



The **Regulation** and
Quality Improvement
Authority

RQIA Five Year Review of Equality Scheme

September 2021

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Five Year Review of RQIA Equality Scheme

1. Introduction

Like all public bodies, the Regulation and Quality Improvement Authority (RQIA) has committed to reviewing its Equality Scheme under Section 75 of the Northern Ireland Act (1998) every five years. Ultimately, the purpose of the review is to take learning and set direction for the coming years by critically evaluating the way the organisation has implemented Section 75 over the past five years.

The review is a process of self-assessment. As specified by Equality Commission guidance¹, the review involves looking at what has been achieved, what remains to be done, and lessons learned. It should be based on evidence. The guidance states that the collection and consideration of additional quantitative and qualitative data may be necessary, alongside use of existing information from previous Annual Progress Reports on the implementation of Section 75.

This report presents the key findings from the review. Background information on the organisation and the methodology of the review is included in the opening section. The scope and structure of the concluding section is designed to cover the Equality Commission's requirements in relation to a summary of the main findings.

2. Background

2.1 The organisation

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

Through our inspections, reviews and audits, RQIA provides assurance about the quality of care, challenges poor practice, promotes improvement and safeguards the rights of service users. We inform the public of our findings through the publication of our reports.

We work with our colleagues across health and social care and service providers so that they can deliver improved care. We also are dedicated to hearing and acting on the experiences of patients, clients, families and carers. It is only by working in partnership with service users and providers of care that we can encourage and influence improvement.

¹ Equality Commission for Northern Ireland (2016): Guidance on conducting a 5 year review of an equality scheme.

RQIA carries out a number of programmes of work including:

- Registration and inspection of independent and statutory health and social care services. Every year we inspect around 1,500 health and social care services. These include almost 500 nursing and residential care homes as well as children's homes; domiciliary care and nursing agencies; adult day care services; private dental clinics; and independent hospitals and hospices and clinics. We also inspect the quality of care in acute hospitals, mental health and learning disability wards and in places of detention including prisons.
- A programme of reviews to assure the quality of services provided by the HSC Board, HSC trusts and agencies.
- Wide ranging responsibilities for people with mental ill health and those with a learning disability.
- An infection prevention and hygiene inspection programme.
- A programme of radiological inspections in relation to Ionising Radiation (Medical Exposure) Regulations.

RQIA currently comprises around 120 members of staff.

2.2 Methodology of the review

This review was undertaken in partnership with the other regional HSC organisations, supported by the Business Services Organisation (BSO) Equality Unit. It involved the collection of both quantitative and qualitative data.

The quantitative data elements informing the review include:

- A desk-top exercise looking at in-house data, including RQIA figures on staff training and equality screenings over the five year review period, as well as Corporate reports and Business Plans.
- RQIA Annual Progress Reports to the Equality Commission (2016-17 to 2019-20) as well as quarterly equality screening reports for 2020-21.
- A questionnaire examining key areas of Section 75 implementation was completed by the RQIA Equality Lead (RQIA Communications Manager).

Qualitative data sources comprised a series of interviews and focus groups with key stakeholders. This included:

- an interview with the Equality Lead in RQIA;
- a focus group organised by the Equality Unit on behalf of RQIA with members of Tapestry, the staff disability network. Tapestry is made up of staff from the 11 regional HSC organisations who have an interest in disability or carer's issues.
- a focus group with members of the regional HSC Equality Forum, which brings together the equality leads in the 11 regional HSC organisations;

- a focus group with RQIA Executive Management Team was also facilitated by the Equality Unit, to explore lessons learned, key priorities and actions for Equality Scheme implementation over the coming years.

3. Key Findings

3.1 Outcomes (Section 75 and Good Relations duties)

3.1.1 Staff

Over the last five years, RQIA has raised awareness of support sources for staff with a range of health issues and disabilities. These include events organised by RQIA at Riverside Tower, in partnership with a range of organisations including: Cancer Focus, Diabetes UK, Royal National Institute for the Blind, Alzheimer's Society, Cruise Bereavement, and eating disorders charities.

RQIA has invested heavily in health and wellbeing work, including the development of a Health and Wellbeing Staff group. Important outcomes have been produced through this work, including raising awareness of how to support staff with mental and emotional wellbeing issues. This work has intensified over the last 12 month period during the COVID pandemic.

RQIA has made progress in identifying and seeking to address the needs of staff who have dependents, by making staff aware of support available, including both HR policies, as well as other practical sources of support, such as respite care and Carers' Assessments. We have also developed Flexible Working policies and procedures. This includes looking at different ways we can support staff with caring responsibilities, e.g. through remote or home working.

Also, regarding staff with disabilities, promotion of disability events such as staff awareness days have proved to be effective in increasing awareness, knowledge and skills of staff and line managers in meeting the needs of colleagues with a particular disability.

We also have a strong partnership with the Equality Unit in BSO in working on equality issues to do with disability, including active participation in the Disability Placement scheme. Since the start of the Disability Scheme, we have offered 5 placements.

One participant on the scheme has been successful in gaining a permanent post within the RQIA, and another took up employment in another HSC organisation. However, as evidenced through self-reporting by participants as well as placement managers and employment support officers as the key stakeholders of the scheme, outcomes extend beyond employment and employability to increased confidence levels, a reduction in social isolation and improved mental health of participants.

In turn, participating teams and line managers have gained invaluable knowledge and skills in identifying and meeting the needs of people with a disability in the workplace.

