

Equality and Human Rights Screening Template

Critical Care Nursing Career Pathway Draft Equality Screening as at 26th October 2022

PHA and NIPEC are required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

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](#).

For advice and support on screening contact:

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Screening Template

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Critical Care Nursing Career Pathway

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 Chief Nursing Officer has commissioned the development of a career pathway for Critical Care Nursing to align with the Delivering Care Phase 1b Critical Care Paper. The career pathway will be developed in line with the NIPEC Guidance Framework. A Project Steering Group will be convened, comprised of nominated key stakeholders, Chair and Project Lead in collaboration with the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) and the Public Health Agency (PHA).

Aim

The Project Steering Group will work with key stakeholders to develop a critical care nursing career pathway to support the development of registered and non-registered nursing staff.

Objectives

To achieve this purpose, the Steering Group will meet the following objectives:

a) Career development in critical care nursing

Develop a comprehensive career pathway for critical care nursing. In taking this work forward the group will progress:

- Development of core competencies and education requirements for regionally agreed core roles in a critical care nursing career pathway.
- Development of regionally agreed Job Descriptions (JDs) for the core critical care nursing roles.
- Submit a Career Pathway for the Chief Nursing Officer's endorsement.

b) Promotion of a career in critical care nursing

Develop a microsite on NIPEC's main website hosting all the resources and seek permission for it to be available to access on the NI Nursing and Midwifery Careers 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

NMC Registrants, specifically Critical Care Nurses, including non-registered staff such as Nursing Assistants and Senior Nursing Assistants in HSC Trusts.

HSC organisations, e.g. HSC Trusts, PHA and DOH

Education Providers, e.g. QUB, UU, OU, CEC

Staff side organisations

Nursing and Midwifery Council (NMC)

Service users, especially critical care patients, family and carers.

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

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

- Department of Health (2020) Nursing and Midwifery Task Group (NMTG). Report and Recommendations.
- Department of Health (2014) Delivering Care the Policy Framework for Nursing and Midwifery Workforce Planning in NI. Nurse Staffing Levels in NI. Section 1 & 2.
- Department of Health (2021) Delivering Care Phase 1b, Critical Care Paper.) Unpublished.
- Department of Health (2021) Guidance Framework To support the development of Nursing and Midwifery Career Pathways. Belfast DOH.
- Department of Health & NIPEC (2018) Career Framework for Specialist Nursing Roles
- Faculty of Intensive Care Medicine (2022) Guidelines for the Provision of Intensive Care Services. Version 2.1
- Department of Health. 2015. Making Life Better- A Whole System Strategic Framework for Public Health 2013-2023.
- Department of Health (2016) Health and Wellbeing 2026: Delivering Together. Belfast DOH
- Department of Health (2018) Health and Social Care Workforce Strategy 2026. Belfast DOH
- Department of Health (2022) Health and Social Care Workforce Strategy Second Action Plan 2022-23 to 2024-25. Belfast DOH
- Department of Health. 2022. Nursing and Midwifery Retention Report. Belfast

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

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>

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 2021/22
 NI HSC Workforce Census as at March 2022
 NI Life and Times Survey (NILT) 12th October 2021 to 22nd December 2021
 NI Health Survey (2020/21)- Department of Health – Health Survey Trend Tables.
 Census 2011/ 2021 (estimates) where available
 Office for National Statistics (ONS) 2020
 Carers NI

2.2 Quantitative Data

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

NB. NMC Equality and Diversity data relates to the 751,429 nurses and midwives who were on the NMC UK register on 31 March 2022. **NB:**

- NMC Equality and Diversity NI data relates to 26, 854 nurses and midwives who were on the NMC permanent register with an address in NI as at 31st March 2022.
- NI Population data (e.g. Census 2021) included to supplement registrant data and/or where no other registrant or HSC workforce data available.

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	NMC Equality and Diversity data for NI in 2021/22 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). Northern Ireland HSC Workforce Census as of March 2022 reports that females represented 91% of nursing and midwifery staff, with 59% working full time. Males represented 9% of the nursing and midwifery workforce, with 88%

working full time.

It was also noted that 78% of HSC employees are female with 58% working full time. The remaining 22% were male, with 83% working full time.

Census 2021 population estimates for NI was 1,903,100; male 49%; female 51% (May 2022).

