Equality and Human Rights Screening Template

Annual Business Plan 2021-22

June 2021

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?

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

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - Screening Resources & Evidence.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Annual Business Plan 2021-22

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 2021-22 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

- 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

- 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 for Health launched a Strategic Framework with an analysis of the adverse impact of Covid-19 and set out the approach to restoring services across the HSC. In October 2020 the Minster for Health launched the Surge Planning Strategic Framework[1] which outlined a high level overview of learning from the first wave of the pandemic as well as a number of regional approaches to service delivery in areas such as elective care, orthopaedic services and care homes, to ensure that the HSC is prepared for future surges.

NIPEC have continued to play an active role in supporting the DoH in these challenging times. The organisation quickly reviewed it 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 an updated Business plan.

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[1] Department of Health (2020) Surge Planning Strategic Framework. Available at: https://www.health-ni.gov.uk/publications/winter-surge-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?**

(in alphabetical order)

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

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 (2020) *Surge Planning Strategic Framework*

Department of Health (June 2020) *Rebuilding Health and Social Care Services 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, Social Services and Public Safety (2014) Q2020 *Attributes Framework*

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

Florence Nightingale Virtual Exhibition (2020)

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

Northern Ireland Audit Office (2018) *Workforce planning for nurses and midwives*

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 (2016) *Quality Assurance Framework for Monitoring Development and Education Programmes Commissioned by the Department of Health*

NIPEC (2017) *Corporate Plan 2017-21*

NIPEC (2019) *Engagement and Communication Strategy*

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

Nursing and Midwifery Council (2020) *Emergency standards for nursing and midwifery education*

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 (2018) *Standards Framework for Nursing and Midwifery Education*

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 March 2021

NIPEC Council data as at March 2015

NMC Equality and Diversity NI data 2020/21

NMC Equality and Diversity UK data 2019/20

NI HSC Workforce Census as at March 2020

Census 2011

NI Health Survey (NISRA) 2017
NI Life and Times Survey (NILT) 2016
Office for National Statistics (ONS) Sexual Orientation UK 2019
The Gender Identity Research and Education Society (GIRES)
Office for National Statistics (ONS) 2019 – www.ons.gov.uk

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 26,151 nurses and midwives who were on the NMC permanent register with an address in NI as at 31st March 2021.

- NMC Equality and Diversity UK data relates to the 716,607 nurses and midwives who were on the NMC register on 31st March 2020.

Category	*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?*
Gender	As at March 2021, current figure indicate 92.86% of NIPEC workforce is female and 7.14% is male whilst a survey of NIPEC Council members in March 2015, show 76.9% are female and 23.1% are male
	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).
	NI HSC Workforce Census as at March 2020 reports females represented 92% of nursing and midwifery staff, with 57% working full time. Males represented 8% of the nursing and midwifery workforce, with 90% working full time. NI HSC Workforce Census also reports that 79% of HSC employees are female with 56% working full time.
	Most recent mid-year population estimates for NI was 1,851,600; male 49%; female 51% (NISRA, 2017)
	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):
	• gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015%
	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).
	Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:
	• 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.
Age	As at March 2021, figures indicate NIPEC's workforce falls within the following age groups:
	35-39 – 14.29% 40-44 – 0% 45-49 – 0% 50-54 – 21.43% 55-59 – 28.57% 60-64 – 28.57% >65 – 7.14%
	As at March 2015, figures indicate NIPEC's Council falls within the following age groups:
	16-24 – 0 25-34 – 7.7% 35-49 – 38.5% 50-64 – 38.5% 65-74 – 15.3%
	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%)
	NI HSC Workforce Census as at March 2020 reports that 43% of nursing and midwifery staff were aged under 40; 25% were aged 40-59; and 32% were over 50 years of age.
	Most recent mid-year population estimates for NI show (NISRA 2017):
	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%)
Religion	As at March 2021, figures for NIPEC workforce indicate 50% are Protestant, 28.57% are Catholic, 7.14% are neither and 14.29% are unknown.
	A survey of NIPEC Council members in March 2015 found 76.9% are Christian, 7.7% had no religious beliefs and 15.4% stated 'other' in their response.

