Translating national standards into practice: Supporting social care professionals

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Health Information and Quality Authority

The Health Information and Quality Authority [HIQA] was established in 2007 to drive high quality and safe care for people using health and social care services in Ireland. One of the functions of HIQA is to set national standards for services. When developing standards HIQA conducts a thorough review of evidence and extensively engages stakeholders through focus groups, advisory groups and public consultations. To validate the robustness of its processes HIQA distributed a survey to key stakeholders with experience of the standards development processes in 2018. It also undertook an international review of how other organisations approach the development of standards for health and social care services and support their implementation. The survey was completed by 54 stakeholders and 13 organisations were included in the international review. Analysis of the data identified three main themes used internationally to translate national standards into practice improve understanding and increase implementation. There are early engagement with stakeholders; resources and guidance to support implementation and effective dissemination, communication and promotion of both the standards and related resources across services. In response to these findings HIQA is taking steps to help people implement the national standards and to improve the experience and outcomes of people using services.

Introduction

National standards for health and social care services are developed with the aim of improving the safety and quality of services (The Department of Health, Social Services and Public Safety, 2006). They promote practice that is up to date, evidence-based, effective and consistent, and they represent to professionals, the government and the public the level of quality or attainment of actual practice that can be expected (*Health and Social Care Act 2012*). In Ireland, the Health Information and Quality Authority (HIQA) is a statutory body, established under the *Health Act 2007*, tasked with driving high-quality and safe care for people using health and social care services. One of the many functions of HIQA is to set national standards for these services and to ensure that these standards are being met, through the registration and inspection of services as defined in the *Health Act 2007*.

HIQA has developed a range of national standards relevant to those working in the social care sector including national standards for older people living in residential centres, residential services for children and adults with disabilities, for services providing care to children and for health and social care community services more generally, for example standards for infection prevention and control (HIQA, 2013, 2014, 2016a, 2018a, 2018b). These national standards place people using services at the heart of the care, support process, ensure that service providers protect them from risk and from harm, and inform them of adverse events. They promote practice that is up to date, protects human rights, and empowers people using services to protect themselves and achieve their potential. The national standards also acknowledge and support the key role of staff in achieving these standards; they promote good governance and making the best use of information and resources to deliver high quality and safe care.

When developing national standards, HIQA employs a consistent methodology which includes a detailed review of evidence and extensive engagement with stakeholders to identify best practice in the relevant area. This typically involves a review of international and national literature which takes into account published research, reviews and investigations, in addition to national standards, frameworks, strategies and guidance documents currently in place both in Ireland and internationally. The findings from the reviews are published in a background document alongside each set of national standards (HIQA, 2018c, 2018d, 2018e). HIQA also engages with a wide range of stakeholders throughout the evidence review process to gather their experiences and opinions as to what issues the standards should address. This includes convening an advisory group made up of a diverse range of interested and informed parties, whose purpose is to advise HIQA on the development of standards. It also includes conducting focus groups using a defined methodology with a wider range of stakeholders, including subject matter experts, staff delivering care and support services, service providers, people using services, advocates, the general public and other key stakeholders (The National Institute for Health and Care Excellence [NICE], 2015). For each set of standards, a national public consultation is carried out and all submissions are analysed with the draft standards being revised, as appropriate. In recent times, a number of key questions contained within these consultations have focused on how HIQA could support implementation of the national standards within the service, as well as what the expected impact would be across the system once in place. To date, there is lack of synthesised information available on the methods used by similar organisations to develop

and disseminate national standards, and on the resources that are developed internationally to support the implementation of standards.

HIQA has developed and published a number of educational resources to support the implementation of the national standards. This includes easy-to-read guides on what the individual national standards mean for people using services and guidance to assist staff working in health and social care services to implement national standards or to make improvements in a particular area. Guidance developed to date for social care services include supporting services to communicate in plain English with adults and children using services, and to support the autonomy of people using all health and social care services (HIQA, 2016b, 2017; NICE, 2015).

