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**PUBLIC SESSION**  
**RQIA Authority Meeting**  
**Thursday 28 August 2025 at 9:30am**  
**Virtual via MS Teams**

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| <p><b>Present:</b><br/>Christine Collins <b>(CC)</b>, Chair<br/>Stuart Elborn <b>(SE)</b>, Deputy Chair<br/>Derek Clydesdale <b>(DC)</b><br/>Cheryl Lamont <b>(CL)</b><br/>Nazia Latif <b>(NL)</b><br/>Alphy Maginness <b>(AM)</b><br/>Sarah Wakfer <b>(SW)</b></p> <p><b>Apologies:</b><br/>Mary McIvor <b>(MMcI)</b><br/>Rodney Morton <b>(RM)</b></p> <p>Elaine Connolly <b>(EC)</b>, Director of Adult Care Services<br/>Karen Harvey <b>(KH)</b>, Professional Advisor of Social Work<br/>Jane Kennedy <b>(JK)</b>, Interim Director of Independent Healthcare<br/>Caroline Lee <b>(CLee)</b>, Interim Director of HSC Reviews, Inspections and Quality Improvement</p> | <p><b>RQIA Staff in Attendance:</b><br/>Briege Donaghy <b>(BD)</b>, Chief Executive<br/>Lynn Long <b>(LL)</b>, Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare<br/>Jacqui Murphy <b>(JM)</b>, Head of Corporate Affairs and Business Services<br/>Paul Cummings <b>(PC)</b>, RQIA Financial Advisor<br/>Aaron Addidle <b>(AA)</b>, Business Support Officer</p> |
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**1.0 Agenda Item 1 - Welcome and Apologies**

- 1.1 The meeting commenced at 9:35 am, with the Chair (CC) welcoming all to the meeting.
- 1.2 Apologies were noted from Mary McIvor, Rodney Morton, Elaine Connolly, Karen Harvey, Jane Kennedy and Caroline Lee.

**2.0 Agenda Item 2 - Minutes of the meeting of the Authority held on 3 July 2025 and Matters Arising**

- 2.1 Members **APPROVED** the Minutes of the meeting of the Authority held on 3 July 2025 as a true and accurate record.
- 2.2 **Action List:**  
**Action 271: Letter to the Bank of Ireland: Closed:** JM advised that a letter has been issued on behalf of the Authority Chair to the Bank of Ireland noting RQIA's

concern that no form exists for bodies corporate and advising that the details they currently hold for RQIA are incorrect and need to be updated.

### **3.0 Agenda Item 3 - Declaration of Interests**

3.1 CC asked Authority Members if, following consideration of the agenda items, any interests were required to be declared in line with the Standing Orders.

3.2 There were no interests declared.

### **4.0 Agenda Item 4 - Chair's Business**

**a) Organisational Review of the RQIA**

**b) RQIA Standing Orders**

**c) Project ECHO**

#### **4.1 a) Organisational Review of the RQIA**

CC noted that the Authority and all RQIA staff will be aware that the Department of Health (DoH) will undertake an organisational review of RQIA as part of its regular review of arms-length bodies (ALBs). CC outlined that RQIA will be liaising with the DoH about the Terms of Reference.

4.2 The Authority remarked positively on the review, noting that it is an opportunity for RQIA to demonstrate the need for a review of its governing legislation and additional resources to deal with the rising demands on regulation, particularly from the independent sector.

4.3 CC acknowledged that a significant volume of information will need to be collated and shared with the DoH as part of the review; this will be led by the Office of the Chair and Chief Executive.

4.4 The Authority **NOTED** the update on the Organisational Review of the RQIA.

#### **4.5 b) RQIA Standing Orders**

CC presented the final version of the RQIA Standing Orders to the Authority and noted that the language now aligns to the recently agreed Partnership Agreement with the DoH.

4.6 JM reminded Members that the Standing Orders were approved in principle in March 2025 and following minor amendments, these are presented for final approval today. JM advised that the Partnership Agreement will be hyperlinked within the Standing Orders.

