PUBLIC SESSION
RQIA Authority Meeting
Thursday 2 July 2026 at 9:30am
Lagan Room, The Mount Business and Conference Centre

Present:	**RQIA Staff in Attendance:**
Christine Collins **(CC)**, Chair Sarah Wakfer **(SW),** Deputy Chair Cheryl Lamont **(CL)** Alphy Maginness **(AM)** Mary McIvor **(MMcI)** Derek Clydesdale **(DC)** Rodney Morton **(RM)** Nazia Latif **(NL)** **Apologies:** Karen Harvey **(KH)**, Professional Adviser of Social Work Jacqui Murphy **(JM)**, Head of Corporate Affairs and Business Services Aaron Addidle **(AA)**, Corporate Governance and Business Manager	Briege Donaghy **(BD)**, Chief Executive Karen Scarlett **(KS),** Director of Adult Care Services Lynn Long **(LL)**, Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare Mark Cross **(MC)**, Director of Independent Healthcare Ruth Finn **(RF)**, Director of HSC Quality Improvement and Regulation David Silcock **(DS)**, Senior Communications Manager Richard Charles **(RC)**, Personal Assistant Paul Cummings **(PC)**, Associate HSC Leadership Centre (Financial Advisor)

1.0 Agenda Item 1 - Welcome and Apologies

1.1 The meeting commenced at 9:30 am, with the Chair (CC) welcoming all to the meeting.

1.2 CC welcomed the Save Our Acute Services (SOAS) deputation and Anne O'Reilly (Chair of the Northern Health & Social Care Trust) to the Public Session of the Authority Meeting.

1.3 The room gave brief introductions to all.

1.4 Apologies were noted from Karen Harvey, Jacqui Murphy & Aaron Addidle.

2.0 Agenda Item 2 - Minutes of the meeting of the Authority held on 30 April 2026 and Matters Arising

2.1 Members **APPROVED** the Minutes of the meeting of the Authority held on 30 April 2026 as a true and accurate record.

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 NL declared that she had a conflict of interest at item 6.2 regarding the Equality Scheme: Five Year Review, as a member of the Equality Commission and recused herself from this conversation.

4.0 Agenda Item 4 - Chair's Business: Verbal Update
a) Welcome to New Directors
b) Authority Committee Update
c) RQIA Organisational Review
d) Public Inquiries
e) RQIA's Financial Position Following Indicative Finance Allocation

4.1 **a) Welcome to New Directors**

4.2 CC extended a welcome to Ruth Finn and Dr Mark Cross, who recently joined the RQIA staff senior team, as Director of HSC Quality Improvement and Regulation and Director of Independent Healthcare and Responsible Officer (medical), respectively.

CC bid farewell to RQIA Interim Directors, Caroline Lee and Jane Kennedy in their absence, and thanked them for their invaluable assistance.

4.3 **b) Authority Committee Update**

4.4 CC highlighted the new item on the agenda of the Authority Committees Update. CC reported that all four Authority Committees have met since the previous Authority Meeting held on 30 April 2026.

CC noted that the Business, Appointments and Remuneration Committee (BARC) and the Audit and Risk Assurance Committee (ARAC) provide an update at the Public Session of Authority Meetings, however due to the sensitive subject matters involved the Mental Health Committee and Legislative & Policy Committee only report to the Business in Confidence Session.

CC noted that MHC met on 28 May 2026 and LPC met on 4 June 2026.

4.5 **c) RQIA Organisational Review**

4.6 CC noted that the most recent Organisational Review of RQIA was held over a decade ago. CC noted that there was uncertainty on when the Review would be commencing.

CC commented that the Review will hopefully look at how RQIA carries out business at the moment and also look into whole System Regulation for Northern Ireland heading into the future.

4.7 BD noted that RQIA have provided a list of potential stakeholders and trusted that the Organisational Review will seek engagement, widespread across Stakeholders, giving the opportunity for wide participation and meaningful contribution.

4.8 CC emphasised the need to ensure all Stakeholders are fully engaged in the Review and have the opportunity to contribute, including the public

4.9 RM stated it was important for the Review to focus in on the role RQIA could and should play in relation to Patient Quality and Safety. This is an essential part of the assurance model. It was noted that the Review should enable approaches to improvement in Patient Quality and Safety in this region

4.10 CC stated that the reason RQIA was established was to improve the quality of services, which is fundamental to patient safety; and therefore the review requires a full engagement with the public

4.11 AM noted that the Review must focus on updating the current legislation, which has not been updated in 30 years and the Mental Health legislation last reviewed 40 years ago. This has an impact on RQIA's authority to investigate and review services.

