Equality and Human Rights Screening Template

Transforming Nursing and Midwifery Data
(Transformation Project)

April 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?

For advice and support on screening contact:
Sandra Rafferty / Anne Basten
Equality Unit
Business Services Organisation
2 Franklin Street
Belfast
BT2 8DQ
☎   (028) 9536 3813 or (028) 9536 3814
Email: sandra.rafferty@hscni.net   or   anne.basten@hscni.net

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

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Transforming Nursing and Midwifery Data

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 Recording Care Project, which has consistently been chaired by an Executive Director of Nursing, began in 2011. Over the past 7 years, the Project has coordinated the spread of improvement methodologies, guidance and resources for record keeping practice for nursing and midwifery within adult hospital-based care, children's hospital-based care and learning disabilities care settings in Health and Social Care (HSC) Trusts, Northern Ireland.

The link between the provision of safe, effective, person centred care delivery and accurate record keeping practice has been the subject of many public inquiries over the last 10 years in Northern Ireland and is recognised across the nursing and midwifery professions as a key objective to be taken forward to underpin practice within the developing healthcare economy within Northern Ireland.

Northern Ireland is continuing to progress the procurement of a digital health and care system to include electronic clinical noting, amongst other elements through the Encompass program of work. It has been recognised that the important role of nursing's data must be considered, when electronic patient record systems are developed in health care organisations. It is therefore of significance, that in moving forward with transformational work relating to nursing and midwifery data capture, the Steering Group of Recording Care continues to contribute to this emerging agenda in Northern Ireland. In addition, it is important for nurses and midwives to explore the use of internationally validated nursing informatics systems, such as the International Classification for Nursing Practice (ICNP®).

Currently the policy position for Northern Ireland is to advance toward a health system founded on principles of co-production, underpinned by the transition of people moving from being passive recipients to partners in care and services. At the heart of this move is the care planning process and care plan.

The importance of person-centred approaches and the need to obtain the views of users and carers as part of assessment and care planning has also been highlighted in multiple regional reviews and public inquiries in Northern Ireland.

The product of a 'ground up' iterative process, the '*PACE' (Person-centred Assessment, Care planning and Evaluation) Framework* is applied in certain clinical areas in conjunction with the activities of living, incorporating relevant risk assessments. The Chief Nursing Officer along with the Executive nurses from the range of statutory sector organisations within the province have determined that, the use of the PACE Framework will be extended across the region to support person-centred care planning practice.

The nursing and midwifery workforce is the largest professional workforce. Practitioners record vast amounts of data every day of their working lives. Most of this data is currently

difficult to collate – paper, paper-lite and paperless systems not easily analysed for any purpose of scale. Data that cannot be standardized and named, cannot be identified appropriately, taught, financed or transform public policy.

Through the PACE programme of work, it has been established that nursing and midwifery practitioners in Northern Ireland require significant assistance based in practice environments to adjust to and adopt organisational change of this magnitude.

Work nationally and internationally suggests that effective contribution and improvement in nursing and midwifery care and outcomes can be better managed through specific to care and service settings which is reported centrally and managed independently to inform transformation of services. The project will secure a regional approach to care planning which will be utilised in any future digital solution such as the Encompass programme of work. This work will identify information distinct to nursing and midwifery practice.

The aim of the Transforming Nursing and Midwifery Data (TNMD) Project is:

To support the transformation of practice and support the nursing and midwifery professions to lead and implement transformational change relating to data capture and preparedness for digital recording keeping.

The objectives of the project are to:

- Extend the adoption of the regionally agreed PACE approach to nursing and midwifery care planning within HSC Trusts.
- Support readiness for early digital adoption within nursing and midwifery practice.
- Support transformation of practice and organisational culture
- Ensure continued VFM with the public funding allocated to NIPEC.

