Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Health Information and Standards

International review of the methodologies for developing national standards and guidance for health and social care services

2018

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services —** Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.

- **Regulation —** Registering and inspecting designated centres.

- **Monitoring Children's Services —** Monitoring and inspecting children's social services.

- **Monitoring Healthcare Safety and Quality —** Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health Technology Assessment —** Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.

  Health Information — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

Table of contents

Executive summary

Overview

The Heath Information and Quality Authority (HIQA) is the statutory body established under the Heath Act 2007 to drive high-quality and safe care for people using health and social care services in Ireland. One of HIQA's many functions is to set standards for these services.

The national standards developed by HIQA aim to help drive improvements in the quality and safety of health and social care services in Ireland. National standards help the public, people who use these services and the people who provide services to understand what a high-quality, safe service looks like.

National standards:

- offer a common language to describe high-quality and safe care
- are a resource for people using services to know what 'good' looks like and what they should expect from a service
- create a basis for services to improve by identifying areas of good practice and highlighting where improvements may be required
- enable a person-centred approach to care and support by focusing on the people using a service
- promote practice that is up to date, effective and consistent.

HIQA also develops guidance to assist staff working in health and social care services to implement national standards, or as a guide to making improvements in a particular area.

A consistent approach is used to develop all national standards and guidance. In 2018, HIQA's Standards Team carried out an international review examining how organisations with a similar remit to HIQA develop standards and guidance. The review aimed to inform the revision of HIQA's methodology for developing national standards and guidance for health and social care services in Ireland.

This document sets out the findings from the international review of how other organisations approach the development of standards and guidance for health and social care services. A desktop review identified 13 organisations in nine jurisdictions which have a similar remit to HIQA in developing standards and guidance. Teleconference calls were held with key personnel from 12 of the 13 organisations included in the review. It was not possible to arrange a teleconference with one of the organisations; communication was via email in this instance.

The following jurisdictions and organisations were included:

- England – The National Institute for Health and Care Excellence (NICE)
- England – The Social Care Institute for Excellence (SCIE)
- Scotland – Healthcare Improvement Scotland
- Scotland – The Scottish Government
- Canada – Health Quality Ontario
- Australia – The Australian Commission on Safety and Quality in Healthcare
- Australia – The Department of Social Services
- Wales – The Welsh Government (two departments)
- Northern Ireland – The Department of Health
- Sweden – The National Board of Health and Welfare
- Denmark – Danish Institute of Quality and Accreditation
- Denmark – Defactum
- New Zealand – The Ministry of Health

Main findings

The findings from the international review are documented under eight key areas deemed of particular relevance to informing HIQA's approach to the development of national standards and guidance. While differences were found between the structures of jurisdictions and the responsibility of organisations, a number of clear findings emerged in terms of both the methodological process and the overall strategic approach to the development of standards or guidance.

Organisational remit and output type

The remit of each of the 13 organisations reviewed varied across the nine jurisdictions. Similar to Ireland, three jurisdictions (namely Wales, New Zealand and Northern Ireland) had one organisation with a remit over both health and social care services in that country. Separate organisations each with a responsibility for either healthcare or social care services were in place across four jurisdictions (specifically Australia, England, Denmark and Scotland) and one organisation with a remit over healthcare services alone were found in two jurisdictions reviewed (namely Canada (Ontario) and Sweden).

However, the majority of jurisdictions reviewed differed to the Irish setting in that HIQA has a role for setting national standards in addition to its regulatory function. More specifically, across certain jurisdictions (namely New Zealand, Northern Ireland and Australia), the Government Ministry had responsibility for setting national standards in their respective areas.

In addition to developing national standards for health and social care services, the majority of the organisations reviewed also created resources and support documents that aimed to help key stakeholders understand and implement the standards or guidance across the system.

The review found that most jurisdictions has moved towards having high-level national standards for services, rather than developing multiple sets of standards for specific service areas. In Australia, an overarching set of national standards were in place for all healthcare services, with another set for primary healthcare services in development. Similarly, a single set of national standards for health and social care services had also been developed by organisations in a number of jurisdictions (namely New Zealand's Ministry of Health, Northern Ireland's Department of Health and both the Welsh and Scottish Governments). In some instances, a set of national standards for regulated (social care) services were developed, where required, including standards by the Australian Department of Social Services for the Disability sector and various Care Standards by Northern Ireland's Department of Health.

The review also highlighted that many organisations are using comprehensive processes when identifying, selecting, and prioritising topics for development into standards or guidance. Organisations identify topics using multiple avenues, for example Health Quality Ontario receives and considers requests from the Ministry for Health and Long Term Care, partner organisations, external advisory committees and from members of the public using a topic submission form. The internal priorities of the organisation are also considered. Overall organisations use similar criteria to assess and prioritise topics requests including the current burden of the topic on services, the risks associated with the topic, the availablity of good quality evidence and the presence of unwarranted variations in practice (namely NICE, Health Quality Ontario and Department of Health UK). Organisations review their work plans regularly, for example NICE complete their topic selection and sequencing process of requests for standards development on an annual basis. NICE also garner support of the prioritised list of topics in meetings between the NICE topic selection oversight group and respective commissioners such as NHS England, Department of Health and Public Health England, Department of Health and Department of Education.

The standards and guidance delivered across the 13 organisations were, in general, quite similar to the national standards and guidance developed by HIQA. However, these varied from minimum standards that may or may not be mandatory and inspected against, to those that are focused more on development and quality improvement. For example, Northern Ireland's *Quality Standards for Health and Social Care*(1) are classed as essential standards, outlining the absolute minimum level of care required to ensure safe and effective practice. These Quality Standards are used by the Regulation and Quality Improvement Authority (RQIA) in its inspections. Other jurisdictions, for example Wales, Scotland and Ontario, have moved away from prescriptive requirements and minimum standards towards a more collaborative approach focused on service improvement; these standards inform how services are inspected and regulated against.

Methodology and stakeholder engagement

The majority of organisations reviewed used similar methods for standards and guidance development to HIQA's process. Organisations carried out many of the same stages before publishing, such as reviewing the evidence, engaging with stakeholders during iterative consultation and development stages, and reviewing the drafts from the perspective of the public, people using services and front-line staff. Some additional examples of good practice included engaging stakeholders much earlier on in the process, for example the National Institute for Health and Care Excellence (NICE) in the UK and Healthcare Improvement Scotland hold consultations early on in the development process to engage with and garner input from the public and key stakeholders across the sector. A number of organisations, such as NICE and the Australian Commission on Safety and Quality in Healthcare have also included piloting material before publication in order to measure suitability and effectiveness across the system. A clear trend was identified in terms of working in partnership with members of the public and people using services throughout all stages of standards and guidance development process, gathering their important views. This engagement in public and patient participation also helps support national strategic priorities through standards and guidance development. For example, through the work of NICE's citizens council and its Public Involvement Programme staff who work to support Committee lay members throughout standards development process.

Distribution and communication

Many of the organisations reviewed worked to maximise the communication and distribution of their material in various ways. Examples of good practice included the development of guidance that is useful and specific for certain sectors and groups across the system such as the Australian Commission on Safety and Quality in Healthcare's interactive digital learning website providing tailored information on implementing the standards. Other key dissemination activities included engagement with services and the regulatory sector to ensure a consistent application of the standards. This included 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 important statutory guidance and legislation as well as the Australian Department of Social Services' provider's toolkit website which explains providers compliance obligations.

NICE engaged supporting organisations for standards, garnering assistance from established and credible organisations in the field and encouraging them to formally support and publicise the standards or guidance to their established networks across the sector; communicating across various networks including active social media platforms, newsletter articles and conference presentations. Organisations like Health Quality Ontario have developed strategic communication plans to distribute their standards and related tools to target audiences, and raise awareness of the quality standard. In some cases, they also host so-called 'adoption' events to promote implementing the standards among the people who run and work in health and social care services.

Evaluation approaches

Across the jurisdictions reviewed, many organisations regularly evaluated their practices for improvements; helping to bring about more transparent and reliable organisational processes and improving the quality of material produced. Healthcare Improvement Scotland seek feedback from key organisations and representative bodies to determine whether the clinical standards need to be revised. Health Quality Ontario regularly updates its standards to ensure they reflect the most recent evidence and to account for changes in practice. Following the release of each quality standard Health Quality Ontario perform a high-level scan of new evidence and check included clinical practice guidelines for updates or revisions, and this is repeated annually. Standards New Zealand ensures its catalogue of standards remains current, relevant, and up to date; and reviews standards that are more than 10 years old.

Impact and knowledge sharing

All organisations considered the impact of their work across the system to some extent, either developing robust indicators to measure and report on the performance and quality of services, or using measures such as the number of downloads of a document from a website. As part of measuring the impact of standards across the system, various organisations also focused on enhancing engagement practices including publishing material in academic journals and developing visual summaries of these papers, as well as increasing global access to and ease of discovery of their material through the use of popular global repositories. The Department of Health Northern Ireland provides an example of measuring the impact of its work through the development of a range of 'Safety and Quality Standards Service Frameworks'. These Frameworks set out explicit standards for health and social care services. The standards are evidence based and adherence can be easily assessed.

Implementation support material

The majority of the organisations reviewed developed resources and support documents that aimed to help key stakeholders understand and implement the standards or guidance across the system. This included developing summary material such as infographics, posters, and easy-to-read booklets, leaflets and frequently asked questions (FAQs). Organisations also developed specific information and tailored guidance for certain audiences, as well as an array of digital learning platforms and information hubs. For example, the Australian Commission on Safety and Quality in Healthcare aims to ensure that the implementation support material, guidance and educational resources that it produces are suitable for the intended audience and service setting, and help to 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 setting.

Future plans within the organisations

The majority of organisations reviewed had set out key strategic priorities. These ranged from working to provide enhanced leadership and quality improvement across the system, to evaluating and improving internal processes and practices. Priorities also involved supporting services to understand and implement their material through strengthening sharing and communication practices, and building capacity and capability within the system through the development of complementary support material and practical solutions.

Findings from the international review to inform HIQA's approach in setting standards and guidance

Based on the findings of this international review and engagement with stakeholders, HIQA is implementing the following key changes:

- There is a move towards having high-level national standards across health services, and in some jurisdictions across health and social care services, rather than having multiple standards specific services; including the overarching set of national standards developed by the Australian Commission on Safety and Quality in Healthcare and those developed by the Scottish Government. HIQA will further review this as an approach and where possible develop overarching standards. These standards will be further enhanced by developing service-specific implementation support material aimed at specific services, settings or people who use services.

- Major emphasis was placed on the development of supporting material and guidance related to national standards for health and social care services, across the jurisdictions reviewed. A key example of this included the vast array of engaging implementation material, developed by the Australian Commission on Safety and Quality in Healthcare that was tailored to meet the needs of a service, setting or people using services. HIQA will work to develop similar material that will assist staff and service providers to understand and implement all national standards across the system, in turn leading to better outcomes for people using services.

- A number of jurisdictions have developed a fully transparent prioritisation process, with input from all key major stakeholders throughout the process. One key example from the review included NICE's annual topic selection and sequencing process of requests sent to them for standards development. HIQA will implement a similar prioritisation process for the development of national standards and guidance for health and social care services. This will help ensure that requests for developing national standards are reviewed, assessed and progressed, as appropriate, in a transparent and consistent manner.

- Many organisations reviewed work in partnership with service providers, health and social care regulators and people using services to identify and support national strategic priorities through standards and guidance development. An example of this can be seen in the work of NICE's Citizen Council whereby the views of members of the public are gathered and taken into account through its work. HIQA will work to put further systems in place to ensure services, members of the public and the regulatory sector are engaged with when setting out and supporting national strategic priorities.