4.7 SE outlined that the Standing Orders convey RQIA as an evolving organisation and there will need to be regular review to reflect our agility.

4.8 CC agreed that a further focused review of the Standing Orders should be considered after Project ECHO transfers to RQIA.

4.9 The Authority **APPROVED** the RQIA Standing Orders.

#### **4.10 c) Project ECHO**

CC provided an update to the Authority on the upcoming transfer of Project ECHO to RQIA; the transfer is progressing well and it is planned to complete on 1 October 2025.

- 4.11 BD noted that Human Resource (HR) processes continue and RQIA is being supported by Business Services Organisation (BSO) HR. BD welcomed the opportunity to strengthen RQIA's ability to encourage improvement through the transfer of Project ECHO.
- 4.12 SE welcomed the enthusiasm of ECHO staff in transferring to RQIA and the strategic opportunities will be significant.
- 4.13 The Authority was pleased to **NOTE** the update on the transfer of Project ECHO.

## **5.0 Agenda Item 5 – Members Activity Report**

- 5.1 Following consideration, the Authority **NOTED** the Members Activity Report.

## **6.0 Agenda Item 6 - Chief Executive's Update: Verbal Update**

- 6.1 BD reported that she provided oral evidence to the Covid-19 Inquiry on 7 July 2025 as a core participant for Module 6 (Care Homes); BD was supported by DWF and Counsel. BD informed the Authority that she will be liaising with CC to submit a closing submission to the Inquiry. BD reflected that the testaments of those impacted by the pandemic were difficult to hear and allowed one to reflect.

As part of the reflection on the pandemic, BD has reached out to the Commissioner for Older People Northern Ireland (COPNI) to discuss advanced care planning as part of the introductory meeting with the new Commissioner.

- 6.2 CC noted that when the Module 6 report is published, the Authority will fully consider the findings and recommendations, and undertake a desktop exercise to consider if RQIA's processes are fit for purpose in preparation for a future pandemic.
- 6.3 BD advised that she chaired a meeting the day before focusing on data from the registered sector and reflecting on the use of data during the pandemic, which was an enabler for collaboration. RQIA is currently considering its Winter Plan for 2025 / 2026, which will be tabled at the October Authority Meeting.
- 6.4 BD provided an update to the Authority on the significant action taken following receipt of information about a supported living service provided by the Cedar Foundation, The Mews. This work commenced in February 2025 and RQIA took the role in leading the investigation, which was overseen by an oversight group. This group held its final meeting on 14 August 2025. BD highlighted that there has been extensive cross-directorate and cross-organisation working to investigate the concerns raised and a report on this action will be shared with the Authority in a few weeks.
- 6.5 BD noted that since the last Authority Meeting, the Minister of Health has announced the third phase of the Deceased Patients Review (DPR). BD reminded the Authority that RQIA published the first phase report in 2022 and a second phase remains ongoing with 18 families who wished to have their relative's records reviewed.

- 6.6 BD provided an update on the Health and Social Care (HSC) Patient Safety Culture Assessment Framework, which is a legacy action arising from Phase One

of the DPR. This framework follows several round table events hosted by RQIA and it is intended, subject to the Authority's approval, that the framework will be launched at the Patient Safety Event on 17 September 2025.