Age

NMC Registration data reports for NI from April 2021 to March 2022 estimates the following percentages of age group which reside on the register: -

Table 1 NMC Registrants NI by age

Age Group	2022	2022
	Headcount	%
Age Below 21		
Age Between 21 - 30	4,795	17.9
Age Between 31 - 40	6,839	25.5
Age Between 41 - 50	6,058	22.6
Age Between 51 - 55	3,353	12.5
Age Between 56 - 60	3,376	12.6
Age Between 61 - 65	1,867	7.0
Age Between 66 - 70	463	1.7
Age Between 71 - 75	89	0.3
Age Above 75	14	0.1
Total	26,854	100

This number of registrants by age supports the Northern Ireland HSC Workforce Census as of March 31st 2022 as illustrated in the table below: -

Table 2 NI Health and Social Care Staff by Age Group (Headcount)

Registered Nursing & Midwifery

Age Group	2022	2022
	Headcount	%
Age Below 25	1,073	5.7
Age Between 25 - 29	2,498	13.3
Age Between 30 - 39	5,557	29.5
Age Between 40 - 49	4,554	24.2
Age Between 50 - 54	2,378	12.6
Age Between 55 - 59	1,825	9.7
Age Between 60 - 64	752	4.0
Age above 65	182	1.0
Total	18,819	100

The Northern Ireland HSC Workforce Census also reports on the number of

nursing support staff by age as indicated in the table below, March 31st 2022

Table 3 NI Health and Social Care Staff by Age Group (Headcount)

Nursing Support

Age Group	2022	2022
	Headcount	%
Age Below 25	277	5.21
Age Between 25 - 29	540	10.16
Age Between 30 - 39	1,255	23.62
Age Between 40 - 49	1,238	23.30
Age Between 50 - 54	743	13.98
Age Between 55 - 59	735	13.83
Age Between 60 - 64	376	7.08
Age above 65	149	2.80
Total	5,313	100

As a comparator to the whole population of Northern Ireland the Northern Ireland Statistics and Research Agency (NISRA) have reported the following 2020 Mid-Year population estimates for NI, published 25th June 2021

Table 4 All areas population by age bands in NI

Age Group	2020	2020
	Headcount	%
Age Between 20 - 29	232,143	12.25
Age Between 30 - 39	250,934	13.24
Age Between 40-49	240,883	12.71
Age Between 50 - 54	130,583	6.89
Age Between 55 - 59	127,503	6.73
Age Between 60 - 64	109,020	5.75
Age Between 65- 69	90,693	4.78
Age Between 70 - 74	82,062	4.33
Age Above 75	147194	7.77
All persons- All ages	1,895,510	

Religion

NI census population data (Table 6) would indicate similar characteristics to NMC Nursing and Midwifery Equality and Diversity data (Table 5) with being Christian totalling 79.7% in NI and 68.6% in the UK. Further breakdown of the classification afforded to Christian does not appear to be reported in the NMC data. In addition, other religions i.e. Buddhist, Hindu, Jewish, Muslim, Sikh etc. would indicate to be higher in the NMC data than the NI Census data of 4.9% as opposed to 1.3%.

NMC Equality and Diversity data for April to March 2021-2022 estimates breakdown of registrants by religion or belief as follows: -

Table 5 Total number of people on the permanent register by religion or belief

	Religion or belief	31/03/2022
Nurse and Midwife (including SCPHN)	Buddhist	32 0.5%
	Christian	4,627 68.6%
	Hindu	42 0.6%
	Jewish	7 0.1%
	Muslim	167 2.5%
	Sikh	17 0.3%
	Other	64 0.9%
	None	1,482 22.0%
	Prefer not to say	303 4.5%
	Unknown	<5
	Total	6,744

NI HSC Workforce Census for this group is unavailable.

NISRA Census 2021 figures [MS-B19] for NI indicate the following breakdown of religion for the population of Northern Ireland.