- All jurisdictions reviewed considered public and patient involvement as a critical requirement at every stage of the standards and guidance development process. One key example included NICE's consultation during the initial stages of the project. This aims to enhance current stakeholder engagement and ensure that all interested parties and topic experts have the opportunity to feed into the development process at a much earlier stage; helping to ensure more transparency and inclusivity. HIQA will introduce a scoping consultation at the early stages of standards development, focusing questions on the key areas that should be addressed and seeking recommendations on sources of evidence to be reviewed and which stakeholders should be involved in the process.

- Measuring and reporting on the impact of national standards and guidance across the health and social care system proved challenging for many of the jurisdictions reviewed. However, this was 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, for example, 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 will measure and report on the impact of its work across the health and social care system, which will help increase the transparency of its standards development process, as well as providing a system that evaluate its practices.

- Most jurisdictions reviewed, place a strong emphasis on the effective dissemination, communication and promotion of the relevant national standards and related material for health and social care services, to help increase the awareness and implementation of this material across the system. One key example of this included NICE’s strategic implementation plan that aims to develop and raise awareness on material that meets audiences needs and to provide practical support to build capability across services. HIQA will put a similar strategic dissemination and communication plan in place for all its national standards and related material to help maximise uptake and application of its work across all health and social care services, as well as increasing awareness among people using services, their families, and the public generally about what national standards and guidance mean for them and what to expect from services.

Conclusion

These findings from the international review conducted on 13 organisations across nine jurisdictions has informed a revision to HIQA’s standards and guidance development processes as well as the Standards Team’s overall strategic direction in the coming years.

1. Introduction

1.1 Background

The Health Information and Quality Authority (HIQA) is the statutory body established under the Health Act 2007 to drive high quality and safe care for people using health and social care services in Ireland. HIQA has a remit to set national standards, inspect and review health and social care services and support informed decisions on how services are delivered. HIQA also has a role, under the Health Act, to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public. In this regard, HIQA develops guidance to assist staff working in health and social care services to implement national standards or as a guide to making improvements in a particular area.

Through meeting these responsibilities, HIQA aims to ensure that people using services understand what good care looks like and what to expect from services based on what is set out in the standards. A challenge faced by HIQA is ensuring that its work has an impact on the system and ultimately improves the experience of people using health and social care services.

1.2 Overview of HIQA's standards development function

The national standards developed by HIQA aim to help drive improvements in the quality and safety of health and social care services in Ireland. Their purpose is to help the public, people who use these services and the people who provide them understand what a high-quality, safe service looks like.

In particular, national standards:

- make sure that service providers are accountable to the public, service users and those who fund them
- help the people in charge of services identify what they are doing well, and where they need to improve
- help make sure that the quality and safety of services is the same no matter where people live in Ireland or what health service they use – no matter where the service is, it should be safe
- describe what should be in place for day-to-day services to be safe and effective.

1.3 HIQA's development process to date

The Standards Team uses a consistent approach in developing all national standards and guidance. A detailed review of evidence is undertaken to identify what is considered to be best practice in the relevant area. This review typically includes a review of Irish evidence, international practice and published peer-reviewed articles. This forms the evidence base for the development of draft national standards or guidance and is published on the HIQA website in the form of a Background Document.

The Standards Team also engages extensively with people who use services, advocacy groups, and health and social care staff and organisations to ensure that the standards and guidance can be implemented in practice and will improve the experience of people using services. This is done through convening an Advisory Group comprised of people who use services, experts in the area, and key organisations that assist in developing standards and guidance. HIQA also organises focus groups with people who use services and front-line staff to discuss their experience and identify the key areas that the standards or guidance should address. When developing national standards, a draft version is made available for public consultation during which time all interested parties are invited to review and provide feedback on the draft standards. Draft guidance is also sent out for consultation; however, in contrast, this is a targeted consultation held over a shorter time frame and seeks the views of key internal and external stakeholders and the Advisory Group. All feedback is considered and informs the final national standards or guidance.

National standards are reviewed and approved by HIQA's Executive Management Team and subsequently by HIQA's Board before being submitted to the Minister for Health for approval. In some cases approval is required in consultation with the Minister for Children and Youth Affairs. Guidance is reviewed by HIQA's Executive Management Team and approved by the Director of Health Information and Standards prior to publication.

A number of changes are being made to this process, informed by the findings from this international review. This includes the development and implementation of a prioritisation process based on the findings of a review of prioritisation processes and criteria used by national and international organisations that develop standards, guidance or guidelines. This will help ensure that requests for national standards development are reviewed, assessed and progressed, as appropriate, in a transparent and consistent manner.

1.4 How national standards developed by HIQA are structured

National standards for health and social care services in Ireland are developed using an established framework for all nationally mandated standards. HIQA developed this framework in 2012 following a review of national and international evidence, engagement with national and international experts and applying HIQA's knowledge and experience of the health and social care context.

With this framework, there are eight themes under which draft standards are presented.

- The four themes on the upper half of the circle relate to the dimensions of safety and quality in a service; these include person-centred care and support, effective care and support, safe care and support and better health and wellbeing.
- While the four remaining themes on the lower half of the circle relate to the key areas of a service's capacity and capability. Delivering improvements within the quality and safety dimensions depends on the service's capacity and capability; these themes include leadership, governance and management, workforce, use of resources and use of information.

Figure 1 below illustrates the eight themes under which the national standards are presented.

Figure 1: Standards development framework

The eight themes are intended to work together and collectively describe how a service delivers safe, high-quality care and support with the people using the service at the centre of everything they do.

1.5 The international review

1.5.1 Aims and objectives

When setting person-centred national standards for health and social care services across Ireland, HIQA works to ensure that its development process is as robust as possible, that it is evidence-based and informed by best international practice. As a result, in 2018 HIQA undertook an international review of similar bodies responsible for setting national standards and guidance for health and social care services, across a number of jurisdictions. This international review aimed to identify the approaches taken by these organisations when developing standards and guidance for services internationally. These key findings were then used to inform significant changes to HIQA's standards and guidance development processes in 2018.

1.5.2 Methodology

A desktop investigation was undertaken to identify countries that develop national standards and guidance for health and social care services. Within these countries, organisations were reviewed for inclusion based on the availability of relevant and current information on the processes for developing, distributing and supporting the implementation of national standards and guidance. It was also important to have access to key personnel responsible for the development of these national standards and guidance. This identified 13 organisations from 9 jurisdictions. Findings were compiled through documentation accessed from each organisation and detailed discussions were held with key personnel from 12 of the 13 organisations reviewed. For reference, Appendix B lists the personnel who were consulted within the 12 organisations.

1.5.3 Structure of this report

This document sets out the findings of the international review undertaken to inform revisions made to HIQA's methodology for developing national standards and guidance for health and social care services in Ireland. The nine jurisdictions that are reviewed in this report are:

- England
- Scotland
- Northern Ireland
- Wales
- Ontario
- Sweden
- Denmark
- Australia
- New Zealand.

Across these nine jurisdictions, 13 bodies that are responsible for setting national standards and guidance across health and social care services were identified. In some jurisdictions, (namely Australia, England, Denmark and Scotland) there are two separate organisations that are responsible for healthcare and social care services respectively. While for other countries, (specifically Wales, New Zealand and Northern Ireland), similar to Ireland, there is one organisation with responsibility for both health and social care services collectively in that country.

Findings in relation to each jurisdiction are presented under the following headings:

- Background to the organisation
- Output

- Methodology
- Stakeholder engagement
- Distribution and communication
- Evaluation approaches
- Impact and knowledge sharing
- Implementation support material
- Future plans
- Key lessons for Ireland from the relevant setting.

It is important to highlight that, for some organisations, considerable resources may be invested into certain areas covered by the headings above. Organisations that have developed one overarching set of standards for services; for example the Australian Commission on Safety and Quality in Healthcare and the Scottish Government are, at the time of this report, investing more in resources to support the implementation of its standards through the development of support material, guidance and educational resources. For other organisations, such as Health Quality Ontario, standards are continually being developed and therefore investment is placed on refining its methodology for developing standards and on distributing and communicating its standards. Each organisation however has added its own unique contribution to HIQA's learning and the revision of its standards and guidance development process.

2. England

2.1 Background

Within England, there are two organisations of interest for the purpose of this review:

- the National Institute for Health and Care Excellence (NICE)
- the Social Care Institute for Excellence.

2.1.1 The National Institute for Health and Care Excellence

Since its establishment in 1999, the National Institute for Health and Care Excellence (NICE), a non-departmental public body in England, has been responsible for using best available evidence to provide the National Health Service (NHS) and the public, with an increasing range of information and advice on effective, good value care and support. To meet this responsibility, NICE develops many forms of products that aim to improve health and social care outcomes for people using these services such as:

- clinical guidelines
- social care guidelines and quick guides
- public health guidelines
- medicines practice guidelines
- technology appraisals
- interventional procedures guidance
- medical technologies guidance
- diagnostics guidance
- highly specialised technologies guidance.

In addition to this, NICE also develops quality standards that contain statements designed to support quality improvement across care provision. NICE's information aims to inform those making decisions about the funding of care and to assist health and social care practitioners and others to improve the quality of care and treatment across England. Decisions on how this information applies in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive

Figure 2: An overview of products and guidance developed by NICE(1)

Guidelines

NICE guidelines make evidence-based recommendations on topics ranging from preventing and managing specific conditions to planning broader services and interventions to improve the health of communities.

We have issued **337** guidelines covering topics such as cancer, coronary heart disease, diabetes, maternity and mental health.

Guidance

NICE guidance and technology appraisals can help assess the clinical and cost effectiveness of health technologies, procedures, devices and diagnostic agents.

We have issued **1081** individual guidance products.

Quality Standards

NICE quality standards are concise sets of statements, with accompanying metrics, designed to drive and measure priority quality improvements within a particular area of care.

We have published **173** quality standards supporting NICE recommendations.

In 2009, the NICE Quality Standards Programme was established to manage the development of NICE Quality Standards across the healthcare and public health settings. Key activities of the programme are to:

- develop and publish quality standards that identify safe, effective and cost-effective care and services (based on NICE or NICE-accredited guidance),
- identify how these standards can be used to improve outcomes, including quality of life and satisfaction with care for people using services and carers,
- provide stakeholders with an opportunity to contribute to standards development through an inclusive, open, and transparent consultation process,
- consider the resource impact and equality impact of these standards,
- regularly review and update the standards as required, and finally seek alignment with other national quality initiatives such as national audits.

2.1.2 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.

Under the Health and Social Care Act (2012),(2) NICE officially took on the work of bringing evidence based guidance and standards to the social care sector. This includes services providing care and support for:

- vulnerable children and young people
- children, young people and adults with learning or physical disabilities or mental health problems
- people who misuse drugs or alcohol and
- older people.

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. These guidelines are also largely distributed and supported in the same ways. Going forward, NICE and SCIE aim to continue working closely together to improve quality in the social care sector. SCIE has been commissioned by NICE to continue supporting the implementation of social care guidance and to:

- raise awareness of new guideline topics, which NICE will continue to develop, and promote guideline committee opportunities,
- distribute and promote existing guidance,
- continue the development of NICE and SCIE quick guides, which are summary versions of the NICE Guidelines.

Further details regarding the work of SCIE and the products created in the area of social care will be outlined in the section concerning products developed for the healthcare setting below.

2.2 Output

As stated, NICE use the best available evidence to develop many types of outputs to help improve health and social care across England. Two outputs of focus here are the NICE guidelines and quality standards.

NICE outputs – standards and guidelines
NICE guidelines make evidence-based recommendations on the effectiveness and cost-effectiveness of interventions across a wide range of topics or across defined areas of care. They aim to promote integrated care, where appropriate, such as covering transitions between children's and adult services and between health and social care. Developed by independent committees, these guidelines are usually co-produced with experts from the

relevant sector, namely social care, healthcare or public health.