The process of developing national standards requires considerable resources invested by governments and organisations, for example; the time given to contribute to the advisory group, focus groups and public consultations. It is therefore important that they are implementable within health and social care services. From reviewing published findings from previous public consultations and focus groups, HIQA has determined stakeholder's views on the implementation of national standards across a range of services and the expected impact of the standards. In particular, submissions made to the public consultations to inform *National Standards for Children's Residential Centres* in 2017 (HIQA, 2018a, 2018d) and the *National Standards for Infection Prevention and Control in Community Services* in 2018 (HIQA, 2018b, 2018e), identified the need for resources to support the implementation of national standards to ensure that they are translated into practice. Responses to these consultations represented a broad range of frontline staff including: social care workers, aftercare workers, infection prevention and control nurses, administrative staff, persons in charge, general managers of services and managers of quality and compliance managers. Specifically, these respondents determined that guidance is needed to make the standards more accessible to all those interested in the area and to support them in applying each standard to the care or support setting. Respondents also suggested the need to develop resources for the standards in a variety of formats including posters, video presentations in accessible language for people using services and shortened versions of the standards in leaflet format or as a short introductory booklet for a general audience.

Therefore in 2018, HIQA undertook an international review examining how organisations with a similar remit to HIQA develop and support the implementation of standards and guidance (HIQA, 2018a). At the same time HIQA disseminated an online survey to gather the views of stakeholders who are currently or have previously been

members of advisory groups to inform national standards or guidance documents. The review aimed to inform the revision of HIQA's methodology for developing national standards and educational resources and to ensure it was in line with practice internationally. It also aimed to determine the best approaches to support services to implement the national standards.

Methodology

Research design

This study used a combination of approaches to inform the revision of HIQA's methodology and overall approach for developing and communicating national standards. This consisted of two parts: firstly the development and dissemination of an online survey to gather feedback from external individuals who had previously advised HIQA in the development of national standards and guidance, as an advisory group member. Secondly, an international review was conducted to review the methodologies and approaches used by organisations with a similar remit to HIQA when developing standards for health and social care services. Through this combination of approaches, the research team aimed to make a number of changes to HIQA's standards development and communication process. Firstly, by learning from the impartial experiences of those had been a part of HIQA's standards development process, and through examining the key learning and challenges of similar international organisations during standards and guidance development.

Sampling, data collection and analysis

An online survey was developed and sent to individuals who had experience in HIQA's national standards and guidance development process as past and present advisory group members. The survey was designed to gather their feedback on HIQA's methodology and to determine their views on how HIQA can support the implementation of the standards going forward. The survey ran for three weeks from 12 March to 04 April 2018. A total of 128 members from the six most recent advisory groups for developing national standards and guidance were personally contacted via email to complete the survey. The aim was to review these individual's experiences of HIQA's entire standards development process, from project planning, evidence review and engagement with external stakeholders, right through to HIQA's dissemination practices for published material. It also sought feedback on ways HIQA could evaluate and report on the impact of its work, and support frontline services in

their understanding and use of HIQA's material in everyday practice. The findings from the survey were reviewed by three members of the team. A thematic analysis was subsequently undertaken, identifying, analysing and interpreting patterns of meaning within the data and then grouping it into general concepts or themes, following subsequent reviews of the findings.

