

PUBLIC SESSION

RQIA Authority Meeting

Thursday 16 October 2025 at 9:30am

Lagan Room, The Mount Business and Conference Centre

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

1.1 The meeting commenced at 9:33 am, with the Deputy Chair (SE) welcoming all to the meeting.

SE advised that CC would be slightly delayed to the meeting this morning.

1.2 Apologies were noted from Cheryl Lamont, Elaine Connolly, Karen Harvey and Caroline Lee.

2.0 Agenda Item 2 - Minutes of the meeting of the Authority held on 28 August 2025 and Matters Arising

2.1 Members **APPROVED** the Minutes of the meeting of the Authority held on 28 August 2025 as a true and accurate record.

3.0 Agenda Item 3 - Declaration of Interests

- 3.1 SE 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 AM declared an interest in Agenda Item 4 - Deputation: Mrs Catherine Fox.
- 3.3 NL declared an interest in Agenda Item 9 - RQIA Equality and Disability Annual Progress Report 2024 / 2025 as a Member of the Equality Commission.

4.0 Agenda Item 4 - Deputation: Mrs Catherine Fox

- 4.1 As the Authority was awaiting a deputation, this item was delayed in the meeting.
- 4.2 AM recused himself and left the meeting at 10:24 am.
- 4.3 Mrs Fox did not attend the meeting but a statement was provided by Mrs Fox, which was read out in full to all Authority Members and attendees.
- 4.4 The Authority expressed its sympathy to all families that are experiencing delays in receiving the outcome of Serious Adverse Incidents (SAIs). The Authority noted its concern at the significant delays in producing SAI reports in general.
- 4.5 BD advised that she has written to the Strategic Planning and Performance Group (SPPG) on several occasions in respect of delayed SAI reports.
- 4.6 RM highlighted that this is a systemic issue that is affecting individual families and emphasised the need for high levels of engagement with families throughout the process.
- 4.7 BD reminded Members that RQIA completed a review of SAIs in 2022 and, whilst it was determined that the Protocol and its processes are not fit for purpose, this is not a reasonable excuse for processes failing to comply with what is set out in that regional protocol. BD noted that Health and Social Care (HSC) Trust Boards have a role to ensure effective governance and the progressing of SAI investigations and reports being completed in a timely way falls into such oversight role, as well as the regional role of SPPG.

BD suggested that a response be drafted by the Executive Management Team (EMT) for CC's approval to be shared with Mrs Fox and that RQIA will continue to liaise with SPPG on delayed SAIs and explicitly seek to find out how Trust Boards and SPPG are overseeing long overdue reports and what actions are planned.

CC agreed as did Authority members and endorsed the need to pursue this.

- 4.8 **Resolved Action 272: Chief Executive to co-ordinate a response to Mrs Catherine Fox, for approval by Authority Chair.**

- 4.9 Following the conclusion of the item, AM re-joined the meeting at 11:06 am.

5.0 Agenda Item 5 – Chair's Business:

a) RQIA Board Effectiveness 2025 / 2026

b) Publication of RQIA Organisational Culture Review Summary Report and Action Plan

- c) Appearance at the Northern Ireland Assembly Health Committee
- d) Being Human: A Framework for Safety Culture within Health and Social Care in Northern Ireland
- e) Organisational Review of RQIA

5.1 **a) RQIA Board Effectiveness 2025 / 2026**

SW provided an update on the Board Effectiveness Self-Assessment following the recent Authority 'In Conversation' event, noting that minor typographical corrections will be made to the associated documentation. Overall, performance indicators appear positive, with no areas of significant concern identified. SW acknowledged the diligence of JM in undertaking the initial draft of the self-assessment and to NL and AM for completing the case study.

5.2 JM highlighted that, while no red flags were present, attention should be given to the following:

- Continuing to strengthen involvement of the public in Authority meetings held in public;
- Evaluation of the performance of the Authority Committees in 2025/2026;
- Deputising arrangements for the Chief Executive;
- Understanding key external stakeholders perception of the effectiveness of the Authority;
- Strengthening induction for Authority Members;
- Corporate Governance Training for Authority Members;
- Continuing to strengthen opportunities for RQIA to engage with and listen to service users, families , public and other stakeholders;
- Authority Members involvement in EMT Groups which are taking forward the Culture Assessment Action Plan; and
- Attending meetings in-person in the office.

These considerations will form part of the action plan, which internal audit will review during the Board Effectiveness Audit.

5.3 MMCl joined the meeting at 9.43 am.

5.4 Members also discussed the opportunity for RQIA to provide external assurance on the effectiveness of HSC Trust Boards.

