

Equality and Human Rights Screening Template



Annual Business Plan 2020-21

January 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 2020-21

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 2020-21 details how it will make best use of its resources to achieve its strategic objectives, as set out in NIPEC's Corporate Plan 2017-21.

It also details how NIPEC plan to improve how they work by:

- Continuing to strengthen a culture of critical enquiry and quality improvement and the use of best available evidence, feedback from stakeholder engagement and other available information sources
- Promoting and facilitating innovation and reform underpinned by co-production and co-design
- Maintaining competent and professional staff and promoting and supporting continuous improvement and learning
- Ensuring that NIPEC's functions are underpinned by robust governance and outcomes based accountability framework.

Covid-19 Pandemic has presented a significant challenge for the planning and delivery of Health and Social Care (HSC) services in Northern Ireland. From March 2020, NIPEC has redirected its portfolio of work to support the Chief Nursing Officer (CNO) and Public Health Agency (PHA) in its emergency response. NIPEC's Business Plan therefore focuses on major new and ongoing work streams for 2020-21, incorporating the Department of Health's (DoH) requirements and stakeholder needs in light of any new and emerging work streams as a result of the pandemic.

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.

NIPEC will continue to review and update its Business Plan throughout the year in response to strategic priorities, while meeting the emergency response to the Covid-19 pandemic. This will be reflected in NIPEC's *'Rebuilding Services and Covid-19 Emergency Arrangements'* framework, which will be updated on an ongoing basis in agreement with NIPEC's Council and the office of the CNO.

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)

All-Party Parliamentary Group on Global Health (2016) *Triple Impact: How developing nursing will improve health, promote gender equality and support economic growth.*

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

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

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

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

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

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

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

Department of Health (2016) *The Quality Assurance Framework for Department of Health NI Commissioned Development and Education (Non-NMC Registered or Recorded)*

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

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

Health and Social Care

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

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

NIPEC (November 2020) *Rebuilding Services and Covid-19 Emergency Arrangements* (version 3)

NIPEC (2017) *Corporate Plan 2017-21*

NIPEC (2019) *Engagement and Communication Strategy*

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

Nursing and Midwifery Council (2020) *Nursing and Midwifery Council Future Strategy 2020-2025*

Nursing and Midwifery Council (2019) *Revalidation: How to revalidate with the NMC, Requirements for renewing your registration*

Smith, J. and Coveney, S. (2020) *New Decade, New Approach*.

(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 December 2020

NIPEC Council data as at March 2015

NMC Equality and Diversity UK data 2019/20

NI HSC Workforce Census as at March 2016

Census 2011

NI Health Survey (NISRA) 2017

NI Life and Times Survey (NILT) 2016

Office for National Statistics (ONS) Sexual Orientation UK 2017

The Gender Identity Research and Education Society (GIREs)

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 716,607 nurses and midwives who were on the NMC register on 31 March 2020.

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>As at December 2020, 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</p> <p>NMC Equality and Diversity data for the UK in 2019/20 reports 10.7% of registrants in the UK are male, whilst 89.3% are female.</p> <p>NI HSC Workforce Census as at March 2016 reports that females represented 92% of nursing and midwifery staff, with 55% working full time. Males represented 8% of the nursing and midwifery workforce, with 90% working full time.</p> <p>Most recent mid-year population estimates for NI was 1,851,600; male 49%; female 51% (NISRA, 2017)</p> <p>The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014):</p> <ul style="list-style-type: none"> • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015% <p>The numbers who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p> <p>Applying GIREs figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:</p> <ul style="list-style-type: none"> • 18,816 people who do not identify with gender assigned to them at birth • 470 likely to have sought medical care • 282 likely to have undergone transition.
Age	<p>As at December 2020, figures indicate NIPEC's workforce falls within the following age groups:</p> <p>35-39 – 14.29%</p> <p>40-44 – 0%</p> <p>45-49 – 0%</p> <p>50-54 – 21.43%</p> <p>55-59 – 35.71%</p> <p>60-64 – 21.43%</p> <p>>65 – 7.14%</p> <p>As at March 2015, figures indicate NIPEC's Council falls within the following age groups:</p>

