Equality and Human Rights Screening Template

Digital Capabilities Project

January 2021

NIPEC is 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.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Nursing and Midwifery Digital Health Capability Framework All-Ireland Collaboration

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)**

Summary Paragraph

This document is responsible for the jurisdiction of the North of Ireland in terms of equality and human rights screening. It bears no responsibility for that attached to the Republic of Ireland.

Background & Context

Republic of Ireland

The Healthcare Service Executive is planning, prioritising and investing in digital capabilities that support Slaintecare and Healthcare Executive (HSE) imperatives and ambitions for improving services. Nurse and midwives, as the largest group of healthcare professionals in Ireland play a vital role in digital health and in planning for the implementation of connected digital health.

A digital roadmap for Nursing and Midwifery (2019) has been developed to to facilitate national engagement on what actions need to happen for nursing and midwifery and to initiate and progress strategic and policy decisions about information and digital technology in nursing and midwifery.

One of the key goals of the Roadmap is to build a digital workplace and developing digital capabilities for nursing and midwifery is a fundamental component of this to provide support for individuals and organisations within the professions.

Northern Ireland

A 10 year transformation programme to digitally enable Health and Social Care in Northern Ireland encompasses a range of major projects to include: the adoption of a citizen focused Electronic Healthcare Record (EHCR), digital shared services, development of technology enabled care services and mobilisation of the workforce.

This work supports the digital future for healthcare in Northern Ireland and seeks to ensure that the building blocks are in place to improve population health, quality and experience of care, support for the workforce and future sustainability of services. A component of this work is focused on the digital capabilities of the workforce as an enabler for change and a key driver to achieve improved outcomes.

In addition to this the Chief Nursing Officer published the Nursing and Midwifery Task Group Report in March 2020, with a chapter focusing on digital transformation and outlining the need to strengthen not only the infrastructure but also the skills of nurses and midwives.

Australia

The Australian Institute of Digital Health (AIDH) have recently developed a capabilities framework for Australian nurses and midwives. This work was completed in partnership and for the Australian Digital Health Agency with the input and support of the major nursing and midwifery professional associations, education and representative bodies. Following extensive national consultation, the Framework was released in October 2020.

Loretto Grogan, National Clinical Information Officer for Nursing and Midwifery approached AIDH to explore the possibility of adapting the Framework for the Irish healthcare setting. AIDH responded with a proposal which was welcomed by the Nursing and Midwifery Services Director, ONMSD, National Digital Advisory Group and the Digital Capabilities Development Group.

Alongside the AIDH proposal, colleagues in Northern Ireland were also approached by Loretto Grogan, to suggest a collaborative arrangement in the development an All-Ireland framework for nurses and midwives. This proposal was discussed with key nursing and midwifery leaders in Northern Ireland, and in particular the office of the Chief Nursing Officer, gaining approval to progress.

There is an opportunity to leverage off the work completed to date and the knowledge gained through the project to contribute to the development of a Framework for Ireland.

Purpose

The project seeks to build a digital health capabilities framework for the nursing and midwifery workforce in the Republic of Ireland (ROI) and Northern Ireland. Following engagement with and agreement from AIDH, the ONMSD and colleagues from NIPEC and Digital Health and Care Northern Ireland (DHCNI), in collaboration with key stakeholders and AIDH will adapt the Australian Framework for healthcare setting across the Island of Ireland. The project commenced in September 2020 and is scheduled to complete end of Q1 2021.

Key Deliverables

Key deliverables for the project are:

- Phase 1: Phase 1: Establishment of the project following confirmation from AIDH to endorse and support the development an all-Ireland Digital Health Capability Framework for Nurses and Midwives
- Phase 2: Stakeholder engagement and project awareness
- Phase 3: Report from wide-ranging, all- Ireland representative national consultation
- Phase 4: Formally reviewed and endorsed all-Ireland Digital Health Capabilities Framework for Nurses and Midwives
- Phase 5: Framework launch

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

- Department of Health (Northern Ireland)
- NIPEC

- Nursing and midwifery colleagues
- Higher Education Institutes, Centres for Nursing and Midwifery Education and other education providers
- Nursing and Midwifery Students
- Professional organisation colleagues

1.4 Other policies or decisions with a bearing on this policy or decision
- **what are they?**
- **who owns them?**

Nursing and Midwifery Digital Health Capability Framework Project Plan

Health and Wellbeing 2026 - Delivering Together (DOH May 2017)

Nursing and Midwifery Task Group Report (DOH March 2020)