In addition, our staff Disability Network, Tapestry, has given a platform to staff who have a disability to raise and discuss disability issues in a safe environment.

While the RQIA's Accessible Formats policy has been useful in improving public access to information, Tapestry members found that across the HSC organisations, significant gaps persist in accessibility of information for staff. Accessibility issues were also identified in relation to recruitment and selection processes and training.

Staff with sensory loss and those with a learning disability report significant barriers resulting from a lack of accessibility in policies and procedures, the systems used (such as HRPTS and eProcurement) and general information shared with all staff was not accessible to them. This applies to information relating to the recruitment and selection process (including pre-employment checks) once staff with a disability are in post. Likewise, mainstream training is largely inaccessible for them, both as to training course materials, e-learning, and a lack of trainers' understanding of the specific information and communication needs of staff with a disability.

3.1.2 Service users

During 2018-19 RQIA's inspectors attended a programme of human rights training which reinforced awareness and understanding of key equality issues. This supports RQIA in ensuring providers have a clear focus on equality matters and take account of Section 75 considerations in developing and delivering their services.

Carers: Events organised by the RQIA have focused on family interventions in acute dementia services, with speakers sharing their experiences of their relative's care. Staff from each Trust described the interventions they have used to support, promote and develop patient experience through family involvement in a ward setting.

Disability: Work to date has produced positive outcomes for Elderly and Brain injured people, as well as Supporting Families and Dementia Care in Northern Ireland, with views sought from carers and Trust staff from across Northern Ireland to share examples of best practice, including Dementia Champions Model and the Patient Centred Model.

RQIA's Mental Health and Learning Disability (MHL) team inspectors developed a direct observation tool for use on wards for patients who have no capacity to allow them to answer or understand a structured questionnaire. The Quality of Interaction Audit was a tool designed to help evaluate the type and quality of communication that takes place on a ward. The tool was designed to help inform evaluations of the

type and quality of interaction that takes place between staff and patients and their visitors in a mental health or learning disability hospital setting.

Marital status: In our work with care homes, we have highlighted that many of the rooms are single occupancy. We have been raising awareness with care homes that double occupancy rooms also need to be made available, in order to accommodate the needs of service users who are married or who are in relationships.

We have also undertaken a number of reviews over the last five years of health and social care in criminal justice services. RQIA's reviews aim to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. Topics for review are informed by consultation with service users, the public and other key stakeholders, and cover a number of different disciplines.

Review programmes over the last five years relating to key Section 75 groups include:

- Age: for example, reviews into services provided for Children and Young people, such as the Review of General Paediatric Surgery in Northern Ireland (NI) which identified areas of good practice and made recommendations for improvements for the outcomes of children and young people having surgery in NI.
- Gender: for example, the review of Perinatal Mental Health Services in NI, which highlighted a shortfall in the services provided to women who had given birth, and suggested ways of improving their access to services.
- Disability: including a review of Guidelines on Caring for People with a Learning Disability in General Hospital Settings, to enhance safe and effective care for people with a learning disability throughout their hospital journey.

Other examples of work in this field includes

- the Review into Emergency Mental Health Service Provision in NI, which identified issues affecting the delivery of a quality service for mental health service users, their families and carers.

Lessons learned:

- By engaging with patients and service users, we have heard first-hand about their experiences, and can then make recommendations for service improvement.
- We recognise that individuals can fall into more than one equality category. Although we have published a number of reviews over the last five years relating to Section 75 groups, these have not examined diversity within each of these categories. For example, although the Review of Perinatal Mental Health Services in NI aims to improve services for women, it does not consider the diversity within this group. For example, women from different ethnic minority groups or women with disabilities may experience different needs with regard to help-seeking, accessing and utilising services.
- Working in partnership with advocacy organisations has produced positive outcomes for certain Section 75 groups. For example, work with the Voice Of

Young People In Care (VOYPIC) and care experienced young people to allow our inspectors to refine our inspections of children's homes. However, again we recognise that there is no evidence that the diverse needs of young people in care are met through our inspections.

- Also, work with Action on Hearing Loss, RNIB (Royal National Institute for the Blind), Carafriend and other groups supporting people of different sexual orientations has raised awareness of parts of the community that are often invisible, and highlighted to us that we need to be aware of those who have different needs and expectations.
- We have made improvements to our information materials (both in terms of our reports, and corporate information such as how to make a complaint) through the production of easy read formats in order to facilitate the needs of those with learning disabilities.

Looking ahead:

- In relation to our workforce we will devote more attention to the needs of our staff who are carers. We will raise awareness of the HSC Staff Network supporting staff of different sexual orientations and gender identities; and Tapestry, the HSC Staff Disability Network. This will not only raise visibility and awareness of these groups, but will also support staff within these Section 75 categories.
- We will work with the other regional organisations and BSO to ensure that the design specifications for new systems relating to HR, Finance and Procurement as well as any new eLearning programmes meet accessibility standards in order to meet the needs of staff and candidates with different disabilities.
- We will look at gaps in certain work programmes. For example, inspections of Domiciliary Care and Care Homes for Older People will include consideration of the needs of other Section 75 groups. This will initially focus on sexual orientation and gender, in line with DoH Guidance "See Me, Hear Me, Know Me" aiming to support the needs of older lesbian, gay, bisexual and transgender people in nursing, residential, and day care settings, and those who live at home receiving domiciliary care.
- Several of our inspection reports in criminal justice institutions have already highlighted gaps in relation to consideration of the needs service users of different sexual orientations. We will work with voluntary organisations, service providers, and our partners in the PHA and Justice sector to meet the needs of those of different sexual orientations.

