems/programs. Some meetings to be conducted virtually and consideration may need to be given to those where commuter or internet access is not available or accessible. Consideration may also need to be given to access to buildings/venues for meetings and events for those with physical disability. Those with sensory impairment may require some form of additional support when attending meetings and events or contacting NIPEC. Consideration may need to be given to specific needs of those giving birth who have learning, physical, mental and/or sensory disabilities, and what additional support they will require.</p>
Ethnicity	<p>Whilst the NMC require nursing and midwifery registrants to have a standard level of English, there may be other grades of nursing and</p>

	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. Some potential issues relating to service users 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	There is no data to suggest that the needs and experiences of those undertaking the training differ on the basis of sexual orientation. Consideration may need to be given surrogacy births to ensure full understanding of any specific needs of those involved in such an arrangement and if those who are gay or lesbian are overrepresented in those who consider or use a surrogate. It will be important to consider the specific needs of LGB people giving birth, using a surrogate etc and how these can best be met.

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</p>	<p>Gender, People with a disability, those whose first language is not English, Ethnicity, Young People and Older People, Marital Status, Religion, Sexual Orientation Consideration of the specific needs of service users/carers within these groups who will be receiving care from Maternity Support Workers will be made and, wherever possible/appropriate, the education programme will be updated to equip the trainees with the knowledge and skills to be able to understand/meet the needs of these S75 groups.</p>

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.

Those whose first language is not English

As part of HSCNI, NIPEC can access the regional contract for interpreting, translation and transcription services.

People with a disability

During the pandemic, there was 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 give consideration to any additional impact on Section 75 groups.

However, NIPEC's procedure for booking external venues requires those responsible for organising events and meetings ensure that venues and information are fully accessible.

People with dependents, religion

During the pandemic, there was 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 give consideration to any additional impact on Section 75 groups.

However, when planning 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.

Gender, People with a disability, those whose first language is not English, Ethnicity, Young People and Older People, Marital Status, Religion, Sexual Orientation

Advanced Nurse Practitioner Trainees are employees of HSC Trusts, therefore equality needs assessment would have been carried out at commencement of employment.

University providers of Advanced Nursing Practice courses are responsible for meeting equality legislation.

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.

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 events and meetings and developing information – this will cover the need to take account of specific needs of the nine groups.

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	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

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

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions:

Mitigation has been put in place to address any equality issues identified in the screening of this project. 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>
N/A	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>
N/A	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	Disability Duties	Human Rights
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Relations		
NIPEC will continue to monitor requests for alternative format and/or language to inform future production of electronic and written communication detailed under section 2.5.	N/A	N/A

Approved lead officer: Dr Carole McKenna

Position: Senior Professional Officer (SPO)

Date: _____

Policy/decision screened by: Dr Carole McKenna, SPO & Lisa McEaney, Business 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:

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