5.5 BD noted that RQIA have the remit to assess Trust Board effectiveness through governance arrangements. CC noted that in engagement with the DoH, the Interim Permanent Secretary has expressed support for a review of Board governance arrangements. It was heard that the last comprehensive review of Trust governance across all HSC Trusts was conducted in 2007, just after the 2006 HSC Quality Standards were introduced.

5.6 RM referenced public inquiries that reinforce the need for robust governance processes, cautioning against "marking our own homework." While self-assessment is appropriate, external validation remains essential. RM cited the Care Quality Commission's *Well-Led Framework* as an example of best practice.

5.7 JM advised that internal audit currently undertakes this work on a three-year cycle and suggested seeking any additional insights from them.

- 5.8 The Authority **APPROVED** the RQIA Board Effectiveness Self-Assessment for 2025 / 2026 and the resulting actions.
- 5.9 **b) Publication of RQIA Organisational Culture Review Summary Report and Action Plan**
JM advised that the RQIA Organisational Culture Review Summary Report and Action plan were published on the RQIA website. JM noted that RQIA has written to multiple stakeholders to advise of same.
- 5.10 The Authority **NOTED** the publication of RQIA Organisational Culture Review Summary Report and Action Plan.
- 5.11 **c) Appearance at the Northern Ireland Assembly Health Committee**
CC reported that the recent appearance covered a broad range of topics—resources, legislation, financial cost recovery (FCR), and issues relating to unregistered and unregulated services.
- 5.12 JK advised that, at the Aspiring Directors Programme, the Committee Clerk commented positively on the level of interest in RQIA’s role and indicated that the Health Committee may request further engagement.
- 5.13 CC observed that the Committee demonstrated significant interest in legislative gaps, with a markedly higher degree of engagement than previously experienced.
- 5.14 MMCI noted that all RQIA key issues were addressed during the session.
- 5.15 CC expressed thanks to DS for preparatory work and suggested a potential follow-up meeting with the Committee and would welcome planned meetings with the Party Health Leads in spring.
- 5.16 SE queried whether meeting with Health Spokespeople would fall outside RQIA’s remit, noting that such engagement has occurred previously. SE stressed the importance of raising legislative points within the current mandate cycle.
- 5.17 BD outlined the value of individual meetings with MLAs, joint regulator events, and direct engagement when issues arise with registered services. BD noted that RQIA was mentioned positively at the Committee meeting regarding its engagement with MLA queries.
- 5.18 Members **NOTED** the update following the appearance at the Northern Ireland Assembly Health Committee.
- 5.19 **d) Being Human: A Framework for Safety Culture within Health and Social Care in Northern Ireland**
CC congratulated those involved in the recent work and event, noting the enthusiasm for change and the recognition that new ideas can be challenging to embed in Northern Ireland.
- 5.20 RM referenced discussions at NICON on behavioural sciences, emphasising the importance of curiosity, active listening, and learning rather than judgement. RM highlighted the need for leadership communities to adopt new mindsets and noted the development of a consistent approach to safety culture across six HSC Trusts through the Committee in Common. RM cautioned against attempting structural solutions to relationship-based challenges.

- 5.21 NL commented on the value of external perspectives, even when initially perceived as disruptive.
- 5.22 DC stressed that cultural change requires visible leadership commitment and appropriate incentives, noting that monopolistic environments often resist change, whereas competition can drive improvement.
- 5.23 NL added that addressing complex issues such as racism and misogyny—tackling the “isms”—is essential as part of cultural transformation.
- 5.24 AM suggested that the material produced could serve as an excellent educational resource for students, reinforcing the role of education in shaping attitudes.
- 5.25 RM proposed organisational coaching as a means of supporting cultural change.
- 5.26 CC concluded by observing that resource availability will be a key driver in achieving these objectives.
- 5.27 The Authority **NOTED** the update on Being Human: A Framework for Safety Culture within Health and Social Care in Northern Ireland.
- 5.28 **e) Organisational Review of RQIA**
CC advised that there is no further information on the review and RQIA is awaiting further correspondence from the DoH.
- 5.29 The Authority **NOTED** the update on the Organisational Review of RQIA.

6.0 Agenda Item 6 - Chief Executive’s Update
a) Verbal Update on Current Matters
b) RQIA Winter Plan 2025 / 2026

6.1 a) Verbal Update on Current Matters

BD noted that RQIA colleagues would be contributing at NICON Conference this week. Leanne Morgan, Clinical Lead, will contribute to discussions on culture, in collaboration with the Patient Client Council (PCC), while CL will lead an event focused on whole-system working.

BD reported that RQIA continues to take forward work on whole-system working approaches, utilising its convening power to encourage improvement. A workshop event was hosted recently where RQIA invited the Q Network (UK wide network) to discuss the principles underpinning whole system working.