3.2 Business Planning, Policy and Decision Making, and Governance

3.2.1 Planning

While our Corporate Strategy 2017-2021 outlines our commitment to a human rights based approach to our work, and a commitment to engage and involve service users and stakeholders, we do not specifically refer to any Section 75 groups. However, our Annual Business Plans over the last five years include objectives and targets relating to Section 75. These refer to actions for service users and their families and carers. There are no other actions specifically aimed at any of the other Section 75 groups.

3.2.2 Policy and decision making, governance and reporting

Equality requirements are broadly integrated in RQIA business planning processes. New programmes of work included in our annual Business Plan emanate from the RQIA Corporate Strategy. Currently the Business Support Manager completes the screening activities for the whole organisation. All new programmes of work have a policy template, which includes an equality section, stating if and when the equality screening was completed.

All new programmes of work go to the RQIA Policy Subgroup, which considers the equality implications of proposed policies. Once policies have been through the Policy Subgroup for commentary, these are then submitted to the Executive Management Team (EMT) for final sign off. However, despite this process, ensuring that screening is carried out on all policies and decisions in a timely manner remains a challenge for the organisation.

Currently, screening templates do not accompany policies and programmes of work for consideration at EMT. Cover pages for papers submitted to the Board do not include detailed information on equality issues identified and how they have been addressed; they do, however, indicate when an equality assessment has been undertaken. Respective leads are not required to provide assurance that an equality screening has been carried out and evidence thereof is publicly available.

The information suggests that at the point of decision-making, EMT members do not have either evidence that the equality issues have been considered appropriately or assurance thereof.

The list of policies screened between 1 April 2016 and 31 March 2021 (see Appendix) shows that

- in total 16 policies were subjected to screening;
- all of these related to corporate affairs, none to specific RQIA functions.

Currently the mechanisms for reporting equality proofing activities are in the RQIA Annual Equality Progress Reports to the Equality Commission.

Lessons Learned:

- Our Corporate Plan does not reference any Section 75 themes, and although statutory duties are referenced in the RQIA Annual Business Plan, currently there is only one objective, relating to carers and families. However this is addressed in the Management Plan 2021-21 which includes a key strategic theme : People and Communities, and through a Statement of Strategic Intent developed during 2021.
- In relation to new programmes of work a useful governance measure is in place for equality proofing, in that a Policy Subgroup has been established to consider if equality proofing has been adequately completed. This has shown some success in progressing the mainstreaming of equality considerations with regards to corporate affairs. However, equality screening of work to deliver RQIA functions has not yet been carried out. The number of published screenings remains low.
- During the last five years, an RQIA Equality Forum was set up. This met on a quarterly basis. The Forum was formed in 2016 and stood down in March 2018. In the absence of the forum, there is no evidence showing that implementation of Section 75 has been mainstreamed across the organisation.
- The equality screening of the Annual Business Plan offers an important vehicle to develop an annual screening programme at planning stage by identifying a minimum set of key actions in the plan that will need equality screened during the year.
- There is no evidence that equality screenings were carried out in relation to the core functions over the past five years. We also recognise a gap in equality screening of decisions.
- While some further screening activity has been undertaken on the corporate side, there is a gap in ensuring this is documented and published as required.
- Policy documents are not accompanied by screening templates nor do they include summary equality information. Cover papers to the Authority Board do not include an explicit assurance nor summary equality information. At the point of decision-making, EMT and Board members are not provided with evidence or an assurance that the equality issues have been considered appropriately.
- To date, we have not requested information on how equality issues have been considered and informed draft policies that the RQIA receives from our provider of Human Resources services.

Looking ahead:

- We will re-establish the RQIA Equality Forum in order to re-invigorate the Equality agenda throughout RQIA and focus on the commitments within this report. The Forum will include representation from each team and will have a key role in identifying work (particularly relating to the core functions of RQIA) to be equality screened.
- We will include specific equality objectives in future Business Plans. We will highlight key equality objectives in our plan by specifying relevant projects or areas where equality groupings are likely to particularly benefit from the work.
- An annual screening programme will be developed to accompany the Annual Business Plan. This will help to ensure that a minimum set of work planned for the forthcoming year will be equality proofed, particularly for areas of work that directly relate to the functions of RQIA.
- To ensure screening is integrated throughout the organisation, specific equality screening governance processes will be introduced, including:
 - All staff with responsibility for policy or programme development will undertake screening and EQIA training to give them an understanding of the need for equality proofing and the skills required. This will enable staff responsible for different programmes of work to undertake screening themselves to ensure the mainstreaming of equality issues throughout the organisation.
 - All members of the Policy Subgroup will attend both equality screening and Equality Impact Assessment (EQIA) training.
 - We will introduce a cover page for completion by the respective lead to accompany any policy or decision submitted to EMT and Board to include a summary of equality impacts identified in the screening, how these are addressed in the policy or decision, and details on where the completed screening template is publicly available.

3.3 Monitoring and Access to Services

Currently, there is no equality monitoring data collected by RQIA with regard to its functions.

