



**Northern Ireland Practice and Education Council
for Nursing and Midwifery**

Post Registration Masters Programme

Project Initiation Plan

May 2019

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1.0 Introduction

1.1 In support of the transformation agenda the 'Confidence and Supply Transformation Fund' was established. Through the Department of Health (DoH), NIPEC successfully submitted a business proposal seeking funding to support the programme of work. This involves testing the development, implementation and evaluation of a post registration rapid access two-year Graduate Masters in Nursing Rotational Programme to support the strategic transformational agenda presented in "Health and Wellbeing 2026: *Delivering Together 2026*" (DOH 2016) which outlines a new model of person centred care.

1.2 The innovative initiative will develop a prototype model which is set against the following:

- Workforce challenges facing the nursing profession which are dominated by a shortage of nurses across the region with unfilled vacancies and rising bank and agency costs in both the Health and Social Care (HSC) and independent sector. Due to these shortages the existing nursing workforce is curtailed in its capacity to effectively respond to innovation, new developments and the transformation of services.
- It is widely accepted that recruitment drives and initiatives to attract nurses into the HSC system are only part of the solution and must be complemented by strident efforts to retain newly recruited and existing staff in local workforces over the longer term.
- The need to strengthen the leadership capacity within nursing (and midwives) as nurses comprise the largest professional group within the HSC workforce and are well placed to lead change and transform care to improve patient outcomes and the health of the wider population.
- The need for evidence to inform Department of Health (DoH) targeting prospective students in the immediate post registration period and commissioning of future Masters Programmes for all registrants throughout their career trajectory.

2.0 Background Literature

2.1 The evidenced rationale for the initiative is threefold.

Firstly, concerns about the supply and retention of nursing staff have attracted attention for some time (Christie & Co 2015, Royal College of Nursing (RCN) 2015, DoH 2016, Public Health England 2017, National Health Service (NHS) Scotland 2017, House of Commons Health Committee 2018). According to DoH as of 31st December 2018 there were 2,103 vacant nursing posts actively being recruited to in Northern Ireland (<https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-vacancies-december-2018>) The demands and pressures on services during the winter of 2017-18 highlighted the impact of these nursing shortages on the delivery of essential services across the HSC. Given the

national rise in nursing workforce shortages and the consequent adverse impact on the ability of services to deliver high quality patient care, it is timely that stakeholders commit to the development of initiatives that improve retention of new graduates (The Centre for Workforce Intelligence (CFWI) 2013, Lovejoy 2018). Public Health England has also emphasized that the NHS needs to do more to attract newly qualified nurses into substantive employment as nurses (Public Health England 2018). In general, newly qualified nurses are motivated when they commence employment, but if the work environment is not supportive the reality of practice may not complement individual expectations with the potential for frustration, dissatisfaction and disengagement (Health Education England 2014). It is acknowledged that investing in improving nursing work environments and embedding individuals into the organization are key strategies to attract and retain nurses (Health Education England 2014, Willis Commission 2018). Embeddedness refers to an individual's connections to an organization and its community. The stronger the connection the more likely it is that the individual will remain in the organization. Lack of embeddedness has been found to be an accurate predictor of staff turnover (Holtom et al., 2004, Reitz et al., 2011). Employers should invest in the newly registered workforce when fresh to the profession, and likely to be enthusiastic in order to reduce the attrition rate of new registrants (Health Education England 2014). This program presents an opportunity for facilitating embeddedness and improving retention.

2.2 Secondly, healthcare is becoming increasingly complex and requires more advanced education in nursing to ensure highly skilled healthcare professionals equipped to meet the challenges of leading safe, high quality and efficient health care in line with population needs (Ge et al., 2015, Massimi et al., 2017). There is growing evidence that a better-educated nursing workforce with strong nursing leadership delivers better patient outcomes (Aiken et al., 2017, Willis Commission 2018, Wilkinson et al. 2018). Specifically, the literature base establishes that care is improved when delivered by masters educated nurses who have developed analytical thinking and decision making skills, who are empowered to challenge poor practice and who have the ability to act as change agents to transform care (Cotterill-Walker 2012, Drennan 2012, Ge et al., 2015, Clark et al., 2015, Hole et al., 2016). The Willis Commission (2018) highlight as a newly registered nurse at the point of registration is not 'the finished product' the development of these skills and competences needs to be given greater priority to better meet the needs of patients. Without the capacity to plan for a world of continuous change and emergence of new roles and possibilities, we risk being unable to improve patient outcomes (Imison and Bohmer 2013).