4.12 CC mentioned the CQC and the simpler, service focus model of the legislation in England.

4.13 BD highlighted that the legislation in England is different from Northern Ireland and 'Registration' in that context has a broader scope. BD noted for example there is legislation in England that allows for consideration of Group Providers and also noted that the funding model is different in England with NHS services also registered and subject to regulation fees.

BD noted UK & Ireland Regulators forum discussions and noted that each regulator appears to have a range of various problems or issues. Despite legislation, no one element it seems will solve and address all the issues faced. A whole system approach is needed.

4.14 CC highlighted a move to the neighbourhood model and how to ensure gaps don't open up that go unnoticed. CC noted that CQC have been given specific powers to look at neighbourhood systems collectively.

4.15 BD noted that Professor Bola, from CQC, will be speaking at World Patient Safety Day on 17th September 2026, addressing System and Neighbourhood Care Systems.

4.16 NL highlighted the importance of looking at other Regulators but this needed to go beyond CQC, looking at global examples.

4.17 RM stressed the importance of developing a system based approach. A systems based approach and effective governance come through learning. The need to work collaboratively was appreciated.

4.18 BD noted that although the legislation in Northern Ireland is outdated, it does provide a broad umbrella, as has been noted in previous discussions

4.19 CC noted that the legislation gives a good foundation but also noted the need to think outside of traditional ways and look at inhibitors RQIA places on itself.

4.20 **d) Public Inquiries**

4.21 CC highlighted that of all the inquiries that have been carried out over the past number of years, raise similar concerns around governance, accountability and responsibility. Each talks of culture and behaviour; and of how things that are unacceptable have become normalised.

CC read excerpts from the Minister of Health from the recent Quality and Safety Summit. CC noted the Minister set out clear expectations to leaders within the HSC sector that need addressed. CC highlighted the need to focus on how to respond to the Inquiries and an action plan needs to be developed and discussed.

4.22 BD noted that Chair had held an Extraordinary Authority meeting after the Muckamore Abbey Hospital Inquiry report had been published and the EMT had met also to discuss its Recommendations, a number of which align directly to RQIA

BD highlighted that the action plan being developed from the MAHI report is not only for Mental Health services or limited to inpatient hospitals looking after individuals with Autism or Learning Disabilities. BD highlighted the need to have a broad perspective and approach to their application

BD noted that RQIA do not have any additional resources to act on the recommendations but that it must make effective use of those resources available.

BD expressed desire to engage with people with lived experience, advocacy groups and other Regulators within the UK & Ireland but also the European Regulators in devising our action plan in response. BD highlighted the need to work both as an independent organisation but also to contribute to the wider systemic patient safety and quality improvement programme.

BD noted that the Minister of Health has requested evidence of actions taken by December 2026.

4.23 CC noted that the system owes it to the individuals that have been affected by these Inquiries to make real change happen, not simply pay lip service.

CC stated that RQIA has benefitted greatly from working closely with the families affected by the Neurology Inquiry, which is at the core of the Being Human Framework, and building on that methodology in its wider work will be beneficial.

CC expressed the need to look at the totality of the situation and join up the dots throughout the system that need change.

CC noted the need to bring protection to vulnerable individuals living in the community and the challenges associated with this.

CC highlighted the need for RQIA to think internally what its role is, but also how to extend out to the network, to ensure the vulnerable are protected, wherever they are.

4.24 RM stated that the Minister of Health stressed a collective and meaningful effort from all.

4.25 CC highlighted that although it was very difficult for affected families to come forward it has had immense benefit and value, to drive and to allow change to come to the system.

4.26 **e) RQIA's Financial Position Following Indicative Finance Allocation**

4.27 CC noted that the financial position for the entire HSC sector was not good.

CC noted that RQIA are looking at a 5% reduction in financial allocation, equating to nearly £480,000. CC noted that for a small organisation this was a large amount of money.

CC noted that RQIA are not currently meeting legislative requirements for inspections in Care Homes and Childrens Homes, which the Health Committee have been informed of. We inspect once per year to each, with additional inspections being risk based, but the legislation says twice per year.

CC highlighted that financial cuts results in a reduction of regulatory activity. Ultimately as these are political decisions it is for the Minister of Health and the DoH formally to direct RQIA, as to which of its statutory, regulatory activities RQIA should reduce. This type of direction will be liable to criticism and legal challenge. CC shared that the RQIA budget will continue to be looked at carefully, appreciating we all need to be efficient in these challenging times

4.28 RM noted that RQIA have written to the DoH about finances and in his opinion the DoH response gives an optimistic opportunity.