- 6.7 BD continued by advising that the eLearning for medical staff on speaking up has been launched; the learning is anchored on the testament of families and BD paid tribute to Mrs Norma Sparkes for her candid reflections in these videos. BD notes that RQIA continues to encourage uptake and is aiming for a formal launch in the coming months.
- 6.8 BD updated the Authority on the ongoing work in the Southern Health and Social Care Trust (SHSCT) to review whole system working following the system inspection in 2023.
- 6.9 BD informed the Authority that RQIA will be relaunching an advertising campaign to recruit more Inspection Support Volunteers (ISVs) in September 2025.
- 6.10 The Authority **NOTED** the Chief Executive's Update.
- 7.0 **Agenda Item 7 - Business, Appointments and Remuneration Committee (BARC): Update**
  - a) Minutes of Meeting 8 May 2025
  - b) Draft Minutes of Meeting 7 August 2025
  - c) Policies and MoUs
    - i. RQIA Governance and Assurance Framework
    - ii. Concerns Procedure
    - iii. Adult Care Services Inspection Procedure
    - iv. MoU with the Northern Ireland Fire and Rescue Service (NIFRS)
    - v. MoU with SPPG Dental Services
    - vi. MoU with NI Commissioner for Children and Young People (NICCY)
    - vii. MoU with the Northern Ireland Social Care Council (NISCC)
    - viii. MoU with the Education and Training Inspectorate (ETI)
  - d) Performance
    - i. Activity Performance and Outcomes Report: Quarter 4, 2024/2025
    - ii. RQIA Adult Safeguarding Annual Report 2024/2025
    - iii. Activity Performance and Outcomes Report: Quarter 1, 2025/2026
    - iv. HSCQI Annual Quality Report, 2024/2025
  - e) Workforce
    - i. Action Plan to Address Recommendations following the Organisational Culture Review and Investors in People (IiP) Assessment
  - f) Annual Complaints Report 2024/2025
- 7.1 **a) Minutes of Meeting 8 May 2025**

Following consideration, the Authority **NOTED** the Minutes of the meeting on 8 May 2025.
- 7.2 **b) Draft Minutes of Meeting 7 August 2025**

Following consideration, the Authority **NOTED** the Draft Minutes of the meeting on 7 August 2025.
- 7.3 **c) Policies and MoUs**
  - i. RQIA Governance and Assurance Framework

SE presented the RQIA Governance and Assurance Framework noting that the primary changes were linked to the new groups arising from the Organisational Culture Review: the Staff Involvement Forum and the Leadership and Workforce (including Training and Development) Group.

- 7.4 Following a query from SW about whether this will be presented to the Audit and Risk Committee (ARAC), JM confirmed that this would be tabled at the ARAC Meeting in November 2025.
- 7.5 The Authority **APPROVED** the updated RQIA Governance and Assurance Framework.
- 7.6 **ii. Concerns Procedure**  
AM noted that there appeared to be no reference to referrals to third parties such as professional regulators and this would be important to have noted against a concern.
- 7.7 LL clarified that staff would be aware of the need to record when referrals to third party bodies are made but agreed that reference to it in the procedure should be made.
- 7.8 On the basis of the amendments required, the Authority **DID NOT APPROVE** the Concerns Procedure and will review at a future date.
- 7.9 **iii. Adult Care Services Inspection Procedure**  
NL raised the issue that the procedure denotes that RQIA will undertake an equality screening at the request of BSO and noted her concern that RQIA would wait for a request from BSO, rather than instigate its own equality screening.
- 7.10 BD clarified that this is not the case and, in light of a previous history of inadequate equality screening practices, confirmed that RQIA now applies robust due diligence to ensure all policies undergo comprehensive equality screening. The outcomes of these screenings are formally presented to BARC. BD also acknowledged that the current procedure requires updating to accurately reflect this practice.
- 7.11 On the basis of the amendments required, the Authority **DID NOT APPROVE** the Adult Care Services Inspection Procedure and will review at a future date.
- 7.12 **iv. MoU with the Northern Ireland Fire and Rescue Service (NIFRS)**  
Following consideration, the Authority **APPROVED** the MoU with the Northern Ireland Fire and Rescue Service (NIFRS).
- 7.13 **v. MoU with SPPG Dental Services**  
AM noted small typos in the legislation references that need to be updated prior to publication.  
  
AM highlighted that there was no reference in the MoU to overseas dentists offering services in Northern Ireland.
- 7.14 BD noted that the MoU relates primarily to the SPPG supplying a part-time dentist to RQIA to assist in the regulation of dental services. BD emphasised the importance of this MoU as a document in strengthening RQIA's regulation for dental services.