Although the RQIA does not collect or analyse any monitoring information, as part of its inspection process of Mental Health Hospitals and Hospitals for those with a Learning Disability, we encourage services to collect and analyse information on a range of indicators directly related to Section 75. Information is collected from patients and their representatives regarding their experience and views in relation to the indicators below:

- patients can decide who attends any meetings where decisions are made about care and treatment
- staff establish and use their preferred name

- staff listen to and respect their views, opinions and preferences and incorporate these in care and treatment planning and delivery
- they feel included in care and treatment planning, implementation and evaluation
- the need for privacy is respected
- family and friends can visit and are active participants in the recovery processes
- they can keep in touch with other family and friends by phone
- spiritual needs, culture, and values are respected and can be freely expressed

We collect qualitative information from patients and their families to inform inspections. We talk directly to patients and ask them about their experiences. As part of RQIA's ongoing improvement programme, we have distributed posters for permanent display in every care home in Northern Ireland, inviting residents and visitors to contact RQIA at any time with their views on the quality of service being provided. In addition, we have also developed cards that our inspectors leave after every inspection encouraging people to tell us about their personal experiences of the service. This provides RQIA with a unique insight into the care provision and will help inform our inspection reports and our assurance and quality improvement activities. However, there is no equality monitoring data gathered as part of this work.

Each day we have an inspector on duty responding to calls from service providers and the public. During the last year we received over 2,350 calls – almost 900 from members of the public wishing to discuss queries or concerns about care service. However, with no equality monitoring data collected, we don't know which groups are more likely to use our services, and more importantly, if there are any Section 75 groups who are less likely to use our services (e.g. ethnic minority groups, people of different sexual orientation etc.)

With regard to staff equality data, completion of the equality and diversity information on the Human Resources (HR) system is voluntary and whilst staff are encouraged to do so, completion rates are particularly low in relation to the categories of dependants, disability, sexual orientation, political opinion, and ethnicity.

More robust staff data is necessary to inform the equality screening of relevant policies and decisions.

Lessons Learned:

- The quality of the equality data that we need to draw on for our work has significant limitations. Although we encourage services to consider equality issues in indicators for the delivery of safe, effective and compassionate person centred services, services we inspect do not collect information on our behalf relating to individual patients' Section 75 characteristics.

- We have no way of telling if outcomes and service satisfaction vary across different groups e.g. transgender, gay, lesbian bisexual patients, ethnic minority groups etc.
- There is no evidence to suggest that the collection and use of equality monitoring data for all nine categories has been mainstreamed across all RQIA functions.

Looking Ahead:

- We will further encourage staff to complete equality and diversity information to strengthen the data, eg. on disability.
- We will work with service providers to develop a more robust monitoring system to reflect the breakdown of people who are using services we inspect. We will develop a series of impact questions to be included in the provider post questionnaire to explore what Section 75 characteristics providers capture to allow us to monitor what information is being collected.
- We will ask service providers to share this information with us, in order that we can then look at the data to gauge if patients from any of the Section 75 groups have a different experience of the services we inspect.

3.4 Engagement

RQIA involves various groups and individuals in a range of aspects of our work.

In our 2017-21 Corporate Strategy we commit to:

- engage service users and stakeholders in the co-design of our interventions (audit, review, inspection and investigations);
- involve service users as part of inspections and reviews, and;
- enable and encourage service users and the public to provide the intelligence needed to inform assurance and improvement activity.

We developed a Communications and Engagement Strategy in 2018/2019, which provides opportunities for us to engage with stakeholders, including service users and the general public. This has helped shape and inform the design of our Review Programme.

The RQIA has had regular engagement with voluntary sector organisations and advocacy groups representing:

- those with learning, sensory and physical disabilities, and mental health issues (e.g. the Cedar Foundation; Dementia NI, Aware NI, Inspire, and Lifeline etc.).
- people of different ages (e.g. Commissioner for Older People (COPNI); National Society for the Prevention of Cruelty to Children (NSPCC); Voices of Young People in Care (VOYPIC) etc.);
- different political backgrounds (in our meetings with NI political parties/representatives)

- dependants (National Childbirth Trust, Sure Start, Mother’s Voice, CAUSE²)

This gives RQIA an important insight into the priorities for these different groups, and an opportunity to hear about current issues and what their members are saying. This allows us to identify gaps in services.

A number of years ago, we had established relationships with voluntary organisations supporting ethnic minority groups (Northern Ireland Council for Ethnic Minority Groups (NICEM), and gay, lesbian and bisexual people (The Rainbow Project). However, over the last five years, it is recognised these relationships have weakened, and work needs to be done to re-energise these.

RQIA regularly uses peer reviewers, who bring a wealth of experience and knowledge from across the health and social care sector. This has included providing induction training for the Northern Ireland Medical and Dental Training Agency’s (NIMDTA) Clinical Trainee Associates to join our inspection teams in our acute hospital inspection programme.

RQIA involves service users and members of the public as volunteer lay assessors. For example, we attend Pensioners Parliaments³ in each council area across Northern Ireland. At each event which supported engagement with service users and the wider public we spoke with attendees, provided information on our work, and encouraged involvement in lay assessor roles.

We also developed an engagement programme with members of the public, including “Open House” events at RQIA’s offices. At these events members of the public had an opportunity to speak directly to our senior management team and acting Chair about aspects of our work; and find out how they can get involved. These events were promoted through social media channels, newspapers and with support from partner organisations including Age Sector Platform, Age NI, and VOYPIC.

Restrictions in care home visiting during the Covid-19 pandemic impacted on RQIA’s opportunities to meet face-to-face with the family members of those in health and social care services. However, RQIA continued to encourage the public to contact its Guidance Team by telephone or email, where they had queries or concerns relating to their loved one’s care.

