

PUBLIC SESSION
RQIA Authority Meeting
Thursday 26 March 2026 at 9:30am
Virtual via MS Teams

<p>Present: Christine Collins (CC), Chair Derek Clydesdale (DC) Cheryl Lamont (CL) Nazia Latif (NL) Alphy Maginness (AM) Mary McIvor (MMcI) Rodney Morton (RM) Sarah Wakfer (SW)</p> <p>Apologies: Elaine Connolly (EC), Director of Adult Care Services Caroline Lee (CLee), Interim Director of HSC Quality Improvement and Regulation</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 Karen Harvey (KH), Professional Advisor of Social Work Paul Cummings (PC), RQIA Financial Advisor Aaron Addidle (AA), Corporate Governance and Business Manager</p>
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1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The meeting commenced at 9:39 am, with the Chair (CC), welcoming all to the meeting.
- 1.2 Apologies were noted from Elaine Connolly and Caroline Lee.

2.0 Agenda Item 2 - Minutes of the meeting of the Authority held on 11 December 2025 and Matters Arising

- 2.1 Members **APPROVED** the Minutes of the meeting of the Authority held on 11 December 2025 as a true and accurate record.
- 2.2 There were no matters arising from this meeting.

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 declarations of interest.

- 4.0 Agenda Item 4 - Chair's Business: Verbal Update**
- a) Appointment of Professor Elborn as Chair of Belfast HSC Trust**
 - b) Authority Roles: Deputy Chair and Chair of the Business, Appointments and Remuneration Committee**
 - c) Organisational (Quinquennial) Review of RQIA**
 - d) HSC Improvement and Effectiveness: HSC QI and Project ECHO: Looking Ahead**
 - e) Visit to Southern Eastern HSC Trust Board Meeting**
- 4.1 **a) Appointment of Professor Elborn as Chair of Belfast HSC Trust**
CC noted that Professor Stuart Elborn has resigned as an Authority Member effective from 28 February 2026 to take up the role of Chair of the Belfast HSC Trust from 1 March 2026.
- 4.2 The Authority expressed its profound thanks to Professor Elborn for his wisdom, guidance and leadership during his almost six years on the Authority.
- 4.3 The Authority **NOTED** the appointment of Professor Elborn as Chair of Belfast HSC Trust.
- 4.4 **b) Authority Roles: Deputy Chair and Chair of the Business, Appointments and Remuneration Committee**
Following approval at the Extraordinary Authority meeting of 5 February 2026, CC noted that SW had taken up the role of Deputy Chair of the Authority from 1 March 2026 and CL had taken up the role as Chair of the Business, Appointments and Remuneration Committee (BARC) from 5 February 2026.
- CC welcomed both to their respective roles and noted that the seamless transition demonstrated the strength of the Authority.
- 4.5 The Authority **NOTED** the change of Deputy Chair and Chair of BARC.
- 4.6 **c) Quinquennial Review of RQIA**
CC advised Members that RQIA was in receipt of a draft Terms of Reference (ToR) for the Organisational Review, which is anticipated to commence in the coming weeks. RQIA has provided comments to the Department of Health (DoH) on the draft Terms, which seek to, in particular, clarify RQIA's involvement.
- 4.7 RM reflected that the review would be an opportune moment to clarify RQIA's role in HSC services, which would be enabling for RQIA and of help to the public. Through the transfer of Health and Social Care Quality Improvement (HSCQI) from the Public Health Agency (PHA) and Project ECHO from the UK Hospice, the role of RQIA is developing within the statutory sector.
- 4.8 NL noted the recent Northern Ireland Audit Office (NIAO) report on relationships between arms-length bodies (ALBs) and Sponsor Departments was critical of the relationships, particularly around Partnership Agreements. NL added that it would be useful to reflect on the NIAO report in the ToR for the Review.
- 4.9 CC suggested that Authority Oversight be established to oversee the work on the Organisational Review. The Authority **AGREED** that RM, NL and MMcl would form this oversight.