A desktop review was undertaken to identify countries that develop national standards and guidance for health and or social care services. In order to identify reputable and relevant organisations with a similar remit to HIQA, internal expertise was sought from senior management in HIQA with extensive experience of the health and social care system. Additionally a number of targeted web browser searches were conducted using pre-agreed key word searches to identify relevant articles in place internationally such as legislation, policy, pre-existing standards or guidance. Using an iterative approach, searches were repeated and the research team learned from the results of each search, creating a more refined and informed subsequent version and a search strategy was developed. A combination of the search terms were used including 'best practice', 'standard', 'guidance', 'healthcare' and 'social care'. This exercise highlighted a number of organisations that develop national standards and guidance for health and social care services. Organisations were included if they had a similar remit to HIQA and if relevant and current information on the processes of developing, distributing and supporting the implementation of national standards and guidance was available for review. It was also important to have access to key personnel responsible to discuss their process for developing standards and to validate our findings. Organisations were excluded if their remit did not expand past regulation of services. During the initial contacts with key personnel internationally, the research team also received some guidance on additional organisations and jurisdictions to consider. A total of 13 organisations were identified across nine jurisdictions. Relevant and current information on each of the organisations' processes for developing and implementing outputs was analysed.

Semi-structured interviews were also carried out via teleconference calls with key personnel from 12 of the 13 organisations included in the review. Key personnel included a range of professions working in the area of standards and guidance development and implementation and included directors, standards leads, policy leads, project managers, principle advisors and programme officers. This enabled the research team to further explore the organisation's standards and guidance development process and related practices in more detail, as well as to determine from their experience what worked well and what aspects were challenging to implement. During these interviews, an interview schedule was used to guide

the discussions and data was collected by two note takers on the research team. It was not possible to arrange a teleconference call with one of the organisations and consequently communication was via email in this instance.

Data gathered in relation to each jurisdiction, from both the desktop review and the semi-structured interviews with key personnel was thematically analysed. A deductive approach was applied whereby themes were identified in the initial stages of the study to address the research question and allow for comparison between the jurisdictions. These included the background to the organisation, its types of output produced and the methodology used during development, as well as the organisation's stakeholder engagement, evaluation, distribution and communication approaches. In addition the organisation's impact and knowledge sharing activities, the type of implementation support material it produces and any future plans and activities were also described.

Finally, a validation process was carried out, whereby the key personnel responsible for the development of standards within their organisation verified the findings gathered by the research team under the above headings. The findings from the international review were compiled into a report under the eight key areas deemed of particular relevance to informing HIQA's approach to the development of national standards and guidance (HIQA, 2018a). A summary of key lessons from each organisation was compiled for HIQA's consideration. These were used along with feedback gathered from previous public consultations and the online survey. From this, a number of significant changes have been made to HIQA's national standards and guidance development process, as well as to the strategic direction of the function.

Findings

Overview

An online questionnaire was sent to 128 members from the six most recent advisory groups for developing national standards and guidance via email to complete the survey, of those targeted 42% (54 individuals) responded. The search strategy used for the international review identified a total of 13 organisations across nine jurisdictions. These included organisations from the UK, New Zealand, Australia, Canada, Denmark and Sweden. A breakdown of the organisations identified and their remit can be found in Table 1. A more detailed description of each organisation is in Appendix A.

Table 1

Organisations Identified for Inclusion in the International Review

Jurisdiction (n=9)	Organisation (n=13)	Remit
Wales	The Welsh Government	Healthcare standards
	The Welsh Government	Social care guidance
Northern Ireland	Department of Health	Health and social care standards
New Zealand	Ministry of Health	Health and social care standards
England	The National Institute for Health and Care Excellence (NICE)	Healthcare standards and guidelines
	The Social Care Institute for Excellence (SCIE)	Social care standards and guidelines
Australia	Australian Commission on Safety & Quality in Healthcare	Healthcare standards
	Department of Social Services	Social care standards
Denmark	Danish Institute for Quality and Accreditation in Healthcare	Healthcare standards
	Danish Quality Model and Standards Programme	Social care standards
Canada	Health Quality Ontario (HQO)	Healthcare standards
Scotland	Healthcare Improvement Scotland	Healthcare standards
	The Scottish Government	Health and social care standards
Sweden	National Board of Health & Welfare	Healthcare guidelines

The findings represent methods used by key organisations that have placed considerable resources in translating their standards into practice. The analysis of the findings from the online survey and international review identified three main themes in this context. These were: the importance of early engagement when developing national standards, the importance of developing supporting materials to aid

understanding and support implementation of national standards, and the need to focus on dissemination and communication of national standards and supporting resources.