During 2020, RQIA in partnership with the Patient and Client Council, the HSC Board and Public Health Agency, established a platform to strengthen engagement and build relationships with relatives of people living in care homes. On a weekly basis, relatives and their representative organisations have an opportunity to discuss concerns in relation to care and visiting and care partner arrangements.

² CAUSE is an advocacy group supporting carers of people with a mental illness.

³ These parliaments provide older people from across Northern Ireland with a local forum to discuss their concerns.

These video meetings are also attended by representatives from the Commissioner for Older People Northern Ireland, Age NI and the Alzheimer's Society, and Care Home Advice Support Northern Ireland.

As a member of the Equality Forum of the 11 regional HSC organisations, RQIA has access to Section 75 groups via its consultation database, which has been used to consult with on the development of Human Resources policies, e.g. Gender Identity Employment Policy.

RQIA also has access to other HSC staff forums, such as the HSC Forum for gay, lesbian, bisexual and transgender staff, and Tapestry, the Disability Staff Forum, to engage and consult with on a range of employment and service issues. To date, neither of these staff groups have been approached as a matter of course in the development of Human Resources policies.

Lessons Learned:

- Where we offer opportunities for individuals to be involved in our work, we do not currently know which equality groupings the individuals belong to. Without this information and without targeting any particular equality groupings to encourage them to become involved we cannot be sure that we hear a diverse range of voices.
- Although we have established good working relationships with voluntary organisations supporting those with a range of disabilities, people of different ages, different political backgrounds, and dependants, we have more work to do to engage fully with other Section 75 groups (i.e. sexual orientation, ethnic minorities).
- While dedicated staff forums on disability, sexual orientation and gender identity exist within the HSC, these have not been engaged with in the development of Human Resources policies as a matter of course.

Looking Ahead:

- In order to better gauge how diverse the voices are that we hear in our engagement we will pilot collecting equality/diversity information on a voluntary basis in the following areas:
 - public engagement activities and consultations to inform our work, including input into the development of our Review Programmes;
 - recruitment of lay assessors who will bring their own experience, fresh insight and a public focus to our inspections and reviews, and;
 - recruitment of peer reviewers
- We will seek assurance from our provider of Human Resources services that engagement with the existing staff forums has been undertaken for any policies they develop on our behalf.
- We have commenced the development of a communications and engagement strategy, based on the principles of co-production and co-design, with

involvement of HSC and independent providers and service users and the wider public in partnership with the Patient and Client Council.

3.5 Ensuring RQIA staff assist the organisation in implementing Section 75

The new regional HSC template for Job Descriptions and Personnel Specifications no longer makes reference to the Section 75 duties. However, all existing RQIA job descriptions include a general requirement to comply with Equality duties. RQIA Job Descriptions and Personnel Specifications state: “To assist the Authority in fulfilling its statutory duty under Section 75 of the Northern Ireland Act 1998 to provide equality of opportunity and the promotion of good relations.”

Over the past five years, RQIA has put arrangements in place to ensure that staff complete equality training. This includes regular reporting to EMT regarding the numbers of staff who have completed mandatory training. Staff who have not completed the necessary training are followed up.

- Completion of the Making a Difference⁴ equality e-learning programme is mandatory for all RQIA staff (Part 1 for all staff, Part 2 for line managers). This training is one of our actions within our Equality and Disability Action Plans.
- Compliance with all mandatory e-learning programmes is monitored by line managers and updates provided to our EMT on a regular basis. This has proven effective, given that as at 31st March 2021, 111 RQIA staff had completed Making A Difference training.
- However, the numbers of staff attending training sessions on Equality Screening and Equality Impact Assessment (EQIA) training is lower. 12 RQIA staff attended Equality Screening, and no-one attended EQIA Training during the five year period up to 31st March 2021.

In addition to this, bespoke update sessions and consultancy from the Equality Unit has been organised for RQIA staff. Over the last 5 years this has included training on Reasonable Adjustments for staff with disabilities; deaf awareness training; training on the Good Relations duty, and; training on How to Get that Job for participants of the Disability Placement Scheme placed within the RQIA. In addition to training with staff, RQIA Authority board members took part in an Equality Scheme briefing.

⁴ The programme was developed jointly by all HSC organisations. Prior to the introduction of this, it had been mandatory for staff to undertake the Discovering Diversity eLearning, again a bespoke package, developed in-house.

Lessons Learned:

- Reference to the Section 75 duties in all Job Descriptions is essential to ensure all staff have responsibility for mainstreaming equality in the organisation.
- We recognise a gap exists in ensuring that senior decision-makers are fully trained on equality screenings and EQIAs.

Looking Ahead:

- All senior decision-makers will undertake training on equality screening and EQIA within two years.
- A new definition of “relevant staff” who are to undertake equality screening and EQIA training will be introduced. This will be based on staff bandings (band 5 and above) as a minimum set, with Directors responsible for identifying additional staff in need of the training.
- We will seek assurance from our provider of Human Resources services that reference to the Section 75 duties is reintegrated into the template used for all new Job Descriptions.

3.6 Leadership

Over the last five year period, the RQIA Authority board members received training on Equality and Diversity, and an Equality Scheme briefing.

