

PUBLIC SESSION

RQIA Authority Meeting

Thursday 30 April 2026 at 9:30am

Lewis Room, The Mount Business and Conference Centre

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) Apologies: Caroline Lee (CLee), Interim Director of HSC Quality Improvement and Regulation Karen Harvey (KH), Professional Advisor of Social Work David Silcock (DS), Senior Communications Manager Paul Cummings (PC), RQIA Financial Advisor (Associate)	RQIA Staff in Attendance: Briege Donaghy (BD), Chief Executive Lynn Long (LL), Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare Karen Scarlett (KS), Director of Adult Care Services Jane Kennedy (JK), Interim Director of Independent Healthcare Jacqui Murphy (JM), Head of Corporate Affairs and Business Services Aaron Addidle (AA), Corporate Governance and Business Manager
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1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The meeting commenced at 9:37 am, with the Chair (CC), welcoming all to the meeting.
- 1.2 CC gave a particular welcome to KS attending the meeting in her new role as Director of Adult Care Services. Members wished KS well.
- 1.3 Apologies were noted from Caroline Lee, Karen Harvey, David Silcock and Paul Cummings.

2.0 Agenda Item 2 - Minutes of the meeting of the Authority held on 26 March 2026 and Matters Arising

- 2.1 Members **APPROVED** the Minutes of the meeting of the Authority held on 26 March 2026 as a true and accurate record.

- 2.2 **Action 273: 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: Ongoing:** BD informed Members that a draft paper has been developed to more clearly articulate the nature and extent of the risks associated with RQIA's current inability to fully discharge its statutory functions in its role as the Mental Health Commission. The paper is presently undergoing quality assurance in collaboration with the relevant directorate and will, in the first instance, be presented to the Mental Health Committee for consideration.
- 2.3 CC welcomed the progress made in advancing this work.
- 2.4 RM enquired whether the paper would adequately address the recommendations arising from the judicial review, particularly in relation to RQIA's role within Community Mental Health Services.
- 2.5 In response, BD advised that RQIA had previously formulated a comprehensive response to the judicial review and, as a consequence, has introduced a new policy framework governing structured patient inquiries. The paper will provide a reflective account of the actions undertaken to date in addressing the findings and recommendations of the judicial review.
- 2.6 LL concurred that the paper offers a thorough examination of these matters, whilst also explicitly addressing RQIA's challenges in fulfilling its statutory obligations under Articles 116 and 118 of the Mental Health (Northern Ireland) Order 1986. Furthermore, the paper adopts a fundamental, 'back-to-basics' approach, critically assessing current operational gaps and considering the most effective deployment of limited resources.
- 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) Correspondence Received by Authority Chair
b) HSC System Financial Pressures
c) RQIA Role within HSC following publication of RQIA Investigation into Commissioning Arrangements for Residential Learning Disability Services in South Eastern HSC Trust and Belfast HSC Trust and Whole System Approach Reports and Launch of Neighbourhood Model
d) Quinquennial Review of RQIA
- 4.1 **a) Correspondence Received by Authority Chair**
 CC drew Members' attention to recent correspondence concerning adult safeguarding (ASG) arrangements and the extent of access RQIA has to relevant information, alongside concerns pertaining to Serious Adverse Incident (SAI) processes. In particular, issues were highlighted in relation to delays in the progression and completion of SAIs. While it was acknowledged that a number of valid points had been raised, discussion focused on the actions available to RQIA to support and encourage the more timely operation of these processes.

It was noted that the matters raised encompass substantive policy and operational considerations, to which RQIA is giving full and appropriate attention. A formal response is currently being developed by the Chief Executive and Director.