The importance of early engagement

One of the main themes that emerged from the survey with current and past advisory group members was the need to increase engagement with key stakeholders and service-user representative groups earlier in the development process. Specifically respondents noted it would be of benefit to have the opportunity to identify and suggest sources of evidence to be reviewed and considered by the project team to inform the development of the standards or guidance. Feedback was sought on the public consultation stage of the development process. A considerable number of respondents (58%) agreed that the consultation was effectively publicised however some felt it could have been publicised more extensively to reach a wider range of professionals and people using services. Respondents were asked what changes, if any, they would make to the methodology. Three respondents highlighted the benefits of engaging widely with stakeholders in the initial stages of projects to assist defining the scope of the standards or guidance, recruiting participants for future engagement activities and to inform the evidence-base. It was also identified by participants that this would increase the likelihood of securing commitment by senior management in services to implement the standards or guidance.

Similarly, through the findings from the international review, organisations also emphasised the importance of early engagement by stakeholders in the development process. This was particularly evident in the methodology used by NICE in the UK, in the development of Health and Social Care Standards introduced in Scotland in 2018 and in the development of clinical standards in 2016 by Healthcare Improvement Scotland, a public body which was founded in 2011. Engagement with these organisations found when all interested parties and topic experts have the opportunity to feed into the development process at a much earlier stage, it ensures greater transparency and inclusivity. In particular, consultation forms a key part of the methodology employed by NICE in developing guidance and quality standards. Before development begins, NICE consults on whether a particular technology should be appraised (what aspects of the technology, condition, disease or topic the guidance will and will not consider) (NICE, 2015). This typically involves the preparation of a topic overview or briefing paper that is published online for stakeholder comment over a two-week period. This was cited as a crucial step in the process.

In April 2018, the Scottish Government introduced the Health and Social Care (HSC) Standards (The Scottish Government, 2017a), providing one set of overarching standards that aim to integrate health and social care into a joined-up service for the public. The development of the HSC standards required a comprehensive review of evidence and a series of consultations and engagement events were conducted. Three public consultations were held throughout the process. The first aimed to generate opinion on whether the standards should be revised and received 475 responses. The second consultation sought opinion on the proposed underlying principles of the standards and received 1,700 responses. Once the content was written, the draft standards were made available to the public and feedback was gathered from 499 responses. Engagement events were held across Scotland to promote this final consultation (The Scottish Government, 2014), these were cited as being important to secure buy-in for the new standards.

Finally Healthcare Improvement Scotland's development process involves two stages of consultation with key stakeholders. A short consultation is conducted early in the process on the proposed scope of the clinical standards. Once the draft standards have been developed, they are then sent out for public consultation for a period of eight-to-twelve weeks through an online survey and targeted engagement events. As part of the public consultation focused discussions are also held with 'difficult-to-reach' populations, for example people in prisons or homeless shelters (Healthcare Improvement Scotland, 2015, 2016, 2017a, 2017b).

Support materials to aid understanding and implementation

The need for additional tools and resources to support the implementation of national standards was evident in both the online survey and international review. As part of the survey, respondents were asked if they had any suggestions on how HIQA can support service providers' understanding and use of national standards across the system. Forty-four people responded to this question with a variety of suggestions made in terms of support tools that could be developed to assist services to implement national standards. Suggestions included developing online training courses, short videos as training tools for service providers, developing specific guidance or 'how-to' guides on implementing the standards in each setting and 'Frequently Asked Questions' (FAQ) documents for the standards. Other suggestions included a self-assessment checklist for services to assess their compliance with the standards and holding educational seminars on the material. It was also suggested, by one

respondent, that HIQA could contribute to third-level undergraduate and postgraduate training.

