HSC Business Services Organisation

Equality and Human Rights Screening Template

The Business Services Organisation is required to address the 4 questions below in relation to all its policies.

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)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

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)

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.

SCREENING TEMPLATE

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

HSC Clinical Education Centre Education Delivery Plan 2021/ (Primary care and older peoples Programmes)

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)**

The CEC Education Delivery Plan contains the Nursing and Midwifery programme offering to Service Level Agreement clients for the financial year 2021/22.

The Education Delivery Plan (EDP) consists of a number of specific programmes of care to cover all section of the population. These are broken down into a number of different areas, all of which are screened separately. These include programme areas include:

This screening reflects Section 75 considerations for primary care and older peoples programme offering

The programmes included are:

Anaphylaxis Management
Anaphylaxis Management & Patient Group Direction (PGD) Awareness
AIRVO: Care and Management of the Adult Receiving Airvo Therapy
An awareness of Stroke and Transient Ischaemic Attack in adults.
Being Open and the duty of candour in Health and Social Care

Blood culture collection an awareness	
Central Venous Access Devices Adults	
Catheterisation- Male	
Catheterisation-Male and suprapubic	
Catheterisation- suprapubic	
Deteriorating patient community	
Digital Rectal Interventions	
Dysphagia Awareness (Adult)	
Falls prevention	
Hyponatraemia in adults- an awareness	
HIV Awareness	
Enteral Feeding Adults	
Hyponatraemia Awareness	
Leadership - Building Capacity in Nursing	
Medicines Management	
Infection Prevention & Control	
Immunisation adult	
Legal, Professional and Ethical Issues for Health & Social Care Staff (HSC) in NI	
Quality Improvement - An Introduction	
Preventing Urinary Tract Infections and reducing Antimicrobial Resistance in care homes: (QI Initiative) The nurses role.	
Lone Working	
Leg ulcer assessment and management- Part 1 and Part 2	
Parkinson's disease an awareness	
Pressure ulcer prevention and management including the SSKIN bundle	
Preceptorship for Preceptees	
Preceptorship for Preceptors	
Sepsis in the community	
Skills Based Programme - Nurses New to the Community	
Syringe Pump T34 Introduction	
Syringe Pump T34 Refresher	
Subcutaneous fluids management of	
Vaccinator programme	
Wound assessment and management – Part 1 and Part 2	
Tracheostomy care of Adult	
Venepuncture	
Venepuncture & Intravenous Cannulation Combined	
Vital Signs - Undertaking & Recording	

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

Clinical Education Centre staff

Service Level Agreement clients are:

- Belfast HSC Trust
- Western HSC Trust
- South Eastern HSC Trust
- Northern HSC Trust
- Southern HSC Trust
- Northern Ireland Hospice
- Southern Area Hospice
- Ulster Independent clinic
- NIAS

Department of Health

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

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

CEC Strategy 2018 – 2023
BSO Business Plan 2020/21

(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.

CEC continually gather programme data. This covers (for example) attendance, teacher names, cancellations, venue information, Did Not Attends (DNAs). This informs the content of the next year's Education Delivery Plan.

Stakeholders and colleagues are engaged in a number of ways:

- Stakeholder Engagement Event
- Service Level Agreement quarterly meetings
- BSO Customer Survey (every two years)
- Participant programme evaluations
- Clinical Education Advisory Group (CEAG).

Northern Ireland Life and Times survey, 2018

Census data

Data from HRPTS relating to Section 75 breakdown of NHSCT, BHSCT, SHSCT, SEHSCT AND WHSCT, and BSO staff

2017/18 NI Health Survey

Dysphasia, and Swallow Aware, PHA.
https://www.publichealth.hscni.net/directorates/nursing-and-allied-health-professions/allied-health-professions-and-personal-and-3

https://www.ageuk.org.uk/

Orimo, H. et al. (2006) Reviewing the definition of "elderly". Geriatrics and Gerontology International, Feb. 2006 Available at https://www.researchgate.net/profile/Atsushi-Araki/publication/263589932_Reviewing_the_definition_of_elderly/links/59e988d5458515c3637877f8/Reviewing-the-definition-of-elderly.pdf?origin=publication_detail

Public Health Agency (2013) Older people. Additional Tables to Accompany the 2012 Director of Public Health Report. June 2013. Available at https://www.publichealth.hscni.net/sites/default/files/Older%20people%20-%20data%20to%20accompany%20the%20DPH%20report%20-%20June13.pdf

NISRA. Estimates of the Population Aged 85 and Over, Northern Ireland, 2019 (and 2001 to 2018 revised) Date published: 24 September 2020. Available at estimates-population-aged-85-and-over-northern-ireland-2019-and-2001-2018-revised

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. Also give consideration to multiple identities.

Composition of HSC Workforce – table below includes aggregated data for NHSCT, BHSCT, SHSCT, SEHSCT AND WHSCT, and BSO.