- 7.15 The Authority **APPROVED** the MoU with SPPG Dental Services.
- 7.16 **vi. MoU with NI Commissioner for Children and Young People (NICCY)**  
AM highlighted that the MoU contained references to outdated legislation.
- 7.17 BD suggested that this and subsequent MoUs during today's meeting be withdrawn for further quality assurance checks to be carried out, specifically in respect of legislative references.
- 7.18 In line with the above, the MoU with NICCY was **WITHDRAWN** from consideration.
- 7.19 **vii. MoU with the Northern Ireland Social Care Council (NISCC)**  
In line with the above, the MoU with NISCC was **WITHDRAWN** from consideration.
- 7.20 **viii. MoU with the Education and Training Inspectorate (ETI)**  
In line with the above, the MoU with ETI was **WITHDRAWN** from consideration.
- 7.21 **d) Performance**  
**i. Activity Performance and Outcomes Report: Quarter 4, 2024/2025**  
SE presented the report outlining RQIA's performance during 2024/2025. SE noted that strong performance was sustained across all areas of the organisation. Looking ahead to 2025/2026, work is ongoing to develop further the report to reflect performance against both the statutory inspection frequency and the Framework for Regulation. SE also acknowledged the report's length and highlighted continued efforts within RQIA to implement PowerBI for performance reporting, which will enable more detailed analysis through data drill-down capabilities.
- 7.22 BD concurred with SE that the report demonstrated good performance across RQIA and made particular reference to registration where there is continuous improvement due to implementation of policies and procedures. BD noted that this demonstrates the effectiveness of the RQIA Performance and Accountability Framework.
- 7.23 The Authority **APPROVED** the Activity Performance and Outcomes Report: Quarter 4, 2024/2025.
- 7.24 **ii. RQIA Adult Safeguarding Annual Report 2024/2025**  
SE presented the report and noted that it provides an effective insight into RQIA's activities in respect of adult safeguarding. SE commended the report to the Authority.
- 7.25 BD informed Members that this is the inaugural RQIA Adult Safeguarding Annual Report and demonstrates RQIA's continual efforts to strengthen governance in all areas of its work. BD noted that RQIA would expect the services it regulates to produce these annual reports so it is important that RQIA becomes a lead organisation in producing these reports on an annual basis.
- 7.26 The Authority **APPROVED** the RQIA Adult Safeguarding Annual Report 2024/2025.

- 7.27 **iii. Activity Performance and Outcomes Report: Quarter 1, 2025/2026**  
SE presented the Quarter 1 Performance Report for 2025/2026, highlighting a strong start to what is anticipated to be another busy and productive year for RQIA. SE noted that performance continues to improve across several key domains, with particularly notable progress in the area of registration. This upward trend reflects the organisation's ongoing commitment to enhancing service delivery and regulatory effectiveness.
- 7.28 JM noted that this report reflects the objectives in the RQIA Management Plan 2025/2026.
- 7.29 The Authority **APPROVED** the Activity Performance and Outcomes Report: Quarter 1, 2025/2026.
- 7.30 **iv. HSCQI Annual Quality Report, 2024/2025**  
SE referred to the report, noting that it primarily captures the activity of the Health and Social Care Quality Improvement (HSCQI) Team prior to its formal transfer to RQIA on 1 November 2024. SE commended the report for its clarity and structure, highlighting that it is a well-presented document, which effectively outlines the methodology underpinning the work. SE emphasised that the report provides valuable insight into the scope and nature of HSCQI's contributions during the reporting period, and serves as a useful foundation for understanding the integration of its functions within RQIA going forward.
- 7.31 The Authority **APPROVED** the HSCQI Annual Quality Report, 2024/2025.
- 7.32 **e) Workforce**  
**i. Action Plan to Address Recommendations following the Organisational Culture Review and Investors in People (IiP) Assessment**  
SE was pleased to present the updated action plan, which has been informed by several rounds of staff engagement, including focus group sessions and online surveys. He noted that the recent survey received a strong response rate, and that the feedback provided prompted the Executive Management Team (EMT) to reflect on and refine a number of proposed actions. SE emphasised the significant involvement of staff throughout the process, highlighting that their contributions have been instrumental in shaping the direction of the plan. SE welcomed the opportunity to bring the plan forward for approval by the Authority, while also noting that it will remain a live document—subject to ongoing review and amendment as actions are implemented and recommendations addressed.
- 7.33 BD noted that it has been a lengthy journey to reach this juncture but the action plan has been co-produced with RQIA staff. BD drew Members' attention to the framework for measuring impact, which will be important as action is taken to address the recommendations.
- 7.34 AM welcomed the document and highlighted that this is an important opportunity for RQIA to improve its culture; this demonstrates that RQIA is leading within the HSC sector in terms of culture.
- 7.35 The Authority was pleased to **APPROVE** the Action Plan to Address Recommendations following the Organisational Culture Review and Investors in People (IiP) Assessment.
- 7.36 **f) Annual Complaints Report 2024/2025**