2.3 Thirdly, although not all students are of the same age generation in general the great majority are generation Z i.e. born between 1995 and 2012 (Schwieger and Ladwig 2018). Generation Zers are digital natives with no experience of life before the internet and for whom technology is incorporated into their everyday lives at a level unlike any other generation (Gardner et. al 2018, Schwieger and Ladwig 2018). A review of the literature undertaken by Schwieger and Ladwig (2018)

characterise generation Zers as independent, resilient, ambitious self-starters who value hard work that is rewarded with opportunities for education and career development in their chosen workplace. They are presented as digitally savvy with a desire to learn and advance professionally. These are characteristics essential to facilitating the NHS drive to make every nurse an e-nurse and embed those nurses into substantive practice. According to the NHS Health and Care Digital Capabilities Framework (2017) we can only provide the best care to all if we can fully exploit the potential of digital and other technologies. This requires digital capabilities that not only encompasses technical skills but also includes positive attitudes to technology and innovation plus recognition and acceptance of the associated potential for transforming care and improving outcomes. It is reasonable to suggest that this generation of new registrants has the skills set to engage with an increasing digital healthcare world and is ideally placed to lead in transformational change and improved outcomes.

- 2.4 New registrants are essential to the future of nursing. The education they receive as they transition into the workforce is critical for developing and consolidating a suitably qualified nursing workforce equipped to meet the needs of future populations (Doughty et al., 2018). The literature cited supports positive gains for both patients and nurses when this education is at master's level. Currently there is a trend worldwide to increase the number of nurses educated to master's level. In the UK the Willis report UK (2018) has called on commissioners to support funding for higher degrees for nurses. In the US there has been not only a call for the transition to higher degrees to be seamless but also a specific target identified that 10% of new graduates should be enrolled in a masters programme within 5 years of graduation (Institute of Medicine 2011). As this innovative masters project's potential has yet to be evaluated in Northern Ireland its first introduction will be at pilot level and in order to facilitate assessment of its effectiveness selection is being restricted to the cohort most likely to be motivated, digitally savvy and uninfluenced by other variables such as prior experiences in the clinical environment.

3.0 Aim

- 3.1 The programme aims to support nursing workforce stability and retention and develop individuals to become future nursing leaders who can deliver transformational change within a range of nursing services and environments and improve outcomes for patients and service users.

4.0 Objectives

- 4.1 To develop, test and deliver a prototype of a two-year rapid access Graduate Masters in Nursing Rotational Programme.
- 4.2 To recruit 30 band 5 nurses (6 participants per Trust) into permanent positions:
- Newly registered with the Nursing and Midwifery Council (NMC) on the Adult part of the register graduating in September 2019

- Achieved 2:1 degree classification or above from a Northern Ireland University.

- 4.3 To establish the Masters Programme and preceptorship interface.
- 4.4 To explore and, as appropriate, establish an infrastructure to facilitate the rotation on the Master's Programme through the Voluntary and Independent sector.
- 4.5 To recommend processes which will evaluate the impact of masters level education on supply/retention and ability to lead transformational Practice.
- 4.6 To make recommendations for post project management/evaluation structures that are required between project completion March 2020 and programme completion Oct 2021.
- 4.7 To make recommendations to the DoH regarding future commissioning of this model for the wider nursing and midwifery workforce.
- 4.8 To complete an endpoint report.

5.0 Methodology Overview

- 5.1 The project will run from 01/12/18 to 31/03/20 and be managed by NIPEC reporting to the Chief Nursing Officer (CNO). The project is to develop a prototype for masters education in nursing, to inform future commissioning plans and consider access to masters level education for all nurses. The proposed programme plan of work is included as Appendix 1 page 11 in this document and will be operationalised through a steering group, working group and task and finish groups.
- 5.2 A Steering Group will be established to take forward the project. For information named membership and terms of reference (TOR) are included as Appendix 2 page 13 in this document.