- 4.2 RM observed that responsiveness has been identified as a key concern, drawing a link between the ongoing review of SAI processes and wider discussions regarding the development of a more robust system of governance. Responsiveness, it was suggested, should be regarded as a core indicator of effective governance. RM further reflected on whether there is scope for more proactive consideration and action in this area, noting that delays in SAI processes significantly diminish the impact of learning. This raises important questions regarding the adequacy of the organisational response to issues of timeliness.
- 4.3 CC reiterated the importance of ensuring that learning is disseminated across the entire system in a timely and effective manner.
- 4.4 BD acknowledged that, whilst steps have been taken—including correspondence with the Strategic Planning and Performance Group (SPPG) regarding excessive timescales for completing SAI investigations, and correspondence to Trust Chief Executives to highlight concerns for individual SAIs and requesting action plans to address the delays—these measures have not, to date, proven sufficient to drive the necessary improvement. BD further advised that RQIA has raised these concerns with the Department of Health (DoH), noting that although the introduction of a revised SAI process is welcomed, it will not address the completion of these existing outstanding investigations. RQIA has clearly articulated its expectation that immediate action should be taken to address current deficiencies, supported by defined performance management timelines, and that the service should not await the advent of a new system as an alternative to this. Consideration was also given to whether these issues should be escalated to Trust Chairs.
- 4.5 CC indicated that engagement with Chairs would be appropriate and suggested that the matter may warrant formal escalation, potentially through an Article 4 letter to the DoH to ensure clear awareness of RQIA's position.
- 4.6 RM referenced the ongoing Leadership and Governance Review associated with the Muckamore Abbey Hospital Inquiry (MAHI), noting its recommendation that Boards should be fully sighted on, and responsive to, matters of this nature.
- 4.7 AM queried whether there is sufficient understanding of the underlying causes of delays, suggesting that practical challenges, such as difficulties in convening panels, may be contributory factors.
- 4.8 CC proposed that the issue should initially be raised with Chairs, with an expectation of a concerted and coordinated effort to address the existing backlog.
- 4.9 RM further highlighted that capacity constraints, alongside the inherent complexity of SAIs, represent significant barriers. Additional challenges include the timely sourcing of independent expert clinical advice. It was noted that SPPG has taken some steps to establish a pool of individuals to expedite SAI processes; however, questions remain as to whether RQIA has full visibility of all contributing factors.

- 4.10 Members also acknowledged the importance of perception, noting that while the SAI process was intended primarily as a mechanism for organisational learning, there remains a prevailing view that individuals may be subject to accountability measures. This tension may undermine the intended focus on learning.
- 4.11 BD proposed further engagement with Chairs to explore the challenges in greater depth, alongside consideration of how RQIA can provide support through quality improvement initiatives. It was also acknowledged that challenges may persist even following the implementation of a revised SAI process.
- 4.12 CC concluded by reiterating the connection to RQIA's broader role within the Health and Social Care system, particularly in providing constructive challenge.
- 4.13 The Authority **NOTED** correspondence received by Authority Chair.
- 4.14 **b) HSC System Financial Pressures**
CC advised that the current financial position across the Health and Social Care system remains extremely challenging, noting candidly that there is little positive to report. It was emphasised that careful consideration must be given to how RQIA responds to anticipated savings requirements. CC highlighted the reality that meeting such savings targets may necessitate the cessation or scaling back of certain statutory functions. It was further acknowledged that standing down such functions would place RQIA in breach of its statutory obligations and could have consequential implications for patient safety. In these circumstances, it was noted that such decisions should not be taken by the Authority in isolation and would require explicit Ministerial direction. CC reiterated that, in the context of proposed savings, RQIA will be seeking such direction, and this has informed the planned approach to risk horizon scanning.
- 4.15 CL emphasised the importance of ensuring that these issues are comprehensively documented, pending a formal decision from the Minister. It was acknowledged that RQIA, as an Arm's Length Body (ALB), is likely to be significantly impacted and must therefore be guided by clear direction from the Department.
- 4.16 AM noted that a case for additional funding has already been advanced, and stressed the importance of clearly articulating to the Minister the potential to enhance capacity should further resources be made available.
- 4.17 DC queried whether the cost associated with Business Services Organisation (BSO) provision would be subject to reduction in light of wider financial pressures.
- 4.18 BD advised that the range of services provided by BSO—including legal and payroll functions—would be subject to the same savings assumptions as RQIA.
- BD also reflected that the current shared services model is consistent with Ministerial direction at the time, which established this as the operating framework for service provision. It was noted, however, that RQIA has secured access to dedicated legal services in circumstances where it is a core participant, including in the context of the Muckamore Abbey Hospital Inquiry (MAHI).
- 4.19 DC additionally queried whether a value-for-money assessment could be undertaken in respect of these services.