	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. NI HSC Workforce Census for this group is unavailable. Census 2011 figures for NI indicate: • 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)
Political Opinion	As at March 2021, the political opinion of 71.43% of NIPEC's workforce was unknown, 14.29% stated they were broadly Unionist, whilst 14.28% of the workforce stated 'other' or did not wish to answer. Data available for NIPEC Council has been taken into consideration but has been withheld from publication as numbers are relatively small and individuals could be identified. There is no NMC Equality and Diversity NI or UK data for this group. NI HSC Workforce Census for this group is unavailable. NI Population (NILT) 2016: • Unionist - 29% • Nationalist - 24% • Neither -46% • Other/don't know - 2%
Marital Status	As at March 2021, figures indicate 71.43% of NIPEC's workforce is married or in a civil partnership, whilst 28.57% are unknown. 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. There is no NMC Equality and Diversity NI or UK data for this group. NI HSC Workforce Census for this group is unavailable. NI Population (NILT) 2016: • 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%
Dependent Status	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. A survey of NIPEC Council members in March 2015 found 75% had caring responsibilities for either a child, a dependent older person of a person(s) with a disability. There is no NMC Equality and Diversity NI or UK data for this group. NI HSC Workforce Census for this group is unavailable. Census 2011 figures for NI report: • 11.81% of the resident population provide unpaid care to family members, friends, neighbours • 3.11% provided 50 hours of care of more • 33.86% of households contain dependent children • 40.29% contained at least one person with a long-term health problem or a disability. NI Health Survey (2018) reports 17% of respondents were carers (21% of women and 13% of men).
Disability	As at March 2021, 78.57% of NIPEC's workforce stated they do not have a disability, no-one stated they have a disability, whilst 21.43% of the workforce was unknown. 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 epilepsy. 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. NI HSC Workforce Census for this group 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) NI Health Survey 2017 reports 42% have a long-standing illness (30% limiting; 12% non-limiting). 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.
Ethnicity	Full data on NIPEC's workforce is not available, however, anecdotal evidence suggests staff are white and/or of European origin. A survey of NIPEC Council members found 7.7% were from an ethnic background, whilst 92.3% are white. 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. NMC note that just under 20% of UK registrants are from ethnic minority groups. NI HSC Workforce Census for this group is unavailable. Census 2011 figures for NI report: • 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) In addition, Census 2011 figures for NI report the following for language spoken by those aged 3 and over: • 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) 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).
Sexual orientation	Full data not available for NIPEC's workforce. A survey of NIPEC Council members found 100% are heterosexual. 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. NI HSC Workforce Census for this group is unavailable. 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. 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.

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	
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	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 current pandemic with a move to conducting most business online, where face to face communication options are less likely. Younger people (registrants, service users and carers) may have a preference for social media (Facebook, Twitter, etc.) as a means of communication.
Registrants	
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 Service User, Carer and Stakeholder Reimbursement Guidelines and Procedures.
Registrants	
General Public	
Disability	
Staff	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.
Registrants	
General Public	Those with a learning disability may need communication to be tailored to their needs, including Plain English.
	People with a disability may require accessible formats to be made available.
	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.
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?

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
In screening the Business Plan, NIPEC have identified all pieces of work within the Plan that will be equality screened during 2021-22 – see Appendix 1. Progress on completion of equality screenings will be monitored through NIPEC's Business Team.	**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 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.	**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.
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.

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 current 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 give consideration to any additional impact on Section 75 groups.

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.

People with dependents, political opinion/religion

During the current 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 give consideration to any additional impact on Section 75 groups.

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.

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.

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 2021-22 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?

How does the policy or decision currently encourage disabled people to participate in public life?	What else could you do to encourage disabled people to participate in public life?
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?

How does the policy or decision currently promote positive attitudes towards disabled people?	What else could you do to promote positive attitudes towards disabled people?
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 during 2021-22 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 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
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st 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: Jill Jackson

Position: Head of Corporate Services

Date: Dec 2021

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:

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Equality Screening Programme 2021-22

Business Plan Reference	Action	Lead SPO	Timescales
1A; 1B; 1C; 1D	**Recording Care** To be confirmed by Chief Nursing Officer. *(role of NIPEC to be reviewed in context of Encompass Programme and priorities of N&M Task Group)*	A Reed	Ongoing
1A; 1B; 1C	**Nursing and Midwifery Supervision** • Lead in the coproduction of a model for Nursing and Midwifery Supervision within a single policy framework for Northern Ireland, through testing and refinement of a final version. • Support the production of an implementation plan for the reflective supervision model for NI. • Develop a regional approach to monitoring and evaluation of the reflective supervision model for NI.	A Reed	Ongoing
1A; 1B; 1C; 1D	**Implementation of the DoH standards for the Nursing Assistant role** 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.	C McCusker	September 2021 – January 2022
2A	**Quality Assurance** Quality Assure non-NMC approved education programmes.	F Cannon	December 2021
2B; 2C	**Future Nurse Future Midwife (FNFM)** – *via Transformation Funding* Continue to lead a process to embed the outworking of the new NMC Future	F Cannon	December 2021 / Aligned to NMC timescales

Nurse pre–registration Nursing and Midwifery standards including:

- Ensuring timely system readiness for introduction of Future Midwife Standards from September 2021

- Embed the rollout of the Future Midwife preparation programmes

- Develop a range of resources to support the implementation of the Midwifery Ongoing Record of Achievement (MORA)

- Maximise midwifery student Practice Learning Experience with a particular focus on continuity of care and carer

- Engagement and communication throughout the life of the project (with a particular focus on Midwifery)

- Transition oversight of Future Midwife implementation to the NI Practice Learning Collaborative

- Timely project exit strategy including preparatory work undertaken in support of Post Project Evaluation (PPE).