	<p>16-24 – 0 25-34 – 7.7% 35-49 – 38.5% 50-64 – 38.5% 65-74 – 15.3%</p> <p>NMC Equality and Diversity data for the UK in 2019/20 reports 8.1% of registrants are aged 61 and over; 27% are aged 51-60; 25.9% are aged 41-50; 22.8% are aged 31-40; and 16.2% are aged between 21 and 30.</p> <p>NI HSC Workforce Census as at March 2016 reports that 39% of nursing and midwifery staff were aged under 40, while 40% of midwives were over 50 years of age.</p> <p>Most recent mid-year population estimates for NI show (NISRA 2017):</p> <p>0-19 (inclusive) = 483,978 (26% of NI population) 20-34 = 366,619 (19.7%) 35-49 = 370,263 (19.9%) 50-64 = 343,522 (18.4%) 65-74 = 166,059 (8.8%) 75-89 = 118,965 (6.4%) 90+ = 12,731 (0.7%)</p>
Religion	<p>As at December 2020, figures for NIPEC workforce indicate 50% are Protestant, 28.57% are Catholic, 7.14% are neither and 14.29% are unknown.</p> <p>A survey of NIPEC Council members in March 2015 found 76.9% are Christian, 7.7% had no religious beliefs and 15.4% stated 'other' in their response.</p> <p>NMC Equality and Diversity data for the UK in 2019/20 reports 59.5% of registrants are Christian; 9.6% are either unknown or prefer not to answer; 25.5% state no religion; 1.6% are Muslim; 2% are Hindu/Buddhist/Jewish/Sikh; and 1.7% other</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>Census 2011 figures for NI indicate:</p> <ul style="list-style-type: none"> • 45.14% (817,424) are either Catholic or brought up as Catholic • 48.36% (875,733) are Protestant or brought up as Protestant • 0.92% (16,660) belong to or had been brought up in other religions and philosophies • 5.59% (101,220) neither belonged to, nor had been brought up in a religion. • Catholic - 40.76% (738,108) • Presbyterian Church in Ireland – 19.06% (345,150) • Church of Ireland – 13.74% (248,813) • Methodist Church in Ireland – 3% (54,326) • Other Christina (including Christian related) – 5.76% (104,308) • Other religions – 0.82% (14,849) • No religion – 10.11% (183,078) • Did not state religion – 6.75% (122,233)
Political Opinion	<p>As at December 2020, the political opinion of 78.88% of NIPEC's workforce was unknown, whilst 21.42% of the workforce stated they were broadly</p>

	<p>Unionist, 'other' or did not wish to answer.</p> <p>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.</p> <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) 2016:</p> <ul style="list-style-type: none"> • Unionist - 29% • Nationalist - 24% • Neither -46% • Other/don't know - 2%
Marital Status	<p>As at December 2020, figures indicate 71.43% of NIPEC's workforce is married or in a civil partnership, whilst 28.57% are unknown.</p> <p>A survey of NIPEC Council members in March 2015 found 84.6% are married or in a civil partnership, whilst 15.4% stated 'other' in their response.</p> <p>There is no NMC Equality and Diversity UK data for this group.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>NI Population (NILT) 2016:</p> <ul style="list-style-type: none"> • Single (never married) – 33% • Married and living with husband/wife or civil partner in a legally-registered civil partnership – 50% • Married and separated from husband/wife/civil partner – 3% • Divorced/Dissolution – 6% • Widowed – 8%
Dependent Status	<p>Full data not available, however, the majority of staff are female plus anecdotal evidence indicates about half of NIPEC's workforce have some form of caring responsibilities for family member(s), eg. spouse, elderly parent(s), and/or children in full time education.</p> <p>A survey of NIPEC Council members in March 2015 found 75% had caring responsibilities for either a child, a dependent older person or a person(s) with a disability.</p> <p>There is no NMC Equality and Diversity UK data for this group.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>Census 2011 figures for NI report:</p> <ul style="list-style-type: none"> • 11.81% of the resident population provide unpaid care to family members, friends, neighbours • 3.11% provided 50 hours of care or more • 33.86% of households contain dependent children • 40.29% contained at least one person with a long-term health problem or a disability. <p>NI Health Survey (2018) reports 17% of respondents were carers (21% of women and 13% of men).</p>