- 4.10 BD noted that there may well be a need for RQIA to consider how we resource our involvement in this review. As the ToR not yet complete, it is not evident at this point what the resource implications for RQIA may be, and the possibility the majority of the work falling to Corporate Affairs and Business Services. BD added that RQIA would raise this, and the timeframe and start date if yet known, with the DoH when it meets this afternoon.
- 4.11 RM suggested that the Review should also take cognisance of the role RQIA plays in Mental Health Services.
- 4.12 MMcl concurred, noting that the Mental Health Committee is mindful that, due to resource implications, RQIA is unable to meet all its statutory functions under the Mental Health Order (Northern Ireland) 1986 (MHO) and the Mental Capacity Act 2016 (MCA).
- 4.13 SW added that work is underway to refine this risk in the Principal Risk Document and it would be useful for the Authority to dedicate time to discuss this matter in detail.
- 4.14 The Authority **NOTED** the update on the Quinquennial Review of RQIA.
- 4.15 **d) HSC Improvement and Effectiveness: HSC QI and Project ECHO: Looking Ahead**
BD advised that, while staff have now largely settled into post, there remains some work to fully integrate the HSCQI and Project ECHO functions into RQIA's statutory role, enabling and encouraging improvement particularly across HSC direct services. A workshop was convened on 26 February 2026, with senior representation from the DoH, senior leaders across HSC organisations, and others, members of the current HSC QI Alliance, other ALB's and senior leaders from Ulster University and Queen's University Belfast (QUB). The focus of the workshop was to consider how the HSC collectively as and a 'whole system' take forward Quality Improvement, directing collective efforts to key regional priorities. This also considers how to best utilise the resource provided by the central QI team/hub within RQIA and how there is a shared accountability for 'whole system' improvement. A Proposal paper arising from this workshop will be produced and put forward in the first instance to the members of the HSCQI Alliance.
- BD noted that ownership of HSC wide improvement activities rests with the individual Trusts and while strides have been made in building capacity for the science of QI, it is acknowledged that there has been limited success to date in deploying improvement methodologies across significant regional initiatives. The proposal paper will suggest a means to address this through a 'whole system' approach.
- 4.16 Members discussed the challenge in that Trust-specific improvement work has not been consistently cascaded or translated into a coherent regional approach across Northern Ireland.
- 4.17 RM highlighted the need for a renewed emphasis on improvement and for strengthened alignment between RQIA's statutory role and the wider system 'Reset' agenda. RM further stressed that the adoption of a genuinely systemic approach to improvement and implementation is required if sustainable progress is to be achieved.

- 4.18 DC questioned where responsibility lies for the leadership of wide-scale improvement initiatives across the HSC system, noting that previous initiatives had benefited from a clear mandate at regional level. DC emphasised that improvement projects require a clearly articulated focus and purpose to enable effective delivery.
- 4.19 CC acknowledged the inherent complexity of this area, observing that ultimate responsibility rests with the Permanent Secretary/Chief Executive of the HSC. CC noted, however, that there remains a degree of disconnect between HSC organisations which hampers collective action and consistency of approach.
- 4.20 BD reflected that the current HSC Accountability Framework is linear in nature and has not been substantively reviewed since 2011. BD further remarked that accountability is primarily driven centrally, and that while collaboration is often expressed in principle and committed to, it can lack firm structural underpinning.
- 4.21 MMCI suggested a bottom-up approach whereby improvement activity undertaken within individual services and local areas is examined to identify the barriers preventing effective escalation and wider adoption across the system.
- 4.22 DC noted that while culture and intent must be set from the top of the organisation, meaningful and sustained change is most likely to be realised through bottom-up implementation, supported by clear leadership, alignment, and accountability at senior level.
- 4.23 The Authority **NOTED** the update on HSC Improvement and Effectiveness.
- 4.24 **e) Visit to Southern Eastern HSC Trust Board Meeting**
CC reported on a visit to the Southern Eastern HSC Trust Board meeting, which was undertaken jointly with Wendy McGregor, Assistant Director. CC advised that the visit consisted of attendance at the public session of the Board meeting, during which staff delivered a series of presentations. By way of example, CC highlighted an improvement initiative within Accident and Emergency departments, which was presented at the meeting, which focused on reducing the frequency of attendances by individuals whose needs could be more appropriately met elsewhere. This work was delivered through a multidisciplinary team (MDT) approach and involved collaboration with other agencies, leading to a demonstrable reduction in attendances. CC noted that the initiative appeared to have wider applicability and suggested it could be rolled out on a regional basis.
- CC expressed concern that there was no engagement at the meeting to indicate how such examples of good practice might be progressed or disseminated across Northern Ireland.
- 4.25 DC queried whether there was a standard or established mechanism through which such learning and improvement opportunities could be channelled across the system.
- 4.26 CC indicated that there did not appear to be a consistent vehicle for this purpose and suggested that further consideration was required as to how Trust Boards operate and how these governance bodies progress learning and improvement.