- 4.20 BD clarified that, as BSO operates a shared service model for all regional ALBs, a formal value-for-money exercise is not currently undertaken. However, it was noted that market testing has previously been conducted in relation to independent legal services for MAHI and the COVID-19 Inquiry, with findings indicating that these arrangements compared favourably against Departmental Legal Services (DLS) in terms of value.
- 4.21 CC acknowledged that Internal Audit (IA) and BSO provide an element of assurance, and suggested that these matters could be further explored as part of the organisational review.
- 4.22 AM noted that the current arrangements are underpinned by the legislative framework established in 2009.
- 4.23 NL highlighted the potential implications of a proposed 6% budget reduction, observing that such a reduction would necessitate difficult decisions regarding which statutory duties may be compromised. NL further characterised the situation as inherently unsatisfactory, particularly in the absence of consideration of alternative revenue-raising measures.
- 4.24 The Authority **NOTED** the HSC System Financial Pressures and the need for decisions on the Authority's position in due course once the financial allocations had been received. .
- 4.25 **c) RQIA Role within HSC following publication of RQIA Investigation into Commissioning Arrangements for Residential Learning Disability Services in South Eastern HSC Trust and Belfast HSC Trust and Whole System Approach Reports and Launch of Neighbourhood Model**
 CC reflected on the evolving context within the HSC system and queried how RQIA should position itself within this changing landscape. It was noted that these developments carry significant and far-reaching implications for the organisation.
- In particular, CC referenced both the Southern HSC Trust (SHSCT) Whole System Review and the recent investigation into commissioning arrangements for residential learning disability services, highlighting the clear articulation within these reports of the need for a systemic, rather than isolated, approach. CC emphasised the importance of engaging proactively with the DoH to gain clarity on how it envisages RQIA's role within the emerging neighbourhood model, particularly in ensuring that effective oversight is maintained throughout the transition.
- 4.26 BD advised that the draft Management Plan has been submitted to the DoH, which sets out a number of potential areas for further exploration in this regard. As part of this, BD proposed making use of RQIA's convening authority, including the organisation of a dedicated event scheduled for 17 September 2026. The intention would be to bring together key strands of work—namely the investigation findings, the Whole System Approach, and the implementation of the Neighbourhood Model—within a single event focussed on whole system working, for safety and for person centered service effectiveness an example being patient 'flow' through unscheduled care, which requires cross organisational working from the Trusts, General Practice and independent providers including Care Homes and Home Care. This engagement would focus

on facilitating dialogue around whole-system working and identifying steps for improved integration.

In addition, BD highlighted ongoing work in relation to safety culture, noting that while this is increasingly recognised as a critical component of system performance, it is not yet sufficiently well-articulated or embedded at a whole-system level. It was observed that, at present, accountability is often framed in individual rather than systemic terms, which may act as a barrier to the development of a genuinely open and learning-oriented culture.