Disability	<p>As at December 2020, figures indicate 78.57% of NIPEC's workforce state they do not have a disability, 21.43% are unknown and none stated they have a disability.</p> <p>A survey of NIPEC Council members found 76.8% did not consider they had a disability, whilst 23.1% stated they did, citing either a mental health condition or a long standing illness such as cancer, HIV, diabetes, chronic heart disease or epilepsy.</p> <p>NMC Equality and Diversity data for the UK in 2019/20 reports 91.4% of registrants do not have a disability, 4.9% are unknown or prefer not to answer, and 3.7% state they do.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>Census 2011 figures for NI report:</p> <ul style="list-style-type: none"> • 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities. • 68.57% (1, 241709) of residents did not have long – term health condition. • Deafness or partial hearing loss – 5.14% (93, 078) • Blindness or partial sight loss – 1.7% (30, 785) • Communication Difficulty – 1.65% (29, 879) • Mobility of Dexterity Difficulty – 11.44% (207, 163) • A learning, intellectual, social or behavioural difficulty - 2.22% (40, 201) • An emotional, psychological - 5.83% (105, 573) or mental health condition • Long – term pain or discomfort – 10.10% (182, 897) • Shortness of breath or difficulty breathing – 8.72% (157, 907) • Frequent confusion or memory loss – 1.97% (35, 674) • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612) • Other condition – 5.22% (94, 527) • No Condition – 68.57% (1, 241, 709) <p>NI Health Survey 2017 reports 42% have a long-standing illness (30% limiting; 12% non-limiting).</p>
Ethnicity	<p>Full data not available, however, anecdotal evidence suggests staff are white and/or of European origin.</p> <p>A survey of NIPEC Council members found 7.7% were from an ethnic background, whilst 92.3% are white.</p> <p>NMC Equality and Diversity data for the UK in 2019/20 reports 75.5% of registrants are white, 4.5% are unknown or prefer not to say, 8.5% Black/African/Caribbean, 8.6% Asian Bangladeshi/Chinese/ Indian/Pakistani, and 3% are mixed/multiple Ethnic/other Ethnic group.</p> <p>NMC note that just under 20% of registrants are from ethnic minority groups.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>Census 2011 figures for NI report:</p> <ul style="list-style-type: none"> • White – 98.21% (1, 778, 449) • Chinese – 0.35% (6, 338)

	<ul style="list-style-type: none"> • Irish Traveller – 0.07% (1, 268) • Indian – 0.34% (6, 157) • Pakistani – 0.06% (1, 087) • Bangladeshi – 0.03% (543) • Other Asian – 0.28% (5, 070) • Black Caribbean – 0.02% (362) • Black African – 0.13% (2354) • Black Other – 0.05% (905) • Mixed – 0.33% (5976) • Other – 0.13% (2354) • (1.8% 32,596 of the usual resident population belonged to minority ethnic groups) <p>In addition, Census 2011 figures for NI report the following for language spoken by those aged 3 and over:</p> <ul style="list-style-type: none"> • English – 96.86% (1, 681, 210) • Polish – 1.02% (17, 704) • Lithuanian – 0.36% (6, 249) • Irish (Gaelic) – 0.24% (4, 166) • Portuguese – 0.13% (2, 256) • Slovak – 0.13% (2, 256) • Chinese – 0.13% (2, 256) • Tagalog/Filipino – 0.11% (1, 909) • Latvian – 0.07% (1, 215) • Russian – 0.07% (1, 215) • Hungarian – 0.06% (1, 041) • Other – 0.75% (13, 018) <p>The most recently published population-based data (NI Pooled Household Survey (NIPHS) tables, published 2017) suggests that in 2014/15 the ethnic breakdown in NI was: Ethnicity White – 98.2% (1,409,000); all other Ethnicities – 1.7% (26,000).</p>
Sexual orientation	<p>Full data not available for NIPEC’s workforce, but NI population estimate is 1.2% of the household population identifying as lesbian, gay or bisexual.</p> <p>A survey of NIPEC Council members found 100% are heterosexual.</p> <p>NMC Equality and Diversity data for the UK in 2019/20 reports that 1.7% of registrants identify as Gay or Lesbian, 88.5% are Heterosexual or straight, 0.7% are Bisexual, and 9% are unknown or prefer not to say.</p> <p>NI HSC Workforce Census for this is unavailable.</p> <p>An estimated 2.0% of the population (1.1 million people) identified themselves as lesbian, gay or bisexual (LGB). This comprised 1.3% identifying as gay or lesbian and 0.7% identifying as bisexual. The percentage in 2017 remains at similar levels to 2016.</p> <p>A further 0.6% identified as “other”, meaning that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. This proportion has increased since 2012 (0.3%). A further 4.1% refused, or did not know how, to identify themselves.</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	
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	Almost 90% of NMC nursing and midwifery registrants in the UK are female – see dependent section below.
General Public	None
Age	
Staff	Older people may be less likely to be computer literate and have access to a computer and the internet. Younger people (registrants, service users and carers) may have a preference for social media (Facebook, Twitter, etc.) as a means of communication. There will be a need to provide age-appropriate information including the use of Plain English.
Registrants	
General Public	
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

Registrants	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. 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.
General Public	
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?