NICE quality standards focus on a few key priorities within a defined area of care that are most likely to need improvement, along with providing information about how to measure progress. They are derived from NICE guidance and, where this does not exist, other guidance accredited by NICE. Quality standards aim to cover areas where there is variation in care. The standards do not provide a comprehensive service specification; rather they set out the priority areas for quality improvement in a defined care or service area.

Consequently, each standard provides a set of quality statements to help services to improve quality, along with information on how to measure progress. Developed independently by NICE in collaboration with health and social care professionals, its partners and service users, these standards are not mandatory; but they can be used for a wide range of purposes both locally and nationally by service users, practitioners, service providers and commissioners. They aim to help services improve the quality of care they provide or commission, by using them to identify gaps and areas for improvement; to measure the quality of care; to understand how to improve care; to demonstrate they provide quality care and to commission high-quality services.

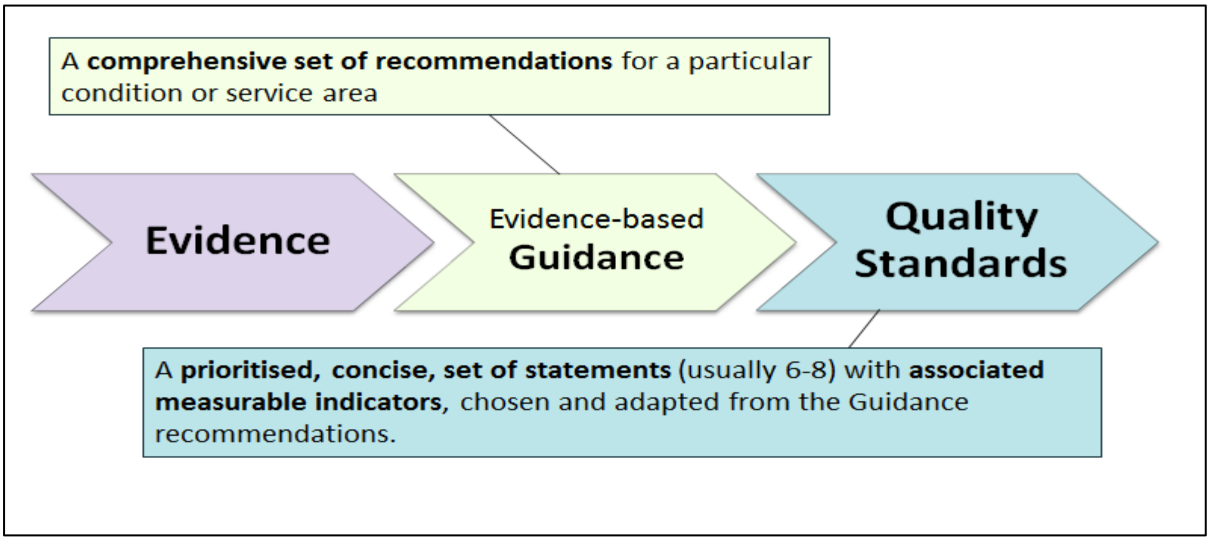
NICE define quality standards as:

> Concise sets of statements and related measures. Derived from evidence-based guidance, they are produced collaboratively, and are designed to drive and measure priority quality improvements within a particular area of care.

2.3 Methodology

Developed in collaboration with health and social care professionals, practitioners and service users, quality standards are derived from NICE guidelines and other NICE-accredited sources. A high-level description of the relationship between the review of the evidence base and the subsequent development of NICE guidelines and related quality standards and indicators, is show in Figure 3.

Figure 3: Quality standards development process - the relationship between the evidence base review, NICE guidance[*] and quality standards(3)



2.3.1 The quality standards development process

Developing quality standards is a transparent process consisting of gathering information from a comprehensive review of guidance and current practice, coupled with input from consultation as well as decision-making by a Quality Standards Advisory Committee (QSAC). The QSAC is made up of independent professionals, experts, lay members, people using services and carers.

Once published, there is a strong focus on effectively sharing and communicating the quality standards. They are made available on the NICE website and are promoted and publicised by supporting organisations, such as key professional and patient or service user organisations central to the standards service area. Quality standards published before the start of the financial year undergo annual review to ensure that they are kept up to date.

Every year there is a topic selection and sequencing process of requests sent to NICE for standards development. Following this, the standards project is scheduled for development and developed using NICE's methodology, as outlined in Figure 4.

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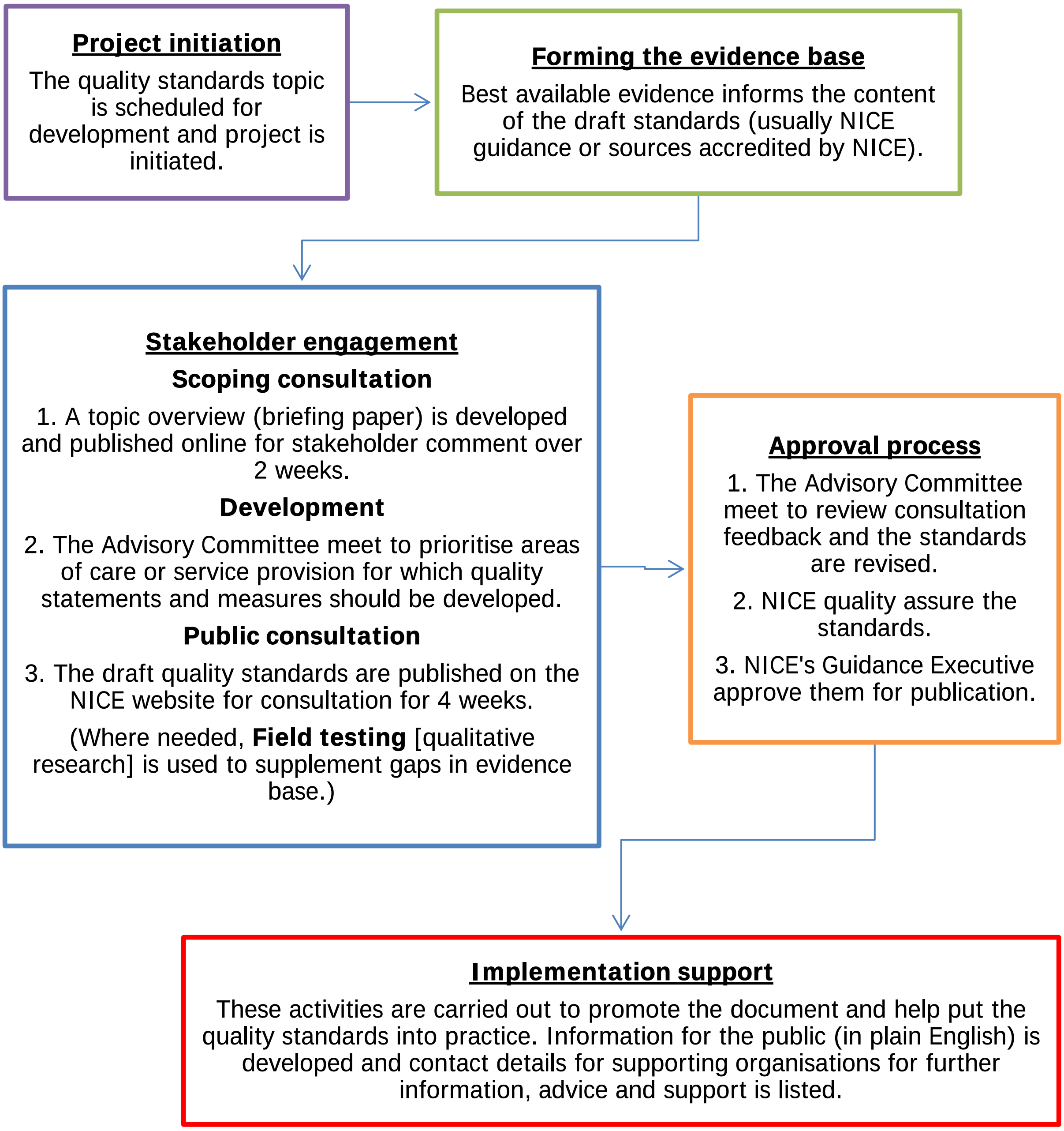
[*] The term guidance here refers to NICE clinical and social care topic guidelines.

Figure 4: Overview of the NICE quality standards development process



Project initiation

The quality standards topic is scheduled for development and project is initiated.

Forming the evidence base

Best available evidence informs the content of the draft standards (usually NICE guidance or sources accredited by NICE).

Stakeholder engagement

Scoping consultation

1. A topic overview (briefing paper) is developed and published online for stakeholder comment over 2 weeks.

Development

2. The Advisory Committee meet to prioritise areas of care or service provision for which quality statements and measures should be developed.

Public consultation

3. The draft quality standards are published on the NICE website for consultation for 4 weeks.

(Where needed, **Field testing** [qualitative research] is used to supplement gaps in evidence base.)

Approval process

1. The Advisory Committee meet to review consultation feedback and the standards are revised.

2. NICE quality assure the standards.

3. NICE's Guidance Executive approve them for publication.

Implementation support

These activities are carried out to promote the document and help put the quality standards into practice. Information for the public (in plain English) is developed and contact details for supporting organisations for further information, advice and support is listed.

2.3.2 Quality standards - project resources and staff

The NICE Quality Programme is responsible for leading on the development of the standards alongside the production of NICE indicators. When developing standards, the Quality Programme:

- prepare briefing papers and drafts for consideration by the Committee during development and validation of the quality standards;
- manage the consultation process; prepare a summary report of consultation comments and suggestions for consideration by the Committee, and ensure decisions are fed back into the standards development process;
- act as the main NICE contact for QSAC members, offering support and advice to the them as required, as well liaising with other NICE teams as necessary;
- prepare quality statements and measures for publication, providing internal validation and consistency checking;
- ensure NICE's processes and methods for development of quality standards are followed in line with agreed timelines and;
- manage the review and update of published quality standards.

In addition to the work of the Quality Programme, each quality standards topic has substantial input from external teams and programmes including various administration and programme staff. The various NICE teams involved in the development of standards are shown in Table 1 below.

Table 1: NICE teams involved in the standards development process

Evidence base development
▪ **The Information services team** conducts a literature search on the topics referred for standards development, looking at databases, websites and other sources; seeking out the relevant guidance, policy, audits and national reports to inform the development, review or update of quality standards. ▪ While **the Accreditation and quality assurance team** provide accreditation to non-NICE developed guidance used to inform quality standards. They also endorse support material produced externally to help services implement NICE guidance and quality standards.
Stakeholder engagement
▪ **The Public Involvement Programme (PIP) team** supports the recruitment of Committee lay members, providing them with advice and support throughout the development process. They also encourage eligible voluntary and community sector stakeholders to become a 'registered stakeholder', which qualifies them to comment in consultations during quality standards development, ensuring that the views of patients, services and carers are represented. While anyone can submit feedback, only responses from the registered stakeholders are published in a summary report

of consultation feedback.

- The Standards Team also works with an external body, **NHS Digital** (the national source of comparative data on health and social care for secondary uses), whose representatives provide technical advice on developing quality measures, and may attend (QSAC) Committee meetings in an advisory capacity.

Impact

- **The Resource impact assessment team** consider the cost of implementing the changes to meet the standards at a local level; identifying potential cost savings and highlighting the areas of care or service provision in the standards that have implications for commissioners.