Currently, the RQIA Authority board meetings do not include equality as a standing agenda item. The Business Support Unit is the equality lead and acts as the main driver for the equality agenda in RQIA. RQIA also is an active participant in the HSC Equality Forum facilitated by BSO’s Equality Unit, who meet on a quarterly basis to share good practice in the implementation of Section 75 and to plan joint work. At a strategic level, the BSO’s Equality Unit represents member organisations on a number of regional groups, reporting back to the Forum as and where required.

Members of the EMT are involved in Section 75 implementation through annual progress reporting, receiving and approving progress reports and direction setting for the coming year.

Senior managers play an important role by:

- contributing to annual progress reporting by identifying relevant initiatives in their area of responsibility, and
- ensuring training attendance of relevant staff.

RQIA’s Communications Manager is an active member of the Disability Champions Network. This is a group of HSC Directors and Board members who seek to influence and change everyday practices relating to disability issues within the regional HSC organisations.

Implementation of the Equality and Disability Action Plans is primarily managed by the Business Support Unit, but individual actions require participation and involvement of all staff across the organisation.

Visibly promoting and celebrating diversity constitutes a further key aspect of active leadership on Section 75 implementation. For example, two disability awareness days are organised each year and all staff are encouraged to participate in these, read information provided, attend information sessions etc. Details of the HSC Tapestry Disability Staff Forum are also shared with staff, who are encouraged and facilitated to attend meetings within their working day.

Lessons Learned:

- Active Section 75 implementation over the last five years has largely been led by the Business Support Unit within the organisation. While this may be a good fit from a reporting and governance angle, it is essential to widen the active ownership of the equality and diversity agenda through further mainstreaming equality in RQIA core business.
- Working in close partnership with the other 10 regional HSC organisations through the HSC Equality Forum produces important benefits for small organisations in particular, including access to resources and prompts on deadlines. Likewise, awareness of progress across partner organisations can strengthen arguments of the need to bring about progress in one's own organisation. There remains scope for strengthening of sharing of good practice across the forum to enable the organisations to learn from each other.

Looking Ahead:

- Over the next five years, we will widen our efforts to draw attention and implement good practice in equality and diversity issues, particularly relating to ethnicity, sexual orientation and gender identity.
- We will highlight and demonstrate our commitment to the equality and diversity agenda to new leaders, such as Board members, when they join, including through training.
- Currently, the RQIA Authority Board does not include equality as a standing agenda item. We will change this in order to ensure equality issues are driven from the top of our organisation.
- Similarly, going forward, EMT will include equality issues as a standing agenda item.
- The HSC Equality Forum will dedicate more time to the sharing of good practice initiatives at its quarterly meetings.

4. Conclusions

4.1 How has the scheme's implementation benefitted individuals within the Section 75 groups?

In relation to the workplace, RQIA has made progress in identifying and seeking to address the needs of staff who have caring responsibilities. Staff awareness days have proved to be effective in increasing awareness, knowledge and skills of staff and line managers in meeting the needs of colleagues with a particular disability. In addition, Tapestry has given a platform to staff who have a disability to raise and discuss disability issues in a safe environment.

For service users, we have adopted a targeted approach as part of inspections to get providers to account for S75 in developing and delivering services, and awareness raising of key equality issues. This has been reflected in inspection reports.

Work to date includes positive outcomes for elderly people and those with a brain injury, as well as Supporting Families and Dementia Care in Northern Ireland, with carers and trust staff from across Northern Ireland sharing examples of best practice, including Dementia Champions Model and the Patient Centred Model.

4.2 How are leaders within the authority engaged in the scheme's implementation?

Currently, the RQIA Authority Board meetings do not include equality as a standing agenda item. The Business Support Unit acts as the main driver for the equality agenda in RQIA. RQIA also is an active participant in the HSC Equality Forum facilitated by BSO's Equality Unit, who meet on a quarterly basis to share good practice in the implementation of Section 75 and to plan joint work. At a strategic level, the BSO's Equality Unit represents member organisations on a number of regional groups, reporting back to the Forum as and where required.

Members of the EMT are involved in Section 75 implementation through annual progress reporting to the ECNI.

Senior managers play an important role by:

- contributing to annual progress reporting by identifying relevant initiatives in their area of responsibility, and
- ensuring training attendance of relevant staff.

4.3 Challenges and how they have been overcome

The key challenge over the past five years was the integration of equality considerations in all core work of the organisation, which in many ways is the key challenge in implementing Section 75 overall. Whilst it cannot be argued therefore that this challenge was overcome during the period covered by the review, important progress has been made, first and foremost by:

- Engaging with service users to establish what their needs are in relation to RQIA and processes.
- Engaging with advocacy organisations to be aware of the main issues for people with learning, sensory and physical disabilities, and carers, in accessing health and social care services that meet their needs.

4.4 Lessons Learned

(1) Outcomes

- By engaging with patients and service users, we have heard first-hand about their experiences, and can then make recommendations for service improvement.
- We recognise that individuals can fall into more than one equality category. Although we have published a number of reviews over the last five years relating to Section 75 groups, these have not examined diversity within each of these categories. For example, although the Review of Perinatal Mental Health Services in NI aims to improve services for women, it does not consider the diversity within this group. For example, women from different ethnic minority groups or women with disabilities may experience different needs with regards to help-seeking, accessing and utilising services.
- Working in partnership with advocacy organisations has produced positive outcomes for certain Section 75 groups. For example, work with VOYPIC and care experienced young people to allow our inspectors to refine our inspections of children's homes. However, again we recognise that there is no evidence that the diverse needs of young people in care are met through our inspections.
- Also, work with Action on Hearing Loss, RNIB (Royal National Institute for the Blind), Carafriend and other groups supporting people of different sexual orientations has raised awareness of parts of the community that are often invisible, and highlighted to us that we need to be aware of those who have different needs and expectations.
- We have made improvements to our information materials (both in terms of our reports, and corporate information such as how to make a complaint)

through the production of easy read formats in order to facilitate the needs of those with learning disabilities.

