

RQIA PRINCIPAL POLICY DOCUMENT

Policy Type:	Corporate
Directorate Area:	Office of the Chair and Chief Executive
Responsible Policy Officer	Head of Corporate Affairs and Business Services
Date Recommended by EMT Group:	N/A
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1. Introduction

The Regulation and Quality Improvement Authority (RQIA) is committed to developing, approving, adopting, and reviewing organisational policies in a consistent, transparent, and accountable way. Policies provide a foundation for effective decision-making, support good governance, and ensure compliance with legal and regulatory requirements. This document outlines a standardised process for managing policies that reflects best practice, aligns with RQIA's strategic goals, and supports the delivery of high-quality services.

It sets out the key stages of the policy lifecycle—initiation, consultation, approval, implementation, and review—along with the roles and responsibilities of those involved. By following this structured approach, RQIA promotes clarity, consistency, and continuous improvement across its operations.

2. Scope

This policy applies to all staff within RQIA, who are involved in the development, approval, adoption, implementation, or review of policies. It is intended to ensure a consistent and coordinated approach to policy management across the organisation.

The policy covers all formal policy documents that guide RQIA's operations, governance, and service delivery. This includes corporate, operational, and service-specific policies, whether newly developed or subject to review. It applies to policies initiated internally or in response to external requirements, and ensures that all such documents are developed and maintained in line with RQIA's standards for quality, accountability, and continuous improvement.

3. Glossary

Authority - means the Chairperson and Members appointed by the Minister for the DoH.

Corporate Policy - is a high-level directive that outlines how the organisation intends to work, make decisions, and achieve its objectives while ensuring compliance with relevant legislation. Corporate policies apply broadly across the entire organisation and provide the foundation for operational policies.

Executive Management Team (EMT) - means the Chief Executive, Directors / Heads of Service and Professional Advisors as determined by the Chief Executive.

EMT Group - means the group that is set up under the RQIA Governance Framework to have oversight of specific matters, e.g. the Registration Programme Board, Policy Group, Safety, Health and Wellbeing Group.

External guidance - advice, recommendations, or explanatory materials issued by RQIA to support external stakeholders—such as service users, partners, suppliers, or the general public—in understanding and appropriately engaging with the organisation's policies, procedures, or services.

Frequently Asked Questions (FAQs) - a structured set of common queries and clear responses designed to help stakeholders understand and navigate organisational policies. They provide quick, accessible explanations of key policy elements, clarify procedures, and address typical concerns, without replacing the formal policy itself.

Major Adjustment - refers to a substantive modification that alters the scope, intent, application or outcomes of the policy. This type of change typically impacts key operational processes, compliance requirements, stakeholder responsibilities, or strategic direction.

Minor Adjustment - refers to a small-scale modification that does not alter the overall purpose, intent or operational impact of the policy. These adjustments are typically administrative and are made to improve clarity, accuracy, or consistency.

Operational Policy - is a detailed directive that outlines how specific functions or activities within the organisation should be conducted. This document may specify procedures, norms and standards, processes, activities, tasks, decision-making structures, levels of delegation and roles and responsibilities. It supports the implementation of corporate policies by providing clear instructions, roles and standards for operational areas.

Policy Group - is the EMT Group whose role it is to review and recommend all policies in RQIA to the EMT.

Responsible Policy Officer (RPO) - means the officer in RQIA who is responsible for the review, drafting, consulting with colleagues and presenting the policy to Policy Group within specified timeframes.

Technical – A technical policy that does not affect individuals or groups in terms of access, treatment, or outcomes, and is solely concerned with operational or system-level functions, is not subject to equality screening.

4. Purpose

The purpose of this policy is to establish a consistent and transparent framework for the development, approval, adoption, implementation, and review of policies within RQIA. It ensures that all policies are created and maintained in a way that supports effective governance, complies with relevant legislation and standards, and reflects best practice.

By setting out clear procedures and responsibilities, this policy promotes accountability, improves operational efficiency and consistency and supports continuous improvement across RQIA. It helps ensure that all staff understand their role in the policy lifecycle and that policies remain relevant, up to date, and aligned with the organisation's strategic objectives.

5. Legislative/Policy Framework

RQIA was established under *The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003*, which sets out its statutory functions and powers. This Order provides the legal foundation for RQIA's role as an independent regulator of health and social care services in Northern Ireland, and underpins its authority to develop internal policies that support its regulatory, advisory, and improvement functions. All policy development within RQIA must be consistent with the duties and principles outlined in this legislation, ensuring that organisational policies contribute to the delivery of safe, effective, and high-quality care.

In addition to the 2003 Order, RQIA operates within a wider legislative and regulatory framework that includes sector-specific regulations. These instruments guide RQIA's

inspection and enforcement activities and inform the development of internal policies that ensure compliance, promote best practice, and reflect the evolving regulatory landscape. Policies must also take account of relevant safeguarding, data protection, and equality legislation, ensuring that RQIA's operations remain lawful, ethical, and inclusive.

RQIA's Standing Orders and associated governance documents, including the Partnership Agreement between the Department of Health and the Regulation and Quality Improvement Authority, provide the internal framework for how policies are approved and adopted within the organisation. These documents define the powers reserved to the Board, the delegation of authority to the Chief Executive, and the procedures for conducting business. They ensure that policy development is subject to appropriate oversight, with clear lines of accountability and decision-making. All policies must be developed in accordance with these governance arrangements, ensuring consistency, transparency, and alignment with RQIA's strategic objectives and statutory responsibilities.



6. Responsibilities

- 6.1 The **Authority** has overall responsibility for ensuring that all RQIA policies are developed in line with this policy. The Authority has also responsibility to ratify corporate policies brought to their attention by the Chief Executive.
- 6.2 The **Chief Executive** is responsible for the effective implementation of this policy. The Chief Executive has the delegated authority to develop corporate policy and to table corporate policies at the appropriate Committees of the Authority for consideration/ scrutiny, review, approval and adoption.