Membership:

- Chair: Nursing Officer (DoH)
- NIPEC Associate Senior Professional Officer (SPO) Project Manager
- Ulster University Project Lead
- Ulster University Head of School of Nursing
- Health and Social Care Trust Workforce & Education Lead representative.

- 5.3 A Working Group will be established to take forward the project. For information named membership and TOR are included as Appendix 3 page 14 in this document.

Membership:

- Chair: NIPEC Project Manager
- UU Project Lead
- 5 Trust Workforce and Education Leads
- UU MSc Course Director

- Human Resource Assistant Director
- PPI representation
- RCN
- Unison
- Independent sector
- Northern Ireland Hospice
- Primary Care
- McMillan services.

5.4 Task and Finish Groups will be established to support the project coproduction and design. The three subgroups will focus on:

5.4.1 *Recruitment and selection:*

- *Band 7:* One Clinical support nurse in each Trust 0.5 WTE for a 9-month period and development of an exit strategy for band 7's at end of project with integration of the role into the Practice Education Teams.
- *Band 5:* Participants will be recruited into a permanent HSC Trust post which may be in hospital or community settings. Regional recruitment will be used, similar to approach to the regional District Nursing or Health Visiting programme recruitment
- *Mentors/facilitators:* identification of the role and responsibilities, the required preparation and ongoing support.

5.4.2 *Clinical Rotational flow:*

Delivery of the clinical rotation will be supported by the Band 7 HSC posts. Rotations to include:

- Adult Hospital and Community x 3
- Adult Independent / Voluntary sector x 1

5.4.3 *UU Curriculum Development Group:*

The working group will also have representation on the UU curriculum development group alongside Patient and Public Involvement, recent students and trust representatives.

6.0 Scope

6.1 This pilot programme will be delivered to newly qualified nurses completing an undergraduate Adult BSc (hons) Nursing in September 2019 from a university in Northern Ireland with at least a 2:1 degree classification. 30 candidates will be recruited into a permanent position in either primary or secondary care with 6 positions in each of the 5 trusts. The programme will include 4 periods of rotational practice through the employing HSC and Independent/Voluntary sectors to run alongside achievement of academic modules.

7.0 Resources

7.1 Support and co-ordination for the project will be provided by NIPEC within its own resources. Participating organisations will undertake that relevant staff be released for the timeframe of the project for relevant meetings. HSC trusts will employ the band 5 and band 7 clinical supports. DoH will commission the 30 masters places at Ulster University.

8.0 Equality and Governance Screening

8.1 As required by Section 75, Schedule 9, of the Northern Ireland Act, 1998, any equality implications of this project/workstream/initiative* have been considered. In addition, consideration has been given to the terms of the Human Rights Act 1998.

As a result of these considerations a screening of the project has been undertaken and can be viewed at <http://www.hscbusiness.hscni.net/services/2166.htm>

Using the Equality Commission's screening criteria; no significant equality implications have been identified. This project will therefore not be subject to an equality impact assessment.

8.2 In addition, to ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various Corporate Governance areas, the project plan, its aims and objectives and outcomes have been examined and screened for any issues relating to the following areas:

- Risk Management
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)

A summary of these considerations and any action required is documented in Appendix 4 on page 16 in this document.

9.0 Implementation and Dissemination

9.1 The project will run from Dec 2018 to March 2020.

9.2 The academic programme will commence September 2019 and complete October 2021.

9.3 Progress of the programme will be disseminated as a standing agenda item at Central Nursing and Midwifery Advisory Committee (CNMAC) Subgroup for Workforce and Education (SWE).

9.4 Progress of the course will be disseminated through the steering group, working groups and UU course committee meetings.

- 9.5 Members of the Working Group will establish local implementation groups within each Trust to communicate project progress and take forward implementation.
- 9.6 The project end point report will be prepared for the CNO.
- 9.7 A summary report will be displayed on NIPEC webpage.
- 9.8 The evaluation process will identify learning from the project to enable recommendations to be made.