BD advised that on 1 October 2025, Project ECHO formally transferred to RQIA, enhancing the organisation’s capacity to encourage improvement. Considerations are underway to integrate Project ECHO with the Quality Improvement (QI) function and to develop a cohesive improvement alliance or institute as an enabling function for the HSC system. This initiative is considered transformational for RQIA’s role and remit, particularly with the development of the new HSC division and its remit under Part IV services. While rebranding of RQIA is not imminent, these developments will increasingly feature in strategic planning and in rebranding in due course.

BD reported that, under the Review Programme, work continues on the Deceased Patient Review, with the two final cohorts of families groups being progressed, with involvement of the Royal College of Physicians (RCP). This process is, of course, very difficult for families receiving reports and engaging in conversations. It is expected to continue until Spring/Summer 2026, marking four years of ongoing activity. Several legacy actions have already been taken including the on-line training materials for clinicians and all who work in HSC, and the 'Being Human' Framework.

A Review is also underway concerning the resettlement of patients resettled from Muckamore Abbey Hospital (MAH) (since August 2022). RQIA is working closely with the DoH, which commissioned the review, and the Review will assess experiences of former MAH patients in their move from the hospital setting to now in community settings. This work is recognised as being both challenging no doubt but will also be rewarding, supporting individuals and families to have their experience heard.

6.2 The Authority **NOTED** the Chief Executive's Verbal Update on Current Matters.

6.3 **b) RQIA Winter Plan 2025 / 2026**

BD presented the RQIA Winter Plan for 2025/2026, and the associated RQIA Statement, emphasising the importance of proactive planning to manage predictable seasonal pressures. BD clarified that the plan does not introduce particularly new initiatives but aims to strengthen organisational actions in light of the predictable pressures across services - we will have a particular focus on staff wellbeing, effective communication with providers, and accessibility to RQIA by public.

The plan was co-produced with the Senior Leaders Forum (SLF). BD highlighted the significance of issuing a clear statement on winter preparedness, cautioning against normalising corridor care and reaffirming alignment with concerns raised by the Royal College of Nursing (RCN).

6.4 CC commended the development of the Winter Plan.

6.5 SE noted the importance of maintaining patient flow and ensuring quality of care within care homes.

6.6 BD confirmed RQIA's involvement in the Big Discussion initiative and participation in workstreams focused on care homes and unscheduled care. BD referenced upcoming workshops on whole-system approaches to patient flow and reiterated support for these collaborative efforts.

6.7 CC observed that RQIA's whole system work in the Southern Health and Social Care Trust (SHSCT) is critical and serves as a prompt for system-level engagement.

6.8 RM welcomed the inclusion of a paragraph on corridor care and expressed interest in proposed mitigations.

6.9 BD said it is an issue that RQIA will need to keep under review and liaise with SPPG regarding corridor care, noting we understand that data is being collected regionally on use of such beds.

- 6.10 RM raised concerns about ambulance handover times and noted the importance of recording efforts to reduce these delays.
- 6.11 BD advised that she understood from RCN that new guidance has been issued to HSC Trusts re when corridor beds can be utilised and that there will be submission of data on usage with, it was said, quarterly publication.
- 6.12 RM noted that corridor care should be treated as a “never event” and subject to specific review.
- 6.13 The Authority **APPROVED** the RQIA Winter Plan 2025 / 2026.

7.0 Agenda Item 7 - Members Activity Report

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

8.0 Agenda Item 8 - Annual Quality Report 2024 / 2025

- 8.1 BD presented the Annual Quality Report for 2024 / 2025 to the Authority and invited JM to speak to it.
- 8.2 JM outlined the report’s alignment with the strategic goals set out in *Quality 2020*. The report follows the established format and provides an overview of RQIA’s progress in quality and improvement. Publication is scheduled for World Quality Day on 13 November 2025.
- 8.3 DS noted that, with the integration of HSCQI and Project ECHO, next year’s report would represent a new iteration, combining elements from both Teams. DS confirmed that the DoH provides direction on required content under *Quality 2020*, while allowing flexibility for RQIA to adapt and present data in its own way.
- 8.4 CC emphasised the need to elevate the report’s presentation and explore opportunities for rebranding.
- 8.5 JM advised that a business case to refresh the RQIA website is in progress, with implementation expected within 6–12 months; branding changes may occur sooner.
- 8.6 AM highlighted the absence of reference to the Culture Review and agreed that relevant content should be incorporated, drawing from the Equality Report. It was noted that Theme Five should include BSO in the list of organisations.
- 8.7 RM welcomed the report but recalled previous external challenges regarding its purpose and value within the system, stressing the need to demonstrate impact and outcomes rather than solely reporting positive activity. RM raised the importance of linking the report to Board-level understanding of quality outputs, including Serious Adverse Incidents (SAIs), assurance processes, and training impact.
- 8.8 CC agreed that reporting should reflect reality and evidence of improvement.
- 8.9 NL suggested including whistleblowing and other general areas, ensuring clarity on actions taken. NL referenced the South West Acute Hospital (SWAH) Review as an example of robust reporting.