(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 UK data 2019/20

NI HSC Workforce Census as at March 2020

NI Health Survey (NISRA) 2017

NI Life and Times Survey (NILT) 2016

Census 2011

NI Life and Times Survey (NILT) 2016

Office for National Statistics (ONS) Sexual Orientation UK 2017

The Gender Identity Research and Education Society (GIRES)

NI Health Survey (2016/17)

Equality Coalition (2016) Effective Consultation Guide - available at http://www.equalitycoalition.net/wp-content/uploads/2012/11/Effective-Consultation.pdf

2.2 Quantitative Data

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

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

Category	***What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	NMC Equality and Diversity data for the UK in 2019/20 reports: • 10.7% of **nursing and midwifery** registrants are male, whilst 89.3% are female. • 11.4% of **nursing** registrants are male, whilst 88.6% are female. • 0.3% of **midwifery** registrants are male, whilst 99.7% are female. Northern Ireland HSC Workforce Census as at March 2020 reports that females represented 92% of **nursing and midwifery** staff, with 57% working full time. Males represented 8% of the **nursing and midwifery** workforce, with 90% working full time. It was also noted that 79% of HSC employees are female with 56% working full time. The remaining 21% were male, with 84% working full time.
Age	NMC Equality and Diversity data for the UK in 2019/20 reports: • 8.1% of **nursing and midwifery** 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. • 8.2% of **nursing** registrants are aged 61 and over; 27.1% are aged 51-60; 26.2% are aged 41-50; 22.6% are aged 31-40; and 16% are aged between 21 and 30. • % of **midwifery** registrants are aged 61 and over; 23.9% are aged 51-60; 22.4% are aged 41-50; 27% are aged 31-40; and 21.6% are aged between 21 and 30. Northern Ireland HSC Workforce Census as of March 31st 2020 reports that 43% of **nursing and midwifery** staff were aged under 40, 25% aged 40-59 and 32% aged 50+. It also report 39% of the **midwifery** workforce were aged under 40; 26% were aged 40-49 and 35% were aged 50+ Most recent mid-year population estimates for NI (NISRA 2017) show: • 0-19 (inclusive) = 483,978 (26% of NI population) • 20-34 = 366,619 (19.7%) • 35-49 = 370,263 (19.9%) • 50-64 = 343,522 (18.4%) • 65-74 = 166,059 (8.8%) • 75-89 = 118,965 (6.4%)

	• 90+ = 12,731 (0.7%)
Religion	NMC Equality and Diversity data for the UK in 2019/20 reports: • 59.5% of **nursing and midwifery** 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 • 59.7% of **nursing** registrants are Christian; 9.9% are either unknown or prefer not to answer; 25% state no religion; 1.6% are Muslim; 2% are Hindu/Buddhist/Jewish/ Sikh; and 1.7% other • 53.6% of **midwifery** registrants are Christian; 6.3% are either unknown or prefer not to answer; 33.7% state no religion; 1.7% are Muslim; 1.2% are Hindu/Buddhist/Jewish/ Sikh; and 1.4% other NI HSC Workforce Census for this is unavailable. Census 2011 figures for NI indicate: • 45.14% (817,424) are either Catholic or brought up as Catholic • 48.36% (875,733) are Protestant or brought up as Protestant • 0.92% (16,660) belong to or had been brought up in other religions and philosophies • 5.59% (101,220) neither belonged to, nor had been brought up in a religion. • Catholic - 40.76% (738,108) • Presbyterian Church in Ireland – 19.06% (345,150) • Church of Ireland – 13.74% (248,813) • Methodist Church in Ireland – 3% (54,326) • Other Christina (including Christian related) – 5.76% (104,308) • Other religions – 0.82% (14,849) • No religion – 10.11% (183,078) • Did not state religion – 6.75% (122,233)
Political Opinion	There is no NMC Equality and Diversity UK data for this group. NI HSC Workforce Census for this is unavailable. Census 2011 figures for NI indicate: • British only – 39.89% (722, 353) • Irish only – 25.26% (457, 424) • Northern Irish only – 20.94% (379, 195) • British and Northern Irish only – 6.17% (111, 730) • Irish and Northern Irish only – 1.06% (19, 195) • British, Irish and Northern Irish – 1.02% (1847) • British and Irish only – 0.66% (11, 952) • Other – 5.00% (90, 543) NI Population (NILT) 2016: • Unionist - 29% • Nationalist - 24% • Neither - 46% • Other/don’t know - 2%
Marital Status	There is no NMC Equality and Diversity UK data for this group.