- We have commenced work on our assurance framework which will include work to simplify and improve the accessibility of our inspection reports, in partnership with service users, carers and their families. Through our communications and engagement strategy, using co-production and co-design principles we will involve the public in shaping improvements to our website.

(2) Business Planning, Policy- and Decision-Making, and Governance

- Our Corporate Plan does not reference any Section 75 themes, and although statutory duties are referenced in the RQIA Annual Business Plan, currently there is only one objective, relating to carers and families.
- In relation to new programmes of work a useful governance measure is in place for equality proofing, in that a Policy Subgroup has been established to consider if equality proofing has been adequately completed. This has shown some success in progressing the mainstreaming of equality considerations with regards to corporate affairs. However, equality screening of work to deliver RQIA functions is not carried out. The number of published screenings remains low.
- During the last five years, an RQIA Equality Forum was set up. This met on a quarterly basis. This Forum was formed in 2016 and stood down in March 2018. In the absence of the forum, there is no evidence showing that implementation of Section 75 has been mainstreamed across the organisation.
- The equality screening of the Annual Business Plan offers an important vehicle to develop an annual screening programme at planning stage by identifying a minimum set of key actions in the plan that will need equality screened during the year.
- There is no evidence that equality screenings were carried out in relation to the core functions over the past five years. We also recognise a gap in equality screening of decisions.
- While some further screening activity has been undertaken on the corporate side, there is a gap in ensuring this is documented and published as required.
- Policy documents are not accompanied by screening templates nor do they include summary equality information. Cover papers to RQIA's Authority Board do not include an explicit assurance nor summary equality information. At the point of decision-making, EMT and Authority Board members are not provided with evidence or assurances that the equality issues have been considered appropriately.
- To date, we have not requested information on how equality issues have been considered and informed draft policies that the RQIA receives from our provider of Human Resources services.

(3) Monitoring, Access to Information and Services

- The quality of the equality data that we need to draw on for our work has significant limitations. Although we encourage services to consider equality issues in indicators for the delivery of safe, effective and compassionate person centred services, services we inspect do not collect information on our behalf relating to individual patients' Section 75 characteristics. We have no way of telling if outcomes and service satisfaction vary across different groups e.g. transgender, gay, lesbian bisexual patients, ethnic minority groups etc.
- There is no evidence to suggest that the collection and use of equality monitoring data for all nine categories has been mainstreamed across all RQIA functions.

(4) Engagement

- Where we offer opportunities for individuals to be involved in our work, we do not currently know which equality groupings the individuals belong to. Without this information and without targeting any particular equality groupings to encourage them to become involved we cannot be sure that we hear a diverse range of voices.
- Although we have established good working relationships with voluntary organisations supporting those with a range of disabilities, people of different ages, different political backgrounds, and dependants, we have more work to do to engage fully with other Section 75 groups (i.e. sexual orientation, ethnic minorities).
- While dedicated staff forums on disability, sexual orientation and gender identity exist within the HSC, these have not been engaged with in the development of Human Resources policies as a matter of course.

(5) Ensuring staff assist the organisation in implementing Section 75

- Reference to the Section 75 duties in all Job Descriptions is essential for making equality everybody's business in the organisation.
- We recognise a gap in ensuring that senior decision-makers are fully trained on equality screenings and EQIAs.

(6) Leadership

- Active Section 75 implementation over the last five years has largely been led by the Business Support Unit within the organisation. While this may be a good fit from a reporting and governance angle, it is essential to widen the active ownership of the equality and diversity agenda through further mainstreaming equality in RQIA core business.
- Working in close partnership with the other 10 regional HSC organisations through the HSC Equality Forum produces important benefits for small organisations in particular, including access to resources and prompts on deadlines. Likewise, awareness of progress across partner organisations can strengthen arguments of the need to bring about progress in one's own

organisation. There remains scope for strengthening of sharing of good practice across the forum to enable the organisations to learn from each other.

4.5 Going Forward

(1) Outcomes

- In relation to our workforce we will devote more attention to the needs of our staff who are carers. We will also raise awareness of the HSC Staff Network supporting staff of different sexual orientations and gender identities and Tapestry, the HSC Staff Disability Network. This will not only raise visibility and awareness of these groups, but will also support staff within these Section 75 categories.
- We will work with the other regional organisations and BSO to ensure that the design specifications for new systems relating to HR, Finance and Procurement as well as any new eLearning programmes meet accessibility standards in order to meet the needs of staff and candidates with different disabilities.
- We will look at gaps in certain work programmes. For example, inspections of Domiciliary Care and Care Homes for Older People will include consideration of the needs of other Section 75 groups. This will initially focus on sexual orientation and gender, in line with DoH Guidance “See Me, Hear Me, Know Me” aiming to support the needs of older lesbian, gay, bisexual and transgender people in nursing, residential, and day care settings and those who live at home and receive domiciliary care.
- Several of our inspection reports on health and social care provision in criminal justice institutions have already highlighted gaps in relation to consideration of the needs service users of different sexual orientations. We will work with voluntary organisations, service providers, and our partners in the PHA and Justice sector to meet the needs of those of different sexual orientations.