2C; 2D	**NMC Post Registration Education** Continue to work closely with the NMC to support the review of education standards for Specialist Post registration Qualifications (SPQ) and Specialist Community Public Health Nurses (SCPHN).	F Cannon	Ongoing
2B; 2D	**Continuous Professional Development (CPD) Framework**: Lead the development of a regionally agreed CPD Framework for Nurse and Midwives: – Review 'in-house' education programmes delivered within HSC Trusts – Develop a CPD 'Education Passport' system for nurses and midwives – Build on, and align to, the current pre-registration NMC "Future Nurse / Midwife" standards – Include a regionally agreed approach to staff induction for Nursing and	F Bradley	By June 2022 / during 2022/23

	Midwifery across Trusts. – Align arrangements for SSSA, Preceptorship and Supervision for nurses and midwives across the system.		
2B; 2C	**Education Support in Practice** Review the support required for practice experience for students on pre-registration and post-registration nursing and midwifery programmes.	C McCusker	From September 2021
3A	**Professionalism** • Support UK CNOs to expand the work of Enabling Professionalism. • Support the implementation of resources to promote professionalism within Northern Ireland. • Support the expansion of the use of the Enabling Professionalism Framework across the UK and Ireland through a programme of work as part of the Year of the Nurse 2020 and Nursing Now campaigns.	A Reed	May 2022
3A; 3C	**NI Preceptorship Framework** In partnership with key stakeholders update NI Preceptorship Framework to reflect the NMC principles for Preceptorship (2020) and align with the NI Supervision Framework.	C McCusker	From January 2022
3B	**NI Collaborative – Strengthening the Commitment** Continue to support the NI Collaborative to take forward objectives agreed by DoH.	F Cannon	To be advised by DoH
3C	**Career Pathways** • Promotion of the new Guidance Framework to facilitate regional specialist groups to develop specific career pathways. • Provide oversight to the implementation and embedding of the specific career pathway process in line with the template in the following areas:	C McCusker	

	- Cancer nursing		TBC
	- District Nursing		Ongoing
	- Perioperative Nursing		Ongoing
	- Diabetes Nursing		Ongoing
	- Independent Sector – Care Homes		TBC
	- Public Health Nursing		TBC
	- Midwifery		TBC
	- Safeguarding Adults		TBC
	- Stroke Nursing		Ongoing
	- Neurology Nursing		Ongoing
	- Mental Health Nursing & Learning Disability Nursing		TBC
	Public Health Nursing As the first stage of developing a career pathway for Public Health Nursing roles, review the Advanced Nursing Practice Framework to include advanced practice roles in Health Visiting.		To be agreed with PHA
	Specialist Nursing Framework/Job Description (JD) Consider review of the existing Specialist Nurse JD and update to reflect District Nurse JD and updates from NMC SPQ consultation.		From September 2021
	Advanced Nursing Practice Framework If appropriate, NIPEC will support the DoH in reviewing the Advanced Nursing Practice Framework in NI.		From September 2021
	Link Nurse Explore, and if appropriate, take forward the principles of the Link Nurse Framework to reflect the interface between:		
	- the Independent Sector and the HSC		To be agreed with PHA
	- Midwifery services		From September 2021
4A	**Support the DoH to take forward recommendations of the Nursing and Midwifery Task Group report**		

	• Support the DoH to set up and develop Communities of Practice (CoP) as part of the infrastructure to progress implementation of the N&M Task Group recommendations and a Nursing and Midwifery Strategy.		From September 2021
	• Support the DoH to develop a Nursing and Midwifery Professional Excellence/ Assurance Framework.		From March 2022
4A	**Communication and Engagement** In collaboration with key stakeholders continue: • With existing methods of engagement and during 2021-22 consider the most effective way of communicating with stakeholders • To measure statistics of engagement in relation to NIPEDC websites, workshops, awareness sessions.	C McCusker	Ongoing
4A; 4C	**Delegation** Support the production of a multi-professional governance framework for delegation across integrated care teams.	A Reed	Ongoing
4C	**Leadership Development** Scope and develop an attributes framework for leadership development - to support succession planning	C McCusker	From January 2022
4D	**Maternity** • Lead the review of the DoH Nursing Assistant resources to include the Maternity Support Worker role. • Explore the need to develop a Midwifery Career Pathway.	F Bradley	From October 2021
4D	**Postgraduate access to education for BAME Nurses and AHPs** In support of the DoH set up a mechanism to take forward the monitoring of implementation of recommendations of the Task and Finish Group review of	A Reed	From March 2022

	Postgraduate access to education for BAME Nurses		
5I	**Information, Communication and Technology (ITS)** • Continue to ICT provision, within available financial resources, to ensure effectiveness of NIPEC's work, costs to NIPEC and increased efficiency. • Review processes to update websites and ensure they meet legislative, professional and statutory requirements.	C McCusker	During 2021-22
5L	**NIPEC Quality Improvement Strategy 2019-23** NIPEC will progress its journey in Quality Improvement by ensuring that: • NIPEC's business objectives and work are aligned with the region's QI focus and approach. • 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. • NIPEC SPOs provide mentorship/critical friend support across the HSC in relation to QI programmes. • NIPEC Council members effectively monitor and support the quality of NIPEC's internal processes and external work streams. • Submission of NIPEC's Annual Quality Report.	C McCusker	During 2021-22