Publishing and post launch activities

- Before the standards are published online, **the Publishing team's editors** are responsible for reviewing the draft and final versions of the document to ensure that they are accurate, clear and consistent. Once published, the communication and distribution of the quality standards is managed by **the External communications team.**

- **The Implementation support team** assists stakeholders responsible for maximising the uptake of guidance and quality standards. Once launched, **the Adoption and impact team** promote the use of adoption support and audit resources for the quality standards, as well as producing reports on the uptake of guidance and quality standards.

NICE has published two process guides, detailing how quality standards and guidance are developed as well as a summary version for the public.(4,5,6)

2.4 Stakeholder engagement

NICE encourage all individuals to help shape its work and regularly seek out advice from the public on what matters to them, their organisation or community through a variety of platforms.

2.4.1 The Quality Standards Advisory Committee (QSACs)

When developing quality standards and guidelines, NICE's Public Involvement Programme (PIP) staff work closely with the Standards Programme to set up an independent committee to actively help improve the quality of these products. Membership consists of a range of individuals from service users and carers, to those working in various services, topic experts and local government staff. The diverse nature of the group, allows for a wide range of viewpoints and experiences to be shared at meetings over several months.

Committee members contribute to the development process by looking at the guidance available, commenting on draft documents and making recommendations or providing advice on how to share the guidance and support implementation. By taking the opportunity to join these committees, members help make a difference by developing health and social care guidance that improves services and lives. They also improve their communication skills and confidence by working with people from a wide range of backgrounds and skills.

There is a dedicated NICE Committee member webpage providing information and support on the member's role. This support is provided separately across two webpages; one for professional (topic expert, chairs or general member) and one for lay members, which include:

- **Recruitment and induction support** – with vacancies advertised online, a support pack to inform applicants with additional information on their role, as well as showcasing a blog and video past Committee members' experiences,
- **Development process support** – with advice, training, follow ups, a NICE contact and information offered throughout the development process,
- **An evaluation activity** – members are invited to take part in an exit survey to share their experience of the process and help improve practice.

2.4.2 Public involvement in quality standards

NICE is committed to patients, people who use services, carers and members of the public having an active role in the development of all NICE products, including quality standards and guidance. Involving this perspective is integral to NICE's development process and this is mainly carried out by the Public Involvement Programme (PIP) staff. The PIP team make sure that members of the public and organisations that support them, have opportunities to contribute to NICE's work in a meaningful way. This can be during initial scoping workshops or as part of Committee meetings.

The PIP team provide Committee members with informal advice and support, offering induction training, an invitation to a 'meet and greet' or a formal presentation on their role and the development process, or a phone call for new members before and after the first meeting. The PIP team also encourage lay members to promote and support guidance implementation, and send out online exit surveys to improve practice.

In 2015, NICE produced a practical guide for lay members.(7) It details how NICE ensures that standards and guidance have a greater focus and relevance for people directly affected by NICE recommendations.

2.4.3 Supporting organisations for quality standards

Once quality standards are published, organisations are selected by the NICE's public involvement team and are proactively encouraged to formally support and help raise awareness of the standards as a credible resource for key audiences, including professionals, service users and the public. Organisations are identified as representing service users or professionals involved in delivering the care covered by the standards topic, including various Royal Colleges, charities and advocacy groups.

For each standards topic, there are between five and 10 organisations that are requested to carry out this work. As a minimum, they provide a link to the standards on their website and use their communication networks to publicise it. Other promotional activities to date include newsletter articles, blogs, conference presentations, parliamentary drop-in sessions or highlighting the standards on social media. A report of current activities is regularly presented to the NICE Board. Figure 5 below shows certain benefits of this work.

Figure 5: Infographic advertising the benefits of being a supporting organisation(8)

Supporting NICE quality standards

WHAT'S IN IT FOR YOU?

Encourage the professionals you represent to improve care using evidence based guidance on best practice

Be recognised as a key organisation for quality improvement in your field

Support the national vision for a health and social care system focussed on delivering the best possible outcomes for people who use services

Receive support from NICE for the promotional activities you undertake

Increase traffic to your organisation's website

Strengthen your organisation's commitment to quality improvement

Present a united front and develop a partnership around the best available evidence

Represent the voice of people using services and help to ensure they are receiving the best care possible

To find out more visit: www.nice.org.uk/standards-and-indicators/get-involved/support-a-quality-standard

NICE National Institute for Health and Care Excellence

2.4.4 Patients Involved in NICE (PIN) - working group

Another key stakeholder involvement group working alongside NICE's Public Involvement Programme (PIP) team is a coalition of organisations called Patients Involved in NICE (PIN). Together, both groups are committed to enabling patient groups to productively engage with NICE through this forum. Independent from NICE and the pharmaceutical industry, this forum uses their combined knowledge, experience and direct contact with patients, to ensure NICE puts patients, carers, and patient groups at the centre of all of its work. PIN act as a critical contact and a respected and equal partner in developing and shaping aspects of NICE's work. During the development of NICE guidance and quality standards, anyone can submit consultation feedback; however, individuals are encouraged to submit their views to voluntary and community sector stakeholders, and that the organisation submits feedback, thereby ensuring that the views of patients, services and carers are included.

2.4.5 NICE Citizens Council

Another way in which NICE involves the views of the members of the public, in its work is through the NICE Citizens Council. This is a panel of 30 members of the public that largely reflect the demographic characteristics of the UK. It provides NICE with a public perspective on the overarching moral and ethical issues that NICE has to take account of when producing NICE guidance and related products. The Council's recommendations and conclusions are incorporated into a document called Social Value Judgements and, where appropriate, into NICE's methodology. Councillors on the panel are recruited by an independent organisation and serve for up to three years. They do not produce NICE's guidance or input directly into any individual pieces of guidance that NICE produces; this is carried out by a number of other mechanisms put in place by NICE. However, potential topics discussed by the Citizens Council usually originate from the activities of NICE advisory bodies during the development of NICE guidance, as they explore issues that require value judgments to be made.

2.4.6 Other stakeholder engagement platforms

In addition, there are also many other ways in which NICE ensures interested parties can help shape NICE guidance, quality standards and related products. For instance, the public are encouraged to:

- join the **Insight Community's** research mailing list of over 1,800 volunteers who take part in various activities from 10 minute surveys to interviews, pilot tests, focus groups and all-day workshops. The Community helps to influence the continual development of guidance and quality standards, web material and mobile phone applications (apps), as well as improving NICE's understanding of its audience's needs.

- submit a question at **NICE Question Time** or observe a meeting in public with members of the Advisory Committees, Citizens Council or Public Board as well as technology appraisals appeal hearings, which are open to the public and press to come along and see how NICE work.
- help services to implement NICE guidance by providing expert advice to the NICE's **Adoption and Impact Panel,** who use their professional knowledge and experience to help develop material that supports NICE guidance or help create resource impact tools.
- **speak directly with NICE** staff bringing forward questions or comments via telephone or email.
- engage with and learn from NICE through its **active digital and social media platforms** including the dedicated Twitter account, "@NICEGet Involved", set up to engage with the public and help recruit those interested in providing lay member feedback during the development of NICE guidance. In addition, the public can also listen to monthly NICE podcasts, or take part in Facebook Live sessions on key topic discussions and submit questions to interviews between NICE staff and leading professionals in different subject areas, as well as using the Guidelines app, YouTube channel, and LinkedIn.

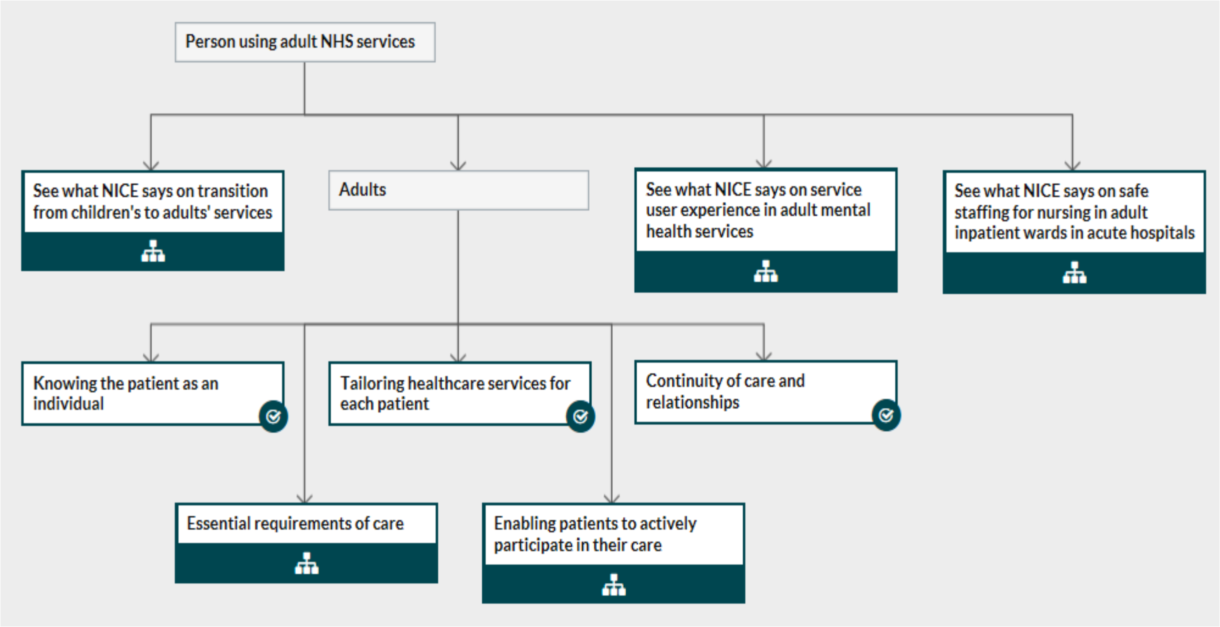
2.5 Dissemination and communication

For most types of guidance and quality standards, NICE publishes plain English versions, called Information for the Public. These are aimed at patients, carers and member of the public and are developed in collaboration with service users. In addition to being an easy-to-read resource to accompany the guidance, they also include a list of support organisations, including contact details for further information, advice and support. For certain topics, NICE also develops an additional easy-to-read consultation brief for people with specific needs across the sector.

NICE recognises that as the quantity and range of information produced for services across the sector increases, busy healthcare professionals require new ways of identifying, accessing and using this guidance. In response, NICE has developed 'pathways', which are a fast, easy to use and intuitive way of accessing a range of health and social care information from NICE on an online interactive visual flowchart. The pathways link to other relevant topics to create a network of information and give access to the NICE products that support the implementation of its guidance. They are a useful starting point for users who are new to a topic, while also giving specialists confidence that they are up to date with everything NICE has recommended.

NICE pathways are an essential tool for all interested parties, including professionals at any career stage, from learning and training to continuing professional development and keeping up to date. An example NICE pathway is shown in Figure 6 below.(9) Fundamentally, these pathways include quality standards and or guidance documents, background information, resources and information for the public.