4.29 CL stated the perspective she read was of opportunities closing.

4.30 RM recognised the response needed further discussion and scrutiny.

4.31 PC stated that the financial outlook was bleak for the whole HSC sector.

4.32 PC encouraged all to look at the positives but it would be a challenging year across the HSC.

4.33 DC noted that RQIA are constrained by legislation and fees, but highlighted that technology is available to be more effective.

4.34 RM noted that the Minister of Health made it clear that Patient Quality and Safety was of utmost importance. It was highlighted that value for money and efficiency is not at the expense of safety.

RM also noted the use of technology in a more informed way which will enhance productivity.

5.0 Agenda Item 5 – Members Activity Report

5.1 The Authority **NOTED** the Authority Members Activity Report.

6.0 Agenda Item 6 – Chief Executive's Update: Verbal Update
a) Overview of Current Issues

b) Equality Scheme: Five Year Review

6.1 **a) Overview of Current Issues**

6.2 Recent civil unrest
BD shared that during the civil unrest at the beginning of June 2026 (9-10 June 2026), EMT met under extraordinary circumstances and made the decision under business continuity to postpone schedule inspections for 2 days. This was to ensure the safety of inspectors and to support providers as they grappled with supporting affected staff. The majority of inspections arranged that week were unannounced inspections, as is almost always the case

BD stated that all inspections that were stood down have been rescheduled.

BD noted that a small number of inspections and other activities did go ahead during this two day period where it was considered safe. It was highlighted that meetings with families involved in the Deceased Patient Review for example did go ahead. This was to assist in the conclusion of this report over the summer months and at the families' choice

BD noted that in light of the civil unrest, business continuity planning will be revisited, to include a wider range of scenarios, for example severe climate conditions, noting that it had been difficult for providers in the recent heatwave to maintain comfortable conditions for patients and residents some of whom are vulnerable to heat and for staff. .

6.3 CC highlighted that business continuity plans have traditionally covered storms and staff shortages. CC highlighted the need for business continuity to include a wider range of aspects, especially as organisations increasingly heavily rely on IT systems.

6.4 NL noted that the chances of unrest happening again is high and that unrest continues outside of media attention.

6.5 CC noted systems need to be mindful of the safety of staff but also the safety and pressures on services and noted the pressures on care homes.

CC noted one aspect of postponing the inspections during the height of the unrest, was to take account of the direct impact on staff out in services, who are already under pressure.

6.6 BD highlighted the need to be mindful in these situations, where if staffing levels in provider services are reduced, this could heighten risk, and increase the need for inspection activity.

6.7 RM noted NHS England and CQC have a requirement for specific climate related adaptation plans to be activated if need be.

6.8 BD highlighted plans include traditional adverse weather, however there is a need to include access to hydration and ventilation, which providers may not as yet have sufficiently considered with the increasing prevalence of sustained high temperatures

BD noted that many RQIA staff are lone workers while out on inspection, and that this also needs to be a consideration

6.9 Presbyterian Church Council of Social Witness (PCSW)

BD noted that a Report on the PCSW services a summary of the RQIA recent inspections, had been published in early June 2026. This report looked at services provided by PCSW and registered with RQIA.

BD stated that the Police Service of Northern Ireland were investigating the Presbyterian Church in Ireland (PCI)(announced late 2025) regarding safeguarding.

BD noted that services registered with RQIA were not part of the PSNI investigation but that the PSNI were kept advised throughout and also notified of the report being published on PCSW.

Adult Care Services Team had proactively carried out extra inspections of services registered with RQIA under PCSW - 12 services.

BD noted that RQIA had engaged with the Responsible Individual and shared the outcome with them. Normal procedure will be followed in terms of following up on the individual inspections.

BD noted that the report has been shared for information purposes with the PSNI, and also with HSC Trusts, SPPG and the DoH.

BD noted that since the report has been published, one of the care homes provided by the PCSW, Aaron House has submitted for voluntary cancellation of its registration with RQIA. This has had some media attention.

BD stated that this will of course cause tremendous distress to many families, with family members having loved ones within this residence for many years.

6.10 CC asked if there was any prospect of an alternative organisation taking over the operation of Aaron House. KS confirmed this was a possibility but that there has not been any news of this nor any approach to RQIA by a new providers so far.

6.11 KS noted it would be difficult to find alternative accommodation for the individuals.

6.12 KS noted RQIA would engage with the HSC Trusts involved and Trusts will work hard to ensure appropriate accommodation is found.