8.10 The Authority **APPROVED** the Annual Quality Report 2024 / 2025.

9.0 Agenda Item 9 - RQIA Equality and Disability Annual Progress Report 2024 / 2025

9.1 NL recused herself and left the meeting at 11:53 am.

9.2 BD presented the Progress Report and asked JM to speak to it.

9.3 JM highlighted that the report focuses on progress in RQIA fulfilling its statutory duties, noting that a quantitative progress report has been prepared, reflecting actions within the 2023–2028 plans. The report has been considered by the Equality Forum, reviewed by the Chair and Chief Executive, and submitted in draft form to the Equality Commission for approval.

9.4 SW highlighted ongoing work to resolve accessibility issues at James House.

9.5 BD noted that further work continues on our action plan during 2025/2026.

9.6 The Authority **APPROVED** the RQIA Equality and Disability Annual Progress Report 2024 / 2025.

9.7 NL re-joined the meeting at 12:00 pm.

10.0 Agenda Item 10 - Legislative and Policy Committee (LPC): Verbal Update

10.1 AM reported that a further legal opinion on Independent Medical Agencies (IMAs) not based in Northern Ireland was sought from a King's Counsel specialising in commercial law. This opinion supports previous legal advice confirming that IMAs without a physical base cannot be registered with RQIA. The Companies Act does not alter this position. A draft policy will be considered by BARC, reaffirming that such bodies cannot be registered unless they establish a physical base and appoint an agent capable of accepting communications, thereby satisfying Companies Act requirements.

AM advised that a list of approved legislative drafters has been identified, and there is an opportunity to engage one of these drafters to support RQIA in drafting legislation to uplift the current fees and frequencies. This matter was discussed at LPC and represents a significant opportunity for RQIA. Procurement discussions are ongoing, and a specification will need to be developed.

10.2 The Authority **NOTED** the verbal update from the latest meeting of the Legislative and Policy Committee.

11.0 Agenda Item 11 - Mental Health Committee (MHC): Verbal Update

11.1 MMcl advised Members on ongoing work to broaden service user involvement, with a particular focus on best practice for Mental Health and Learning Disability (MHLD) service users. It was noted that the Director of the Regional Mental

Health Service and the regional Service User Consultant will join the next meeting of the Committee to discuss their respective roles.

MMCl reported that a review of Second Opinion Appointed Doctor (SOAD) forms identified poor completion rates. It was agreed that an additional form is required and this was considered by the Committee and a policy will be presented in due course.

MMCl commended RQIA for its effective handling of issues raised by the Cedar Foundation, noting that these were resolved promptly.

11.2 The Authority **NOTED** the verbal update from the latest Mental Health Committee Meeting.

12.0 Agenda Item 12 - Financial Performance Report: 2025 / 2026 Month 5 (EP3: Resources)

12.1 BD presented the Financial Performance Report and asked PC to speak to it.

12.2 PC reported on the financial position at Month 5 and reviewed Month 6 figures, noting no significant changes between the two periods. The organisation remains in a healthy position, with a small surplus projected to continue. PC highlighted that this surplus is partly offset by back payments to Senior Executives; without these, the surplus would appear significantly higher. While this provides reassurance, it also limits the ability to undertake certain in-year activities.

PC confirmed that no June monitoring round was conducted and that only one monitoring round will take place this year, stressing the importance of accuracy in forecasting. Current assumptions are that allocated funding will be received and fully utilised.

PC reiterated the directive that deficits are not permitted, noting that without the anticipated funding for Senior Executive payments, a deficit would occur. PC clarified that Senior Executive costs are not automatically covered and that the DoH will need to provide funding to meet these financial commitments.

BD noted that the EMT continue to manage the organisational finances with a very close scrutiny and shared decision making. We are seeking income to cover the in year senior executive costs, as this is essential to a small organisation, and the impact. BD noted she would raise this with DoH at the Liaison Meeting.

12.3 The Authority **APPROVED** the Financial Performance Report: 2025 / 2026 Month 5.

13.0 Agenda Item 13 – Any Other Business

There being no further business, CC closed the public meeting at 12:13 pm.

Date of Next Meeting:

Full Authority Meeting: Thursday 11 December 2025 at 9:30 am, The Mount Business and Conference Centre.

Signed




**Stuart Elborn CBE
Deputy Chair**



Date

11 December 2025

Authority Action List: Meeting of 16 October 2025

Action Number	Authority Meeting	Agreed Action	Responsible Person	Date due for Completion	Status
272	16 October 2025	Chief Executive to co-ordinate a response to Mrs Catherine Fox, for approval by Authority Chair.	Chief Executive	31 October 2025	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	