SE was pleased to present the Annual Complaints Report 2024/2025, which showed a 50% reduction in complaints received since 2023/2024.

7.37 JM reported that RQIA successfully met its key performance indicators (KPIs) in relation to complaints management. She emphasised that complaints continue to be used constructively as learning opportunities to support staff development and improve organisational practices. Looking ahead, JM advised that a key focus for 2025/2026 would be a comprehensive review of RQIA's Policy in line with the Northern Ireland Public Services Ombudsman's (NIPSO) complaints handling model. As part of this initiative, RQIA's internal policies and procedures will be updated to ensure alignment with best practice standards as outlined by NIPSO.

7.38 The Authority **APPROVED** the Annual Complaints Report 2024/2025.

**8.0 Agenda Item 8 - Audit and Risk Assurance Committee (ARAC):**

**a) Minutes of Meeting 22 May 2025**

**b) Draft Minutes of Meeting 14 August 2025**

**c) ARAC Annual Report 2024/2025**

**d) Scheme of Delegated Authority (SODA)**

**e) Risk Management**

**i. Principal Risk Document**

**ii. Risk Register: Directorate of Adult Care Services**

**iii. Risk Register: Directorate of Mental Health, Learning Disability, Children's Services and Prison Healthcare**

**f) RQIA Audit Action Plan**

**8.1 a) Minutes of Meeting 22 May 2025**

Following consideration, the Authority **NOTED** the Minutes of the meeting on 22 May 2025.

**8.2 b) Draft Minutes of Meeting 14 August 2025**

SW advised that at this meeting the Report to Those Charged with Governance was approved with one additional finding for all HSC bodies in respect of holiday pay. ARAC was pleased that the external audit was positive for RQIA with only three priority three recommendations.

8.3 Following consideration, the Authority **NOTED** the Draft Minutes of the meeting on 14 August 2025.

**8.4 c) ARAC Annual Report 2024/2025**

Following consideration, the Authority **APPROVED** the ARAC Annual Report 2024/2025.

**8.5 d) Scheme of Delegated Authority (SODA)**

Following consideration, the Authority **APPROVED** the Scheme of Delegated Authority.

**8.6 e) Risk Management**

**i. Principal Risk Document**

SW advised that at its May meeting, ARAC considered the Principal Risk Document in its new format and reviewed the risk ratings. The Committee agreed that a workshop of risk management for the Authority and EMT would be useful to consider how risks are recorded as well as the actions and gaps in controls.