6.13 Liaison Care Group

BD highlighted that in March 2026, RQIA issued a ‘cease and desist’ direction to Liaison Care Group.

BD noted that RQIA had been contacted by families that had been involved with Liaison Care Group, we understood in reviewing situations involving high cost placements.

BD noted that Liaison Care Group were not registered in Northern Ireland and RQIA took legal advice to determine if Liaison Care Group were required to be registered with RQIA.

BD noted that after legal advice it has been concluded that Liaison Care Group is not required to register with RQIA and the current work being carried out by them here does not fall within our extant legislation.

BD noted that Liaison Care Group, each HSC Trust, SPPG and the DoH have been informed of this decision.

BD highlighted that RQIA understand patient's care packages are being reviewed and in some cases these are being reduced. The HSC Trusts have stated that good due diligence processes are taking place and that all such decisions remain firmly with the Trust

6.14 LL stated that all HSC Trusts had engaged with Liaison Care Group and 4 HSC Trusts have initiated contracts with Liaison Care Group. LL stated that work is ongoing with the HSC Trusts on this matter.

6.15 RM noted that patients and families have reported within the media, that they are not being adequately involved in the decision making process.

6.16 LL noted RQIA are seeking assurance from each of the HSC Trusts.

6.17 CC stated that some individuals have considerable medical and care needs and they need support which can be costly. CC noted that there is a tension between costs and ensuring patient quality and safety.

6.18 RM noted that decisions to reduce care packages troubles him and asked who scrutinised decisions made.

6.19 AM asked if the Patient Safety and Quality committees of each HSC Trust would be involved in these situations.

6.20 BD noted that if the Patient Safety and Quality committees were to be involved this would provide an oversight to the governance arrangements within the Trust. As yet those arrangements may not be established in all Trusts.

6.21 CC noted that the Minister of Health has directed that Patient Safety and Quality Committees be established within each HSC Trust. The Terms of Reference has been issued for these Committees and each Trust needs to evaluate how these Committees will relate to existing Committees.

CC highlighted that the Committees need to report to the Trust Boards.

CC noted the question of how these Committees work with RQIA and the oversight of the Duty of Quality.

6.22 BD noted that the HSC Framework 2011 set out the accountability arrangements in the HSC but there have now been extensive changes in structure and practice since 2011, which have not been reflected in the Framework Document.

6.23 RM noted that RQIA need to look at their own Committees to reflect on its own structure.

6.24 CC emphasised that elements of RQIA structure need to change to reflect the way the world is changing. A particular element of change is in RQIA's capacity in relation to HSC (Part IV) services, with HSCQI and ECHO being integrated into RQIA.

CC noted that RQIA do have the power under Article 41 of the 2003 Order to ask for information from the HSC Trusts; so RQIA could ask for reports from these Committees.

6.25 BD noted that RQIA are considering through review of internal policies how we best effect our role within HSC services, to encourage improvement.

6.26 SW noted that the Terms of Reference for the Organisational Review have not yet been finalised but that the Patient Quality and Safety Committees Terms of Reference had a lot of information in them. SW noted RQIA could use these Terms of Reference to guide RQIA's organisational review.

6.27 **b) Equality Scheme: Five Year Review**

6.28 NL noted a conflict of interest at this point of the meeting and left the room.

6.29 BD highlighted that the Equality Scheme: Five Year Review needed to be approved by the Authority.

It was noted that this report was facilitated by BSO and is not uniquely our own Equality Report but covers 10 or more arm's length bodies

RQIA individual Equality Report is normally published in September time.

6.30 SW noted there were positive reflections of good practice. SW highlighted it would have been beneficial to have outcomes and recommendations.

6.31 MM noted there were no figures nor evidence behind the report to see improvement over the years.

6.32 SW noted positive actions underway and looking forward to seeing outcomes in the RQIA Equality Report.

6.33 CC highlighted that the Equality Scheme: Five Year Review was a template written by the Equality Commission of Northern Ireland.

6.34 Members **APPROVED** the Equality Scheme: Five Year Review but noted more detail and evidence would be beneficial.

7.0 Agenda Item 7 – Annual Report and Accounts 2025/2026 (*EP1: Governance)*

7.1 Prior to Authority consideration, CC advised Members that since the Annual Report and Accounts was presented to BARC and ARAC there have been no material changes to the document.

7.2 The Chair of ARAC, SW, presented the Annual Accounts 2025/2026. SW advised that the accounts were considered at the ARAC meeting on 25 June 2026 and there were no issues of concern. SW paid tribute to all staff for their contributions to the Annual Report and Accounts.