Section 75 Group	HSC Workforce Profile	Percentage
Gender	Female Male	79.9 20.1
Religion	Protestant Roman Catholic Neither	40.4 46.4 13.2
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known Given the large volume of HSC missing data, population level information (using the Northern Ireland Life and Times survey, 2018) suggests the NI population are: Broadly Unionist Broadly Nationalist	9.0 7.6 8.4 75.0 26% 21%

	Neither Other/ Don't know	50% 3%
Age	 16-24 25-34 35-44 45-54 55-64 65+	 4.1 23.3 24.8 27.2 18.0 2.6
Marital Status	Single Married Not Known	30.2 59.7 10.1
Dependent Status	Caring for a Child/Children / Dependant Older Person / Person With a Disability None Not Known Given the large volume of missing HSC staff data relating to dependent status, official statistics were also used. The Health Survey NI suggests that 13% of the Northern Ireland population have caring responsibilities. More females (14%) than males (10%) have caring responsibilities. Census data suggests that 33.9% of all NI Households have dependent children. (Census 2011),	 24.4 20.0 55.6
Disability	Yes No Not Known Census (2011) data reveals that 20.69% of the NI population (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities. This includes: • Deafness or partial hearing loss **5.14% (93,078)**	2.2 64.0 33.8

	• Blindness or partial sight loss **1.7% (30,785)** • Communication Difficulty **1.65% (29,879)** • Mobility or Dexterity Difficulty **11.44% (207,163)** • A learning, intellectual, social or behavioural difficulty **2.22% (40,201)** • An emotional, psychological or mental health condition **5.83% (105,573)** • 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)** Findings from the 2017/18 Health Survey show that the prevalence of disability increases with age. Findings also show that females are more likely to have a limiting long-standing illness compared to males (34% compared to 29% respectively).	
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani Other White	0.01 0.11 0.01 0.02 0.14 0.53 0.86 0.02 0.14 0.12 0.14 70.18

	Not Known	27.72
Sexual Orientation *towards:*	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known There are no accurate statistics on sexual orientation in the population as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.	44.9 1.0 0.1 54.0

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. Also give consideration to multiple identities (such as single parents for example).

Category	***Needs and Experiences***
Gender	**Programme level**: There are some courses where there may be specific issues for males and females. We have some programmes that are of an invasive nature like digital rectal interventions, catheterisation that may cause specific issues for those attending as to whether they would be allowed to do such interventions in practise. **Staff requesting programme**: No issue as to who attends.
Age	**Programme level**: It is recognised that "older" people traditionally are viewed as those aged over 65, while those aged 85 years and over are viewed as "older old". NISRA data show the population aged 85 and over has grown by 9,000 people (30.3 per cent) between 2009 and 2019. Similarly, the population aged 65 and over has

	grown by 24%. As people age and move into the “older old” bracket, it is recognised that they will have additional needs as they are less likely to experience Healthy/ Disability free life expectancy as they age. This may have implications for some of the programmes such as Falls Prevention, where those aged 65 years old may have different needs compared to someone aged over 85 years, both in terms of content/ exercises in any Fall Prevention programme, and how the information is delivered. This is explored in more depth under “Disability” below. **Staff requesting programme**: There are no issues regarding the age of staff requesting programmes.
Religion	**Programme level**: There are no issues regarding religion within most of Primary and older peoples programme content. However, it is recognised that some staff may feel uncomfortable due to their religious views with the content of some of the courses (e.g. HIV Awareness). **Staff**. Staff who belong to one particular religion (i.e. Protestant/ Catholic) may feel uncomfortable attending training located in a venue situated within an enclave perceived to belong to the “opposite” religion.
Political Opinion	**Programme level**: There are no issues regarding political opinion within Primary and older peoples programme content. **Staff**: Similar to above, staff of one particular political background (i.e. Unionist/ Loyal or Republican) may feel uncomfortable attending training located in a venue within an enclave perceived to belong to the “opposite” political tradition.
Marital Status	**Programme level**: There is no impact relating to marital status in any of the general programmes content or delivery. **Staff**: No issues
Dependent Status	**Programme level**: Some programmes such as chronic neurological conditions may impact on participants who have

	experienced dependency as a carer. **Staff**: As mentioned above, staff who are carers of an individual with a longstanding health issue may find it more difficult to attend training outside their local area, due to their caring responsibilities. They may also be restricted as to times when they can attend training.
Disability	**Programme level**: Despite the medical progress achieved during the past few decades, the last years of life are still often accompanied by increasing ill health and disability. The key factor in healthy ageing is the ability to maintain independent living for as long as possible. Effective programs promoting healthy ageing and preventing disability in older people will result in more efficient use of health and social services, and will improve the quality of life of older persons by enabling them to remain independent and productive. **Staff**: It is recognised that staff with certain disabilities may have differing learning requirements. For example, those with hearing difficulties, sight difficulties or physical disabilities may have certain needs in the way programmes are taught, while those with Dyslexia may struggle to interact using Zoom chat function. Those with hearing difficulties may have difficulty with zoom as they might lip read and lecturer may not be looking directly at screen.
Ethnicity	**Programme level** One example of the Primary care and older people's programmes that identifies and highlights specific needs, experience and priorities in relation to ethnicity is the HIV Awareness Workshop. Other STI's (e.g. syphilis) are more common amongst certain ethnic groups, who may not speak English as their first language. **Staff**: There are no issues with regards to ethnicity and delivery of the Primary care and older peoples programmes.
Sexual Orientation	**Programme level**: Men Who Have Sex With Men (MSM) are at disproportionate risk of contracting some STIs accounting for 79% of male infectious syphilis, 72% of male gonorrhoea, 18% of male herpes and 29% of male chlamydia infections in 2018.

