Equality and Human Rights Screening Template

Promoting a Career in Perioperative Nursing

April 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

Promoting a Career in Perioperative Nursing

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

The Chief Nursing Officer has commissioned a Steering Group comprising key stakeholders from the Public Health Agency, NIPEC, HSC Trusts, Education Providers and Professional Bodies/Staff Side organisations to improve the recruitment, and retention of nurses into the perioperative environment and also enhance this career pathway. This will be achieved primarily through the development of a Career Pathway in perioperative Nursing and other actions as detailed in the objectives below. The work will be completed taking account of the work of Delivering Care Phase 1b.

Aim

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

Objectives

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

a) Recruitment.

Promotion of a career in perioperative nursing to reduce the number of vacancies in the perioperative nursing workforce through the development of a local/national recruitment drive in partnership with HSC Trusts.

b) Review of practice placements.

Working in partnership with HSC Trusts and education providers to review current student nurse placement opportunities and develop a plan to increase placements in the perioperative environment.

c) Career development in perioperative nursing

Develop a comprehensive career pathway for perioperative nursing focusing in the first instance on Orthopaedic nursing. In taking this work forward the group will:

- Share knowledge and expertise to inform and develop the core roles in the perioperative nursing career pathway and agree for each role:
  - Core competencies
  - Core education and learning requirements
  - Core job descriptions/personnel specifications.

d) Promotion of a career in perioperative nursing

Develop a microsite on NIPEC's main website hosting all the resources and seek permission for it to be available to access on the NI nursing and midwifery careers website.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

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

HSC organisations, eg. HSC Trusts, PHA

Education Providers, eg. QUB, UU, OU, CEC

Staff side organisations

Nursing and Midwifery Council (NMC)

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

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

DoH Nursing & Midwifery Task Group Report 2020 and Implementation Framework 2020

Department of Health & NIPEC (2018) Career Framework for Specialist Nursing Roles

(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)

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	Almost 90% of NMC registrants in the UK are female. 92% of Nursing and Midwifery registrants in Northern Ireland are female. 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	57% of the nursing and midwifery workforce in Northern Ireland are over 40, 25% aged 40-59 and 32% aged 50+. 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).
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	Females are more likely to have caring responsibilities than their male counterparts – see dependent section below.
Age	Those in older age groups may be less likely to be computer literate and have access to a computer or the internet. Those in younger age groups may have a preference for social media (Facebook, Twitter etc) as a means of communication.
Religion	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.
Political Opinion	Meetings will conducted virtually in response to the coronavirus pandemic and associated restrictions limiting social gatherings, therefore there should be low negative impact.
Marital Status	Issues for those with dependents may be compounded for those who are single parents.
Dependent Status	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. The use of technology such as zoom for meeting and engagement events could have a positive impact for those with dependents who would otherwise have had to arrange alternative care arrangements.
Disability	Some potential issues relating to accessibility of the website, use of internet and publication of electronic documents for registrants with

	disabilities and the need to ensure that website accessibility standards are met and suitable alternative formats are made available. People with certain disabilities may be less likely to have access to a computer or the intranet. Meetings to be conducted virtually and the project will maximise the use of digital technology to engage with stakeholders such as zoom, survey monkey/citizen space and Facebook and twitter. These options must be considered in terms of accessibility, for example, those where computer or internet access is not available or accessible. Consideration may also need to be given to access to buildings/venues for meetings and events for those with physical disability. Those with sensory disabilities may require some form of additional support when attending meetings and events or making contact with NIPEC, such as a sign language interpreter.
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. However, as the recruitment drive includes a local and national drive, there may still be a need for documentation to be produced in an alternative language.
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation.

2.4 Multiple Identities

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

None

2.5 Making Changes

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

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Gender: Women are more likely to have caring responsibilities. For those who have	The lead officer will review any equality issues, including those identified in 2.3 and undertake the required screening.

dependents, a flexible approach will be taken in terms of timing and location of meetings or engagement events. **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. **Ethnicity:** Accessible Formats Policy outlines how those developing information should consider alternative formats, and how information and publications can be requested in alternative formats, including in another language As part of HSCNI, NIPEC can access the regional contract for interpreting, translation and transcription services.	Organisation of external / virtual meetings with stakeholders who may have particular needs regarding timing and location of meetings and access to buildings, IT equipment, internet and information, will be considered at the time of organising meetings, booking venues and developing information to be shared.
	Screening has identified that a number of Section 75 groups have particular needs and be more likely to require safeguarding. In developing the career pathway and any supporting documents, the specific needs of these Section 75 groups and their diversity across the groups will be considered, and where necessary, reflected within the pathway.

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
None	None	None

Approved lead officer: Cathy McCusker

Position: Senior Professional Officer

Date: April 2021

Policy/decision screened by: Cathy McCusker / 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

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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