- 4.27 RM drew attention to parallel developments within the Care Quality Commission (CQC), particularly in relation to its role within neighbourhood-based models of care. RM noted that the CQC approach places a strong emphasis on system assurance, including the regulation and oversight of integrated care arrangements, as well as a focus on outcomes across integrated care teams and sectors. It was suggested that consideration of these developments may provide useful insights for the ongoing evolution of RQIA's role.
- 4.28 CC further recommended a close reading of the SHSCT Whole System Review, noting that, whilst the language used is measured, it nevertheless conveys clear concerns—particularly in relation to organisational culture. CC observed that this underscores both the scale and the complexity of the challenge ahead. It was also noted that, in contrast to the CQC, RQIA does not currently have a remit within primary care (due to a combination of historical factors, and the migration of the HSCB into the Department, thus removing primary care services commissioned by SPPG/DoH from the remit of the Duty Of Quality and RQIA oversight). This presents additional considerations in the context of an increasingly integrated system.
- 4.29 The discussion concluded with recognition that this is a complex, dynamic and rapidly evolving area, requiring careful consideration of RQIA's future role, its methods of assurance, and the extent to which it may need to adapt to remain effective within a more integrated, system-oriented model of care. The primary concern remains that of securing and improving the quality of care, so protecting the public.
- 4.30 The Authority **NOTED** RQIA's role within HSC following publication of RQIA Investigation into Commissioning Arrangements for Residential Learning Disability Services in South Eastern HSC Trust and Belfast HSC Trust and Whole System Approach reports and launch of Neighbourhood Model.
- 4.31 **d) Quinquennial Review of RQIA**
CC advised Members that a review of the Terms of Reference (ToR) for the Quinquennial Review has been undertaken. Proposed revisions were submitted, and initial feedback has been received, setting out which amendments have been accepted and which have not.
- CC raised the question of how RQIA will resource its contribution to the review process, noting the importance of ensuring that sufficient capacity and appropriate expertise are available to support this work.
- 4.32 JM confirmed that preparatory activity has already commenced, with documentation being collated for RQIA's external audit, which will likely be similar to the request for documentation made by the external reviewer.

4.33 The Authority **NOTED** the update on the Quinquennial Review of RQIA.

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 **a) Overview of Current Issues**

6.1 a) Overview of Current Issues

BD advised that work continues on seeking assurance in respect of services operated by the Presbyterian Council for Social Witness, which is being led by KS and her directorate team. BD chairs an Oversight group involving HSC Trusts, DoH and the PSNI. It is planned that all individual inspection reports and the composite report will be available by early June 2026 and will be made available for publication.

6.2 BD reported that the Deceased Patients Review (DPR) Phase 3 will complete this summer and work continues to engage with families.

6.3 BD updated the Authority on work relating to the Patient Safety Culture and its Assessment Framework; the focus on this work is moving to the readiness phase, supported by ECHO, this will be followed by the implementation phase.

6.4 BD updated the Authority on RQIA’s work in respect of Liaison Care, a company providing assessments of care packages, including complex cases, commissioned by HSC Trusts. RQIA directed the organisation to cease and desist operation in Northern Ireland while it determines if the organisation falls to be registered. RQIA will advise the service, commissioner and the DoH of the outcome. BD added that this matter underpins the outdated nature of the current legislation and that it does not reflect the current service model further seeing the pressing need for legislative change. The role of RQIA in this investigation as Mental Health Commission is also front and centre.

6.5 CC noted that this matter will provide learning for RQIA as there are implications in respect of registration and also in respect of RQIA’s role under the Mental Health Order (Northern Ireland) 1986.

6.6 The Authority **NOTED** the Chief Executive’s Update.

7.0 Agenda Item 7 - Finance:

a) Financial Performance Report: 2025/2026 Month 11 (EP3: Resources)

7.1 a) Financial Performance Report: 2025/2026 Month 11 (EP3: Resources)

BD presented the Month 11 Report, noting a projected surplus of £50k at month 11. BD noted that she has reviewed the Month 12 report and can confirm that RQIA will break-even this year, with a small surplus within the tolerance level.

7.2 The Authority welcomed the projection of break-even at year-end and congratulated the Chief Executive and the Executive Management Team on another well managed budget in challenging circumstances.

7.3 The Authority **APPROVED** the Financial Performance Report: 2025/2026 Month 11.

8.0 Agenda Item 8 – Any Other Business

There being no further business, CC closed the meeting at 10:52 am.

Date of Next Meeting:

Authority Meeting: Thursday 2 July 2026, venue to be confirmed.

Signed 
Christine Collins MBE
Chair

Date 2 July 2026

Authority Action List: Meeting of 30 April 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	