- 6.3 The **Head of Corporate Affairs and Business Services** has responsibility to ensure approved policies are made available to staff and a quarterly report identifying policies that have been revised and/or approved in the period covered by the report is brought to the Authority for approval and adoption, first through the BARC committee for scrutiny.
- 6.4 The development of corporate policies is the responsibility of the **Executive Management Team (EMT)** who develop policies through a number of EMT Groups that make up the EMT led internal governance arrangements.
- 6.5 Each **EMT Group** will develop proposed policies for the RQIA organisation, within the scope and limits of its Terms of Reference. At times a short life working group may be established to take forward a piece of work for consideration. This may include for example the development of the Annual Business Plan; an update of the Business Continuity arrangements; the development of staff health and well-being initiatives, these listed by way of example.
- 6.6 The EMT Groups are each responsible for policy development, and review of those policy documents that are aligned to that Group. Each Group has a nominated **Responsible Policy Officer/s**.

7. Policy

This section outlines the standardised operational policy for drafting, consulting on, and approving policies within RQIA. It ensures consistency, transparency, and compliance with statutory and governance requirements.

7.1 Policy Development

7.1.1 Initiation of Policy Development

The Responsible Policy Owner (RPO) is accountable for initiating the drafting or updating of a policy. This may arise from legislative changes, strategic priorities, operational needs, or scheduled reviews. The RPO must ensure the policy aligns with RQIA's corporate objectives and governance framework.

7.1.2 Stakeholder Consultation

The development of a policy should identify all stakeholders, both internal and external who may be affected by the policy and consultation with these groups should be considered at an early stage and recorded in the Implementation Plan. Mechanisms by which appropriate and inclusive information sharing and consultation will occur, include the Staff Forum and RQIA's Joint Negotiating and Consultative Forum.

Consultation may take many forms, including but not limited to:

- Attendance at relevant team meetings;
- Attendance at an RQIA Forum;

- Engagement with Members of an EMT Group;
- Online surveys;
- Opportunity to comment via e-mail.
- SLWG
- Engagement with other organisations
- Engagement with community and voluntary groups, if applicable

Engagement should be meaningful and consultees should be afforded the opportunity to review, comment on and challenge a proposed policy in advance of the draft commencing its approval journey. Consultation should be proportionate to the policy's scope and impact and may include workshops, written feedback, or targeted engagement.

7.1.3 Post-Consultation Review

Following consultation, the RPO must consider the feedback received and make changes to the policy if appropriate. All changes must be captured in version control, and a summary of consultation outcomes should be included as part of the policy submission.

7.1.4 Operational Policy Appendices

Where applicable, the RPO must link an operational policy that supports the implementation of the overarching policy. This ensures clarity on how the policy will be applied in practice.

7.1.5 Equality Screening

An equality screening must be undertaken in line with Section 75 of the Northern Ireland Act 1998. It is best to consider equality impacts from the outset of developing the policy. The RPO is responsible for completing the screening template and determining whether a full Equality Impact Assessment (EQIA) is required. The screening outcome must be published by BSO Equality Unit and appended to the policy documentation.

7.1.6 Implementation Plan

The RPO must draft an implementation plan outlining:

- Key actions and timelines;
- Roles and responsibilities;
- Communication and training requirements;
- Monitoring and review arrangements;
- How the policy will be embedded effectively across the organisation.

7.2 Policy Approval

7.2.1 Submission to Policy Group

Once complete, the full and complete policy—including the final draft equality screening, operational appendices, and implementation plan—must be tabled at

the RQIA Policy Group for review and approval. The Policy Group will assess the policy for strategic alignment, compliance with the PPD, and operational feasibility before recommending it for final endorsement.

Once considered, Policy Group will reach one of three outcomes:

- | | | |
|----------|--|--|
| 1 | Recommended to EMT for approval | Business Support Officer will advise the RPO and table the policy at the next EMT meeting |
| 2 | Recommended to EMT for approval, subject to minor amendments | Business Support Officer will advise the RPO and return the policy for minor amendment. Upon return to the Business Support Officer and satisfied the changes have been made, this will be tabled at the next EMT meeting. |
| 3 | Not recommended to EMT, major adjustment required | The decision not to recommend will be communicated formally to the RPO from the Chair of Policy Group. Upon return to the Policy Group Chair and Business Support Officer and satisfied the changes have been made this will be tabled at the next Policy Group meeting. |

7.2.2 Submission to EMT

The relevant Director / Head of Service will present the recommended policy to EMT for consideration and approval. If approved, the Business Support Officer will advise the RPO and undertake next steps. The decision to not approve a policy will be communicated formally to the RPO by the Business Support Officer on behalf of the Chief Executive. At the next meeting of the Policy Group, the Chair will advise Members of any policies not approved and share any learning from EMT feedback.

Should a policy require major adjustment following EMT’s review, this should be actioned by the RPO and submitted to Policy Group for review.

7.2.3 Next Steps

Once approved by EMT, the next steps for each policy type is as follows

New Corporate Policies Existing Corporate Policies With Major Adjustments Required BSO Policies That Can Be Adapted	Tabled at next meeting of the Business, Appointments and Remuneration Committee (BARC) for recommendation to the Authority
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Existing Corporate and Operational Policies With Minor Adjustments Required	Considered final policy and uploaded to the Policy Library
New Standalone Operational Policies Existing Operational Policies With Major Adjustments Required	Considered final policy and uploaded to the Policy Library
BSO Policies That Must Be Adopted BSO Policies Which Can Be Adapted with minor adjustments	Tabled at BARC for noting for onward noting by the Authority

7.3 Policy Adoption and Implementation

Once EMT / Authority have formally approved a policy, the RPO must ensure its effective implementation across the organisation. This includes communication, accessibility, training, and operational integration in accordance with the implementation plan (Appendix F).