Table 6 2021 Census NI Religion for the Population of NI

Northern Ireland	Headcount	%
Catholic	805,151	42.3
Presbyterian Church in Ireland	316,103	16.6
Church of Ireland	219,788	11.5
Methodist Church in Ireland	44,728	2.4
Other Christian (including Christian related)	130,377	6.9
Other religions	25,519	1.3
No religion	330,983	17.4

	Religion not stated	30,529	1.6	
	All usual residents	1,903,178		
Political Opinion	<p>There is no NMC Equality and Diversity UK data for this group.</p> <p>NI HSC Workforce Census for this is unavailable</p> <p>NISRA, NI: In Profile 3rd March 2021, reports the following political attitude to being Unionist or Nationalist, for the population of NI: -</p> <ul style="list-style-type: none"> • Unionist -33% • Nationalist -23% • Neither- 39% <p>NI Population (NILT) 2021 following a survey of 1,397 adults aged 18 years or over indicated their political attitudes, by percentage of the sample as outlined below: -</p> <ul style="list-style-type: none"> • Unionist - 32% • Nationalist - 26% • Neither - 38% • Other/don't know - 3% 			
Marital Status	<p>There is no NMC Equality and Diversity UK data for this group.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>NI Population (NILT) 2021 following a survey of 1,397 adults aged 18 years or over indicated their marital status, by percentage of the sample as outlined below: -</p> <ul style="list-style-type: none"> • Single (never married) – 38% • Married and living with husband/wife- 48% • A civil partner in a legally-registered civil partnership – 1% • Married and separated from husband/wife/civil partner – 3% • Divorced/Dissolution – 6% • Widowed – 4% <p>The NISRA Register General NI Annual Report, 2021, lists the following with respect to marriages, divorce and civil partnerships in 2021: -</p> <p>Marriages- 7962 registered</p> <p>Divorces- 2040</p> <p>Civil partnerships- 37</p>			
Dependent Status	<p>While data with regard to the 'Dependent status' of service users i.e. Service users, especially critical care patients, family and carers does not appear to be directly available and therefore the population data is considered as proxy.</p> <p>For information, there is no NMC Equality and Diversity UK data for this group and NI HSC Workforce Census for this is unavailable. Census 2021 figures for NI report unavailable, however Census 2011 (KS106NI) figures available as outlined below.</p> <ul style="list-style-type: none"> • 33.86% of households contain dependent children • 40.29% contained at least one person with a long-term health problem or a disability. 			

	<p>NI Health Survey (2020/21) reports that respondents with caring responsibilities by all Health and Social Care Trusts in NI equates to 14%. The total male respondents with caring responsibilities are indicated at 10% and the total female respondents with caring responsibilities is 17%. In the State of Caring Report 2019, from a sample of 694 people who were currently providing care in NI reported the following findings: -</p> <ul style="list-style-type: none"> • 83% identify as female and 16% identify as male • 26% consider themselves to have a disability • 30% also have childcare responsibilities for a non-disabled child under 18 • 57% are in paid work. Of those 59% work full-time and 41% part-time. • 42% care for 90 or more hours every week, while 15% care for 50-89 hours, 22% care for 20-49 hours, and 21% care for 1-19 hours a week. • Most i.e. 66% care for one person, 28% care for two people, 4% for three people, and 3% care for four or more people. <p>Furthermore, Carers NI/ UK, highlighted in their report - Carers Week 2022 report, make caring visible, valued and supported, found that 20% of the general public aged 18 are currently caring, meaning that there are currently an estimated 290,880 carers in NI currently providing unpaid care. And that this has increased since before the Coronavirus Pandemic.</p> <p>This data would indicate that a proportion of service users i.e. critical care patients, family and carers would have a 'dependent status classification.</p>
Disability	<p>NMC Equality and Diversity and inclusion reports (annual data tables 2021/22) for the total number of people on the permanent register by disability, for nurses and midwives are 3%.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>NI Health Survey 2017 reports 42% have a long-standing illness (30% limiting; 12% non-limiting).</p> <p>Health Survey NI (2018/19 – published 2019- updated 1st September 2022):</p> <ul style="list-style-type: none"> • 41% longstanding illness (29% limiting and 13% non-limiting illness) • Females (44%) were more likely than males (40%) to have a long-term condition. • Limiting longstanding illness appears to increase with age with 13% reported in the 16-24 age-group and 56% in the over 75 age group. <p>The Office for National Statistics (ONS), Internet users, UK: 2020 found 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> <ul style="list-style-type: none"> •
Ethnicity	<p>NMC Equality and Diversity data for NI in 2021/22 reports the following number and percentage of people on the register in NI by declared ethnicity: -</p> <p>Table 7 Number and percentage of people on the NMC register in NI by</p>