Figure 6: Interactive Nice Pathways: Patient experience in adult NHS services(9)

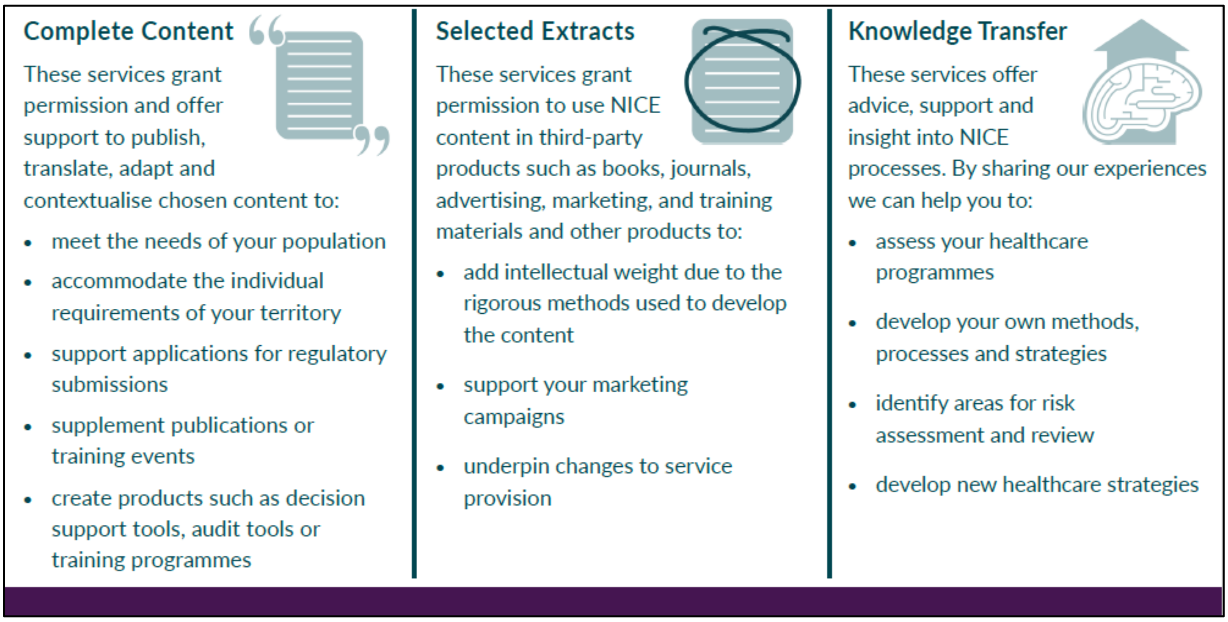


NICE attend external health and social care exhibitions and conferences each year in order to meet with interested parties and promote the work that NICE does to improve health, public health and social care across England. NICE staff also offer a range of engagement, information sharing and advice services. For instance, NICE can send a staff member to speak at external engagement events, as appropriate, to help increase awareness of NICE quality standards, guidance and related products.

NICE are also committed to improving healthcare worldwide through the effective use of its resources via NICE International; a fee-based service that provides organisations from across the word with access to NICE's gold-standard health and social care guidance and to benefit from its team of experts. Through this platform, NICE provide both content permissions and advisory services.

Internationally recognised for its rigour, independence and objectivity, NICE guidelines support the development of cost-effective clinical care pathways, assist in the fight against chronic disease and encourage integrated care. Services provided to organisations from across the globe by NICE International include exploring improvements in the quality of healthcare services; building evidence-based decision making capacity through Knowledge Transfer Services and pilots; and helping organisations to save time and resources, as well as supporting active public and patient engagement programmes. Additional services provided by NICE International are outlined in Figure 7 below.

Figure 7: International NICE services(10)



Complete Content

These services grant permission and offer support to publish, translate, adapt and contextualise chosen content to:

- meet the needs of your population
- accommodate the individual requirements of your territory
- support applications for regulatory submissions
- supplement publications or training events
- create products such as decision support tools, audit tools or training programmes

Selected Extracts

These services grant permission to use NICE content in third-party products such as books, journals, advertising, marketing, and training materials and other products to:

- add intellectual weight due to the rigorous methods used to develop the content
- support your marketing campaigns
- underpin changes to service provision

Knowledge Transfer

These services offer advice, support and insight into NICE processes. By sharing our experiences we can help you to:

- assess your healthcare programmes
- develop your own methods, processes and strategies
- identify areas for risk assessment and review
- develop new healthcare strategies

2.6 Evaluation approaches

The Quality Standards Programme is committed to improving its practice and methods for developing standards. The methodology used to develop standards is regularly evaluated by NICE to help bring about improvements for the development of future quality standards topics. The formal process for updating the process guide and manual, *The Quality Standards Process Guide* (2016), will commence in 2019; three years after publication. Minor changes to the quality standards development process will be published on the NICE website. In exceptional circumstances, when significant changes are required, this interval is reduced to two years. However, before any substantial changes are made to the development process, NICE will first hold a three-month public consultation to gather feedback and advice on the matter. Furthermore, NICE also welcome comments on the content, as well as suggestions on subjects for inclusion in the published process guide.

Each year, all published quality standards are reviewed to check for any necessary updates that may be required. There are three possible outcomes from this initial review, which include aligning the Standard to updated guidance sources; carrying out a full update to reflect any changes in the areas for quality improvement or any new NICE or NICE accredited guidance or national priorities; or the decision is made to make no changes at all. The final decision regarding the update of the standards is then made by commissioners during the annual topic selection and sequencing process (prioritisation process) for requests sent to NICE for standards development.

NICE also uses a number of platforms to capture feedback and identify areas for improvement to help shape any changes or developments across the organisation, its products or services. Much of this work is carried out by the staff responsible for engaging with the NICE Insight Community; a number of key stakeholders that help NICE identify and bring about key improvements across the organisation.

As part of research undertaken in 2017,(11) NICE looked at how and why stakeholders use NICE guidance and quality standards through 15 in-depth interviews with representatives from various professional groups. The findings from these interviews informed the development of a survey also aimed at various professionals groups, asking them to outline their experience of using these NICE products and to outline any barriers to implementation. In early 2018, NICE published a report detailing the analysis of 860 survey responses received as well as the qualitative feedback from the interviews. It was evident from this research, that there were three main challenges that services face in implementing NICE guidance, and the ensuing recommendations were:

- reflect the ‘real world’ experience and knowledge in guidance development and implementation
- ensure clear presentation and language with visual summaries
- provide continued support for implementation.

A number of actions were taken to address the issues. The overall insight report informed the development of an action plan produced by the implementation support team to address these issues, which was subsequently approved by the NICE Board in May 2018.

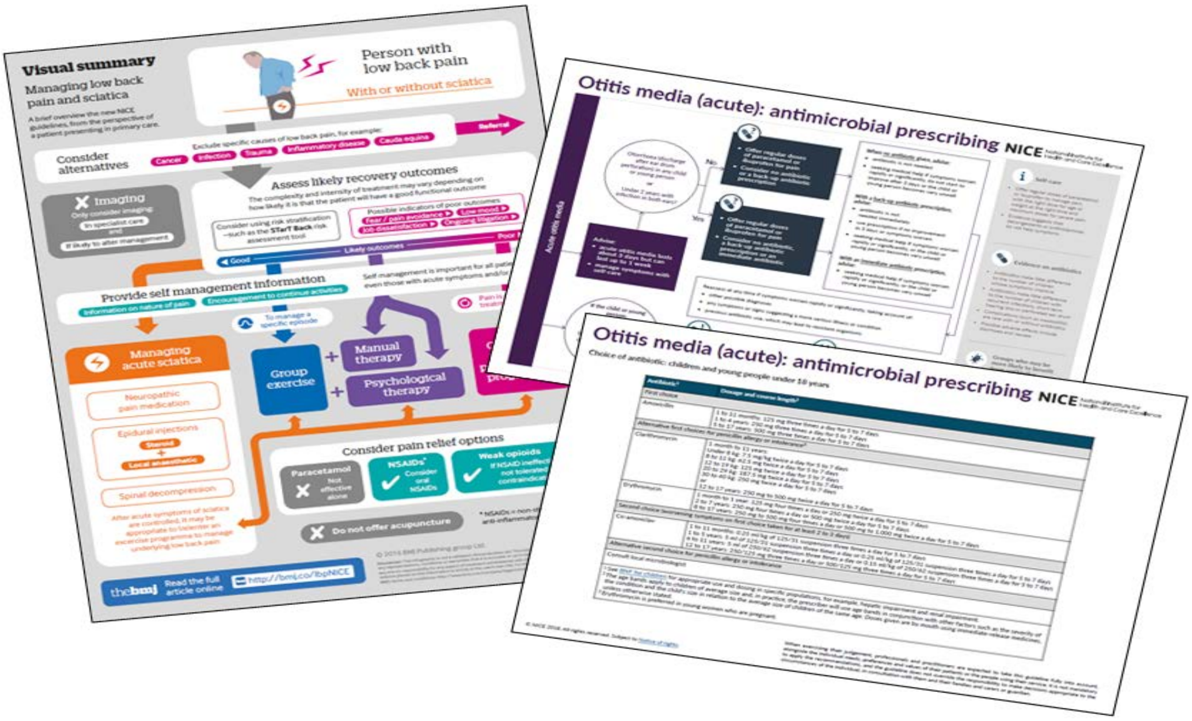
Similarly, a survey was carried out with subscribers to NICE’s newsletters in 2018, which aimed to capture feedback and identify areas for improvement for the organisation. Based on the findings from this research, the NICE media team piloted new ways of presenting information and developed a number of innovative concepts for new content, with a view to rolling out the changes to everyone in the future. For example, NICE changed its lists of guidance to help people find the information they need. Audiences can now sort information by the date it was published or reviewed as well as by title or guidance number. In addition, the functionality was also added to allow audiences to retain their selections when moving between web pages.(12)

2.7 Impact and knowledge sharing

In addition to publishing both methodology manuals for the development of NICE guidance and quality standards, NICE also published both processes in various academic journals. In late 2014, NICE published its process for developing quality standards and indicators in the Elsevier Journal.(13) The guideline development manual was published in the National Centre for Biotechnology Information (NCBI) Journal in 2015.(14) Furthermore, NICE also produce visual summaries of its guidelines to help improve the awareness of its work and aid in understanding and implementation.

For example, Figure 8(15,16) below showcases a visual summary overview of the NICE guideline for low back pain and sciatica from the perspective of a patient presenting in primary care, as published in the British Medical Journal,(15) and a two-page summary of the recommendations, including tables to support prescribing decisions for the Otitis media (acute) antimicrobial prescribing Guideline (2018).(16)

Figure 8: Example visual summary overviews of NICE Guidelines



As part of NICE’s syndication[†] service, external organisations can import NICE content into its digital systems free of charge within the UK. For instance, Elsevier as part of RELX Group embedded NICE Guidelines into its repository *ClinicalKey*, a clinical search engine. Having NICE guidelines in this Elsevier repository has dramatically helped users looking for evidence-based recommendations relevant to their healthcare setting. Healthcare professionals in the NHS can embed clinical decision support based on trusted recommendations directly into their workflow, supporting the decision-making process at point of care. In addition, demand for NICE guidelines in this repository is not just limited to the UK. Through this service, Elsevier's global customer base can now benefit from access to these guidelines, helping to contribute to better health outcomes across the world.

NICE develops a selection of resources to help services measure the uptake of its guidance and quality standards. In particular, NICE has developed a database for services to use to compare themselves with others. Through this, they can find audit data relating to NICE recommendations, assess levels of uptake over time and read good practice examples of how NICE recommendations have been implemented in practice by others, ultimately helping them to compare guidance uptake at a regional and national level.

An excel-based tool, called the quality standard service improvement template, developed by NICE, is one way in which providers can make an initial assessment of their service, compared to a selection of quality standard) statements.

This tool allows services to:

- easily **assess current practice** within their service, by using the accompanying measures associated with the selected quality statements in the Monitoring Change Workbook,
- **record an action plan** in response,
- and over time, **monitor quality improvement or change** as a result.

In addition, NICE also develops impact reports from data showing the uptake of NICE guidance and quality statement measures, namely national audits, reports, surveys and indicator frameworks. These reports provide an accessible way for services to see how the healthcare system uses NICE recommendations to improve outcomes in a variety of priority areas, in a user-friendly format.

[†] Syndication: making a portion of a website available to other sites or individual subscribers.

2.8 Implementation support material

NICE guidance and quality standards play a key role in reducing gaps between recommended and actual practice, but successful implementation depends on national and local action. To help services make the best use of its products, NICE develops a wide range of implementation support material, resources and tools, to help services bring about improvements.