This supports the evidence that emerged from the international review (HIQA, 2018c) in terms of most jurisdictions placing major emphasis on the development of supporting material and guidance, which helps staff and service providers to understand and implement standards across services. This included developing summary materials such as infographics, posters, leaflets, 'easy-read' guides and FAQs. Organisations also developed specific information and tailored guidance for certain audiences, as well as an array of digital learning platforms and information hubs.

In particular, the Australian Commission on Safety and Quality in Healthcare's National Safety and Quality Health Service (NSQHS) Standards were launched in 2017 with a programme of assessment against the standards commencing in January 2019 (The Australian Commission on Safety and Quality in Health Care, 2017). The NSQHS Standards describe the level of care that should be provided by all health service organisations and the systems that are needed to deliver such care. To support consistent interpretation and implementation of the standards, the Commission has invested significantly in developing resources and tools for staff and service providers. The Commission aims to ensure that the implementation support material, guidance and educational resources it produces are suitable for the intended audience and service setting, and to help bring about key improvements across the sector based on individual requirements and needs. It has developed material to help services to implement its standards including factsheets, user guides and guidance documents specific to particular healthcare settings. A new 'microsite' was developed on the Commission's website and all key information and implementation resources can be accessed at this site (The Australian Commission on Safety and Quality in Health Care, 2018a). This allows all interested parties to quickly and easily access information that is targeted to their interests or professional role (The Australian Commission on Safety and Quality in Health Care, 2018b). The use of professional roles on the site supports the individual in their understanding and implementation of the NSQHS Standards as they apply to them (The Australian Commission on Safety and Quality in Health Care, 2018a, 2018b). The Commission engages widely when developing any such resources to ensure that they are suitable for the intended audience and service setting and that they will be useful in bringing about improvements across the sector based on individual requirements and needs. The Commission has also developed a series of factsheets for people using services and carers (The Australian Commission on Safety and Quality in Health Care, 2018a). Similarly, a range

of support material was developed to assist in implement the HSC Standards in Scotland which are also available on a 'microsite' developed by the Scottish Government which has all key information and implementation resources available to be accessed at this site (The Scottish Government, 2017b). The types of tools and resources developed and available to staff and service providers include an easy-to-read version of the standards, a PowerPoint slide deck used for information sessions including an audio version of the presentation, as well as videos of people's experience of services, animations on the standards and case studies.

Focus on dissemination and communication

Finally, the importance of dissemination and communication activities was highlighted in the results of the online survey. Specifically, respondents noted the need for continued and increased engagement by HIQA with service providers in order to support their understanding and use of the national standards. Six respondents suggested that HIQA should run information sessions in various locations, with some respondents also suggesting that at these sessions, examples could be shared of services who have successfully implemented standards. Respondents indicated that standards should also be promoted among people who use services. Suggestions in this regard included preparing shorter versions, posters or leaflet type summaries of the standards and distributing them in suitable areas, such as GP surgeries and hospitals. It was recommended that materials developed by HIQA be promoted among both health and social care staff and people using services through regular presentations and seminars. A small number of respondents noted that it is important for HIQA to communicate more directly with service providers and ensure communication is at an appropriate level. It was stated, for example that information circulated about opportunities for engagement in the standards development process such as focus groups and public consultations should not solely be addressed to the CEO or senior management of the organisation.

Organisations included in the international review placed a strong emphasis on effective dissemination, communication and promotion of national standards and related material to health and social care services. Commitment to increasing awareness among people using services, their families, and the public more generally as to what they should expect from services was also evident. Other key dissemination activities included engagement with services and the regulatory sector to ensure a consistent application of the standards. An example of this is the Welsh Government's Information and Learning Hub

website established to provide online training resources and support to ensure social care services correctly interpret and implement statutory guidance and legislation (The Welsh Government, 2015). A further example is the Australian Department of Social Services' providers' toolkit website, which explains providers' compliance obligations (The Australian Government Department of Social Services, 2017). Health Quality Ontario develops tailored strategies to distribute the standards and related support materials to target audiences. Communication plans are developed that make use of social media, traditional media, webinars and other networks to inform, educate and raise awareness of the new standards. They also, in some cases, host 'adoption events' to promote implementing the standards among people who run and work in services relevant to the standards (Health Quality Ontario, 2016). This typically includes a presentation by Health Quality Ontario on the standards, which may be delivered in person or virtually, and a presentation from a service provider who has already adopted the standard (an early adopter), outlining their experience in this regard and relaying lessons learned from their implementation journey (Health Quality Ontario, 2015).