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 key stakeholders including:
- Nursing and Midwifery registrants
- Department of Health
- HSC Trusts
- Higher Education Institutions, ie. QUB, Ulster University, Open University
- Professional bodies / staff side organisations
- Other HSC organisations, ie. PHA, CEC, RQIA

General public in receipt of health and social care services

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

NIPEC (2018) *Transforming Nursing and Midwifery Data Project Plan*

NIPEC *Person-centred Assessment, Care planning and Evaluation (PACE) Framework*

Department of Health (2016) *Health and Wellbeing 2026: Delivering Together*

NIPEC (2010) *Systematic Review of Northern Ireland Public Inquiries and Reports*

O'Hara, J. Q.C. (2018) *The Inquiry into Hyponatraemia-related Deaths*

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

Hunt, E.C., Sproat, S.B., and Kitzimmer, R.R. (2004) *The Nursing Informatics Implementation Guide*

Philips, J. (2010) *Care planning: more than meets the eye*

Kinnunen, U.M. and Sorsa, K. (2011) *Informatics competencies for nurses – requirements for practice and education of electronic nursing documentation and its utilization*

(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 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

NI Census 2011

NI Health Survey (NISRA) 2017

NI Life and Times Survey (NILT) 2016

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.

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 2018 reports 10.7% of registrants in the UK are male, whilst 89.3% are female.
	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.
	Most recent mid-year population estimates for NI was 1,851,600; male 49%; female 51% (NISRA, 2017)
Age	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.
	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.
	Most recent mid-year population estimates for NI show (NISRA 2017):
	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'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.
	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.
	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 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	NI HSC Workforce Census for this is unavailable. There is no NMC Equality and Diversity data for this group. 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 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 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. 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 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.
	NMC's Equality, Diversity and Inclusion Report 2018 notes that 18% of registrants are from ethnic minority groups.
	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'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.
	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&T.
	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.
	Females are more likely to have caring responsibilities than their male counterparts – see dependent section below.

Age	Older people may be less likely to be computer literate and have access to a computer and the internet.
	Younger people (registrants, carers) may have a preference for social media as a means of communication.
	There will be a need to provide age-appropriate information including the use of Plain English.
Religion	In planning engagement events and meetings outside of HSC premises, there may be 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	In planning engagement events and meetings outside of HSC premises, there may be 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	Issues for those with dependents may be compounded for those who are single parents.
Dependent Status	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.
Disability	Consideration may need to be given to access to buildings/venues for meetings for those with physical or sensory disability.
	People with disabilities may be less likely to have access to a computer or the intranet. Some potential issues relating to accessibility of the website, use of internet and publication of electronic documents for registrants with disabilities and the need to ensure suitable alternative formats are made available.
	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.
	The needs of those from ethnic minority groups may need to be considered, requiring effective communication skills by those engaging with these groups.
Sexual Orientation	The needs of older people who are from the LGB&T community may need to be considered, requiring effective communication skills by those engaging with this group.

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 identified.

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?*
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, face-to-face meetings and NIPEC's website.	The lead officer will review any equality issues, including those identified in 2.3 and undertake the required screening. Organisation of external meetings with stakeholders, who may have particular needs regarding timing and location of meetings and access to buildings and information, will be considered at the time of organising meetings, booking venues and developing information to be shared.
The objectives of the project are to: • Extend the adoption of the regionally agreed PACE approach to nursing and midwifery care planning within HSC Trusts. • Support readiness for early digital adoption within nursing and midwifery practice. • Support transformation of practice and organisational culture • Ensure continued VFM with the public funding allocated to NIPEC.	Screening has identified that a number of Section 75 groups may have particular needs. In moving forward with this project, the specific needs of these Section 75 groups and their diversity across the groups will be considered, and where necessary, reflected within the project, its outcomes and any resources developed.

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 / Gillian McKee

Position: Senior Professional Officer

Date: April 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:

Corporate Services Manager
NIPEC
79 Chichester Street
Belfast   BT1 4JE

Email: enquiries@nipec.hscni.net
Tel: 0300 300 0066

Technical Template developed June 2016 based on full Equality Screening Template produced June 2011 (revised November 2013)