10.0 Evaluation

- 10.1 The evaluation will be undertaken for the period which has been funded for the project between December 2018 and March 2020, and will focus on:
- Enablers and challenges in establishing the project
 - Success in recruitment of band 5's
 - Success in recruitment of band 7's and mentors
 - Retention of applicants
 - Student experience
 - Range of placement rotations available
 - Acceptability of the project by clinical areas
 - Emerging issues and future recommendations.
- 10.2 Ulster University structures will add normal course evaluation processes e.g. monitoring student attrition rates and academic achievement, student course evaluations, course committee meetings.
- 10.3 An end of project report will be prepared for CNO with recommendations for future programmes.

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**Post Registration Masters in Nursing Programme of work December
2018- March 2020**

	Activity	Target	Related objective
1.	Establish a steering group including chair and identification of membership and frequencies of meetings.	Dec 2018	4.1
2.	Meet with current third year nursing students to raise the profile of the masters within each university.	QUB -30/1/19 @ 1.30pm UU - 31/1/19 @11.30am	
3.	Establish a regional working group including chair and identification of membership and frequencies of meetings.	February 2019	4.1
4.	Conduct a literature search identifying the evidence relevant to the influence of MSc completion on nursing supply/retention and ability to implement transformational change.	February 2019	4.1
5.	Develop Project Initiation Document (PID)	February 2019	4.1
6.	Collaborate with the School of Nursing Ulster University regarding curriculum development through a co-production co-design approach. To include agreement of: <ul style="list-style-type: none"> • Course outline • Module content • Assessment processes • Delivery methods. To satisfy university timeline requirements this must be completed by April 2019.	February – April 2019	4.1
7.	Agree the role of the five band 7 clinical support nurses in: <ul style="list-style-type: none"> • development and implementation of rotational elements of the programme. • supporting participants in practice. 	March 2019	4.6
8.	Develop the regional approach for selection and recruitment criteria/strategies for the MSc potential candidates.	March 2019	4.2
9.	Recruit 6 band 5 nurses with at least a 2:1 degree classification per trust into a permanent position.	Prior to September 2019	4.5

	Activity	Target	Related objective
10.	Agree the preceptorship and MSc programme interface.	Prior to September 2019	4.5
11.	Agree and implement criteria for mentor selection and training.	Prior to September 2019	4.6
12.	Establish clinical rotation flow: <ul style="list-style-type: none"> • agree suitable clinical areas • confirm indemnity arrangements • consider human resource issues. 	Prior to September 2019	4.6
13.	Implement the MSc including clinical and academic induction processes.	September 2019	4.1
14.	Establish a pathway to ensure the work of the band 7 staff is absorbed into the Practice Education Teams in each trust from Dec 2019.	December 2019	4.6
15.	Evaluate impact of the MSc on: <ul style="list-style-type: none"> • Enablers and challenges in establishing the project • Success in recruitment of band 5's, band 7's • Retention of applicants • Student experience • Range of placement rotations available • Acceptability of the project to clinical areas. 	March 2020	4.4
16.	The evaluation process will identify emerging issues and learning from the project to enable recommendations to be made.	March 2020	
17.	Recommend / Agree a mechanism to enable evaluation of the course on completion.	October 2021	4.4
18.	Prepare CNO report at project end point. Prepare NIPEC summary report.	March 2020	4.1

Post Registration Masters in Nursing Programme Steering Group Terms of Reference

1. To agree the purpose of the project and provide a regional and professional perspective
2. To agree a project plan, timescales and methodology for the project
3. Provide expertise; oversee the implementation of the project and review of the outcomes
4. Ensure communication and dissemination of information relevant to the project within each of the participating organisations/professional groups.
5. Contribute to a final project report
6. Contribute to on-going implementation, monitoring and evaluation of the project outcomes.

Note:

- Membership of the Steering Group is non-transferrable except in exceptional circumstances and with prior agreement of the Chair.
- It is proposed that the Steering Group will meet as required to achieve the outcomes of the project. Frequency will vary depending on the needs of the project.
- Additional meetings will be agreed by the members, if and when required.
- The TOR will remain under review and will be update as appropriate.