Discussion

The findings from the international review and online survey have identified areas for HIQA to enhance its methodology for developing national standards and supporting their understanding and implementation across health and social care services. Areas identified include early engagement in the development of standards, an emphasis on publishing resources to support the implementation of standards, and enhanced dissemination and communication of outputs.

In relation to its methodology for developing national standards, both the findings from the online survey and the review of organisations internationally have validated HIQA's methodology for developing national standards. The findings have however indicated the importance of also applying similarly robust methodologies for developing supporting resources such as guidance. Additionally, the findings have highlighted the importance of early engagement with key stakeholders to determine key areas for including in the national standards. Early engagement is carried out in the form of a scoping consultation by organisations such as NICE in the UK and Healthcare Improvement Scotland and adoption of such an approach will support HIQA to engage with and garner input from the public and key stakeholders across the sector. A scoping consultation gives people the opportunity to

identify the key areas they think the standards should address, suggest sources of evidence to inform the development of the standards and suggest stakeholders that should be involved in the process. Furthermore, it provides front-line staff with an opportunity to input to the project from the outset to ensure that what is developed is implementable in practice.

This additional scoping step has been added to the standards and guidance development process and the first scoping consultation was undertaken by HIQA in October 2018 to inform the development of *Draft Guidance to Support a Human Rights-Based Approach to Care and Support in Health and Social Care Settings* (HIQA, 2019). Fifty-one responses were received. Respondents included front line staff including social workers, social care workers, physiotherapists, managers, in addition to carer and people using services. This scoping consultation provided insight into the areas to be covered and it provided sources to consider and organisations or individuals to contact during the development period. Furthermore this aided the planning of focus groups with frontline staff and people using services to inform the guidance.

Both the findings from the online survey and the international review identified the need to develop supporting materials to aid understanding and support implementation of standards across services. This was evident within organisations in Australia, Scotland, UK and Denmark, all publishing a range of resources alongside each set of standards to support their implementation (Bernstein, Malik, Carville, & Ward, 2017; Centre for Quality Improvement, 2012, Centre for Quality Improvement, n.d.; NICE, 2015; The Australian Commission on Safety and Quality in Health Care, 2018a, 2018b;The Scottish Government, 2017b). Resources discussed included summary material such as infographics, posters, easy-to-read booklets, leaflets and FAQs; specific information and tailored guidance for certain audiences, as well as digital learning platforms.

HIQA plans to work with health and social care practitioners to develop these resources and to effectively disseminate them to support implementation of the standards. It is envisaged that these resources will provide health and social care professionals with opportunities to maintain and improve their knowledge, skills and competence that they can reflect on and incorporate into practice, in line with professional development requirements. The aim is to have greater impact and bring added value to the health and social care sector through supporting good practice, driving service improvement, and ultimately improving the experience of people that are using health and social care services in Ireland.

One example of developing supporting materials to aid understanding and support implementation is the development of *Draft Guidance to Support a Human Rights-Based*

Approach to Care in Health and Social Care Services (HIQA, 2019). This is a practical and accessible resource that provides examples and case studies illustrating a human rights-based approach to support staff across a wide range of services. It also provides additional support to people working in adult health and social care settings in understanding the requirement to respect the rights of people using services as set out in national standards developed by HIQA including the *National Standards for Safe Better Healthcare* (HIQA, 2012) and the *National Standards for Residential Care Settings for Older People in Ireland* (HIQA, 2016a).

