

Speaking Notes, Phelim Quinn, CEO of HIQA

INMO Annual Delegate Conference, 6 May 2015

CHECK AGAINST DELIVERY

I want to thank the INMO for their invitation to address this annual delegate conference today. I thank the INMO from a number of perspectives:

- I believe this is the first time a CEO of HIQA has addressed this conference and this key group of professionals; vital in the delivery of acute and community health and social care services across Ireland.
- More particularly I feel privileged to be addressing a group of professional colleagues and peers. As some of you will be aware I come from a nursing background and as a nurse I feel immensely proud to be leading an organisation whose aim is improving and influencing how healthcare services in Ireland are being delivered now and into the future. I believe that my background in nursing equips me and indeed equips us all in effecting change for the better in our health services. As a professional body we have an opportunity to mould and shape services to ensure services users continue to be safe and that their experience of care is as good as it can be. We have a collective understanding of the concept of regulation, whether that is in the regulation of professionals or systems. We recognise the primary purpose of regulation is public protection and public assurance in the standards we aspire to.
- Apart from my nursing background, for approximately 8 years I was a trade union activist in health and social care services in Northern Ireland, representing community nurses at local and at UK level in the then Community Practitioners and Health Visitors Association and then as a full time representative employed by the Manufacturing, Science and Finance Union which merged into Amicus and

subsequently the trade union Unite. In line with your presence here today, in my time working with Trade Unions, I attended many union conferences ensuring the voice of our members was being heard as policy on health was being developed and delivered. I fully appreciate the role of membership organisations like the INMO and the vital part they play in shaping and influencing services and the way in which the nursing and midwifery workforce is valued in their delivery.

As a result of these experiences I believe that I have a significant degree of insight into your needs as a professional group and as a trade union and would want to commit to working collectively with bodies such as the INMO in striving to make health and social care services better in Ireland.

Promoting safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public is the primary objective of HIQA, at the time of my appointment as CEO in November 2014; I committed to ensure that this remains the key aim of the Authority. However, in line with government policy in regulatory reform an equally important objective will be the protection and safeguarding of vulnerable service users in receipt of health and social care services.

As an organisation we take very seriously the role we have in assuring the quality and safety of services to some of the most vulnerable in Irish society;

- Elderly dependent people
- Adults and children with a disability and
- Children in the care of the state.

Since our establishment in 2007, the Authority has continued to deliver a range of core functions for both the regulatory and the improvement elements of our work. The *Programme for Government*, published in 2011, envisaged substantial changes to how health and social care services are organised and delivered. This was set out in further detail in the Government's policy document on health reform *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*. The reform programme emphasises the need for service improvement ensuring that quality and patient safety are at the heart of service delivery and that people's experience is of a caring and compassionate service. Government policy is that there are a range of additional functions to be assigned to HIQA in the coming years. This planned programme will be a challenging one for us a relatively small organisation. I would also acknowledge that these changes have an impact on service providers and staff who will need to attend to the demands of regulation and or adherence to standards, guidelines and health technology assessments. Key among those changes will be:

- A revision of the Health Act, marking an extension of HIQA's monitoring powers into the acute private healthcare sector
- Eventual transition to a programme of licensing for public and private healthcare services
- Extension of regulation into homecare services
- Transfer of responsibility for the oversight of ionising radiation patient exposure regulations
- Significant expansion in our programme of Health Technology Assessment development
- In health information the development of standards to support the introduction of the Individual Health Identifier
- The development of standards in support of the eHealth Strategy and ePrescribing

- Addressing recent recommendations on the request for a National patient safety surveillance system

As stated these developments, in addition to those we already have constituted a significant programme of development and change for HIQA. I am also conscious that in all that we do, the Authority continues to be conscious of the challenging economic environment and the ongoing pressures on public finances, particularly the impact of those financial pressures on us as a public body and on the services that we regulate.

In speaking to you today, I thought this would provide me with an opportunity to set out our planned programme of work to be undertaken by the Authority in 2015. Primarily this programme is aimed at meeting our core objectives of ensuring:

- **Care is improved** - We enable sustainable improvements in safety and quality of health and social care services.
- **People are safeguarded** - We act to reduce the risks of harm and abuse to people using health and social care services.
- **People are informed** - We publicly report on safety, quality and effectiveness of health and social care services.
- **Policy and service decisions are informed** - We inform policy development and how services are delivered.

One of our biggest programmes of work in 2015 will continue to be the regulation of designated centres of designated centres for adults and children with a disability. This was a sector that had not previously been regulated a function we assumed in November 2013 . This new role meant the Authority took responsibility for the registration of nearly 1,000 designated centres of varying sizes across the country. At the same time, the Authority continued to receive and respond to risk within centres outside the core registration programme.

In talking about these services, it would be easy for me to focus on what could be characterised as a negative picture based on a number of services that have given cause for concern. I believe that would be unfair and would not take account of the totality of our experience. I would want to say at the outset that we have seen and assessed excellent examples of progressive services that providers and the professional staff working within those services should be proud of.