- 4.27 CL observed that the issues raised were fundamentally matters of leadership and governance, noting that responsibility should sit with the Chief Executives, who should be bringing forward a clear and properly articulated “ask” where improvements are capable of wider adoption. CL further suggested that there was a need for a central collection point through which such initiatives could be captured, assessed and progressed.
- 4.28 RM suggested that HSCQI could operate as the primary vehicle for the roll-out of improvement initiatives across the system, utilising a hub-and-spoke model. RM noted that it may be timely to revisit and refresh this approach to ensure it remains fit for purpose in supporting regional spread and consistency of improvement activity.
- 4.29 The Authority **NOTED** the update on the visit to Southern Eastern HSC Trust Board Meeting.

5.0 Agenda Item 5 - Members Activity Report

- 5.1 CC presented the Members Activity Report and thanked Members for their invaluable contribution to the work of the Authority.
- 5.2 DC asked whether this report should include meetings that Authority Members are having / attend as part of their work.
- 5.3 CC agreed that Members should be recording their meetings in this report.
- 5.4 JM agreed to issue a link to the Members Activity report, which will be held in the Authority Members area on the network, so Members could update it ahead of each Authority Meeting.
- 5.5 The Authority **NOTED** the Members Activity Report.

6.0 Agenda Item 6 – Chief Executive’s Update: Verbal Update

a) Overview of Current Issues

b) 2026/2027 RQIA Management Plan

c) RQIA Investigation into Commissioning Arrangements for Residential Learning Disability Services in South Eastern HSC Trust and Belfast HSC Trust

d) A Whole-System Approach: Collaborative Evaluation and Learning

6.1 a) Overview of Current Issues

BD provided an overview of current issues, beginning with RQIA’s oversight role in relation to the Presbyterian Council for Social Witness (PCSW). BD clarified that this work is in respect of those services registered with RQIA and is distinct from the ongoing police investigation into the Presbyterian Church in Ireland (PCI) safeguarding matters. The oversight group operates as an assurance mechanism and is currently progressing a number of inspections across registered services. BD advised that a composite report will be produced, bringing this work to a conclusion and that findings will be formally reported.

BD further reported on the inspection of Emergency Pathways at Altnagelvin Area Hospital and South West Acute Hospital (SWAH). BD noted this is an active inspection process and confirmed that the inspection report would be published in due course. It was noted and welcomed that the Western Health and Social Care

Trust (WHSCT) had recently published its CHKS analysis in respect of Altnagelvin Hospital in-patient emergency surgery wards.

BD highlighted the significant challenges associated with delivering RQIA's remit under the MHO and the MCA. BD noted that RQIA recently published an inspection report for Muckamore Abbey Hospital, by way of example, and significant work continues on considering the need for and undertaking structured patient inquiries at a primary and at times secondary level. BD advised that, notwithstanding these challenges, a wide range of work continues to be completed, though RQIA would wish to be in a position to do more, particularly in supported living settings and community care.