	Research has also demonstrated that LGB people report poorer experiences when accessing health and social care, are likely to delay access to healthcare based on previous negative experiences and fear of negative attitudes of health workers specifically in relation to their sexual orientation, and have poorer health outcomes than their heterosexual peers. This impact may have more weight on specific generic programmes, such as HIV Awareness Workshop. **Staff**: Given that 1 in 10 of the population is estimated to be LGB, and experiences of invisibility and homophobia are commonly reported by LGB individuals, it is particularly important that programmes such as the HIV Awareness Workshop are delivered sensitively.

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.

No impact noted.

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?***
Gender: Females are more likely to have caring responsibilities than males, and are more likely to work part time. This may have an impact of the timing and duration of programmes, as	All CEC are required to undertake 'Equality & Human Rights Awareness: Making a Difference' e-learning and to adhere to the HSC Values.

well where they are delivered.CEC will continue to offer half day / short duration programmes. This will address the needs of carers, and those who work part time. Courses are delivered from four hospital based sites and are delivered in mornings or afternoons. **Dependents**: Staff who are carers of an individual with a longstanding health issue may find it more difficult to attend training outside their local area, due to their caring responsibilities. They may also be restricted as to times when they can attend training. CEC will consider offering programmes outside normal working hours. Courses are now also delivered online and e-learning is available for a number of subjects. **Religion/ political opinion**: Programmes, the content of which may be uncomfortable for some participants (e.g. HIV Awareness, Digital rectal interventions and catheterisation) are not mandatory programmes. It will be the choice of the individual whether or not to attend. CEC have four locations based on HSC sites. These are neutral venues. The majority of programmes are now offered via an online platform. E-learning is also available for a number of subjects. **Disability**: It is recognised that the needs of elderly service users will vary greatly,	

and that people will develop disabilities as they age. Programmes reflect the physical and cognitive variations across the elderly population. When applying for a CEC programme via www.cec.hscni.net, an applicant identifies if they have a disability. This is then highlighted to the teacher and administrator so adjustments can be made in discussion with the participant. For example: - a participant with dyslexia would be provided with materials in an appropriate format. - programme location and requirements would take account of any participants identifying as having a physical disability. - loop facilities are available across CEC to assist participants with hearing impairment. -Closed caption facility is available for participants on zoom with hearing impairment but can lip read. **Sexual orientation:** All CEC programmes are delivered sensitively and all CEC staff are required to complete mandatory training on equality (Equality & Human Rights Awareness: Making a Difference programme). **Ethnicity** The HIV Awareness Workshop provides participants with information and statistics which highlights specific issues of ethnicity.	

CEC will issue all teaching staff with key contacts (i.e. the Translation Service) to share with participants who may come in to contact with their service area.	

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	No impact	
Political Opinion	No impact	
Ethnicity	No impact	

(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	x
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	x

Please give reasons for your decisions.

Mitigation has been put in place to address any issues highlighted in the screening of the Adult Acute Programmes. It is not thought that undertaking an EQIA would 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?***
Many of our primary care and older people's programmes have service user involvement, many of whom have disabilities. Where individual input is not possible, we link with patient client council, voluntary sector organisations, self-help groups and registered charities. We get the user prospective by using multimedia in the form of videos from patients own personal stories, research reports, feedback from incidents and complaints and reports from Department of Health. Example programmes with service user involvement are: - Tracheostomy - Parkinson's Disease programme - Enteral feeding - Duty of candour - Deteriorating patient in community - Pressure damage and prevention	We continually seek to involve service users in the development and delivery of CEC programmes.

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?***
Not applicable	

(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

** 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.

(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
When applying for a CEC programme, applicants will be asked to fill in a short questionnaire to gather Section 75 equality information.		

Approved Lead Officer: Siobhan Murphy

Position: Assistant Head of CEC

Date: 11/05/21

Policy/Decision Screened by: Siobhan Murphy & Claire Smith

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

For advice and support on screening contact:

Equality Unit/ BSO /James House/ 2-4 Cromac Avenue/ Belfast/ BT7 2JA
Tel: 028 9536 3961

Any request for the document in another format or language will be considered. Please contact:

Claire Smith, CEC Business Manager.