The NICE Field Team, made up of a group of eight implementation consultants, has a key role to play in supporting organisations at a local level to put NICE guidance into practice. Based across the UK, these staff promote NICE's implementation resources, share examples of good practice and work closely with local organisations and networks, ensuing regular interaction with NICE's stakeholders.

More specifically, NICE's Implementation Strategy Group has helped produce a digital hub, to help services understand how to use NICE guidance and quality standards to improve the quality of care and services. Drawn from leading academics in the field, the Implementation Strategy Group provides information and advice on the implementation science and the implications for NICE's approach.

In addition to providing general information on quality improvement, this Group also includes additional supporting resources such as:

- practical guidance on how to use evidence and NICE guidance to improve care and services,
- implementation flowcharts to help services start planning to put guidance into practice,
- more specific information on how NICE guidance and standards can help professionals in their role; from policy-makers and commissioners to practitioners, patients and those working in system transformation.

2.8.1 NICE endorsed tools and resources

In addition to this, some tools and resources are also developed externally to the organisation. These are assessed by the NICE endorsement team to make sure that they have been designed to promote the implementation of NICE guidance and standards for use across the UK health or social care setting. Once approved, the endorsed material is listed online alongside the NICE guidance or quality standard. Types of material endorsed by NICE to date include a range of material from eLearning courses, data collection or self-assessment tools, short videos to leaflets and A5-size printed booklets which have been developed by a variety of organisations such as Royal Colleges, the NHS, primary care and public health units as well as charities and societies.

2.8.2 Practice guide - how to use NICE's quality standards

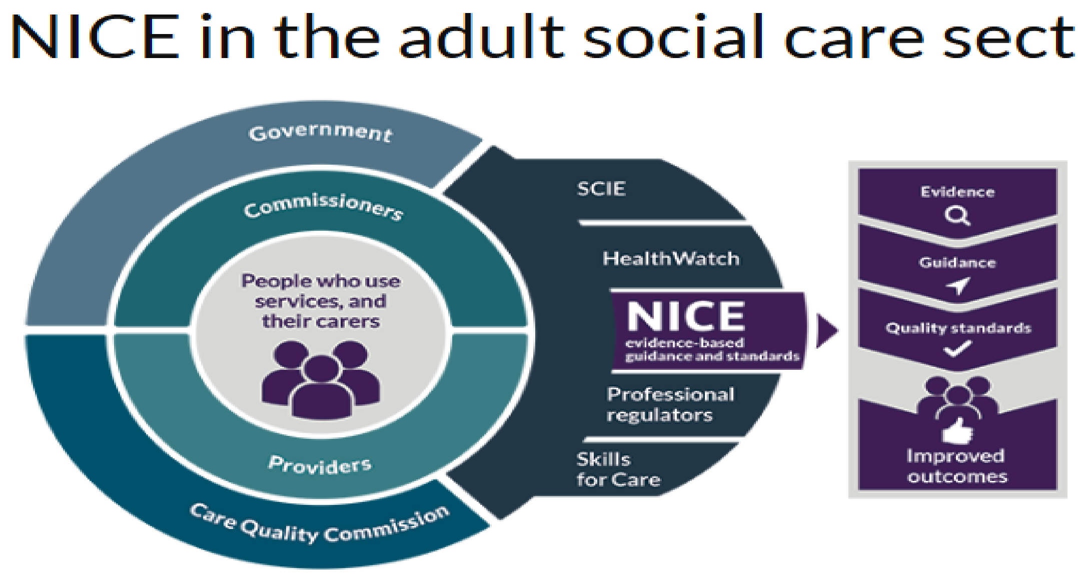
In 2013, NICE produced an *Into Practice Guide* for commissioners and service providers, giving practical advice on how to use NICE guidance and related quality standards to achieve high-quality care. It provides helpful tips, links to resources developed by NICE and external organisations and showcases examples of how services have used NICE products to improve the quality of health and social care. The guide ensures services can access advice and resources on specific aspects of guideline implementation and quality improvement. Services may also consider using it as a way to benchmark the effectiveness of their local processes.

It is anticipated that, as more local authorities and social care organisations start to use NICE guidance and related quality standards, more case studies and examples relevant to that sector can be used to update this guide to reflect and share experiences. In addition to this, the guide also provides links to quality improvement resources and up-to-date measurement tools, including national outcomes frameworks. For instance, one Excel-based tool developed by NICE, the Quality Standards Improvement Tool as detailed below, can be used by services to carry out an initial assessment of their practice against the quality standards.

2.8.3 NICE guidance for social care

NICE also works with the adult and children's care sectors to develop independent recommendations for social care that helps audit or benchmark local service performance. Research carried out by NICE has noted a number of challenges in implementing quality standards, such as when they are not mandatory. To help with this issue and to help reinforce its work, NICE tries to link more to national bodies and inspection frameworks, such as those for the Care Quality Commission (CQC), to join up national priorities rather than working in silos. This process is illustrated in in Figure 9 below.(17)

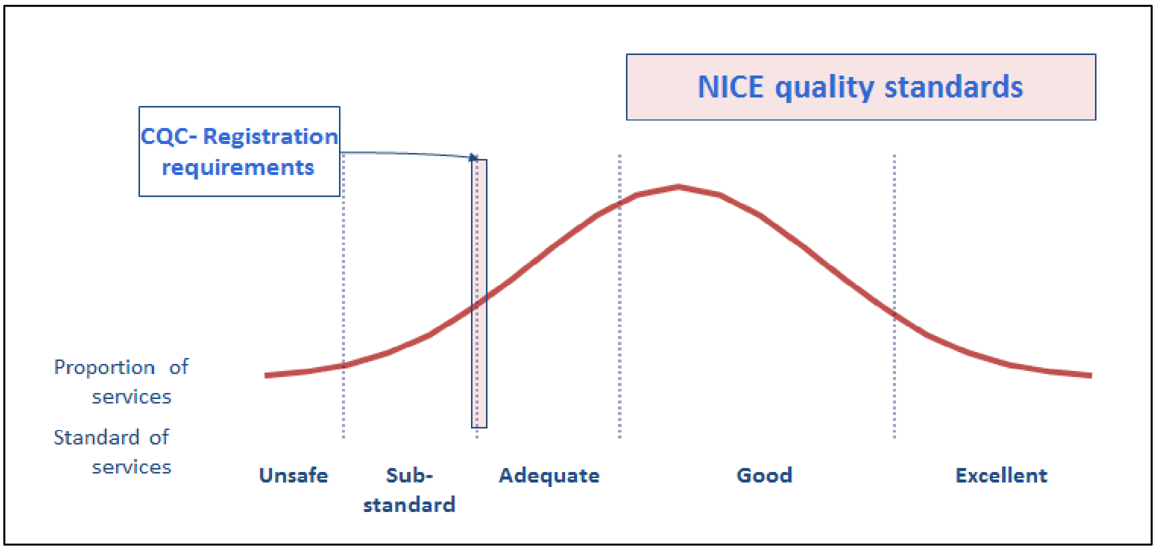
Figure 9: Linking NICE's work with national bodies and the regulation framework



2.8.4 Regulatory bodies – a support tool for adult social care

The Quality Standards team works closely with regulatory bodies, including the CQC, to ensure consistency between CQC inspections and the standards. NICE's quality standards are not minimum standards, they define best practice and are designed to complement regulatory or other minimum requirements, as shown in Figure 10 below.(3)

Figure 10: The relationship between quality standards and the CQC requirements



As quality statements within the standards describe what enhanced practice within a service looks like, they can then be used to demonstrate good practice within a service during a CQC inspection. Consequently, NICE developed an Excel-based quality improvement resource for commissioners, to put the NICE quality standards and guidelines in an easy-to-use format, while also detailing how the CQC use the NICE standards through its key lines of enquiry. Co-produced with representatives from the local authority commissioners, provider organisations and the CQC, this tool aims to help shape high-quality adult social care services and improve the wellbeing of adults in their care by mapping out the relationship between NICE's products and CQC inspections for adult social care services.

2.8.5 Accompanying summary documents - quick guides

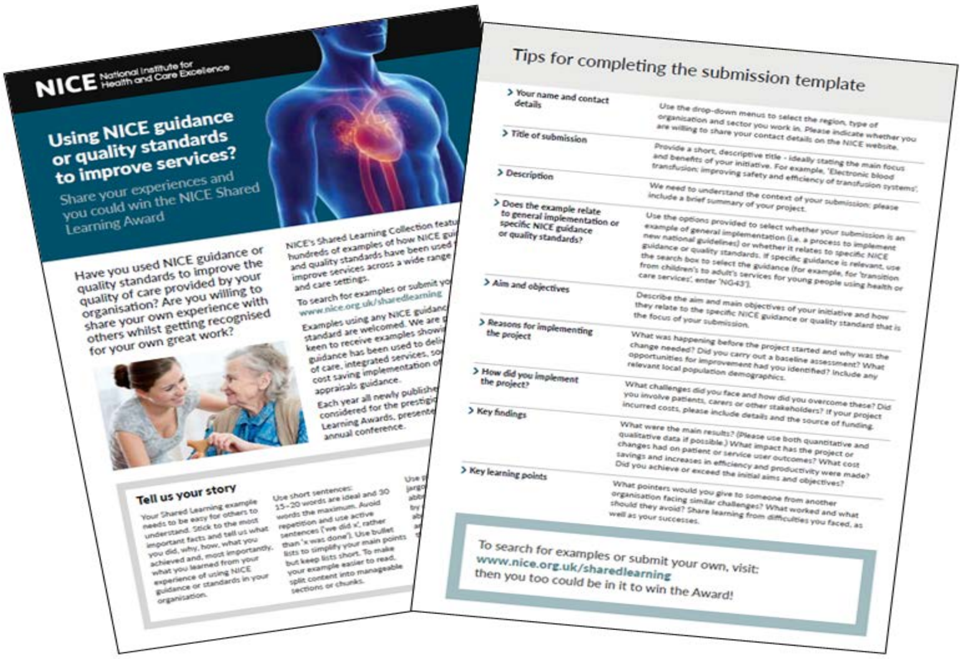
This type of guide is a concise way to access the key information from NICE on social care topics in a visually appealing and quick-to-read format. Based on feedback from across the sector, these guides were developed for people who require information from NICE, but do not have the time to read large guidelines and quality standards documents. In addition to providing people with the vital information on a specific social care topic, these free guides are also ideal for use in staff training across services. NICE and SCIE have worked together to generate 11 guides so far in collaboration with staff from across the social care sector, with more due to be developed. Figure 11(18) shows an example quick guide which complements the lengthier corresponding standards and guidelines documents.

Figure 11: Example social care quick guides and related standards and guidelines

2.8.6 Case studies and “Shared Learning Awards”

In addition to seeking feedback from services during the development of tools and resources, NICE encourages service providers and commissioners to share how they successfully implemented guidance and standards in an innovative way within their practice to bring about quality improvement, efficiency changes or integration of services. Through these case studies, NICE shows real world examples of good practice in how to commission, deliver and improve local health and social care services across the sector. To date, over 500 case studies of NICE guidance and standards in practice have been shared online for anyone to read. Each year, a number of case studies that deserve special recognition are presented with an award at the annual NICE Conference and NICE also developed guidance on how services can develop and share their story as a case study, as shown in Figure 12. (19)

Figure 12: NICE guidance on submitting a case study as an example of good practice



NICE National Institute for Health and Care Excellence

Using NICE guidance or quality standards to improve services?

Share your experiences and you could win the NICE Shared Learning Award

Have you used NICE guidance or quality standards to improve the quality of care provided by your organisation? Are you willing to share your own experience with others whilst getting recognised for your own great work?