BD reported that the first phase of the Deceased Patient Review (DPR) report had been published in November 2022 and expressed thanks to the families who had come forward to contribute during the period and to those who have come forward since, for two further review cohorts. BD suggested consideration be given to completing this programme of work which has now taken over five years. It will be important to acknowledge the contribution of families throughout this process and we need to find a way that is sensitive to their loss, whilst also noting the considerable benefits from the work which has powerfully contributed to for example, the training for medical staff and to the Patient Safety Culture Assessment Framework.

BD noted World Patient Safety Day, 17 September 2026, will possibly provide an opportunity to host an event that brings people together from across the services and with lived experience to note the progress in the Patient Safety Culture Assessment Framework (Being Human), and the recent work on enabling 'whole system' working, for safety and effectiveness.

BD further outlined update on the DoH commissioned Review of the Resettlement of Patients from MAH since 2022. A draft Terms of Reference (ToR) has been developed, with engagement ongoing with the DoH. RQIA have also engaged with the Royal College of Psychiatrists (RCPsych). The review will focus on the experiences of patients and families, drawing on both lived experience and bring in professional expertise and facilitation. BD noted that the engagement of the Royal College would require financial support and this request is now with DoH before we can proceed further. BD that the review is expected to take approximately 12 months to complete once the ToR is agreed and funding available.

BD advised that the Minister has requested that RQIA undertake a Review of records provided to family courts where there has been an incidence of domestic violence. This Review is at a scoping stage. It would be expected to be completed within a period of three to four months once the ToR is agreed.

- 6.2 SW queried whether such review requests from the DoH are accompanied by additional funding.
- 6.3 BD advised that this is not automatic; while RQIA seeks to absorb the undertaking of Reviews within our own internal resources and expertise, there are occasions where we need to bring in people with specialist expertise. In these cases a business case would submitted to DoH. BD highlighted that a significant amount of preparatory work and scoping is required and much of this is carried out by RQIA, but it is important to anticipate additional costs at the outset of a

Review. BD noted for example that the Deceased Patient Records Review, that she referred to earlier, is now five years in progress and advised that the DoH has provided funding on an annual basis for the additional costs and the expert Neurologist as part of the Royal College of Physicians work in this Review..

- 6.4 NL expressed concern that reviews can take a considerable period to commence and to complete and queried whether clear deadlines are set and worked to.
- 6.5 In response, BD advised that there have been capacity issues within the Directorate that undertakes Reviews and Investigations. These, while improving, continue to have an impact. BD reported that an EMT Governance Group, the Reviews Oversight Group, has been established, acknowledged the issues that are impacting, and confirmed that steps are being taken to resolve these issues at pace. BD noted the activities and performance of these functions need to be better reflected within the activity and performance report; the appointment of the new Director of the HSC Quality Improvement and Regulation Directorate will lead on this.
- 6.6 The Authority **NOTED** the overview of current issues.
- 6.7 **b) 2026/2027 RQIA Management Plan**
BD presented the draft Management Plan 2026/2027 to the Authority for consideration of its content, noting that further work is required to produce a publishable format, after consideration of matters that may be raised by the DoH.
- 6.8 MMCI felt that the draft Management Plan could more clearly identify accountability for delivery of actions and specify timescales for achievement. MMCI further emphasised the need for the Authority to understand when delivery of core business may be impacted by lack of resource.
- 6.9 BD confirmed that accountability for delivery of the plan ultimately rests with her as the Chief Executive, with responsibility delegated appropriately across the organisation. BD advised that the Management Plan represents a 12-month programme of work, intended to be delivered by year-end. It is not designed to function as individual accountability framework. That aspect is taken forward through the Performance and Accountability framework. BD noted that includes biannual performance and accountability meetings with each Directorate and Corporate Affairs and Business Services; individual EMT members' objectives and regular supervision and appraisal meetings. Monthly activity and performance reports are tabled at EMT, and quarterly at BARC (Activity, Performance and Outcomes report).
- 6.10 DC noted a desire to see more specific and measurable targets within the plan and queried whether the Authority would be provided with a more detailed version.
- 6.11 BD advised that the Activity, Performance and Outcomes Report will for the 2026/27 year, turn the actions in the final Management Plan into measurable targets. BD further emphasised that the Management Plan remains in draft form as it is required to be subject to approval of DoH. She noted some of the issues we have set out in the draft Plan are exploratory; for example, explore the idea of 'group' inspections for statutory day care facilities. This is not an approach we are proposing to adopt, but rather explore it, given the move to a neighbourhood model. Other aspects of the draft Plan are committed to. For example, RQIA