<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>
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	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.

requested in alternative formats, receipt of which is recorded and requests are monitored.

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

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

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 required – it will also arrange for tele and video conferencing to facilitate those unable to travel.

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.

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 2020-21 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. NIPEDC's work streams and key actions are detailed in Appendix 1, and where required will be 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?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
Where appropriate to the workstream and its focus, NIPEC will liaise with BSO's Equality Unit in obtaining contact information to facilitate engagement with disability groups and their members.	N/A

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
<p>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.</p> <p>Communication materials developed in NIPEC will take this guidance and checklist into account.</p>	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
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If you have answered no to all of the above, please move on to **Question 6** on monitoring

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No
N/A	N/A	N/A	N/A

* It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

N/A

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
NIPEC will continue to monitor requests for alternative formats to inform the development of information in various formats at the time of publication.		

Approved lead officer: Jill Jackson

Position: Head of Corporate Services

Date: December 2020

Policy/decision screened by: Janet Hall, Corporate Services Manager

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward completed template to: equality.unit@hscni.net

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English), please contact:

Corporate Services Manager
NIPEC
79 Chichester Street
Belfast BT1 4JE

Email: enquiries@nipec.hscni.net

Tel: 0300 300 0066

Equality Screening Programme 2020-21

Business Plan Reference	Action	Lead SPO	Timescales (updated to reflect impact of Covid-19 third surge)
1A; 1B; 1C; 1D	<p>Recording Care - Transforming Nursing and Midwifery Data <i>(via Transformation funding)</i></p> <p>Continue to develop the Recording Care Project in relation to:</p> <ul style="list-style-type: none"> • Further implement the agreed regional approach to person centred care planning • Further explore the use of a standardised nursing language to support person centred care planning approaches • Support of a regional evaluation of the person centred care planning approach in collaboration with the University of Ulster and Queen's University Belfast • Explore opportunities for further resources/investment to support expansion of informatics capacity • Ensure the work directly supports and informs the development of the Encompass programme of work • Further develop the agreed person centred care planning approaches in District Nursing care settings. 	A Reed	<p>No further advance and unlikely to be by March 2021.</p> <p>Will be achieved.</p> <p>Delayed significantly due to HSC Trusts unable to support access for data collection.</p> <p>Will be achieved.</p> <p>Will be achieved.</p> <p>Delayed significantly due to HSC Trusts unable to support further development</p>

Business Plan Reference	Action	Lead SPO	Timescales (updated to reflect impact of Covid-19 third surge)
1A; 1B; 1C	<p>Nursing and Midwifery Supervision</p> <p>Lead in the coproduction of a model for Nursing and Midwifery Supervision within a single policy framework for Northern Ireland, through testing and refinement of a final version.</p> <p>Develop a suite of resources, including a web-based micro-site to support testing and implementation of the framework across nursing, midwifery and safeguarding processes.</p>	A Reed	Ongoing
1A	<p>Implementation of the DoH standards for the Nursing Assistant role</p> <p>Work with the DoH to identify systems which need to be in place to support the effective implementation of the DoH standards for the Nursing Assistant role.</p>	C McCusker	TBC by Chief Nursing Officer
2A	Quality Assure non-NMC approved education programmes	F Cannon	Some aspects of monitoring delayed
2B; 2C	<p>Future Nurse Future Midwife (FNFM)</p> <p>Continue to lead a process to embed the outworking of the new NMC Future Nurse pre-registration Nursing and Midwifery standards including:</p> <ul style="list-style-type: none"> • Ensuring timely system readiness for introduction of Future Nurse Standards from September 2020 • Curriculum Development against new Midwifery Education Standards • Development of a Practice Assessment Document for the new Midwifery Programme • Implementation of the NI model for the Standards for Supervision and Assessment (Nursing and Midwifery) • Engagement and Communication throughout the life of the project. 	F Cannon	Aligned to NMC timescales