	NI HSC Workforce Census for this is unavailable. Census 2011 figures for NI indicate: • 47.56% of the resident population aged 16 and over are married • 36.14% are single • 0.09% are registered in same-sex civil partnerships • 9.43% are divorced, separated or formerly in same-sex partnership • 6.78% are either widowed or a surviving partner. NI Population (NILT) 2016: • Single (never married) – 33% • Married and living with husband/wife or civil partner in a legally-registered civil partnership – 50% • Married and separated from husband/wife/civil partner – 3% • Divorced/Dissolution – 6% • Widowed – 8%
Dependent Status	There is no NMC Equality and Diversity UK data for this group. NI HSC Workforce Census for this is unavailable. Census 2011 figures for NI report: • 11.81% of the resident population provide unpaid care to family members, friends, neighbours • 3.11% provided 50 hours of care of more • 33.86% of households contain dependent children • 40.29% contained at least one person with a long-term health problem or a disability. NI Health Survey reports 13% have caring responsibilities (2016/17).
Disability	NMC Equality and Diversity data for the UK in 2019/20 reports: • 91.4% of **nursing and midwifery** registrants state they do not have a disability; 3.7% state they do; and 4.9% are unknown or prefer not to answer • 91.3% of **nursing** registrants state they do not have a disability; 3.7% state they do; and 5% are unknown or prefer not to answer. • 93.2% of **midwifery** registrants state they do not have a disability; 3.7% state they do; and 3.2% are unknown or prefer not to answer. NI HSC Workforce Census for this is unavailable. NI Health Survey 2017 reports 42% have a long-standing illness (30% limiting; 12% non-limiting). Census Data (2011) shows that 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. This includes: • 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 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)**
Ethnicity	NMC Equality and Diversity data for the UK in 2019/20 reports: • 75.5% of **nursing and midwifery** registrants are White; 4.5% are unknown or prefer not to say; 8.5% are Black/African/Caribbean; 8.6% are Asian Bangladeshi/Chinese/ Indian/Pakistani; and 3% are Mixed/Multiple Ethnic/other Ethnic group. • 74.7% of **nursing** registrants are White; 4.7% are unknown or prefer not to say; 8.6% are Black/African/Caribbean; 9.1% are Asian Bangladeshi/Chinese/Indian/Pakistani; and 3% are Mixed/Multiple Ethnic/other Ethnic group. • 90.1% of **midwifery** registrants are White; 1.4% are unknown or prefer not to say; 4% are Black/African/Caribbean; 2% are Asian Bangladeshi/Chinese/Indian/Pakistani; and 2.7% are Mixed/Multiple Ethnic/other Ethnic group. NI HSC Workforce Census for this is unavailable. Census 2011 figures for NI report : • White – 98.21% (1, 778, 449) • Chinese – 0.35% (6, 338) • Irish Traveller – 0.07% (1, 268) • Indian – 0.34% (6, 157) • Pakistani – 0.06% (1, 087) • Bangladeshi – 0.03% (543) • Other Asian – 0.28% (5, 070) • Black Caribbean – 0.02% (362) • Black African – 0.13% (2354) • Black Other – 0.05% (905) • Mixed – 0.33% (5976) • Other – 0.13% (2354) (1.8% 32,596 of the usual resident population belonged to minority ethnic groups)
Sexual Orientation	NMC Equality and Diversity data for the UK in 2019/20 reports: • 88.5% of **nursing and midwifery** registrants are Heterosexual or straight; 9% are unknown or prefer not to say; 0.7% are Bisexual; and 1.7% are Gay or Lesbian. • 88.2% of **nursing** registrants are Heterosexual or straight; 9.3% are unknown or prefer not to say; 0.7% are Bisexual; and 1.8% are Gay or Lesbian. • 93.3% of **midwifery** registrants are Heterosexual or straight; 5.2% are

	unknown or prefer not to say; 0.7% are Bisexual; and 0.7% are Gay or Lesbian. NI HSC Workforce Census for this is unavailable. There is variation in estimates of the size of the LGB&T population in Northern Ireland. Estimates are as high as 5-7% (65-90,000) of the adult population in Northern Ireland (based on the UK government estimate of between 5-7% LGB&T people in the population for the purposes of costing the Civil Partnerships Act). A similar proportion or more recently the Office of National Statistics estimate 1.5-2% which would be closer to 20-30,000 adults. This latter document is disputed by various LGB&T organisations.