NICE's Shared Learning Collection featu
hundreds of examples of how NICE gui
and quality standards have been used
improve services across a wide range
and care settings.

To search for examples or submit yo
www.nice.org.uk/sharedlearning

Examples using any NICE guidanc
standard are welcomed. We are
keen to receive examples showi
guidance has been used to deli
of care, integrated services, so
cost saving implementation o
appraisals guidance.

Each year all newly publishe
considered for the prestigi
Learning Awards, presente
annual conference.

Tell us your story

Your Shared Learning example needs to be easy for others to understand. Stick to the most important facts and tell us what you did, why, how, what you achieved and, most importantly, what you learned from your experience of using NICE guidance or standards in your organisation.

Use short sentences: 15–20 words are ideal and 30 words the maximum. Avoid repetition and use active sentences ('we did x', rather than 'x was done'). Use bullet lists to simplify your main points but keep lists short. To make your example easier to read, split content into manageable sections or chunks.

Use p
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Tips for completing the submission template

Your name and contact details	Use the drop-down menus to select the region, type of organisation and sector you work in. Please indicate whether you are willing to share your contact details on the NICE website.
Title of submission	Provide a short, descriptive title - ideally stating the main focus and benefits of your initiative. For example, 'Electronic blood transfusion: improving safety and efficiency of transfusion systems'.
Description	We need to understand the context of your submission: please include a brief summary of your project.
Does the example relate to general implementation or specific NICE guidance or quality standards?	Use the options provided to select whether your submission is an example of general implementation (i.e. a process to implement new national guidelines) or whether it relates to specific NICE guidance or quality standards. If specific guidance is relevant, use the search box to select the guidance (for example, for 'transition from children's to adult's services for young people using health or care services', enter 'NG43').
Aim and objectives	Describe the aim and main objectives of your initiative and how they relate to the specific NICE guidance or quality standard that is the focus of your submission.
Reasons for implementing the project	What was happening before the project started and why was the change needed? Did you carry out a baseline assessment? What opportunities for improvement had you identified? Include any relevant local population demographics.
How did you implement the project?	What challenges did you face and how did you overcome these? Did you involve patients, carers or other stakeholders? If your project incurred costs, please include details and the source of funding.
Key findings	What were the main results? (Please use both quantitative and qualitative data if possible.) What impact has the project or changes had on patient or service user outcomes? What cost savings and increases in efficiency and productivity were made? Did you achieve or exceed the initial aims and objectives?
Key learning points	What pointers would you give to someone from another organisation facing similar challenges? What worked and what should they avoid? Share learning from difficulties you faced, as well as your successes.

To search for examples or submit your own, visit:
www.nice.org.uk/sharedlearning
then you too could be in it to win the Award!

2.8.7 A trainers’ resource for social care staff

NICE developed a trainers’ resource to help social care staff quickly find content to use in training they provide in their service. The resource outlines the benefits of using NICE guidance in service training and includes links to free resources and quality improvement resources mapped to CQC inspections. It also provides tips on how to find the correct NICE social care-related guidance and standards to suit their needs, as well as encouraging registration for the free monthly e-bulletin for quick links to new and upcoming information and resources.

2.9 Future plans

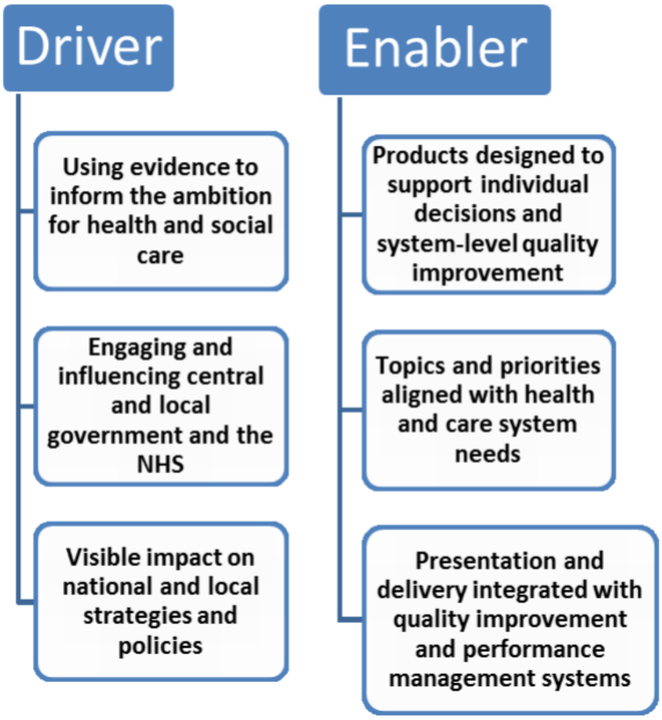
NICE's aim is to drive and enable the effective use of NICE guidance and quality standards to support local initiatives, improve outcomes and reduce variation. As part of its business plan, NICE sets out a strategic objective to both drive and enable the design and effective delivery of health and social care services.

2.9.1 Implementation strategy

NICE's implementation strategy, as shown in Figure 13,(20) aims to build on strategic objectives to ensure the effective use of guidance and quality standards. The aim is to help support local improvement initiatives and improve outcomes and reduce variation across care and services. The implementation strategy is underpinned by the following principles, designed to deliver on the implementation strategy:

- Produce guidance and standards that meets the audience needs
- Ensure that the relevant audiences is aware about NICE guidance and quality standards
- Motivate and encourage improvement
- Highlight practical support to help improve local capability and opportunity
- Evaluate impact and uptake.

Figure 13: The NICE Implementation Strategy (2017)



2.10 Key lessons for Ireland from the English setting

Following the review of the arrangements and processes in place across NICE and SCIE, the following lessons for Ireland have been identified:

- To hold a scoping consultation early on in the development process to engage with and garner input from the public and key stakeholders across the sector.
- To develop service-specific implementation support material, tools and guidance that meet the needs of services for that topic area, including summary material such as quick guides, forums to share examples of good practice or the endorsement of suitably developed material from external bodies.
- To provide support and information to professional and lay advisory committee members, using a structured recruitment, induction and support process accompanied by manuals for committee members.
- To engage with key experts in the field and encourage them to formally support and publicise the standards or guidance as a credible resource to their established networks across the sector.

- To ease the discovery of the organisation’s work by publishing in academic journals, developing visual summaries and continuing to publicise attendance at relevant external conferences and seminars.
- To develop ways to measure the uptake and impact of the organisation’s work across the system.
- To develop a long-term strategy to put a number of these goals in place, bringing about improved practice and better outcomes for those using health and social care services in Ireland.

3. Scotland – the health and social care setting

3.1 Background

This chapter sets out an overview of the standards developed by the Scottish Government for health and social care services: the *Health and Social Care Standards (2017)*. These standards provide one set of overarching standards which aim to integrate health and social care into a joined-up service for the public. Chapter 4 provides an overview of clinical standards developed in Scotland for healthcare services. These clinical standards are developed by Healthcare Improvement Scotland, and aim to support staff in providing high-quality care, wherever healthcare is delivered.

These chapters provide an overview of the processes and methods used for developing and implementing both the *Health and Social Care Standards (2017)* developed by the Scottish Government, and clinical standards developed by Healthcare Improvement Scotland.

3.2 Output

In April 2018, the Scottish Government introduced the *Health and Social Care (HSC) Standards*.(21) The HSC Standards have been introduced under section 50 of the Public Services Reform (Scotland) Act 2010(22) and section 10H of the National Health Services Scotland Act 1978.(23) The HSC Standards set out what the public should expect when using healthcare, social care or social work services in Scotland. They reflect a human rights-based approach to care and emphasise the importance of human relationships, kindness and compassion rather than focusing on physical inputs such as records, procedures, and health and safety. The HSC Standards moved away from policing services to comply with minimum standards to a more collaborative approach, helping each service to improve as much as possible.

The HSC Standards provide one set of overarching standards applicable to NHS services in Scotland, as well as services registered with the Care Inspectorate[‡] and

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[‡] The Care Inspectorate (formally known as Social Care and Social Work Improvement Scotland) was set up by the Scottish Government in 2011. It is the regulatory body for social work and social care services, including child protection and the integration of children's services.

Healthcare Improvement Scotland.[§] The HSC Standards will help inform how the Care Inspectorate and Healthcare Improvement Scotland regulate and inspect health and social care services, as well as supporting improvement. Non-regulated services are also expected to use the HSC Standards as a guideline to help achieve high-quality care.

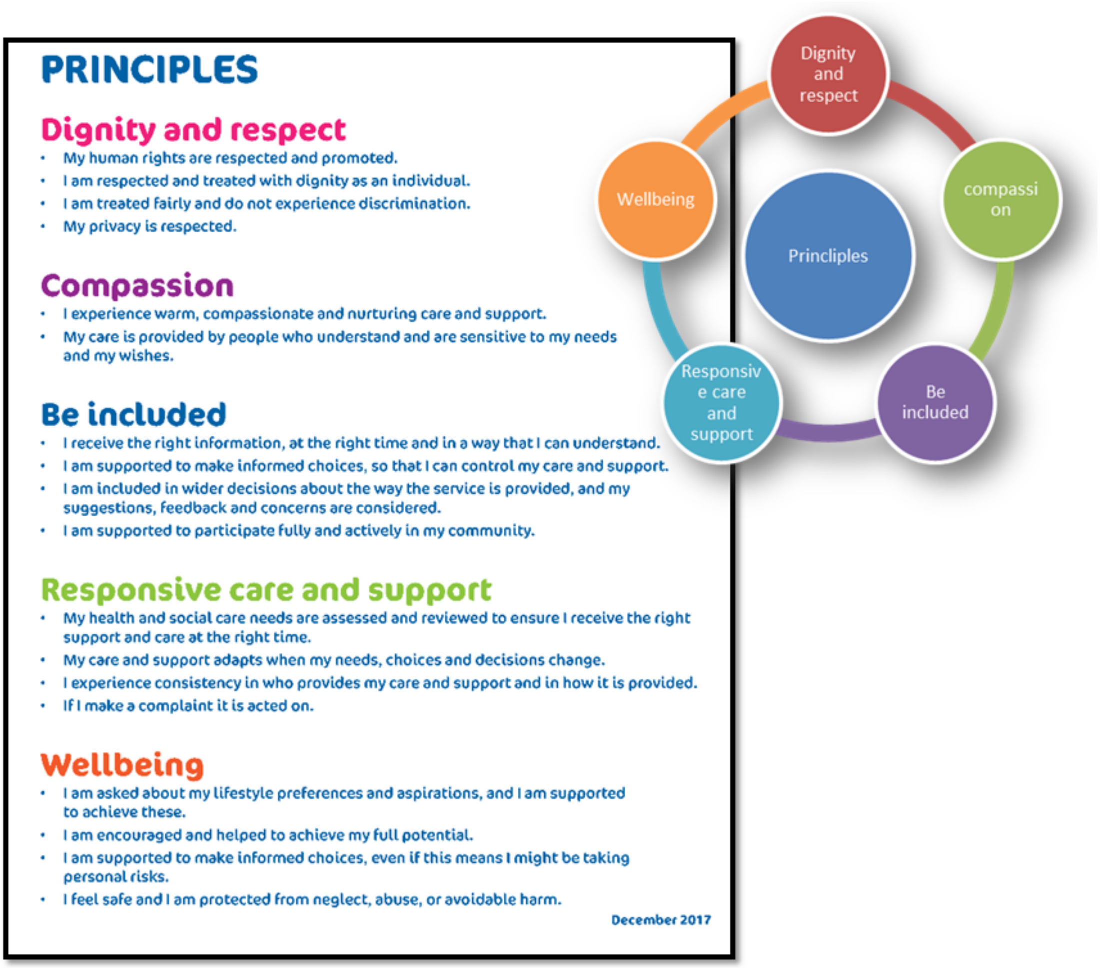
The HSC Standards do not replace the need to comply with legislation, which sets out requirements for the provision of services. Instead, the HSC Standards should be used to complement the relevant legislation and best practice guidelines that support health and social care services perform high-quality care. The HSC Standards also do not replace previous standards and outcomes relating to healthcare developed under section 10H of the National Health Service (Scotland) Act 1978; however, they do replace the *National Care Standards* (2002) developed under section 5 of the Regulation of Care (Scotland) Act 2001. The *National Care Standards* (2002) consisted of 23 different sets of standards,(24) each covering a different type of registered social care service; for example care homes for children and young people, and care homes for older people.