7.3 SW, on behalf of ARAC, recommended the Annual Accounts 2025/2026 to the Authority for its approval.

7.4 The Authority **APPROVED** the Annual Accounts 2025/2026.

7.5 The Chair of BARC, CL, presented the Annual Report to the Authority. CL noted that BARC reviewed the Annual Report at its meeting on 18 June 2026 and highly commended its content. BARC agreed that the report is well presented. CL paid tribute to all RQIA staff for their hard work and performance in 2025/2026, under demanding circumstances.

7.6 CL, on behalf of BARC, recommended the Annual Report 2025/2026 to the Authority for its approval.

7.7 The Authority **APPROVED** the Annual Report 2025/2026.

7.8 DS advised the Authority that the Annual Report and Accounts will now be signed electronically by the Authority Chair and Chief Executive and submitted to the Department of Health (DoH), who will lay the report in the Assembly on behalf of RQIA. He would follow up to ensure that this was done in a timely manner.

8.0 Agenda Item 8 – Business, Appointments and Remuneration Committee (BARC): Update
a) Minutes of the Meeting 7 May 2026
b) Policies and MoUs
i. Artificial Intelligence: HSC Framework and BSO Policy
c) Performance
i. Activity Performance and Outcomes Report: Quarter 4, 2025/2026
d) Digital Transformation Update

8.1 a) Minutes of the Meeting 7 May 2026

8.2 CL gave a brief overview of the BARC meeting held on 7 May 2026, highlighting the Corporate Objectives that were approved, updating the action plan to address the recommended Organisational Culture Review and Investors in People (IiP) Assessment, Pulse survey from the RQIA Staff Development Day and an update from the RQIA Equality, Disability, Human Rights and National Preventive Mechanism Group.

CL noted that the Chair was present at the BARC meeting held on 7 May 2026 for the appraisal of the Chief Executive and the Committee approved the appraisal for the year ending 31 March 2026 and the Performance of Chief executive / Pay Award (01/04/2024 – 31/03/2025).

8.3 b) Policies and MoUs
i. Artificial Intelligence: HSC Framework and BSO Policy

8.4 CL noted the fulsome discussion had by BARC on the Artificial Intelligence HSC framework and BSO Policy.

CL noted the reservations of one Authority member, and highlighted the concerns raised within the minutes of this meeting from 7 May 2026.

8.5 CC emphasised the importance of getting the processes right.

CC recognised that more work is needed across a wide range of areas and in processes of working out how to apply AI in the unique RQIA context.

CC noted one of the recommendations from the Muckamore Abbey Hospital Inquiry in using AI to work out how to improve regulatory processes.

CC noted the first step is to keep in line with HSC.

8.6 AM expressed desire to hear the concerns raised.

8.7 DC highlighted that the concerns are listed within the minutes of the BARC meeting on 7 May 2026.

DC noted concerns over the breadth of the BSO document and highlighted the need to take care when adopting a high level document that may not be adequate for RQIA's unique functions and circumstances.

DC is content with HSC Framework, and highlighted it was not a policy.

DC highlighted concerns with BSO Policy and mandates within policy that RQIA will need to comply with if approved.

8.8 CL noted that BARC agreed to develop an operational policy with feedback being provided by DC to develop that.

8.9 RM noted concerns on sections of the BSO Policy and if compliance is not maintained, serious disciplinary actions may ensue.

RM stated that a local policy may be the way forward to respond to this and be clear to BSO regarding this.

8.10 CC highlighted that RQIA are dependent on BSO for all IT.

8.11 DC stated RQIA need to be aware of policies they are adopting and the need to make a statement with the RQIA's own document.

8.12 BD highlighted that the BSO Policy highlights what is restricted and acknowledged it is more about restricting use of AI than enabling it. However, BD highlighted that EMT are satisfied to develop RQIA policy to comply with BSO Policy and encourage staff to use AI but adopting the restrictions

BD noted the concern of EMT of staff using AI without a policy in place.

8.13 NL stressed a cautious approach and an urgency regarding this.

8.14 CC recognised the conversation was useful and a first step. CC highlighted the need for a workshop to be carried out and the need for a tailored RQIA AI Policy, set within the generic HSC Framework and the BSO Policy as system managers.

8.15 The Authority **APPROVED** the Artificial Intelligence: HSC Framework and BSO Policy on the basis of continuing work being carried out on developing a specific RQIA AI Policy.