7.3.1 Upload to the Policy Library/Website

The Business Support Officer will share the approved policy with the Communications Team to upload the policy to the RQIA Policy Library and/or Website, ensuring:

- The document is in the correct format and version-controlled.
- All supporting documentation (e.g. equality screening, implementation plan, operational appendices) are included.
- The policy is indexed appropriately for ease of access and future reference.

7.3.2 Communication to Staff

To ensure awareness and accessibility:

- A link to the newly approved policy must be shared with all staff via the Communications Team (e.g. intranet, email bulletin). The communication should include a brief summary of the policy's purpose, key changes (if applicable), and any actions required by staff.

7.3.3 Dissemination of Operational Policies

- These documents must be shared directly with relevant staff groups responsible for implementation.
- The RPO must coordinate with line managers or team leads to ensure the operational guidance is understood and embedded into day-to-day practice as outlined in the implementation plan (Appendix F).

7.3.4 Training and Support

The RPO is responsible for identifying and coordinating any training requirements associated with the policy. This may include:

- Briefing sessions for affected teams;
- Written guidance;
- One-to-one support or Q&A sessions for complex policies.

Training plans should be proportionate to the policy's scope and impact, and must be included in the implementation plan.

7.3.5 Monitoring and Review

The RPO must ensure mechanisms are in place to monitor the policy's implementation and effectiveness. The Office of the Chair and Chief Executive will run regular reports from the Policy Library and notify RPO's of upcoming review dates. This includes:

- Feedback from staff and stakeholders;
- Compliance checks or audits;
- Scheduled review dates in line with the policy lifecycle.

7.4 Urgent Interim Policy Position

7.4.1 In exceptional circumstances, RQIA may need to adopt an urgent interim policy position in response to emerging issues, risks, or regulatory requirements that demand immediate action. This approach should only be taken when it is not feasible to follow the full policy development process within the required timeframe.

7.4.2 Approval Process

- The interim policy position must be cleared through the relevant Director, who will act as the RPO.
- Once cleared, the position must be submitted to the Executive Management Team (EMT) for formal approval.
- Following EMT review, the policy must proceed through the standard policy development and approval process, including stakeholder engagement, equality screening and/or impact assessment, and implementation planning.
- EMT will receive regular updates on the development of the full policy.
- The RPO must ensure that the full policy is tabled at EMT for noting prior to commencement of the formal approval process.

7.4.3 Implementation Considerations

- The interim position should be clearly communicated to all relevant staff and stakeholders, with appropriate guidance provided to support its application.

- Any training or operational adjustments required to support the interim position should be identified and addressed promptly.
- The RPO must monitor the application of the interim policy and gather feedback to inform the development of the final policy.

7.5 Policies Developed and Adopted under Shared Services Model

7.5.1 RQIA is part of a shared services business model. Under these arrangements RQIA participate in and adopt business and workforce related policies, developed under the BSO shared services arrangements. These include: Human Resources / Workforce Policies; Information Governance policies; Finance Policies; and other such policies as may be deemed and agreed suitable for a common, shared approach.

7.5.2 These policies too must be subject to the policy adoption process, though the process for development and review of such policies will be led by BSO and therefore not included in this internal RQIA protocol. The RQIA nominee to participate in the development and review of Policies under the shared services model is: Head of Corporate Affairs and Business Services.

7.6 Policy Library

7.6.1 The purpose of the Policy Library is to create a current and accurate repository for RQIA policy documents that all staff across RQIA can readily access for reference and application. Access does not enable the person accessing the document to amend, remove or replace the policy document. **The staff member can download a copy of the policy document in exceptional circumstances (for example where a copy of the Policy is needed to take on a mobile device to a remote location without access to the Policy Library); staff are advised that they should always source policy documents directly from the policy library to ensure they are accessing the most recently approved version.**

7.6.2 The Policy Library is overall managed by Head of Corporate Affairs and Business Services (and nominated deputy/s) with permissions granted for named individuals (roles) within each of the Directorates or Services (with nominated deputy) to enable those with permissions to publish updated approved policies, replace policies as required and to undertake review of aligned policies at identified frequencies.

Table 2: Policy Library Management – Staff with Library Management Permissions

Overall Management of the Policy Library is the responsibility of the Head of Corporate Affairs and Business Services central to RQIA Governance arrangements		
Management/ Division	Authorised Permission	Deputy with Permission
Business Services	Head of Corporate Affairs and Business Services	Business Manager
Corporate Affairs (inc Office of Chair and CEx)	Head of Corporate Affairs and Business Services	Communications Officer Business Support Officer
Directorate MH/LD, Childrens, Prison Health Care	Director Directorate Governance Lead	Business Support Officer
Directorate Adult Care	Director Directorate Governance Lead	Business Support Officer
Directorate HSC Reviews, Inspections and Quality Improvement	Director Directorate Governance Lead	Business Support Officer
Directorate Independent Healthcare	Director Directorate Governance Lead	Business Support Officer

8. Sustainability and Environmental Impact

RQIA is committed to promoting environmental sustainability in all aspects of its work. This policy has been developed and will be implemented in a manner that seeks to minimise environmental impact, including the efficient use of resources, reduction of waste, and consideration of digital alternatives to paper-based processes where appropriate. Staff are encouraged to apply sustainable practices in the delivery of this policy, in line with RQIA's environmental objectives and the wider public sector commitment to sustainability.

9. Equality

RQIA is committed to upholding equality, diversity, and human rights in all aspects of its work. This policy has been developed in line with the principles of fairness, respect, and non-discrimination, and takes account of the Human Rights Act 1998 and Section 75 of the Northern Ireland Act 1998. In implementing this policy, RQIA will ensure that no individual or group is disadvantaged on the basis of age, disability, gender, race, religion or belief, sexual orientation, or any other protected characteristic.