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	Almost 90% of NMC registrants in the UK are female. 92% of Nursing and Midwifery registrants in Northern Ireland are female. **Phase 1 Establish Project** There are no particular needs/ issues on the basis of gender for this stage of the programme. **Phase 2 Engage Stakeholders** and **Phase 3 Consultation** It is recognised that women tend to be more dependent on public transport, and may find it more difficult to attend meetings that do not have public transport links. Females are more likely to have caring responsibilities than their male counterparts – see dependent section below. **Phase 4 Adaption of Framework for endorsement** There are no particular needs/ issues on the basis of gender for this stage of the programme. **Phase 5 Launch** There are no particular needs/ issues on the basis of gender for this stage of the programme.
Age	**Phase 1 Establish Project** There are no particular needs/ issues on the basis of age for this stage of the programme. **Phase 2 Engage Stakeholders and Phase 3 Consultation** Different age groups may prefer different types of communication. For example, those in younger age groups may have a preference for social media as a means of communication, while those in older age groups may

	prefer face to face, or paper communication. **Phase 4 Adaption of Framework for endorsement** There are no particular needs/ issues on the basis of age for this stage of the programme. **Phase 5 Launch** 57% of the nursing and midwifery workforce in Northern Ireland are over 40, 25% aged 40-59 and 32% aged 50+. Those in older age groups in may be less likely to be computer literate and have access to a computer or the internet. As a result, they may be less confident in moving to a digital format and increased use of technology.
Religion	**Phase 1 Establish Project** There are no particular needs/ issues on the basis of religion for this stage of the programme. **Phase 2 Engage Stakeholders** Stakeholders from different religious communities may have specific requirements with regards to meeting timings/ dates. It is also important to consider that stakeholders attending meetings where lunch/ refreshments are provided may have specific dietary requirements (e.g. no pork products etc.) **Phase 3 Consultation** It is recognised that certain religions (e.g. Christianity/ Muslim/ Judiasm) will have holiday periods, where they may have less time to consider any responses to a consultation. **Phase 4 Adaption of Framework for endorsement** and **Phase 5 Launch** There are no particular needs/ issues on the basis of religion for this stage of the programme.
Political Opinion	**Phase 1 Establish Project** There are no particular needs/ issues on the basis of political opinion for this stage of the programme. **Phase 2 Engage Stakeholders and Phase 3 Consultation** People from loyalist or republican backgrounds may feel uncomfortable attending venues that are located in an area regarded as belonging to the "opposite" tradition. **Phase 4 Adaption of Framework for endorsement** and **Phase 5 Launch** There are no particular needs/ issues on the basis of political opinion for this stage of the programme.
Marital Status	**Phase 1 Establish Project** There are no particular needs/ issues on the basis of marital status for this stage of the programme. **Phase 2 Engage Stakeholders** and **Phase 3 Consultation** Issues for those with dependents may be compounded for those who are

	single parents. To mitigate issues of accessibility meetings should be planned in advance to address associated risks. **Phase 4 Adaption of Framework for endorsement** and **Phase 5 Launch** There are no particular needs/ issues on the basis of marital status for this stage of the programme.
Dependent Status	**Phase 1 Establish Project** There are no particular needs/ issues on the basis of dependent status for this stage of the programme. **Phase 2 Engage Stakeholders** and **Phase 3 Consultation** 92% of the NI nursing and midwifery workforce are female. In view of this 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. **Phase 4 Adaption of Framework for endorsement** and **Phase 5 Launch** There are no particular needs/ issues on the basis of dependent status for this stage of the programme.
Disability	**Phase 1 Establish Project** There are no particular needs/ issues on the basis of disability for this stage of the programme. **Phase 2 Engage Stakeholders** and **Phase 3 Consultation** It is recognised that individuals with different disabilities will have different needs in order to effectively participate in the Engagement and Consultation phases of the project. Individuals with certain disabilities (e.g. mental health issues**)** may find public meetings a more difficult process if they are not comfortable in large groups or used to speaking in public. **Phase 4 Adaption of Framework for endorsement** Potential issues for those with sensory impairments to be considered relate 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. **Phase 5 Launch** Meetings to be conducted virtually and consideration may need to be given to those where commuter or internet access is not available or accessible. People with disabilities may be less likely to have access to a computer or the intranet or may find the use of IT equipment challenging, especially staff with a learning disability. In consideration of those who are unable to access meetings virtually, information will be provided in accessible formats as required. Issues relating to accessible information for people with disabilities are

	considered in our Accessible Formats Policy.
Ethnicity	The NMC has a language requirement stating that all non-EU trained nurses or midwives must complete the International English Language Test (IELTS) before they can be approved to practice in the UK. Therefore, it is not anticipated that language will be a barrier to accessing information and participating in this project at any stage. There are no particular needs/ issues on the basis of ethnicity for any of the phases of the programme.
Sexual Orientation	It is felt that delivery of this specific project would not have a differential impact on individuals based on their sexual orientation. There are no particular needs/ issues on the basis of sexual orientation for any stage of the programme (Phase 1 Establish Project, Phase 2 Engage Stakeholders, Phase 3 Consultation, Phase 4 Adaption of Framework for endorsement, and Phase 5 Launch)