plans to continue to deliver one inspection per year to the vast majority of registered services (exception dental which is biannual). RQIA is not awaiting approval for that. This is what the organisation has been doing and already report on. The extension of Inspection Support Volunteers we are progressing and dates are set out by when we trust we will have more volunteers in post.

BD again referred to some of the exploratory actions we have included in the draft plan. Some of these would no doubt be controversial proposals, as they would breach existing legislation. BD agree that it is important to have greater specificity on measurable deliverables.

BD invited views on exploratory proposals such as group inspections, acknowledging that this would represent a departure from legislative requirements. BD advised that RQIA does not have the capacity to continue delivering inspection frequency set out in extant legislation given the growth too in independent healthcare registrations, by way of example, so committing to 1 inspection per year is a real challenge in terms of delivery.

BD further outlined additional proposals, including undertaking a three-yearly review of HSC Trust governance arrangements; standing down the inspection of augmented care services in HSC Trust; evaluating the impact of reduced inspection frequency for dental practices ; and evaluating the effectiveness of the Regulatory Early Warning System (REWS).

- 6.12 CC emphasised that the draft plan is critically important, as it effectively operates as a pilot for the next Strategic Plan and represents a key course-correction point.
- 6.13 DC observed that the wider context underpinning the plan had been lost in the draft presented and suggested that a revised and clearer articulation of targets was required.
- 6.14 BD responded that the context had been set previously through a workshop for Authority Members and agreed that the objectives and targets should be clear in a final iteration.
- 6.15 MMCI highlighted the need to consider the balance of risk across the system, noting in particular that supported living is currently not subject to sufficient scrutiny. MMCI suggested that a Trust-based inspection model could release resources to support a whole-system approach and enable targeted investment of capacity where risk is greatest.
- 6.16 JK left the meeting at 11.06 am.
- 6.17 CL expressed strong support for the Management Plan as presented to date and commended the Chief Executive and EMT for a bold and radical approach, describing this as an example of effective leadership. CL encouraged progress to continue where possible in order to move the plan forward.
- 6.18 CC concluded by emphasising the importance of securing DoH approval swiftly and progressing implementation at pace thereafter.
- 6.19 The Authority **APPROVED IN PRINCIPLE** the RQIA Management Plan 2026/2027, subject to DoH consideration and finalisation.

6.20 **c) RQIA Investigation into Commissioning Arrangements for Residential Learning Disability Services in South Eastern HSC Trust and Belfast HSC Trust**

BD presented the report of the RQIA investigation into commissioning arrangements for residential learning disability services within the South Eastern HSC Trust and Belfast HSC Trust. BD acknowledged that the investigation had involved a limited number of care homes, families and service users and noted that this had generated some concern among the Trusts in reflecting on the resulting report. BD advised that a range of recommendations had been formulated and provided assurance that these recommendations could be applied consistently across all residential care homes, as matters one would expect to find in place. It was emphasised that the report does not seek to criticise individual organisations, nor is it framed around failings; rather, it sets out essential expectations for the quality and safety of care for people living in learning disability residential settings.