This policy was equality screened on **DATE**. *Include outcome statement.*

10. Monitoring

Monitoring of this policy is essential to ensure it is being implemented effectively and consistently across the organisation. Responsibility for monitoring lies with the Office of the Chair and Chief Executive, which will oversee compliance with the procedures outlined in this document and ensure that all policies are developed, approved, adopted, and reviewed in line with RQIA's governance standards.

Before any policy is submitted to the Policy Group for consideration, the Business Support Officer will conduct a thorough review to ensure it adheres to the Principal Policy Document. The review will ensure that the policy follows the approved format, includes all necessary sections, and has undergone appropriate consultation. This quality assurance step helps maintain the integrity of RQIA's policy framework and supports informed decision-making by the Policy Group.

The Policy Group will ensure that all policies presented to the group have followed the Principal Policy

11. Review

This policy will be subject to review one year after implementation, and three yearly thereafter. An early review may occur subject to changes in legislation, organisational structure, or strategic priorities. Feedback from staff and stakeholders will be considered as part of the review process to ensure the policy remains relevant, practical, and aligned with RQIA's statutory responsibilities and operational needs.

Appendix A: Process Map

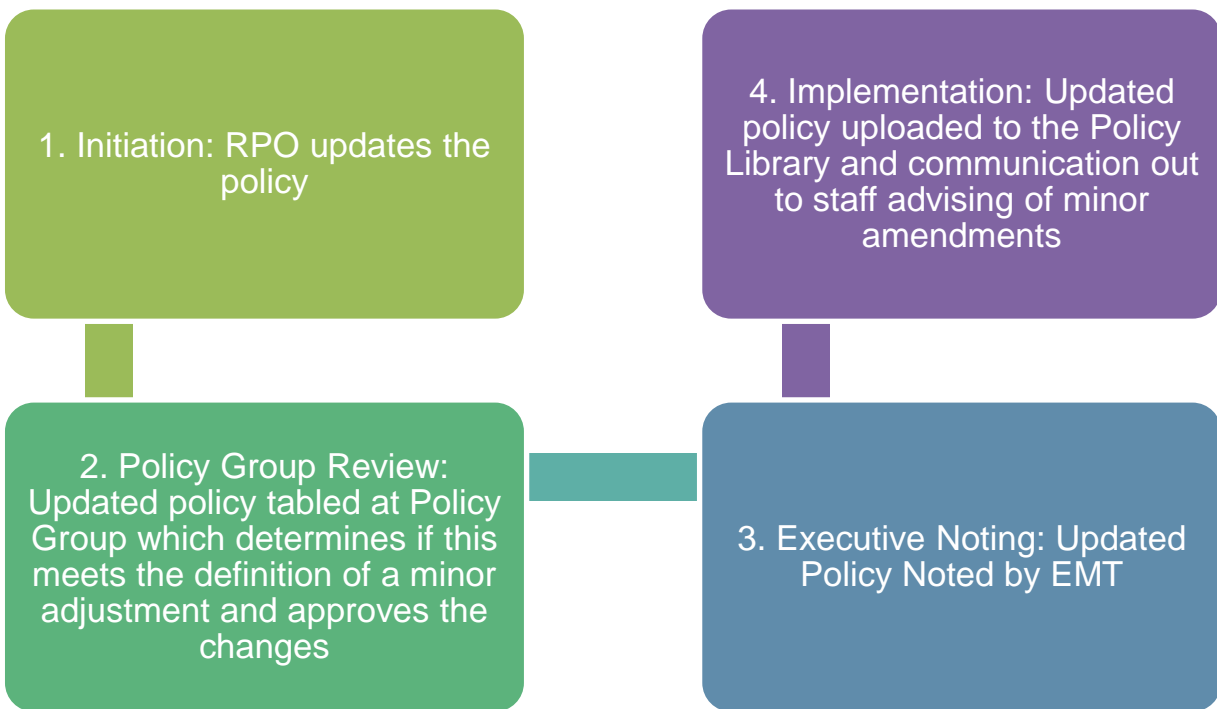
PROCESS MAP FOR:

- New / Reviewed Corporate Policies
- Existing Corporate Policies With Major Adjustments Required
- BSO Policies That Can Be Adapted