8.16 c) Performance
i. Activity Performance and Outcomes Report:
Quarter 4, 2025/2026

8.17 The Authority **APPROVED** the Activity Performance and Outcomes Report: Quarter 4, 2025/2026.

8.18 d) Digital Transformation Update

8.19 The Committee **NOTED** the Digital Transformation Update.

9.0 Agenda Item 9 – Audit and Risk Assurance Committee (ARAC): Update
a) Minutes of the Meeting of 20 May 2026
b) Risk Management
i. Principal Risk Document
ii. Directorate Risk Register: HSC Quality Improvement and Regulation
c) RQIA Audit Action Plan

9.1 a) Minutes of the Meeting of 20 May 2026

9.2 SW gave a brief overview of the ARAC meeting held on 20 May 2026, highlighting the Annual Account and Performance Report

9.3 b) Risk Management
i. Principal Risk Document

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

9.5 ii. Directorate Risk Register: HSC Quality Improvement and Regulation

9.6 The Authority **APPROVED** the Directorate Risk Register: HSC Quality Improvement and Regulation.

9.7 c) RQIA Audit Action Plan

9.8 The Authority **APPROVED** the RQIA Audit Action Plan.

10.0 Agenda Item 10 – Finance:
a) 2026/2027 Budget and Financial Outlook (EP3: Resources)

10.1 BD noted that the 2026/2027 Budget was presented to the Authority.

BD noted that RQIA achieved break even during the year 2025/2026. She noted in our initial allocation this year, 2026/2027, allocation was diminished by £480,000.

BD noted the very limited opportunities to achieve in year savings, and particularly to this level.

BD highlighted that RQIA does not have its own services for HR, Payroll, IT, legal services and others, and that these are outsourced, with a contract to BSO Shared Services for £634,000, so we are unable to release funding in these services

BD noted that no redundancy programme had been offered and that staff vacancies arise at random times across the organisation and not in any targeted way. BD noted that moving staff between departments to fill vacancies is not possible as inspectors are generally recruited to a specified programme, with the appropriate skills and experience.

BD emphasised that more opportunities for saving are being sought in year as far as is practical

BD noted the inescapable legal costs to RQIA, including the costs involved in Public Inquiries. As a core participant of the Muckamore Abbey Hospital Inquiry and the Covid-19 Inquiry , both require Counsel to represent RQIA (Barristers).

BD noted that a meeting has been arranged with Mr Keenan, DoH Director of Finance, to discuss the issues. A letter is to be issued to Mr Keenan before this meeting.

BD noted the difficulty in achieving cost avoidance to achieve the required £480,000 reduction in finance allocation.

BD highlighted that the Authority do not have the authority to raise registration fees and that these have not been increased since 2005. RQIA currently bring in circa £1 Million in fees annually

10.2 PC stated that RQIA had moved into the financial year with a number of high level vacancies, including two directors position, but these are now filled. Other vacancies can be held for a while but not those relating to regulation and inspection, given the legislative position requiring set frequency and therefore numbers of inspections.

PC noted that with those vacancies, since the beginning of the financial year RQIA have made a ‘saving’ of £50,000.

PC highlighted that if the budget remains as it currently is, RQIA will not break even, unless there is a high level of staff turnover and vacated positions are not filled.

PC noted there will be savings but the current financial year will be challenging.

10.3 RM noted that there is so much complexity around it all that needs risk assessed.

10.4 CC noted that the Authority can approve the current budget but the DoH may return to RQIA as it projects a deficit.

10.5 BD noted same.

BD stated she will inform the Authority of the outcome of the meeting with Mr Keenan.

10.6 DC asked if the Authority can approve the budget even if it does not balance.

10.7 PC noted that there are no redundancy packages and that the DoH may ask RQIA not to recruit to vacated posts.

10.8 DC sought clarity over the position of the word interim, and stated he felt more comfortable with approving an interim budget.

10.9 PC highlighted that the word interim was misplaced and would be better suited as interim budget. PC also noted that there was no allocation letter issued.

10.10 AM sought clarification if savings could be made when purchasing other BSO services.

10.11 PC stated that BSO services are constricted.

10.12 NL asked if industrial action is a possibility.

10.13 PC noted that the pay award discussions with the Treasury were ongoing and that industrial action was highly likely.

10.14 CC sought the approval of the 2026/2027 Interim Budget and noted that the Authority needed to meet after the meeting with Mr Keenan to decide the way forward.

10.15 The Authority **APPROVED** the RQIA 2026/2027 Interim Budget.

11.0 Deputation: Save Our Acute Services (SOAS)

11.1 Helen Hamill (HH) extended thanks to the Authority for receiving SOAS to the Authority meeting.

HH began deputation by referring to the words of Robert Francis QC from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, which were circulated to the Authority prior to the meeting, along with the speaking notes of the deputation.