BD further advised that publication of the report had been delayed, reflecting a period of engagement and listening with the Trusts involved. It was confirmed that publication is now scheduled for the following week.

6.21 KH advised that the report incorporates feedback from families, service users and staff throughout, and that the content is reflective of that feedback.

6.22 RM commented that the report would benefit from stronger reference to the need to address health inequalities within this cohort and noted in particular the absence of specific recommendations directed to the Public Health Agency (PHA).

6.23 The Authority **NOTED** the report on the RQIA Investigation into Commissioning Arrangements for Residential Learning Disability Services in South Eastern HSC Trust and Belfast HSC Trust.

6.24 **d) A Whole-System Approach: Collaborative Evaluation and Learning**

BD presented the report to Members and expressed thanks to the Southern Health and Social Care Trust (SHSCT) and the providers within that locality for their engagement with this work. BD advised that the exercise was deliberately framed as a look-back to consider service delivery from a whole-system perspective, rather than through individual organisational lenses. BD noted that the resulting report provides a clear illustration of the inherent difficulty of achieving effective whole-system working and highlighted that the majority of the recommendations arising are directed at RQIA itself to use its convening role.

6.25 CC commented that this work represents an important element of RQIA's emerging approach and welcomed the involvement of Associates in the process. CC further noted that the work aligns well with the wider Reset agenda across the HSC system.

6.26 AM observed that it would have been beneficial to have had more time to explore the report in-depth, but described it as a very helpful and insightful piece of work.

AM highlighted communication as a key issue, noting limited awareness across the system of the earlier 2024 report. AM advised that this lack of awareness significantly undermines the ability to secure effective collaboration, as

organisations are not always familiar with the evidence base or context underpinning the recommendations.

- 6.27 RM welcomed the report and noted that it clearly demonstrates the considerable variation that exists across the system.
- 6.28 NL referred to recommendations involving the Strategic Planning and Performance Group (SPPG) and queried the level of confidence that RQIA would be able to engage with SPPG in a positive and constructive manner. NL further suggested that the model adopted through this work could usefully be applied to other future reviews.
- 6.29 In response, BD advised that RQIA are proposing seeking greater transparency in respect of Trusts' implementation of RQIA recommendations. BD noted, however, that SPPG currently holds responsibility for monitoring implementation and cautioned that additional follow-up activity by RQIA would limit capacity to undertake new reviews.
- 6.30 CC commented that responsibility for following up on RQIA recommendations should more appropriately sit with the DoH and emphasised the need for effective engagement between the DoH, Trusts and SPPG to ensure recommendations are acted upon in a co-ordinated manner.
- 6.31 The Authority **NOTED** the report on A Whole-System Approach: Collaborative Evaluation and Learning.
- 6.32 The meeting adjourned for a break at 11:34 am.

7.0 Agenda Item 7 - Business, Appointments and Remuneration Committee (BARC): Update

a) Draft Minutes of the Meeting 12 February 2026

b) Policies and MoUs

- i. **Principal Policy Document**
- ii. **Concerns Policy and Procedure**
- iii. **Person Centre Supportive Appraisal Policy and Procedure**
- iv. **Complaints Policy and Handling Procedure**

c) Performance

- i. **Activity Performance and Outcomes Report: Quarter 3, 2025/2026**

d) Digital Update

7.1 a) Draft Minutes of the Meeting 12 February 2026

The meeting reconvened at 11:44am.

- 7.2 Following consideration, the Authority **NOTED** the draft Minutes of the meeting 12 February 2026.

7.3 b) Policies and MoUs

i. Principal Policy Document

AM suggested that under the Human Rights Assessment in the Equality Screening, the word proportionate should be added. Members agreed to maintain legal and add proportionate.

- 7.4 The Authority **APPROVED** the Principal Policy Document.