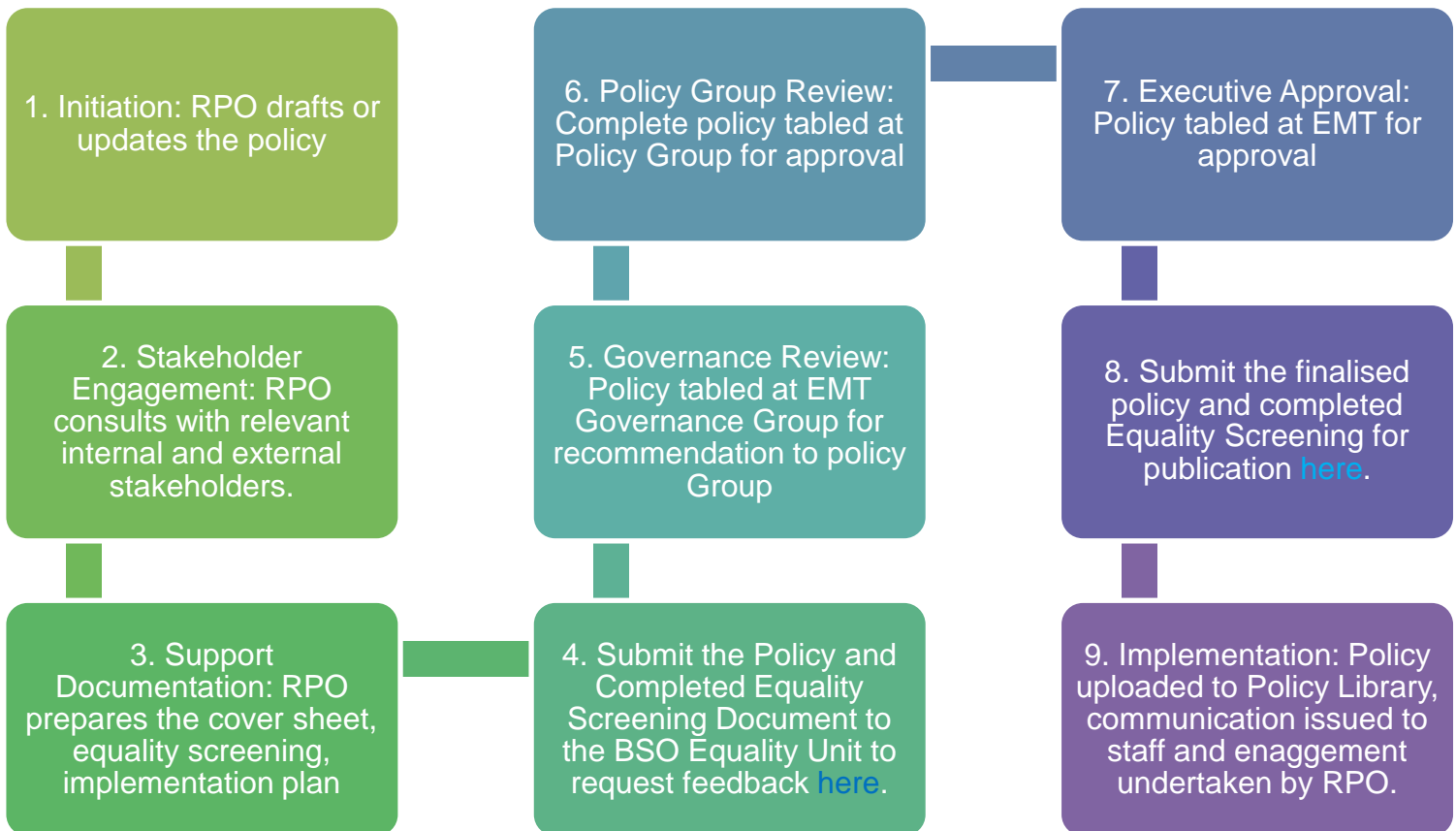
PROCESS MAP FOR:

- **Existing Corporate & Operational Policies With Minor Adjustments Required**

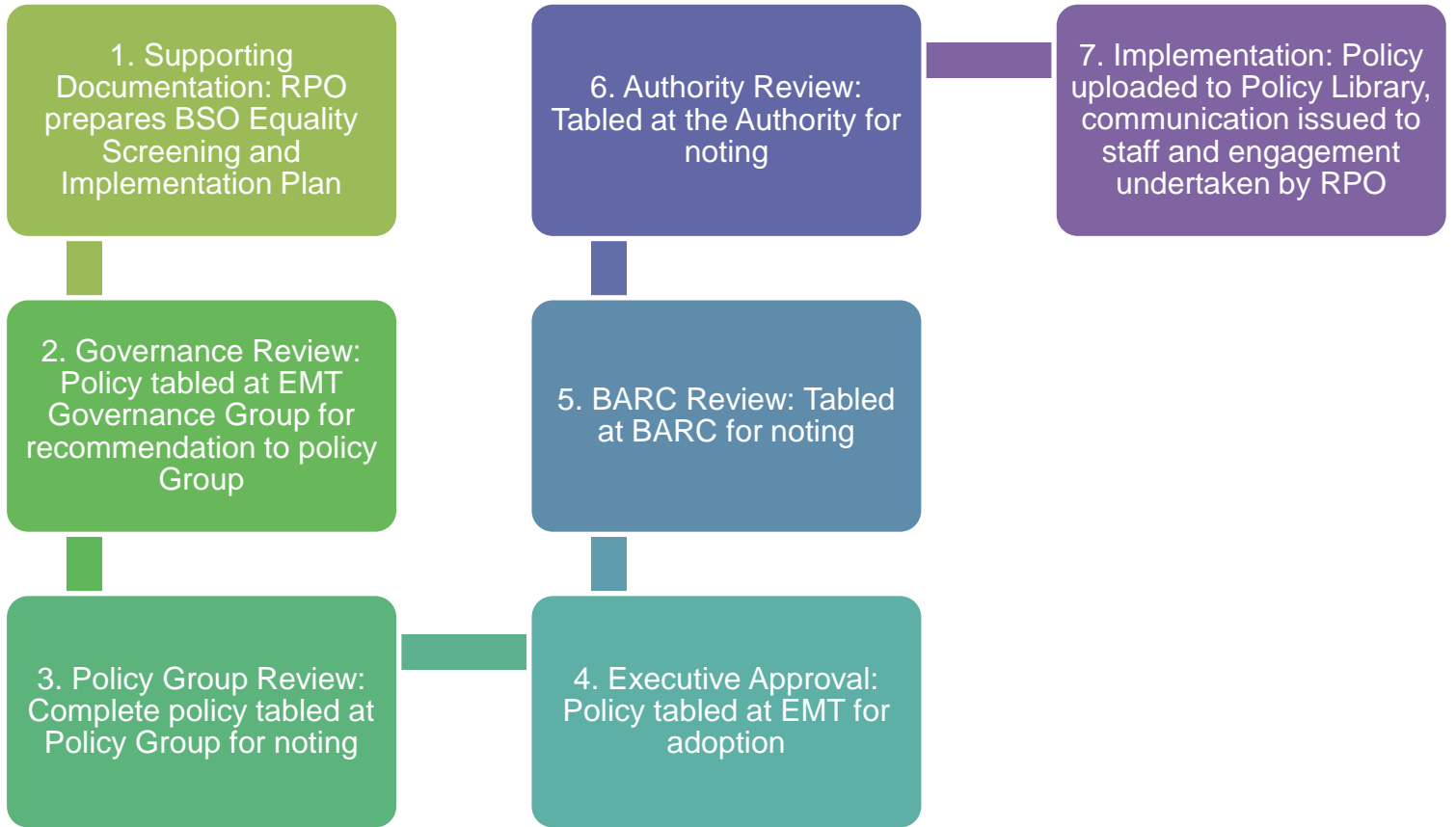


PROCESS MAP FOR:

- **New / Reviewed Standalone Operational Policies**
- **Existing Operational Policies With Major Adjustments Required**



PROCESS MAP FOR:
• **Adopted BSO Policies**



Appendix B: Policy Template



TEMPLATE

**TITLE OF
DRAFT POLICY**

Policy Type:	Add drop box
Directorate Area:	
Responsible Policy Officer (RPO)	
Date Recommended by EMT Group:	
Date(s) Equality Screened:	
Date Recommended by RQIA Policy Group:	
Date(s) Approved by Executive Team:	
Date Recommended by BARC:	
Date(s) Approved by Authority:	
Date of Issue to RQIA Staff:	
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Insert Version Number in line with Version Control Policy link?

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1. Introduction

The introduction should provide a clear and concise overview of the policy. It must explain the background or context that has led to the development or revision of the policy, including any relevant legislation, regulatory requirements, or organisational priorities. It should outline the overall aim of the policy and how it supports RQIA's statutory functions, strategic objectives, or operational needs. Where appropriate, the introduction may also reference key drivers such as audit findings, inspection outcomes, or changes in best practice. This section should help the reader understand why the policy exists and set the scene for the content that follows.

2. Scope

This section must clearly define who the policy applies to and in what contexts. It should specify the individuals, teams, services, or organisations affected by the policy, including any internal and external stakeholders. The scope should also outline any exclusions or limitations, where relevant. It is important to be specific to avoid ambiguity — for example, whether the policy applies to all staff, only certain directorates, or regulated service providers. This section helps ensure that readers understand whether the policy is relevant to their role or responsibilities.

3. Glossary

This section must provide clear definitions of key terms, acronyms, or phrases used within the policy that may not be immediately understood by all readers. Each entry should be concise and written in plain language. The glossary should support consistency in interpretation and ensure that staff, stakeholders, and service users can understand the policy without ambiguity. Include only terms that are specific to the policy or essential for understanding its content — avoid duplicating definitions that are already widely known or covered in other documents.

4. Purpose

This section must clearly state the overall aim of the policy — what it is intended to achieve and why it is necessary. It should explain how the policy supports RQIA's mission, statutory responsibilities, or strategic objectives. The purpose should be specific and outcome-focused, identifying the key issue the policy addresses and the benefits it is intended to deliver. Avoid repeating content from the introduction; instead, focus on the intended function and value of the policy in practice.

5. Legislative/Policy Framework

This section must identify and reference the key legislation, regulatory standards, and internal or external policies that underpin the policy. It should include specific acts, statutory regulations, codes of practice, and relevant departmental or organisational guidance that inform the policy's development and implementation. Where applicable, links to documents or sources should be provided. This section ensures the policy is grounded in a clear legal and

procedural context and demonstrates alignment with RQIA's statutory responsibilities and wider health and social care governance.

6. Responsibilities

This section must clearly identify the key roles involved in the implementation, oversight, and compliance of the policy. It should specify who is responsible for approving the policy, who is accountable for its delivery, and who is responsible for monitoring and reviewing its effectiveness. Include job titles or teams rather than individual names, and ensure responsibilities are described in a way that supports clarity and accountability. Where relevant, outline the responsibilities of staff, managers, and external stakeholders. This section helps ensure that everyone understands their role in relation to the policy and supports consistent application across the organisation.

7. Policy / Procedure

This section should structure the content to clearly reflect three key elements: the principles, the practical implementation, and the measurable outcomes. Begin by articulating the core principles or values to which the organisation is committed—these should reflect RQIA's strategic priorities, legal obligations, and ethical standards. Next, provide detailed guidance on how these principles will be translated into practice. This section should be specific enough to guide consistent implementation across teams. Finally, outline the intended outcomes and how success will be measured. This could include performance indicators, service improvements, or stakeholder satisfaction, and should link directly to the monitoring and evaluation framework. Together, these elements ensure the policy is not only aspirational but also actionable and accountable.

When drafting the Procedure section, policy writers should aim to present a clear, structured, and practical guide to how the policy will be carried out in day-to-day operations. This section should break down each step of the process in a logical sequence, identifying who is responsible, what actions are required, and any relevant timelines or dependencies. To enhance clarity and accessibility, writers are encouraged to incorporate visual aids such as flowcharts, process maps, screenshots, and diagrams where appropriate. These tools can help staff quickly understand complex procedures, especially those involving digital systems or multi-step workflows. Visuals should be labelled clearly and referenced within the text to support consistency. The procedure should also link to any relevant forms, templates, or systems used in implementation, ensuring that staff have everything they need to follow the process accurately and efficiently.

8. Sustainability and Environmental Impact

RQIA is committed to promoting environmental sustainability in all aspects of its work. This policy has been developed and will be implemented in a manner that seeks to minimise environmental impact, including the efficient use of resources, reduction of waste, and consideration of digital alternatives to paper-based processes where appropriate. Staff are encouraged to apply sustainable practices in the delivery of this policy, in line with RQIA's environmental objectives and the wider public sector commitment to sustainability.

9. Equality

RQIA is committed to upholding equality, diversity, and human rights in all aspects of its work. This policy has been developed in line with the principles of fairness, respect, and non-discrimination, and takes account of the Human Rights Act 1998 and Section 75 of the Northern Ireland Act 1998. In implementing this policy, RQIA will ensure that no individual or group is disadvantaged on the basis of age, disability, gender, race, religion or belief, sexual orientation, or any other protected characteristic.