HH stated that SOAS are dissatisfied with the latest RQIA Unannounced Inspection report of Emergency General Surgery in the Western Health & Social Care Trust (WHSCT).

HH stated that the report inappropriately presents a picture that the pathways have improved, whilst important and significant evidence in report points to a different direction.

HH noted that the report states that, *"Senior managers based in Altnagelvin believed the EGS pathways were working well. They did however acknowledge that challenges were encountered when the pathways were first introduced, but believed these had resolved over time,"* but that frontline staff describe delays, uncertainty, conflict, broken relationships, poor morale and patients coming to harm.

HH stated that SOAS believe this is not a minor difference of emphasis and is the central problem with the report.

HH highlighted that SOAS wish to maintain a good working relationship with RQIA.

HH noted that the SOAS view is that the report does not reflect the seriousness of what staff, patients and families have been saying for a considerable period of time.

HH noted constructive meetings with RQIA, with the latest being on 29 June 2026.

HH stated the RQIA report gives greater weight to senior management assurances rather than frontline staff testimony.

HH highlighted that report refers to ongoing failure of WHSCT to produce audit information that enables RQIA to assess the pathways properly.

HH stressed that the WHSCT still did not have the basic audit evidence needed to determine whether the pathways are safe, effective or sustainable, as first highlighted in a RQIA report dated January 2025.

HH stated that 18 months later, the same fundamental weakness remains. That should have been treated as a major red flag and much more prominently reflected in the overall findings.

HH stated that – as SOAS set out in its detailed response to the 2025 Review, failures in audit, patient recording and governance - go to the heart of whether any claim about improved pathways can be trusted at all. In SOAS's view, this failing alone should have prevented any positive statement from the regulator about pathway improvement.

HH highlighted that the report states that during inspections, staff on both sites and in the ambulance service reported ongoing challenges with the implementation of the pathways.

HH noted that staff had stated professional relationships had broken down since the implementation of the pathway and NIAS staff had described a breakdown in communication and that adverse incidents raised through Datix were not addressed or acknowledged.

HH noted the RQIA inspection survey findings in which 100% of respondents felt service users were not safe and protected from harm, and with 91% believing the care delivered was not effective.

HH stated that these are extraordinary figures. They should have been front and centre in any balanced assessment of whether these pathways are safe and effective. Instead, they are buried in the body of the report.

HH stated that further results of the survey were presented including 73% of staff believed service users were not treated with compassion and 77% believing the service was not managed well.

HH stated that SOAS believes that the regulator should not describe pathways as improved while also recording that 100% of frontline staff online respondents said care was not safe.

HH stated that there has been ongoing, detailed communication between SOAS and the regulator over a long period of time. SOAS also presented to the RQIA Authority in April 2025 when it was pointed out that there had been close liaison with the regulator since April 2023, focused in particular on patient safety issues.

HH stated that when the current report presents several of these matters as if they are newly noted issues to be managed through workshops, further audit or future plans, it does not reflect the depth or duration of the concerns that had already been communicated to the regulator.

HH relayed statements from face-to-face interviews with staff, including, "*EM consultants refuted suggestions that patients had not come to harm and cited cases where requests for external review were not supported,"* and, *"NIAS senior management reported that there was a knock-on effect for all these transfers and advised it is not uncommon for the Enniskillen area to have no ambulances."*

HH also noted frontline staff stating, *"Staff reported no significant changes have been made to improve the system or address the issues despite concerns being raised at every level of the Trust's management structure with worsening conditions prevailing over a number of years."*

HH also noted front line staff stating "*NIAS staff commented on the pressures on the provision of emergency ambulances and expressed concerned that the demand on emergency vehicles for transfers affects the overall availability of emergency ambulances therefore leaving the rural community vulnerable"*

HH stated that, in healthcare systems, when staff say relationships between core teams have broken down and senior management present an opposite view, patient safety is put at risk because communication, trust and shared decision-making begin to fail exactly where they matter most.

HH highlighted the report's references to palliative care. HH stated that a pathway exists for some emergency surgical patients at SWAH, excluding them from the transfer pathway and directing them to be managed medically in SWAH as palliative patients.

HH stated SOAS' concern is that decisions about palliative care may be taken in a hospital without emergency surgery on site and without direct consultant surgeon involvement with some patients who could otherwise have received treatment denied that pathway due to the lack of a local service. HH also highlighted concerns of issues being reported around availability of diagnostic imaging.