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Sexual Orientation	<p>NMC Equality and Diversity data for in 2021/22 reports the total percentage of nurses and midwives on the permanent register identify by sexual orientation as; 0.9% Bisexual, 0.8% Gay or Lesbian, 93.3% are Heterosexual or straight, 0.1% other, 4.8 % prefer not to say and less than 5% are unknown.</p> <p>NI HSC Workforce Census for this group is unavailable.</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>Females are more likely to have caring responsibilities than their male counterparts – see dependent section below.</p> <p>92% of nurses and midwives on the permanent register in NI identify as female – see dependent section below.</p>
Age	<p>57% of the nursing and midwifery workforce in Northern Ireland are over 40, 48% aged 40-60 and 34% aged 50+.</p> <p>Those in older age groups may be less likely to be computer literate and have access to a computer or the internet. This issue is of particular significance during the ongoing pandemic with a move to conducting most business online, where face to face communication options are less likely.</p> <p>Those in younger age groups may have a 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>
Religion	<p>There is no data to suggest that there are specific needs or experiences arising within this category.</p>
Political Opinion	<p>There is no data to suggest that there are specific needs or experiences arising within this category</p>
Marital Status	<p>Issues for those with dependents may be compounded for those who are single parents.</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. Meetings should be planned in advance to address accessibility issues for those with dependents.</p>
Disability	<p>Some potential issues relating to accessibility of the website, use of internet and publication of electronic documents for registrants 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.</p> <p>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.</p> <p>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</p>

	PHA/NIPEC.
Ethnicity	<p>The needs of those from ethnic minority groups may need to be considered, requiring effective communication skills by those acting as advocates and/or working with these client groups.</p> <p>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, e.g. Nursing and Senior Nursing assistants, 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.</p>
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation.

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</p> <p>PHA and 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</p> <p>PHA/NIPEC will provide alternative formats</p>	<p>People with a disability, those whose first language is not English</p> <p>PHA/NIPEC will continue to monitor requests for alternative format and/or language to inform future production of electronic and written communication.</p> <p>People with a disability, those whose first language is not English, Children and Young People and Older People, People with dependents</p> <p>A checklist is available to assist those organising engagement events and meetings</p>

<p>on request to meet the needs of older people who don't have computer skills or access to a computer/internet and will also consider the need to provide age-appropriate information to meet the needs of children and young people.</p> <p>Those whose first language is not English</p> <p>As part of HSCNI, PHA/NIPEC can access the regional contract for interpreting, translation and transcription services.</p> <p>People with a disability</p> <p>From the onset of the coronavirus pandemic, there had been a move to conducting most business online using advised virtual platforms. This move to virtual meetings highlighted the need for organisers to give consideration to any additional impact on Section 75 groups.</p> <p>However, in normal times, PHA/NIPEC's procedure for booking external venues requires those responsible for organising events and meetings ensure that venues and information are fully accessible.</p> <p>People with dependents</p> <p>During the current pandemic, there has been a move to conducting most business online using advised virtual platforms. This move to virtual meetings highlighted the need for organisers to give consideration to any additional impact on Section 75 groups.</p> <p>However, in normal times, when planning engagement events and meetings, PHA/NIPEC will consider their timing and location. Where applicable, assistance with travel expenses will also be considered.</p>	<p>and developing information – this will cover the need to take account of specific needs of the nine groups.</p>
<p>Key activities of the project include:</p> <ul style="list-style-type: none"> • Development of core competencies and education requirements for regionally agreed core roles in critical care nursing career pathway. • Development of regionally agreed job descriptions for the core critical care nursing roles. • Critical care nursing career pathway and resources submitted for inclusion on nursing and midwifery careers website. 	<p>Screening has identified that a number of Section 75 groups have particular needs and be more likely to require safeguarding.</p> <p>In developing the career pathway and any supporting documents, the specific needs of these Section 75 groups and their diversity across the groups will be considered, and where necessary, reflected within the pathway.</p>

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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
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 policy. It is not thought that subjecting this policy to EQIA will present further opportunities to promote equality of opportunity.

(4) CONSIDERATION OF DISABILITY DUTIES

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

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
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 Relations	Disability Duties	Human Rights
None	None	None

Approved lead officer:

Cathy McCusker

Position:

NIPEC Senior Professional Officer

Date: 20.12.22
Policy/decision screened by: Sheila Kinoulty

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, audio visual formats (CD, video including subtitles or signed content, mp3 or daisy), Easy Read, electronic format or email and or translations please contact: -

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