This policy was equality screened on **DATE**. *Include outcome statement.*

10. Monitoring / Evaluation

This section must clearly outline how the policy's implementation and impact will be tracked over time. This section should specify the objectives of monitoring and evaluation, the methods and tools to be used (such as performance indicators, data collection systems, and reporting mechanisms), and the frequency of review. It should also define roles and responsibilities, ensuring accountability across departments or teams. Evaluation should be framed as a process for learning and improvement, not just compliance, and should include mechanisms for stakeholder feedback and policy refinement. Ultimately, this section should demonstrate a commitment to transparency, effectiveness, and continuous improvement in public service delivery.

11. Review

This section must set out a clear process for assessing the continued relevance, effectiveness, and alignment of the policy with organisational goals and statutory obligations. This section should specify the frequency of formal policy reviews (e.g. annually, biennially), the responsible roles or departments, and the criteria that will trigger an earlier review (such as legislative changes, audit findings, or operational feedback). It should also outline how stakeholder input will be considered and how any revisions will be approved and communicated. The review process should be framed as a mechanism for ensuring the policy remains fit for purpose and responsive to evolving needs and priorities.

12. Appendices (where applicable)

Appendix C: Equality Screening Template

Equality and Human Rights Screening Template

The **Regulation and Quality Improvement Authority (RQIA)** 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.

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?

For information (evidence, data, research etc.) on the Section 75 equality groups see the [Equality Portal](#).

SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation screening, for background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of Policy or Decision
1.2 Description of Policy or Decision <ul style="list-style-type: none">• <i>What is it trying to achieve? (Aims and Objectives)</i>• <i>How will this be achieved (Key Elements)</i>
1.3 Main Stakeholders Affected (Internal And External) <i>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</i>
1.4 Other Policies or Decisions with a Bearing on this Policy or Decision <ul style="list-style-type: none">• <i>What are they?</i>• <i>Who owns them?</i>

(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.

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	<i>What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	
Ethnicity	
Sexual Orientation	

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	<i>Needs and Experiences</i>
Gender	
Age	
Religion	
Political Opinion	

Marital Status	
Dependent Status	
Disability	
Ethnicity	
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.

2.5 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>

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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion		
Political Opinion		
Ethnicity		

(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 categories the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	<input type="checkbox"/>

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Please give reasons for your decision:

(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>

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>

(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	
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labor	
Article 5 – Right to liberty & security of person	
Article 6 – Right to a fair & public trial within a reasonable time	
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	
Article 8 – Right to respect for private & family life, home and correspondence.	
Article 9 – Right to freedom of thought, conscience & religion	
Article 10 – Right to freedom of expression	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1st protocol Article 2 – Right of access to education	

*If you have answered no to all of the above, please move onto to 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?	Is it legal/proportionate? * 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

(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

Approved Lead Officer	
Position	
Date	
Policy/Decision Screened by BSO Equality Unit	

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 upload the completed template and policy document to [here](#).

Appendix D: Policy Group Cover Paper

RQIA Policy Group Cover Paper	
Policy Name	Click or tap here to enter text.
Policy Type	Choose an item.
Responsible Policy Officer	Click or tap here to enter text.
EMT Group	Choose an item.
Has this policy been reviewed by the EMT Group?	Choose an item.
New Policy / Updated Policy	Choose an item.
If updated, which policy is superseded?	Click or tap here to enter text.

Please confirm the following documentation is included in the bundle:

Policy Document	<input type="checkbox"/>
Equality Screening	<input type="checkbox"/>
Implementation Plan	<input type="checkbox"/>
Operational Policy (if applicable)	<input type="checkbox"/>
Associated External Guidance (if applicable)	<input type="checkbox"/>

Signed: [Click or tap here to enter text.](#)
Responsible Policy Officer

Signed: [Click or tap here to enter text.](#)
Business Support Officer, Office of the Chair and Chief Executive

Appendix E: Policy Group Assurance Checklist

RQIA Policy Group Assurance Checklist	
Policy Name	Click or tap here to enter text.
Policy Type	Choose an item.
Responsible Policy Officer	Click or tap here to enter text.

	Policy Group
1. Governance & Compliance	
Is the policy aligned with RQIA's statutory duties, regulatory framework or corporate responsibilities?	Choose an item. Click or tap here to enter text.
Does it comply with relevant legislation (e.g. Health and Social Care regulations, GDPR)?	Choose an item. Click or tap here to enter text.
Has legal advice been sought or referenced where necessary?	Choose an item. Click or tap here to enter text.
Is the policy consistent with the PPD?	Choose an item. Click or tap here to enter text.
2. Clarity & Accessibility	
Is the policy written in plain, accessible language?	Choose an item. Click or tap here to enter text.
Are key terms clearly defined?	Choose an item. Click or tap here to enter text.
Is the structure logical and easy to follow?	Choose an item. Click or tap here to enter text.
3. Purpose & Scope	
Is the purpose of the policy clearly stated?	Choose an item. Click or tap here to enter text.
Is the scope well-defined (who it applies to, and in what contexts)?	Choose an item. Click or tap here to enter text.
Are roles and responsibilities clearly outlined?	Choose an item. Click or tap here to enter text.
4. Consultation & Engagement	
Has the policy been developed in consultation with relevant internal and external stakeholders?	Choose an item. Click or tap here to enter text.
Has feedback from previous policy iterations been incorporated?	Choose an item. Click or tap here to enter text.
5. Equality and Risk	
Is the policy accompanied by a draft Equality Screening?	Choose an item.

	Click or tap here to enter text.
Are potential impacts (positive and negative) identified and mitigated?	Choose an item. Click or tap here to enter text.
6. Implementation & Monitoring	
Are implementation plans and timelines clearly defined?	Choose an item. Click or tap here to enter text.
Are KPIs or success measures identified, where applicable?	Choose an item. Click or tap here to enter text.
7. Review & Update Cycle	
Is the review date clearly stated?	Choose an item. Click or tap here to enter text.
Has version control been applied correctly?	Choose an item. Click or tap here to enter text.