Business Plan Reference	Action	Lead SPO	Timescales (updated to reflect impact of Covid-19 third surge)
2B; 2D	<p>Continuous Professional Development (CPD) Framework:</p> <p>Lead the development of a regionally agreed CPD Framework for Nurse and Midwives:</p> <ul style="list-style-type: none"> – Scope education programmes delivered within HSC Trusts, for example “in-house” – Develop an ‘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 Midwifery across the HSC Trusts – Align with arrangements for Preceptorship and Supervision for Nurses and Midwives across the system – Review the need and, if appropriate, make recommendations regarding development of an electronic system to support CPD aligned to the Online Portfolio and Careers Pathway. 	C McCusker	To be agreed by DoH
2B; 2C	<p>Education Support in Practice</p> <p>Review the process for education support in practice settings</p>	C McCusker	Commence December 2020

Business Plan Reference	Action	Lead SPO	Timescales (updated to reflect impact of Covid-19 third surge)
3A	Professionalism <ul style="list-style-type: none"> 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 Work collaboratively with the Northern Ireland Florence Nightingale Foundation Committee to plan and deliver the exhibition being held in the Ulster Museum. 	A Reed	<p>Delayed - UK CNOs to agree new target dates</p> <p>Will be achieved through the development of the surge capacity website and resources</p> <p>April – May 2020</p>
3B	NI Collaborative – Strengthening the Commitment Continue to support the NI Collaborative to take forward objectives agreed by DoH.	F Cannon	<p>March 2021</p> <p>Paused due to COVID-19 pandemic</p>
3B; 3C	Preceptorship Framework Review and update NIPEC's Preceptorship Framework against the new NMC guidelines	C McCusker	September 2020
3C	Link Nurse role Launch the Link Nurse Framework	???	September 2020

Business Plan Reference	Action	Lead SPO	Timescales (updated to reflect impact of Covid-19 third surge)
3C	<p>Career Pathways</p> <p>District Nursing</p> <p>In support of the District Nursing Framework 2018-26, develop a career pathway for all nursing and nursing assistant roles working within district nursing services.</p> <p>Mental Health Nursing</p> <p>In the context of the review of pre-registration education standards for mental health nurses, progress the development of a Career Pathway.</p> <p>Stroke Nursing</p> <p>Develop a career pathway for nurses working within Stroke services in Northern Ireland, reflecting the UK wide work developing a four country approach to Stroke Nursing.</p> <p>Neurology</p> <p>Develop a career pathway for nurses working within Neurology services in Northern Ireland.</p> <p>Public Health Nursing</p> <p>As the first stage of developing a career pathway for Public Health Nursing roles, review the Advanced Nursing Practice framework to include advance practice roles in Health Visiting.</p> <p>Safeguarding Adults</p> <p>Develop a career pathway for Nurses and Midwives working within an Adult Safeguarding role.</p>		<p>Likely to be extended as work has been delayed</p> <p>Work will align with MH Nursing Framework led by DoH & PHA</p> <p>Ongoing</p> <p>Ongoing</p> <p>Paused due to COVID-19 Pandemic</p> <p>Timescales to be aligned to PHA Safeguarding Adults Nursing Model</p>
3C	<p>Competence Assessment Tool</p> <p>Review and update Competence Assessment Tools developed prior to 2015</p>		Commence September 2020

Business Plan Reference	Action	Lead SPO	Timescales (updated to reflect impact of Covid-19 third surge)
4A	Communication and Engagement In collaboration with key stakeholders, develop an approach to encourage adoption and support implementation of NIPEC resources: <ul style="list-style-type: none"> • Further engage with organisations' nursing and midwifery for a • Deliver local information/awareness sessions • Facilitate implementation of specific resources tailored to practice settings • Recognition of successful adoption and implementation of NIPEC resources • Continued engagement with key stakeholders through a wide range of events • Maximising engagement on social media including hosting and engaging with twitter chats on relevant topics in collaboration with key partners. 		Ongoing
4A; 4C	Delegation <ul style="list-style-type: none"> • Support the testing of a multi-professional governance framework for delegation across integrated care teams. • Support the production of a multi-professional governance framework for delegation across integrated care teams. • Consider the DoH Nursing Assistant resources in the context of the Maternity Support Worker role. 	A Reed	Unlikely to be completed by March 2021 As above TBC by DoH
4A; BB; 4D	Nursing and Midwifery Careers website Review and development of the Career Pathways website.	C McCusker	TBC subject to capital allocation