In the main these sorts of services, that we have assessed as significantly compliant, have also embraced the vision set out in the HSE's 2011 report "Moving on from Congregated Settings, a Strategy for Community Inclusion". This report came after a range of other strategy documents stretching back as far as 1990 when the state recognised the need to move away from the sorts of institutional services that had been developed historically across the country.

At this stage we have now registered over 100 compliant services. The characteristics of some of these services that we have inspected and registered at this stage have or are moving towards characteristics such as

- Choice for service users
- The promotion of independence
- Inclusion of residents in decision making about their home and the way they want to live their lives
- Self determination and
- Fulfilment - all characteristics outlined within the national standards.

These services acknowledge the need for those using services as requiring care and support to help them realise their needs to truly integrate into local communities.

However, our recent inspection findings across differing provider organisations have highlighted a number of fundamental breaches regulations and standards and in some instances in the human rights of individuals. They most definitely run contrary to the UN convention on the rights of people with a disability. These examples exist in services provided in the public, voluntary and private sectors. It is in these instances that I would seek the assistance of providers and the relevant membership of the INMO to address and influence where possible these issues in order that we can improve services and the experience of people living in designated centres.

In line with my recent presentation at the national disability summit I gave a commitment to the development of a rights based approach in the regulation of services based on the principles of fairness, respect, equality, dignity and autonomy. These principles resonate with those outlined with the Nursing and Midwifery Board of Ireland values and standards of practice, particularly respect for the dignity of the person, and the underpinning concepts of self determination, consent and non-discrimination.

The registration and ongoing regulation of these services will remain a challenge for HIQA as a regulator and I would welcome the support of INMO and its members in the achievement of this critical objective over the coming years.

Throughout 2015 will also continue our work in the regulation of designated centres for older and dependent persons. In 2015 we have the challenging target of 250 centres to re-register but have also committed to ensuring that we continue to promote good practice in centres through the furtherance of our thematic inspection programme. In 2015 we will concentrate on the theme of dementia care. Throughout the year we will seek to assess a

number of services against a specific assessment framework based on the relevant elements of the national standards.

Throughout the last three years our children's services regulation team has assumed responsibility for the regulation of an increasing number and diversity of children's social services. In the main these services are provided by the Child and Family Agency. During 2015 the Authority will engage in new approaches to the monitoring and oversight of some of these services based on the fact that they are provided by a single national provider with a single governance structure. This approach will use external expertise in the assessment of the agency's governance systems in the provision of child protection and welfare standards. This review will be in addition to our inspection in a range of other children's services.

In 2013 the Authority commenced the first part of a three year assurance programme based on its responsibilities to monitor services against nationally mandated standards. In 2014 the planned programme required adjustment as a result of ministerial requests for an investigation into circumstances in Portlaoise Hospital, the report of which we hope to publish shortly and also in bringing forward a review into pre-hospital emergency care services, a report that was published in 2014.

While the Authority aims to remain responsive to significant risk and significant service failure in the healthcare system, the planned programme for 2015 will be based on our desire to test how the national standards published in 2012 have translated into better care for patients and other service users in our healthcare system. The programme approach is aimed at sharing advance knowledge to providers of the sorts of assessments we wish to undertake in the coming years.

As a result our programme for 2015 will include the development of new approaches in the assessment of patient experience of healthcare services. In this venture we hope to work collaboratively with services providers and the department of health in the development and delivery of a comprehensive patient experience survey. We believe that a partnership approach in the area of patient experience surveys is vital and supported by approaches taken internationally. We also believe that nurses play a key role in this. In 2013 the Francis report into failings in the Mid Staffordshire Hospitals Trust failures highlighted the requirement for providers and regulators to attend to what service users were saying about the quality and safety of services. He highlighted that in addition the complex range of data and information produced by healthcare systems, patient experience information was a key indicator of how services were performing in respect of quality and safety. More particularly he said that patient experience data appeared to be a key indicator of when things were going wrong within services.

In addition we intend to undertake a review of the arrangements in place to ensure that patients utilising the general acute healthcare services are adequately assessed, managed and evaluated to effectively meet their individual hydration and nutrition needs. This review will be supported by the development of self assessment document developed by a multidisciplinary special advisory group convened by HIQA in the last few months. It is hoped that the self assessment will be piloted soon in 3 hospitals with a view to dissemination in all hospitals by the end of the year. In addition the self assessment will also be validated through inspection of 13 hospitals.

As part of our ongoing development of monitoring of standards against the national standards for the prevention and control of healthcare associated infection our programme of unannounced visits will continue. Within 2015 we will also introduce assessment against

a number of infection control care bundles. In recent months, again with the help of a special advisory panel we have also developed a self assessment tool in relation to antimicrobial stewardship within our hospitals. This tool is currently being piloted in three hospitals and will be disseminated soon to all publically funded hospitals. The results of the self assessment will enable us to target inspections into at least 14 hospitals before the end of this year.

In addition to this challenging programme, our healthcare team will also continue its work in monitoring standards across our maternity services and we hope to commence a thematic review of certain aspects of unscheduled care.