<p>Outcome of Review by Policy Group: Choose an item.</p> <p>Click or tap here to enter text.</p> <p>Click or tap to enter a date.</p>

Appendix F: Implementation Plan

RQIA Policy Implementation Plan	
Policy Name	Click or tap here to enter text.
Policy Type	Choose an item.
Responsible Policy Officer	Click or tap here to enter text.
1. Stakeholder Engagement	
Internal Stakeholders <i>Who inside RQIA needs to be directly consulted with during implementation?</i>	
External Stakeholders <i>Who outside RQIA needs to be directly consulted with during implementation?</i>	
Engagement Strategy <i>How will you engage with all stakeholders?</i>	
2. Resources	
Human Resource <i>How much time will be needed to implement this policy?</i>	
Technology and Tools <i>Are there any system updates required?</i>	
3. Risk Management	
Risk Register <i>Are there any implications to the Principal Risk Document or Directorate Risk Registers?</i>	
4. Monitoring and Evaluation	
Key Performance Indicators <i>Is there any impact on current KPIs? Are there any new KPIs and how will they be monitored?</i>	
Review Schedule <i>How often will implementation be reviewed?</i>	
5. Communication Plan	
Communication <i>Who needs to be informed about this policy? Consider internal teams and external stakeholders</i>	
Communication Channels <i>How will the policy be communicated to staff?</i>	
Does this policy require upload to the RQIA Website?	
6. Training Plan	
Training Strategy <i>Who needs training, how and when?</i>	
Materials <i>Are there any training materials to be developed? If so, what?</i>	
7. Sustainability and Continuous Improvement	
Feedback from Staff <i>Is there a mechanism for ongoing feedback from staff about the policy?</i>	

Appendix G: Process Group Terms of Reference

RQIA Policy Group

TERMS OF REFERENCE

Responsibilities	To approve RQIA policies and related documentation under authority delegated by the Executive Management Team (EMT).
Remit	<p>The Policy Group will:</p> <ul style="list-style-type: none">• Approve the list of RQIA policies for development and the timetable.• Ensure that Policies are developed and/or reviewed in line with the RQIA Policy and Procedure for the Development, Approval, Adoption and Review of Policies.• Ensure that all draft policies are compiled in the agreed RQIA standard format, in terms of policy structure and processes and in accordance with the RQIA Style Guide.• Examine draft policies and procedures and provide feedback to the policy responsible officer as appropriate• Ensure that policies are accompanied by equality screening documentation and screened in line with equality legislation.• Ensure that all draft policies and procedures are submitted to the Policy Group with an Implementation Plan.• Ensure evidence has been provided of appropriate engagement internally and consultation/engagement with relevant stakeholders in the development of draft policies, prior to their submission to the Policy Group.• Ensure that policies which require training following approval, have a training plan, as part of the Implementation Plan, in place.• Monitor adherence to the developmental process to maintain the quality of documentation, except where the Group is adopting BSO or regional policy.• Endorse policies, for submission to EMT and onward to the Business, Appointments and Remuneration Committee (BARC), the Audit Risk and Assurance Committee (ARAC) for specific policies, and finally the Authority, as appropriate.• The Chair of the Policy Group will liaise with the Chair of the Executive Management Team as appropriate.
Accountability Arrangements	<p>The Policy Group is to be constituted by the Executive Management Team (EMT) of the Authority and its terms of reference will be agreed by the Policy Group and approved by EMT.</p> <p>The Group is accountable and will report to EMT.</p> <p>Meetings of the Policy Group shall be conducted formally. The Chairman will ensure a record a list of actions agreed is made and identify which draft new/ revised policies should be considered by the Group at each meeting.</p>
Membership / Attendance	<ol style="list-style-type: none">1. Head of the Office of the Chair and Chief Executive and Business Services (<i>Chair</i>)2. Adult Care Services Directorate Representative3. Hospitals, Reviews and Quality Improvement Directorate Representative4. Independent Healthcare Directorate Representative

	<p>5. Mental Health, Learning Disability, Childrens' Services and Prison Healthcare Directorate Representative</p> <p>6. Business Services Representative</p> <p>7. Office of the Chair and Chief Executive</p> <p>8. Responsible Owner / Officer to attend for tabled policies</p> <p>The Policy Group shall seek the advice from expertise in Human Rights and any other such matter, where appropriate.</p> <p>Other members of RQIA staff may be invited to attend to provide advice to the Group as required.</p> <p>Administration The Office of the Chair and Chief Executive will provide administrative support to the Policy Group.</p> <p>Attendance Where a member is unable to attend routinely, an appropriate deputy who will attend on a regular basis should be nominated and notified to the Chair.</p>
Chair	The Policy Group will be chaired by the Head of Corporate Affairs and Business Services. A Deputy Chairman will be appointed to cover any absence of the Chair with their role being co-opted as required.
Quorum	A quorum shall be 4 members, 1 of whom must be independent from the policy topic.
Agenda	<p>Agenda papers will be circulated three working days prior to the meeting.</p> <p>The Group will only consider 2 'new' draft policies at any one time.</p> <p>Arrangements will be made with the policy responsible officer in regard to re-submitted draft policies which require further revision.</p> <p>Late papers will not be considered by the Group.</p> <p>The Group may consider a number of revised policies at each meeting of the group; this will be dependent on the level of revision to each policy.</p>
Frequency of Meetings	<p>The Group shall meet every other month. The Chair may call additional or special purpose meetings if he/she considers these necessary.</p> <p>The agenda, relevant briefing papers, including the draft / revised policy, implementation plan and completion of an equality screening template, shall be prepared and circulated at least 3 working days before each meeting.</p>
Date Approved	March 2025
Date for Review	March 2028