Membership List:

Name	Title
Angela McLernon	Chief Executive, NIPEC
Sonja McIlfratrick	Head of School of Nursing Ulster University
Heather Finlay	Chair, Nursing Officer , Department of Health, NI
Bernadette Gribben	Project Manager , Associate Senior Professional Officer NIPEC
Toni McAloon	Project Lead Ulster University
Sharon McRoberts	Assistant Director of Nursing SEHSCT representing HSC Trusts

Post Registration Masters in Nursing (2 year Rotational Programme) Working Group Terms of Reference

1. MEMBERSHIP OF GROUP

If a member is unavailable, he/she should nominate an appropriate member of staff to attend on his/her behalf, providing the relevant required information in advance for the alternate member to attend and participate appropriately and advising the Chair of Sub Group.

2. CHAIR OF THE GROUP

Bernadette Gribben, Project Manager, NIPEC

3. QUORUM

Quorate membership is 50% of the total membership number and the Chair in attendance.

4. PURPOSE

The purpose of the working group is to:

- Design, deliver and test a prototype of a two-year Rotational Post Registration Masters in Nursing Programme.
- Facilitate recruitment from Northern Ireland Universities of 30 newly qualified nurses who complete in September 2019 with at least a 2:1 classification in Adult Nursing.
- Establish an infrastructure to support the rotation of successful candidates through the voluntary and independent sector.
- Develop an evaluation strategy.
- Contribute to developing the final programme report.

5. FREQUENCY OF MEETINGS

It is likely that the working group will meet monthly for the first 3 months then bimonthly for the remainder of the project. Members may be required to review electronic papers and make comment back to Chair or Project Lead of the group in between meetings.

6. RECORD OF MEETINGS

The Project Lead is responsible for agenda setting, delegation of record keeping and circulation of relevant papers. Project support may be available through NIPEC.

7. ACCOUNTABILITY OF THE SUB GROUPS

The Working Groups is accountable through the Post Registration Masters in Nursing Steering Group

8. ROLE AND RESPONSIBILITIES

- Contribute to the development of the Post Registration Masters in Nursing programme.
- Review, amend and comment on relevant papers in a timely manner.
- Participate in respectful, open debate.
- Welcome and provide constructive challenge.
- Manage information related to the project responsibly, ensuring confidentiality when required.
- Contribute to progress reports.

Membership of the Working Group will consist of:

Name	Title	Organisation
Bernadette Gribben	Chair and Project Manager	NIPEC
Toni McAloon	Project Lead	UU
Moira Mannion	Workforce and Education Lead	BHSCT
Carol Chambers		BHSCT
Alison Hume / Pamela Craig	Workforce and Education Lead	NHSCT
Tracey Fleming	TBC	NHSCT
Sharon Burnside	Head of Education & Workforce Development	SHSCT
Sharon McRoberts	AD Nursing Workforce & Education	SEHSCT
Brendan McGrath	Workforce and Education Lead	WHSCCT
Annetta Quigley	Lead Nurse: Workforce Planning & Development	WHSCCT
Janice Smith	Director of RCN	RCN
Fidelma Carolan	Regional Organiser (Lifelong Learning) UNISON	UNISON
Claire Martin	TBC	UNISON
Maura McKenna	Trade union co-ordinator for HSC	Staff side
Helen McGarvey	MSc Course Director	UU
Heather Weir	CEO	NI Hospice
Sue Foster	TBC	NI Hospice
Cathal O'Neill	Independent sector	Independent Sector
Heather Monteverde	Head of Services	MacMillan Cancer Support
Gladys McKibben	HR representative	BHSCT

Equality and Governance Screening

Area	Comments
Risk Management questions	
<ul style="list-style-type: none"> • Have any risks been identified? • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them? 	The main risk to the project is the full and timely allocation of funding
Equality and Human Rights questions	
<ul style="list-style-type: none"> • 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)? • Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? • 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)? • Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group? 	<p>Please see section 8.0 within the PID</p> <p>A screening of the project has been undertaken and can be viewed at http://www.hscbusiness.hscni.net/services/2166.htm</p>
Privacy Impact Assessment (PIA) questions	
<ul style="list-style-type: none"> • Will the project use personal information and/or pose genuine risks to the privacy of the individual? • Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way? 	No
Personal and Public Involvement (PPI) questions	
<ul style="list-style-type: none"> • Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project? <p>NB – please refer to and use NIPEC’s PPI Decision Tree/Algorithm to assist in considering PPI</p>	PPI representation on the Working Group and Curriculum Development Group



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