- 7.5 **ii. Concerns Policy and Procedure**
Following consideration, the Authority **APPROVED** the Concerns Policy and Procedure.
- 7.6 **iii. Person Centre Supportive Appraisal Policy and Procedure**
Following consideration, the Authority **APPROVED** the Person Centre Supportive Appraisal Policy and Procedure.
- 7.7 **iv. Complaints Policy and Handling Procedure**
AM suggested minor updates to the policy to better reflect that a complaint can be made by a representative and that RQIA will not investigate a complaint where it is evident it is pre-legal action. AM noted that human rights was not referenced in the paragraph on Equality.
- 7.8 The Authority **APPROVED IN PRINCIPLE** the Complaints Policy and Handling Procedure, subject to the minor amendments agreed.
- 7.7 **c) Performance**
- i. Activity Performance and Outcomes Report: Quarter 3, 2025/2026**
CL updated Members that a comprehensive update was provided by the Chief Executive on performance with particular reference to publication of reports during unavailability of the RQIA website. BARC received an update on performance against statutory and regulatory framework frequencies. CL advised that the report would soon be available on PowerBI for Members.
- CL reported that there are gaps in Authority Members mandatory training and JM has agreed to follow up individually with Members. Members agreed to complete outstanding mandatory training by the end of May 2026.
- 7.8 The Authority **APPROVED** the Activity Performance and Outcomes Report: Quarter 3, 2025/2026.
- 7.9 **d) Digital and Intelligence Update**
CL reported that BD presented a proposal for a partnership with Queen's University Belfast (QUB) on an Early Warning System using Artificial Intelligence (AI). BARC was agreeable but noted that consideration may be needed by the Audit and Risk Assurance Committee (ARAC) in respect of the governance arrangements for this partnership approach.
- 7.10 The Authority **NOTED** the Digital and Intelligence Update.
- 8.0 Agenda Item 8 - Audit and Risk Assurance Committee (ARAC): Update**
- a) Draft Minutes of the Meeting of 26 February 2026**
- b) Risk Management**
- i. Principal Risk Document**
- c) RQIA Audit Action Plan**
- 8.1 **a) Draft Minutes of the Meeting of 26 February 2026**
Following consideration, the Authority **NOTED** the Draft Minutes of the Meeting of 26 February 2026.
- 8.2 **b) Risk Management**
- i. Principal Risk Document**

SW presented the Principal Risk Document to the Authority advising that ID1 Information Governance has a reduced rating as the new Senior Information Risk Owner (SIRO) and Personal Data Guardian (PDG) were well embedded in their roles.

SW reported that the rating in respect of ID2 Finance did not change as RQIA is forecasted to break-even due to the full allocation for the Agenda for Change Pay Award being received from the DoH.

SW added that the risk ID3 Failure to sustain Standards in the Registered Sector (2003 Order, Part III Services) remains challenging for the organisation.

SW informed Members that ARAC is particularly concerned about ID4 Mental Capacity Act and would wish for the Authority to have a comprehensive discussion on the matter.

8.3 CC welcomed the suggestion of a comprehensive discussion and agreed that this would take place at a future Authority workshop.

8.4 BD noted that this risk may be extended to cover aspects of the MHO as well and this will be articulated in a paper to be presented to ARAC in due course.

8.5 RM welcomed this suggestion as raising the matter on the PRD will provide visibility to the DoH on the need for additional resourcing.

8.6 **Resolved Action 273: ARAC Chair to table a discussion at a future workshop on the risk of RQIA's inability to fulfil all its statutory duties under the Mental Health Order (Northern Ireland) 1986 and the Mental Capacity Act 2016.**

8.7 The Authority **APPROVED** the Principal Risk Document.

8.8 **c) RQIA Audit Action Plan**

Following consideration, the Authority **APPROVED** the RQIA Audit Action Plan.

9.0 **Agenda Item 9 - Legislative and Policy Committee (LPC)**

a) Meeting of the 12 March 2026: Verbal Update

9.1 **a) Meeting of the 12 March 2026: Verbal Update**

AM updated Members on the recent meeting of the LPC which considered legislative matters, issues around direct payments and short breaks provision, several registration matters and RQIA's involvement in public inquiries and legal cases.