HH noted dissatisfaction with the RQIA report but it reflects a wider problem in Northern Ireland healthcare. SOAS do not wish to wait for a public inquiry to confirm what staff in WHSCT are saying.

SOAS are requesting that RQIA make the public aware and the Minister of Health that these pathways are not shown to be safe or effective and serious consideration must be given to a funded emergency surgical service at SWAH aligned with the clinical interdependencies set out in the 2022 Review of General Surgery.

HH stated that staff were courageous enough to come forward face-to-face and give honest accounts of what is happening. When evidence of that strength is then underrepresented in the summary, confidence in the regulator's independence is inevitably damaged.

HH stated that if a funded service is not provided, then the warning already set out from the Mid-Staffordshire Public Enquiry will fit this report exactly: *"an institutional culture which ascribed more weight to positive information about the service than to information capable of implying cause for concern".*

11.2 CC thanked HH and Jimmy Hamill (JH) for the deputation and all the work SOAS do and have done throughout the recent years.

CC noted one item that has come out of the Patient Quality & Safety Summit, held on 30 June 2026, is the Ministers resolve to ensure patient safety is top priority.

CC highlighted a broader recognition needed across the system to listening to patients and to staff. This is referred to too in the Muckamore Inquiry recommendations.

CC commented that a lot of the basic information you would need from the Western Trust is not there and has not been there for several years.

CC said that the phrase "improvement" in the report summary could perhaps be interpreted as an overstatement, of the reality, that there was the beginning of regular audit recognised in the report but that it could take years to reach conclusions that are really solid.

CC noted the use of quantified evidence is vital and that basic audit information is not available at the moment within the WHSCT relating to the pathways. CC noted it may take years to produce enough meaningful evidence but that steps are being taken now which will begin to provide valuable insights.

11.3 JH highlighted that the temporary suspension of the emergency surgery in SWAH will lead to greater consequence, the longer the suspension is in place. JH also noted that the pathways were temporary and that this has not happened anywhere else in Northern Ireland.

SOAS circulated a statistical report, produced by Statsconsultancy Ltd, to the Authority members for consideration.

11.4 BD commented that the report that had previously been shared by SOAS was excellent in considering the approach to statistical information in relation to in-patient services, the Trust having produced a paper on this and there is need for caution in its interpretation.

11.5 HH noted that RQIA could not get data from SPPG, WHSCT nor the PHA about outcomes for people outside of in-patient services and indeed within those there was no differentiation between patients from the SWAH pathways and those admitted to Altnagelvin from the local area.

HH highlighted that in light of recent Public Inquiries, the media has rightly portrayed the regulator and all ALBs in poor light.

HH raised comments made with regard to the Muckamore Inquiry and highlighted RQIA having to come in more than 100 times. Other issues raised in the Inquiry report included the extent to which RQIA spent too much time on paperwork and not enough time was spent actually talking to patients and their families.

HH emphasised the similarities in SWAH to the Minister for Health's statement referring to Muckamore when he said "they spoke to us, but they were not believed. Shame. Shame on us."

HH reminded CC that at the Assembly Health Committee in March she said that where a Trust has persistently failed to improve - then RQIA can, in fact it must, it's a duty to report that to the Department and to recommend that the Department take special measures.

HH asked about the cultural change that needs to happen and should happen, can it not begin here and now?

11.6 Sarah Wakfer (SW) offered condolences on the death of SOAS friend Mark McGuigan.

11.7 HH noted the evidence produced by SOAS and said the Minister of Health needs to take this into consideration.

HH highlighted that junior staff struggle to receive consultant's advice from Altnagelvin and that medical decisions are being based on resource available not need.

11.8 The Members of the Authority extended gratitude to HH and JH on their passionate and comprehensive deputation.

11.9 CC said the Authority would consider the evidence produced carefully and consider how best to take forward any appropriate regulatory processes.

CC highlighted that RQIA is following the regulatory process and hopes not to need to refer to DoH requesting special measures, as this could well be difficult to navigate. However, it is an option available to RQIA if it is needed.

CC said that the Authority would like to discuss the SOAS submission in private.

11.10 SOAS agreed and asked that the Authority communicate with them after appropriate consideration has been given to the submission.

11.11 CC agreed to this.

12.0 Agenda Item 12 – Any Other Business

12.1 There being no further business, CC closed the public meeting at 1.25 pm.

Date of Next Meeting:
Full Authority Meeting: Thursday 27 August 2026 at 9:30 am, Virtual via MS Teams.

Signed Christine Collins

Christine Collins MBE
Chair

Date 2 September 2026

Authority Action List: Meeting of 2 July 2026

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

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	