Additionally in relation to published *National Standards for Infection Prevention and Control in Community Services* (HIQA, 2018b), HIQA has developed a suite of resources to support a diverse range health and social care services to put the standards into practice. These resources create awareness of what infection prevention and control is and sets out practical guidance on how a service can work to prevent healthcare-associated infections and to respond quickly and effectively if an infection is identified. HIQA is also developing an e-learning module to support services to put the standards into practice which also offers practitioners an opportunity to improve their knowledge, skills and competence that they can reflect on and incorporate into practice, in line with professional development requirements.

Most organisations reviewed placed a strong emphasis on the effective dissemination, communication and promotion of the relevant national standards alongside the additional resources developed. Following these findings, HIQA has increased its presence at practice and research conferences and seminars, presenting on topics as diverse as standards for children's residential centres, infection prevention and control, incident management and rights-based care and support. HIQA also has had information stands at number of conferences which has provided an opportunity for health and social care practitioners to engage directly with those responsible for developing standards.

To further its reach beyond face-to-face contact, HIQA has increased its multi-media profile. One example of this is in relation to the *National Standards for Children's Residential Centres* (HIQA, 2018a). For the launch of the standards, HIQA developed a series of short videos featuring social care practitioners and academics. The videos were released on the HIQA website and widely disseminated through social media. The videos highlighted what people involved in the development of the standards believed the effect of the standards would be for children living in residential centres and how staff could put the standards in to practice.

In 2019, HIQA's Regulation Team is holding a number of stakeholder events for service providers of older people's residential centres and residential services for people with

disabilities. HIQA's Standards Team is presenting at these interactive sessions which provides an opportunity to explain how standards support good practice and for providers to discuss innovations they have developed to make life better for people using services. They provide a further opportunity for HIQA to distribute copies of the standards and supporting guidance directly to those responsible for their implementation. Each of these events has provided the HIQA Standards Team with an opportunity to engage directly with service providers in these settings. At these events, service providers can register their interest in engaging with the Standards Team in its future work. This is one way of ensuring that they will have an opportunity to inform the development of future standards and guidance.

While not a key theme identified in terms of translating standards into practice, the international review (HIQA, 2018c) did highlight the importance of measuring and reporting on impact; an area that has proved challenging for many of the jurisdictions reviewed. However, it also proved vital in helping organisations to identify areas where more concentrated effort was required. Various ways in which organisations measured and reported on the impact of their work across the system included considering the reach of their work amongst an intended audience, or looking at how their work helped improve the quality and safety of care provided by services, and on the experiences of people using services.

HIQA aims to measure and report on the reach and impact of its work across the health and social care system going forward. This will include assessing the ways in which HIQA disseminates and communicates about its work, levels of participation in the standards and guidance development process, attendance at events and uptake and use of online courses. This will assist the Standards Team in identifying where further support is required and identifying professionals who are not engaging with HIQA and who may therefore require a more targeted approach to engagement.

Conclusions and Recommendations

From the learning outlined above, it has been determined that frontline staff, including social care practitioners, have a key role to play in the work that is undertaken by HIQA's Standards Team. This commences at the outset; informing the scoping stage of the development of national standards and guidance, and throughout the development process. Staff working in services are well-placed to identify what additional material might be required to support national standards being translated into practice and implemented within their services; and to inform the development of these resources. In order to ensure that social care practitioners are

aware of national standards and other resources, it is vital that HIQA engages with staff at this level. The Standards Team will continue to maximise opportunities for engagement with frontline staff and communicate with them about on-going and completed projects.

Additionally the Standards Team will undertake a defined programme of work to measure the overall impact of its work and assess the usefulness of its dissemination and communication activities and the support tools that it develops. The desired outcomes and the way in which these will be assessed will be agreed at the outset of each project to allow a baseline to be determined against which impact will be measured. Reporting on this will increase transparency about HIQA's work. This information will also be used to evaluate the added value of activities undertaken and inform the work programme of the team going forward.

