

Equality and Human Rights Screening Template



Quality Improvement Strategy

NIPEC 19/04

September 2019

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

Quality Improvement Strategy

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 works in partnership and collaboration with its stakeholders to co-design and co-produce resources which support registrants in the delivery of safe, effective, person-centred and compassionate care. Its Quality Improvement (QI) Strategy outlines NIPEC plans for the coming years to support the ongoing development of staff and engagement with its stakeholders in quality improvement approaches and activities.

The QI Strategy sets out NIPEC's commitment to:

- developing its staff, encouraging continuous learning and development
- creating a supportive culture which nurtures staff to lead quality improvement internally within its own systems and processes and externally through its workstreams and projects.

Implementation and delivery of the QI Strategy will be through:

- Staff development and training
- Quality improvement activities
- Annual recognition of quality improvement
- Health and social wellbeing activities
- Communication and engagement.

NIPEC's Business Team will have QI as a standing item on its agenda and the QI Strategy and its implementation will be reviewed annually by NIPEC's Council.

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
- NMC
- Department of Health
- HSC Trusts
- Higher Education Institutions, ie. QUB, Ulster University, Open University

- Independent / Voluntary Sector
- Professional bodies / staff side organisations
- Other HSC organisations, ie. PHA, CEC, RQIA

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

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

NIPEC's Business Plan 2019-20
 NIPEC's Corporate Plan 2017-21
 NIPEC's Engagement and Communication Strategy (2016; revised 2019)
 NIPEC's 2018-19 Communication and Engagement Summary Report (April 2019)
 HSC Collective Leadership Strategy (2017)
 Department of Health's Outcomes Based Accountability (OBA) Framework (2017)
 Department of Health's Health and Wellbeing 2026: Delivering Together (2016)

(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 September 2019
 NIPEC Council data as at March 2015
 NMC Annual Equality, Diversity and Inclusion Report 2017-18 (proxy data)
 NMC Equality and Diversity proxy data 2017
 NI HSC Workforce Census as at March 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 690,278 nurses and midwives who were on the NMC register on 31 March 2018.

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 September 2019, current figure indicate 94.44% of NIPEC workforce is female and 5.56% 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 2018 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>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 September 2019, figures indicate NIPEC's workforce falls within the following age groups:</p> <p>35-39 – 16.67%</p> <p>40-44 – 0%</p> <p>45-49 – 0%</p> <p>50-54 – 22.22%</p> <p>55-59 – 38.89%</p> <p>60-64 – 11.11%</p> <p>>65 – 11.11%</p> <p>As at March 2015, figures indicate NIPEC's Council falls within the following age groups:</p> <p>16-24 – 0</p> <p>25-34 – 7.7%</p> <p>35-49 – 38.5%</p>

	<p>50-64 – 38.5%</p> <p>65-74 – 15.3%</p> <p>NMC Equality and Diversity data for the UK in 2018 reports 8.7% are over 60, 29% are in their 50s, 27.1% are in their 40s, 21.5% are in their 30s and 13.6% are between 19 and 29.</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>
Religion	<p>As at September 2019, figures for NIPEC workforce indicate 44.44% are Protestant, 27.78% are Catholic and 27.78% 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's Equality, Diversity and Inclusion Report 2018 notes that 30.1% of midwives say they have no religion or belief compared with 22.1% of nurses. It also states that 54.8% of midwives identify as Christian compared with 59.8% of nurses.</p> <p>More specifically, the NMC Equality and Diversity data for the UK in 2017 reported 54.3% of registrants are Christian, 21.3% are unknown or prefer not to answer, 19.6% state no religion, 1.8% are Muslim, 1.7% are Hindu/Buddhist/Jewish/Sikh and 2% other.</p>
Political Opinion	<p>Data available for NIPEC workforce and 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 data for this group.</p> <p>NI HSC Workforce Census for this is unavailable.</p>
Marital Status	<p>As at September 2019, figures indicate 66.67% of NIPEC's workforce is married or in a civil partnership, whilst 33.33% 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 data for this group.</p> <p>NI HSC Workforce Census for this is unavailable.</p>
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 data for this group.</p> <p>NI HSC Workforce Census for this is unavailable.</p>

Disability	<p>As at September 2019, figures indicate 72.22% of NIPEC's workforce state they do not have a disability, 27.78% 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 2018 reports 86.7% of registrants do not have a disability, 9.3% are unknown or prefer not to answer, and 3.9% state they do.</p> <p>NI HSC Workforce Census for this is unavailable.</p>
Ethnicity	<p>Full data not available, however, anecdotal evidence suggests staff are white and/or 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 2018 reports 74.1% of registrants are white, 7.7% are unknown or prefer not to say, 7.7% Black/African/Caribbean, 7.7% Asian Bangladeshi/Chinese/Indian/Pakistani, and 2.8% are mixed/multiple Ethnic/other Ethnic group.</p> <p>NMC's Equality, Diversity and Inclusion Report 2018 notes that 18% of registrants are from ethnic minority groups.</p> <p>NI HSC Workforce Census for this is unavailable.</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's Equality, Diversity and Inclusion Report 2018 notes that 0.6% of midwives identify as gay or lesbian as compared with 1.7% of nurses.</p> <p>More specifically, NMC Equality and Diversity data for the UK in 2017 reports 77.1% of registrants are heterosexual, 14.9% are unknown or prefer not to answer and 2% are LGB.</p> <p>NI HSC Workforce Census for this 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>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.</p> <p>90% of NMC registrants in the UK are female – see dependent section below.</p>
Age	<p>Older people may be less likely to be computer literate and have access to a computer and the internet.</p> <p>Younger people (registrants) may have a preference for social media (Facebook, Twitter, etc.) as a means of communication.</p>
Religion	<p>There is no data to suggest that the needs and experiences of service users differ on the basis of Religion.</p>
Political Opinion	<p>There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion.</p>
Marital Status	<p>Issues for those with dependents (see below) in terms of timing and location of meetings may be exacerbated for single parents.</p>
Dependent Status	<p>Those NIPEC wish to engage with that have dependents may require some flexibility in terms of timing and location of meetings.</p>
Disability	<p>Consideration may need to be given to access to buildings/venues for meetings for those with physical disability. People with a learning disability or sensory impairment may require some form of additional support when attending meetings or engagement events.</p> <p>Those with a learning disability may need communication to be tailored to their needs, including Easy Read.</p> <p>People with a disability may require accessible formats to be made available.</p> <p>People with a disability may be less likely to have access to a computer or the internet.</p>
Ethnicity	<p>Whilst the NMC require 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.</p>
Sexual	<p>There is no data to suggest that the needs and experiences of service</p>

Orientation	users differ on the basis of Sexual Orientation.
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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 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, 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.</p> <p>Those whose first language is not English As part of HSCNI, NIPEC can access the regional contract for translation and interpreting.</p> <p>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.</p> <p>People with dependents, political opinion/religion When planning engagement events and meetings, NIPEC will consider their timing</p>	<p>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.</p> <p>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 will be 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.</p>

<p>and location and the need for a neutral venue/location. Where applicable, assistance with travel expenses will also be considered.</p> <p>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.</p>	
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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 is in place in relation to any impacts identified during the screening process for the Section 75 groups. It is not thought that subjecting the policy to an 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

* 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.

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(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: Cathy McCusker

Position: Senior Professional Officer

Date: September 2019

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

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

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

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

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