- 8.7 Following consideration, the Authority **APPROVED** the Principal Risk Document.
- 8.8 **ii. Risk Register: Directorate of Adult Care Services**  
SW noted that ARAC welcomes the opportunity to deep dive into the directorate risk registers on an annual basis and EMT has been challenged to ensure that risk registers are effectively capturing the risk and any actions to close the current gaps.
- 8.9 Following consideration, the Authority **APPROVED** the Risk Register: Directorate of Adult Care Services.
- 8.10 **iii. Risk Register: Directorate of Mental Health, Learning Disability, Children's Services and Prison Healthcare**  
Following consideration, the Authority **APPROVED** the Risk Register: Directorate of Mental Health, Learning Disability, Children's Services and Prison Healthcare.
- 8.11 **f) RQIA Audit Action Plan**  
Following consideration, the Authority **APPROVED** the RQIA Audit Action Plan.
- 8.12 LL left the meeting at 11.30 am.
- 9.0 **Agenda Item 9 - Legislative and Policy Committee (LPC):**  
**a) Draft Minutes of Meeting 5 June 2025**  
**b) Draft Minutes of Meeting 9 July 2025**  
**c) Independent Medical Agencies: Policy Position on Definition of 'Physical Base' NI**
- 9.1 **a) Draft Minutes of Meeting 5 June 2025**  
Following consideration, the Authority **NOTED** the Draft Minutes of the meeting on 5 June 2025.
- 9.2 **b) Draft Minutes of Meeting 9 July 2025**  
Following consideration, the Authority **NOTED** the Draft Minutes of the meeting on 9 July 2025.
- 9.3 **c) Independent Medical Agencies: Policy Position on Definition of 'Physical Base' NI**  
AM advised Members that at its meeting on 9 July 2025, the LPC recommended a policy position that, where an Independent Medical Agency (IMA) has its physical base in Northern Ireland, it will continue to be required to register with RQIA. Where an IMA does not have a physical base in Northern Ireland, it is not required to register with RQIA nor will RQIA register the service. If the IMA provides Patient Group Directives (PGDs), the service must have a physical base in Northern Ireland to operate and register with RQIA and the definition of a physical base shall align with the Companies Act 2006 in respect of an agent.
- AM reported that a further legal opinion was sought from Counsel, which upheld the previous legal opinions received that if an IMA is not based in Northern Ireland, then there is no requirement to register. AM acknowledged that whilst this is a disappointing outcome, it is the law as it stands.
- AM advised that a letter and draft policy is being prepared for issue to the DoH and work continues to implement the policy position in RQIA.

- 9.4 CC noted that this remains a highly complex matter for the Authority and the wider implications are significant. CC acknowledge that this demonstrates the lack of safeguards for citizens in Northern Ireland through the current legislation.
- 9.5 The Authority **APPROVED** the policy position in respect of IMAs.
- 10.0 Agenda Item 10 - Finance:**  
**a) Financial Performance Report: 2025/2026 Months 1-3 (EP3: Resources)**
- 10.1 BD presented the Financial Performance Report: 2025/2026 Months 1-3 to the Authority and asked PC to speak to it.
- 10.2 PC outlined that the report shows the financial position in RQIA at the end of Quarter 1 and reported that the budget that was approved by the Authority in March 2025 has been updated, as some staffing costs had not been reflected and the financial position in this report is in line with the updated budget.
- PC highlighted that RQIA is currently forecasting a small surplus at year-end and this is in the context of underspends in respect of pay due to a number of vacancies across the organisation. PC noted that there continues to be challenges in respect of timely substantive recruitment across the sector and so RQIA continues to use bank and agency staff to address demands.
- 10.3 BD thanked PC and advised the Authority that EMT continues to hold a weekly scrutiny committee where all spend needs to be approved and EMT continues to consider where it can effectively utilise slippage to ensure maximum efficiency of its resource.
- 10.4 The Authority **APPROVED** the Financial Performance Report: 2025/2026 Months 1-3.

**11.0 Agenda Item 11 – Any Other Business**

There being no further business, CC closed the public meeting at 11:55 am.

**Date of Next Meeting:**

Full Authority Meeting: Thursday 16 October 2025 at 9:30 am, William Legge Room, Malone House.

**Signed**   
**Christine Collins MBE**  
**Chair**

**Date** 16 October 2025

## Authority Action List: Meeting of 28 August 2025

| Action Number | Authority Meeting | Agreed Action | Responsible Person | Date due for Completion | Status |
|---------------|-------------------|---------------|--------------------|-------------------------|--------|
|               |                   |               |                    |                         |        |

### Key

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|--------------------------------|--|
| Behind Schedule                |  |
| In Progress                    |  |
| Completed or ahead of Schedule |  |