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

None

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Disability: Access to information and engagement and communication with stakeholders is paramount in achieving the aims and objectives of this project. Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy. Communication and consultation with Section 75 groups will be ongoing throughout the project, using various mechanisms such as email, virtual meetings, teleconferencing	The lead officer will review any equality issues, including those identified in 2.3 and undertake the required screening. All meetings will be conducted virtually in response to the coronavirus pandemic and associated restrictions limiting social gatherings. In consideration of the potential negative impact of moving to a virtual/remote meeting approach information will be provided in a variety of formats to ensure accessibility for all.

and NIPEC's website. Individuals with certain disabilities (e.g. mental health issues) may find public meetings a more difficult process if they are not comfortable in large groups or used to speaking in public. The needs of this group should be accommodated by another method of consultation. Consideration will be given to more informal forms of consultation that may be appropriate – for example, email or web-based forums, public meetings, working groups, focus groups, and surveys – rather than always reverting to a written consultation. People with learning disabilities may be less likely to have access to a computer or the intranet or may find the use of IT equipment challenging. Relevant resources will be provided in alternative format upon request. **Religion:** Stakeholders from different religious communities may have specific requirements with regards to meeting timings / dates. It is also important to consider that stakeholders attending meetings where lunch / refreshments are provided may have specific dietary requirements (e.g. no pork products etc.) All meetings will be conducted virtually in response to the coronavirus pandemic and associated restrictions limiting social gatherings, therefore there should be low negative impact. In consideration of those who are unable to access meetings virtually, information will be provided in accessible formats as required. It is recognised that certain religions (e.g. Christianity/ Muslim/ Judaism) will have holiday periods, where they may have less time to consider any responses to a consultation. Consultations will run for a period of 12 weeks, and if these run over prolonged periods of religious holidays (e.g. Ramadan/ Christmas etc.) additional time will be added to the consultation period. **Political opinion:** People from loyalist or republican backgrounds may feel uncomfortable in	Organisation of meetings with stakeholders, who may have particular needs regarding timing of meetings, access to IT equipment, internet and relevant information, will be considered at the time of organising meetings. Meetings will be planned well in advance and be sufficient in number to ensure accessibility. These requirements will also be considered when developing information to be shared.

venues that are located in an area regarded as belonging to the “opposite” tradition. All meetings will conducted virtually in response to the coronavirus pandemic and associated restrictions limiting social gatherings therefore there should be low negative impact. **Age:** It is recognised that certain age groups may have different preferences for communication. In consideration of the potential negative impact of moving to a remote meeting approach, information will be provided using a variety of formats to ensure accessibility for all. The accessibility of formats was a subject raised in the project team meetings in the initial consultation phase which will have a second stage – where printable formats will be sent to registrants for review. Those in older age groups in may be less likely to be computer literate and have access to a computer or the internet. As a result, they may be less confident in moving to a digital format and increased use of technology. The purpose of the framework is to address these needs and improve the digital capabilities of nursing and midwifery staff. **Dependents:** Those with dependents and/or caring responsibilities 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. Also, there will be 12 consultation workshops, to allow additional opportunities for participation, as well as opportunities for people to contribute via email or online survey.	

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:

Mitigation has been put in place to address any equality issues identified in the screening of this policy. It is not thought that subjecting this policy to EQIA will present further opportunities to promote equality of opportunity.

(4) CONSIDERATION OF DISABILITY DUTIES

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

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

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?*
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
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above, please move on to **Question 6** on monitoring*

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

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

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

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

N/A

(6) MONITORING

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

Equality & Good Relations	Disability Duties	Human Rights
N/A	N/A	N/A

Approved lead officer:	Angela Reed
Position:	Senior Professional Officer
Date:	February 2021
Policy/decision screened by:	Ursula Gaffney / Janet Hall

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

Equality Unit/ BSO/ James House/ 2-4 Cromac Avenue/ Belfast/ BT7 2JA

Tel: 028 9536 3961

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

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