(2) Business Planning, Policy and Decision-Making, and Governance

- We will include specific equality objectives in future Business Plans. RQIA’s Management Plan 2021-22 includes a key strategic theme focusing on People and Communities, which states: We will work as partners with the public, people who use and provide services and our own staff to deliver a modern and responsive regulatory system that supports the delivery of safe and effective care and safeguards people’s rights. We will highlight key equality objectives in our plan by specifying relevant projects or areas where equality groupings are likely to particularly benefit from the work.
- An annual screening programme will be developed to accompany the Management Plan (RQIA’s Annual Business Plan). This will help to ensure that a minimum set of work planned for the forthcoming year will be equality proofed, particularly for areas of work that directly relate to the functions of RQIA.

- To ensure screening is integrated throughout the organisation specific equality screening governance processes will include:
 - All staff with responsibility for policy or programme development will undertake screening and EQIA training to give them an understanding of the need for equality proofing and the skills required. This will enable staff responsible for different programmes of work to undertake screening themselves to ensure the mainstreaming of equality issues throughout the organisation.
 - All members of the Policy Subgroup will attend both equality screening and Equality Impact Assessment (EQIA) training.
 - We will introduce a cover page for completion by the respective lead to accompany any policy or decision submitted to EMT and Board to include a summary of equality impacts identified in the screening, how these are addressed in the policy or decision, and details on where the completed screening template is publicly available.
- We will re-establish the RQIA Equality Forum in order to reinvigorate and place a clear focus on the Equality agenda throughout RQIA. The Forum will include representation from each team and will have a key role in identifying work (particularly relating to the core functions of RQIA) to be equality screened.

(3) Monitoring, Access to Information and Services

- We will further encourage staff to complete equality and diversity information to strengthen the data, eg. on disability.
- We will work with service providers to develop a more robust monitoring system to reflect the breakdown of people who are using services we inspect. We will develop a series of impact questions to be included in the provider post questionnaire to explore what Section 75 characteristics providers capture to allow us to monitor what information is being collected.
- We will ask service providers to share this information with us, in order that we can then look at the data to gauge if patients from any of the Section 75 groups have a different experience of the services we inspect.

(4) Engagement

- RQIA has currently commenced a new Communications and Engagement Collaborative involving a wide range of stakeholders which will support the development of a new Communications and Engagement Strategy for RQIA, placing a clear focus on engagement and partnership.
- In order to better gauge how diverse the voices are that we hear in our engagement we will pilot collecting equality/diversity information on a voluntary basis in the following areas:
 - public engagement activities and consultations to inform our work, including input into the development of our Review Programmes;
 - recruitment of lay assessors who will bring their own experience, fresh insight and a public focus to our inspections and reviews, and;

- recruitment of peer reviewers
- We will seek assurance from our provider of Human Resources services that engagement with the existing staff forums has been undertaken for any policies they develop on our behalf.

(5) Ensuring staff assist the organisation in implementing Section 75

- All senior decision-makers will undertake training on equality screening and EQIA within two years.
- A new definition of “relevant staff” who are to undertake equality screening and EQIA training will be introduced. This will be based on staff bandings (band 5 and above) as a minimum set, with Directors responsible for identifying additional staff in need of the training.
- We will seek assurance from our provider of Human Resources services that reference to the Section 75 duties is reintegrated into the template used for all new Job Descriptions.
- RQIA’s re-established Equality Forum will ensure a clear focus is placed on the Equality agenda at all levels within RQIA, and will report progress regularly to RQIA Executive Management Team.

(6) Leadership

Over the next five years, we will widen our efforts to draw attention and implement good practice in equality and diversity issues, particularly relating to ethnicity, sexual orientation and gender identity.

- We will highlight and demonstrate our commitment to the equality and diversity agenda to new leaders, such as Authority board members, when they join, including through training.
- Currently, the RQIA Authority board meetings do not include equality as a standing agenda item. We will change this in order to ensure equality issues are driven from the top of our organisation.
- Similarly, going forward, EMT will include equality issues as a standing agenda item in meetings.
- The HSC Equality Forum will dedicate more time to the sharing of good practice initiatives at its quarterly meetings.

Appendix: List of policies equality screened from 1 Apr 2016 to 31 Mar 2021

Year	Policy Title	Decision
2016-17	Proposal for Recurrent Savings 2016-17, Regulation Directorate	Screened out with mitigation
2016-17	Consultation on RQIA's Corporate Strategy 2017-21 and Screening	Screened out with mitigation
2016-17	Secondment Guidelines	Screened out with mitigation
2017-18	Zero Tolerance Policy	Screened out with mitigation
2017-18	Post Entry Training Policy	Screened out with mitigation
2017-18	Attendance at Work Policy	Screened out with mitigation
2017-18	Tapestry Communication and Information Screening	Screened out with mitigation
2017-18	Anti Fraud Policy	Screened out with mitigation
2017-18	Whistleblowing Policy	Screened out without mitigation
2017-18	Capability Procedure	Screened out with mitigation
2017-18	Disciplinary Procedure	Screened out with mitigation
2017-18	Consultation on Equality and Disability Action Plans 2018-23	Screened out with mitigation
2018-19	Leave Pack	Screened out with mitigation
2018-19	Family Pack	Screened out with mitigation
2019-20	Conflict Bullying and Harassment in the Workplace	Screened out with mitigation

2019-20	Records Management Policy	Screened out without mitigation
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