9.2 The Authority **NOTED** the verbal update from the meeting of the LPC on 12 March 2026.

10.0 **Agenda Item 10 - Mental Health Committee (MHC)**

a) Meeting of the 5 March 2026: Verbal Update

10.1 **a) Meeting of the 5 March 2026: Verbal Update**

MMcl provided an update to Members on the recent meeting of the MHC; RQIA had recently undertaken a National Preventive Mechanism (NPM) Self-Assessment, which demonstrated a high level of compliance in RQIA with its

obligations under the Optional Protocol to the Convention Against Torture (OPCAT).

MMI advised that RQIA is currently seeking to recruit more Second Opinion Appointed Doctors (SOADs).

- 10.2 LL provided a positive update in respect of SOADs, which has alleviated any potential pressure.
- 10.3 The Authority **NOTED** the verbal update from the meeting of the MHC on 5 March 2026.
- 11.0 Agenda Item 11 - Finance:**
- a) **Financial Performance Report: 2025/2026 Month 10 (EP3: Resources)**
 - b) **HSC System Financial Pressures**
- 11.1 **a) Financial Performance Report: 2025/2026 Month 10 (EP3: Resources)**
BD presented the Month 10 report to the Authority and invited PC to provide an overview.
- 11.2 PC advised that the financial position has improved significantly since the Month 10 report was drafted, as the DoH has now provided full funding for the Agenda for Change Pay Award and recurrent funding for the Senior Executive Pay Award. PC has had sight of the Month 11 figures, which project that RQIA will have a small surplus at year-end.
- 11.3 The Authority **APPROVED** the Financial Performance Report: 2025/2026 Month 10.
- 11.4 **b) HSC System Financial Pressures**
BD advised that RQIA, along with all other ALBs, received correspondence in relation to the requirement to deliver financial savings. In response, the organisation has explored options to increase cost-recovery where feasible. BD noted that the DoH has requested savings, which would be extremely challenging to achieve. Potential areas identified include reductions in expenditure on legal advice and specialist external expertise limiting Reviews.
- 11.5 PC reported that the DoH does not currently hold sufficient funding to fully meet the 2026/2027 pay award, notwithstanding a commitment having been made to honour it. PC further advised that the DoH is itself required to deliver savings, which presents significant difficulty within the context of the wider three-year financial review, particularly given the constraints of operating within a single-year budget cycle. PC emphasised that a 5% budget reduction would not be achievable without redundancy implications.
- 11.6 BD advised that, in responding to further requests for savings, it has been made clear that the majority of RQIA's expenditure is aligned to staffing costs. BD noted that RQIA is already operating below the level required to fully deliver its legislative remit, as a direct consequence of limited capacity. BD suggested that any deliberate reduction in staffing, and the consequent reduction in regulatory activity, would require explicit direction from the DoH.

- 11.7 Members reflected on discussions at the NICON Conference held the previous day and recorded the widespread frustration across the sector regarding the scale and impact of current financial pressures on delivery and sustainability.
- 11.8 The Authority **NOTED** the update on HSC System Financial Pressures.

12.0 Agenda Item 12 – Any Other Business

There being no further business, CC closed the public meeting at 12:55 pm.


Date of Next Meeting:

Authority Public Session and Workshop: Thursday 30 April 2026 at 9:30 am, The Mount Business and Conference Centre.



Signed 
Christine Collins MBE
Chair

Date 30 April 2026

Authority Action List: Meeting of 26 March 2026

Action Number	Authority Meeting	Agreed Action	Responsible Person	Date due for Completion	Status
273	26 March 2026	ARAC Chair to table a discussion on the risk of RQIA's inability to fulfil all its statutory duties under the Mental Health Order (Northern Ireland) 1986 and the Mental Capacity Act 2016.	ARAC Chair	2 July 2026	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	