The Authority is mandated to develop and deliver on a range of standards for the health and social care system. Our activities in the regulation and monitoring of services have identified the requirement for further service specific standards and standards aligned with national programmes for health and social care service delivery. As a result of recent assessments and investigations in maternity services we have committed to the development of specific maternity service standards that will compliment the overarching National Standards for Safer Better Healthcare. In the next few weeks we also hope to publish the revised *National Standards for Residential Care Settings for Older People in Ireland*.

There is a significantly increased focus on the importance of and dependence on, high quality health information across our entire health sector, from supporting direct patient care, to clinical audit, and from quality improvement and performance indicators, to public health and research. It is envisaged that a new entity called '*eHealth Ireland*' will be established which will be headed up by the newly appointed Chief Information Officer.

'eHealth Ireland' will operate in partnership with relevant stakeholders such as the HSE ICT Directorate and HIQA to implement this Strategy.

As a result this will create a further demand for information, technical standards and guidance. We also would acknowledge the additional requirements for work by the Authority that will arise from the Health Information Bill including the development of standards on 'prescribed data matching programmes' and 'prescribed health information resources' in 2015.

The demand for Health Technology Assessment advice to inform national health policy and service decisions continues to increase. Through our HTA team we are also providing HTA support to all of the clinical guideline development groups engaged in the process of having their guidelines mandated as national clinical guidelines by the Minister for Health.

In 2014 we published a number of key HTAs including:

- Electronic early warning and clinical hand over systems
- Referral and treatment thresholds for scheduled procedures
- Public access defibrillation programme

We believe that outcomes of this work have been key in helping us achieve our strategic objective of influencing policy and how services are delivered.

In 2015 we will continue with an ambitious and responsive programme of work that will include:

- Chronic disease self management
- Mechanical thrombectomy in stroke

- Screening for atrial fibrillation
- Selective versus universal BCG vaccination
- HPV DNA testing for cervical screening
- Smoking cessation interventions

All of these issues constitute an increasingly challenging programme of work for HIQA most of which continues to focus our efforts into the wider health and social care system.

However, I am conscious that INMO have raised a number of issues with us in respect of the regulation and monitoring of health and social care services, which I look forward to working with you on

In line with our own programme of audit and internal review we would acknowledge that as a regulator we need to ensure that our internal processes policies and practices are robust. As outlined earlier the area of the regulation of designated centres for people with a disability is new to the sector. I would also acknowledge that the sector is new to us and as a learning organisation we need to continue to learn from our experiences of regulation in the last eighteen months.

One issue is in respect of clarity on our approach to the role and function of the person in charge of a designated centre. I appreciate that issues have been raised with us in respect of some providers appointing individual's to the position of person in charge where they are perceived as not having the authority and competence to act in line with the provisions of the Act and the regulations. I want to reassure the INMO that we will be unequivocal in our application of the regulations if we assess that the identified PIC is unable to act with authority within the position. It is my intention to respond more formally on this matter within the coming weeks to the INMO.

The INMO has raised with the Authority the need to conduct an assessment of the Emergency Department at Our Lady's of Lourdes Hospital, Drogheda.

As stated earlier in December 2014, the Authority's *Review of pre-hospital emergency care services to ensure high quality in the assessment, diagnosis, clinical management and transporting of acutely ill patients to appropriate healthcare facilities* recommended that the HSE should, as a priority, review the current model of care. This model requires all ambulance patients to be taken to a hospital emergency department. In the context of emergency department overcrowding, the Authority recommended that the ambulance services should consider the potential for transporting patients to alternate non-emergency department settings or the possibility of treatment and discharge by the ambulance crew on the scene. In our review of University of Limerick Hospitals Group we also identified a number of risks with the ED that gave us cause for concern.

As the service provider, the HSE is responsible and accountable for ensuring that the appropriate arrangements are in place to ensure a safe quality service for patients. In addition, the *National Standards for Safer Better Healthcare* explicitly identifies (Standard 5.11) that the service provider – that is, the HSE in this case – must take prompt action to implement recommendations made by regulatory bodies.

Identified clinical risks or patient safety issues in all our hospitals are the explicit responsibility of the HSE.

At that time we believed that as a result of the non-implementation of previous relevant recommendations by the HSE that a further assessment by HIQA would result in a materially different set of recommendations. If recommendations previously made by HIQA were to be implemented we believe risks within the country's EDs would be significantly reduced. We welcome the subsequent creation of the Ministerial task force and INMO's involvement in it.

In 2015 we will develop our new corporate plan from the period 2016 – 2018. In recognition of the key role nurses and midwives play in leading, managing and providing our health and social care services I would sincerely welcome the views and contributions of the INMO in the development of our priorities for the next three years. Since coming to HIQA I have found our engagement on issues of policy and practice to be positive and constructive and I hope that we can continue to develop that relationship for the betterment of our health and social care services for the future.

On behalf of HIQA we look forward to working with the INMO and your members across the country in the years ahead to achieve safer, better healthcare.

I would once again like to thank you for this opportunity to address you today and I hope you have an enjoyable and successful conference.