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Appendix A

Description of Organisations Included in the International Review.

Jurisdiction (n=9)	Organisation (n=13)	Remit
Wales	The Welsh Government	For healthcare services, in 2015 the Welsh Government developed the Health and Care Standards. These were developed to support the NHS and partner organisations in providing effective, high-quality services across all healthcare organisations, settings and locations.
	The Welsh Government	For social care, two pieces of primary legislation for social care services in Wales: the Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016. Statutory guidance has been published to provide explanation where further clarification on the regulations and definitions on how services can meet the components of each regulation.
Northern Ireland	Department of Health	Within the Department of Health, the Quality, Regulation, Policy & Legislation Branch has a role in developing standards for services regulated by the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland. The Health and Personal Social Services (Northern Ireland) Order 2003 places a statutory duty of quality upon health and social care organisations, and requires the Department of Health in Northern Ireland to develop standards against which the quality of services can be measured by RQIA.

Jurisdiction (n=9)	Organisation (n=13)	Remit
New Zealand	Ministry of Health	The Ministry of Health sits within the New Zealand Government, working across the health sector to deliver better health outcomes for all. The Ministry of Health administers the Health and Disability Services (Safety) Act 2001 ('the Act'). The Act requires providers of health services to be certified against the relevant Standards. The relevant standards are the Health and Disability Services Standards (NZS8134:2008) and the Fertility Services Standard (NZS8181:2007).
England	The National Institute for Health and Care Excellence (NICE)	To improve outcomes for people using the NHS and other public health and social care services by producing evidence-based guidance and advice for health, public health and social care practitioners. NICE also develops quality standards and performance metrics for those providing and commissioning these services.
	The Social Care Institute for Excellence (SCIE)	Social Care Institute for Excellence (SCIE) is an independent charity and leading improvement support agency working with adults, families and children's care and support services across the United Kingdom. Over a five year contract, as lead organisation for the NICE Collaborating Centre for Social Care, SCIE developed 11 social care guidelines using NICE's methods and processes.
Australia	Australian Commission on Safety & Quality in Healthcare	As part of its lead role in national improvements for safety and quality in healthcare, the Commission develops a number of standards as part of its national standards and accreditation work.
	Department of Social Services	The Department of Social Services manages national standards for disability services, while the Department of Families, Housing, Community Services and Indigenous Affairs is responsible for National Standards for Out of Home Care.

Jurisdiction (n=9)	Organisation (n=13)	Remit
Denmark	Danish Institute for Quality and Accreditation in Healthcare	The Danish Institute of Quality and Accreditation is an independent organisation established in 2005 to develop, plan and run the Danish Health Care Quality Programme. It is an accreditation programme that develops accreditation standards for services and methods to monitor quality.
	Danish Quality Model and Standards Programme	The Standards Programme in the Danish Quality Model for the Social Services consists of one set of overarching standards for social services.
Canada	Health Quality Ontario (HQO)	Health Quality Ontario is the agency in Ontario mandated under the Excellent Care for All Act, 2010 to make recommendations to healthcare organisations on standards of care.
Scotland	Healthcare Improvement Scotland	Healthcare Improvement Scotland is the national healthcare improvement organisation in Scotland. One of Healthcare Improvement Scotland's functions is to develop evidence-based standards for effective clinical practice. It develops clinical standards to support staff to ensure that high-quality care is provided, wherever healthcare is delivered.
	The Scottish Government	In 2017, the Scottish Government published the Health and Social Care Standards. These standards provide one set of overarching standards which aim to integrate health and social care into a joined-up service for the public.
Sweden	The National Board of Health and Welfare	The Swedish Government agency, the National Board of Health and Welfare (Socialstyrelsen) sits under the Ministry of Health and Social Affair. Socialstyrelsen has a mandate to develop national guidelines for clinical and social interventions