When the HSC Standards were introduced in April 2018, it was stated that there would be no ‘big bang’ introduction for service providers. For example, the Care Inspectorate is working with providers of social care services and commissioners during a phased implementation, starting with services for older people.

The HSC Standards are seen as a ‘parent’ set of standards for all health and social care services in that they are high level and general. The HSC Standards were developed from the point of view of the person using the service as shown in Figure 14 below.(25) They are structured into five headline outcomes, and each headline outcome has descriptive statements explaining what achieving the outcome should look like in practice.

[§] Healthcare Improvement Scotland was established in 2011. It is the national healthcare improvement organisation for Scotland. One of its roles is to regulate independent healthcare services.

Figure 14: Principles underpinning the HSC Standards(25)



PRINCIPLES

Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

Wellbeing

- I am asked about my lifestyle preferences and aspirations, and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse, or avoidable harm.

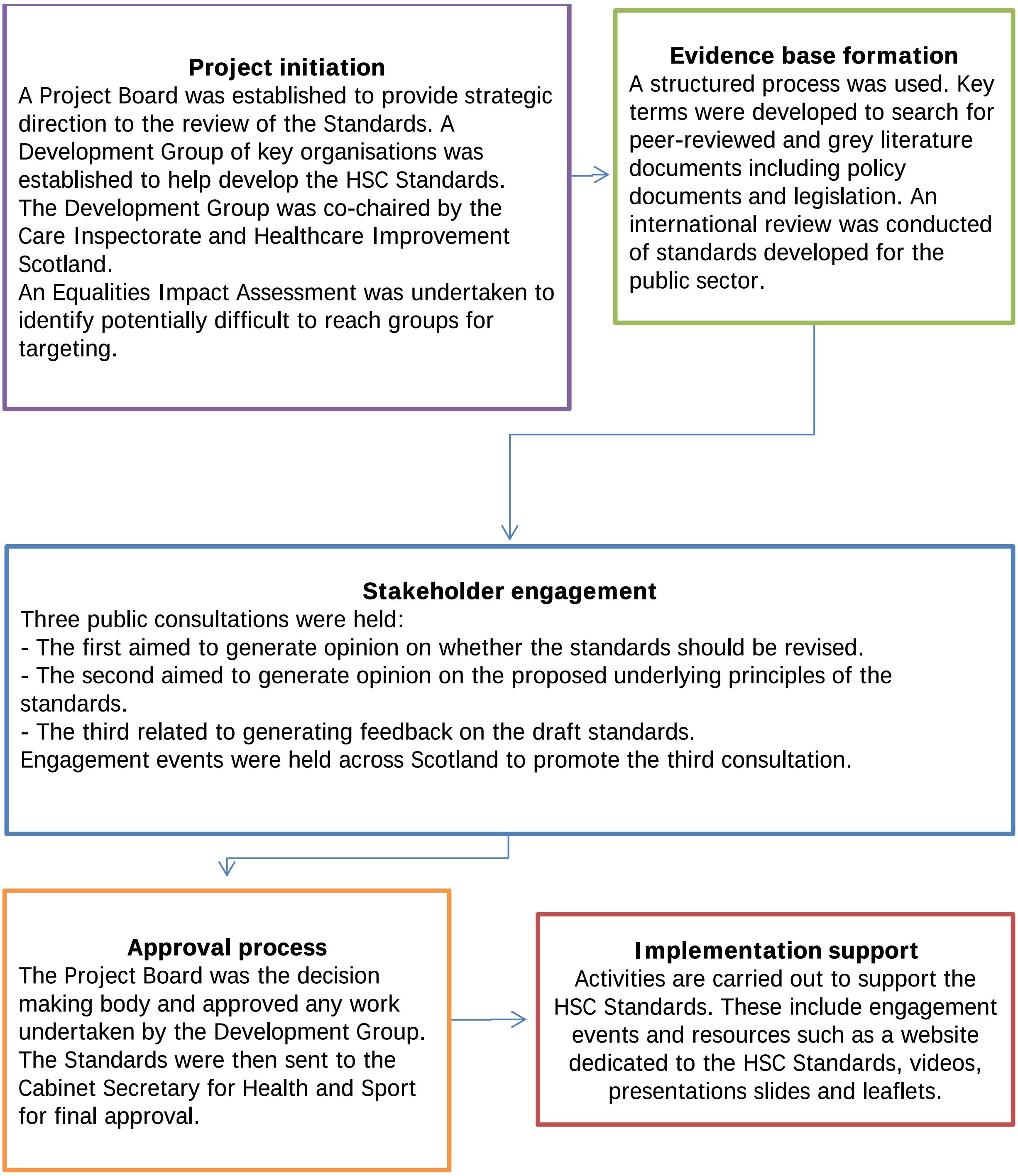
December 2017

3.3 Methodology

3.3.1 The standards development process

The development of the HSC Standards involved a comprehensive review of evidence and a series of consultations and engagement events. Support material was developed to inform and implement the Standards. An overview of the process for developing the HSC Standards is described in Figure 15.

Figure 15: Overview of the process for developing the HSC Standards



Project initiation
A Project Board was established to provide strategic direction to the review of the Standards. A Development Group of key organisations was established to help develop the HSC Standards.
The Development Group was co-chaired by the Care Inspectorate and Healthcare Improvement Scotland.
An Equalities Impact Assessment was undertaken to identify potentially difficult to reach groups for targeting.

Evidence base formation
A structured process was used. Key terms were developed to search for peer-reviewed and grey literature documents including policy documents and legislation. An international review was conducted of standards developed for the public sector.

Stakeholder engagement
Three public consultations were held:
- The first aimed to generate opinion on whether the standards should be revised.
- The second aimed to generate opinion on the proposed underlying principles of the standards.
- The third related to generating feedback on the draft standards.

Engagement events were held across Scotland to promote the third consultation.

Approval process
The Project Board was the decision making body and approved any work undertaken by the Development Group.
The Standards were then sent to the Cabinet Secretary for Health and Sport for final approval.

Implementation support
Activities are carried out to support the HSC Standards. These include engagement events and resources such as a website dedicated to the HSC Standards, videos, presentations slides and leaflets.

3.3.2 The HSC Standards - project resources and staff

A Development Group, co-chaired by the Care Inspectorate and Healthcare Improvement Scotland, worked on the HSC Standards over a period of three years.

The Standards involved the work of two senior members of staff, three project officers, an administration officer and a communications manager; however, not all members of the team worked on the Standards in a full-time capacity.

3.4 Stakeholder engagement

Stakeholder engagement and support formed a key part of the HSC Standards development process. This included the convening of a Project Board and Development Group, holding public consultations at key stages in the development process, as well as holding engagement events with interested parties. At an early stage in the development process, an Equalities Impact Assessment was undertaken to identify potentially difficult to reach groups and to target engagement at these groups, for example children in care and adults with learning disabilities.

3.4.1 Project Board and Development Group

In the initial stages of the project, a Project Board was established to provide strategic direction to the review of the Standards and to make decisions. A Development Group of key organisations was also established to develop the HSC Standards. The Development Group was co-chaired by the Care Inspectorate and Healthcare Improvement Scotland.

3.4.2 Public consultation

The development of the HSC Standards involved significant engagement with the public, with three public consultations held. The first consultation aimed to generate opinion on whether the standards should be revised and this received 475 responses. The second 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 by the Care Inspectorate and Healthcare Improvement Scotland to raise awareness of the third public consultation on the draft standards. An easy-to-read version of the draft was also available for the third public consultation, with a total of 59 responses received on the easy-to-read version.

3.5 Dissemination and communication

A number of efforts were made following the launch of the HSC Standards to distribute and share the standards. Information sessions were held across Scotland to answer service providers’ questions on what the Standards mean to their work. A new website was launched which includes resources to summarise and explain the

HSC Standards, including a PowerPoint slide deck, information leaflets and videos. Healthcare Improvement Scotland and the Care Inspectorate continue to actively advertise the HSC Standards on social media forums to keep service users and providers up-to-date on the Standards, events and supporting material, using the Twitter hashtag: #HSCStandards.

3.6 Evaluation approaches

At the time of writing this report, the HSC Standards are starting to be implemented. The Care Inspectorate have piloted its revised inspection methodology based on the Standards and modified it in light of its experience. Future plans are in place to evaluate the Standards by assessing the lived experience of people using the services.

3.7 Impact and knowledge sharing

The impact of the HSC Standards will be assessed in a number of ways. One method of assessing impact is by measuring the number of times the Standards are downloaded from the HSC Standards website. The distribution of both electronic and hard copies is recorded, as well as the number of requests for information in alternative formats, for example sign language.

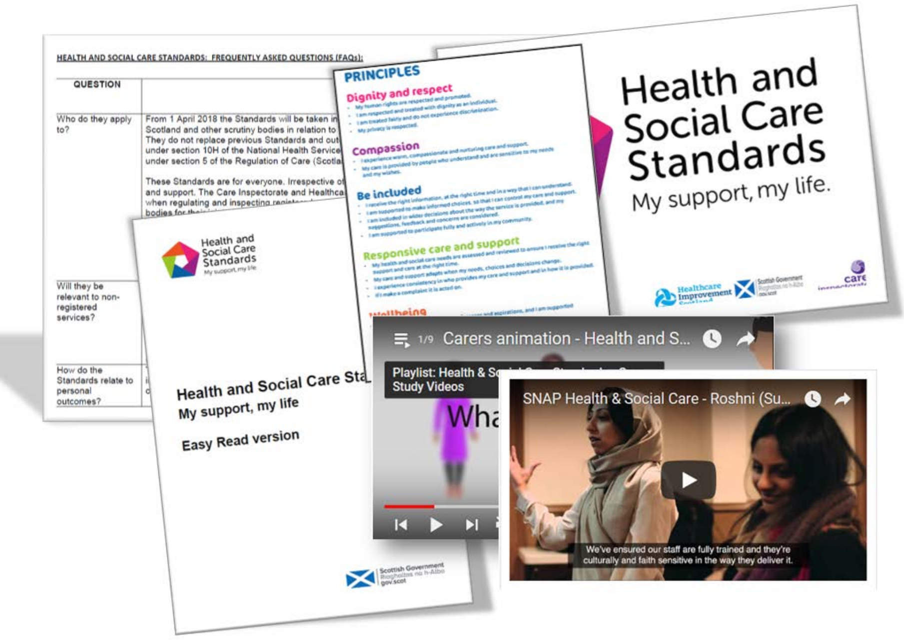
The number of engagement events is recorded as well as those who attend these events. Trends are monitored, for example the type of professionals attending events. This aims to identify professions and services where there is lower engagement.

3.8 Implementation support material

Support material has been developed to help inform and implement the HSC Standards, as shown in Figure 16.(25) These documents are published on the HSC Standards website.(26) Support material includes:

- videos of real stories, animations on the Standards and case-studies demonstrating a rights-based approach
- an easy-to-read version of the Standards
- a PowerPoint slide deck used for information sessions including an audio version of the presentation
- an information leaflet on the Standards
- a frequently asked questions (FAQ) section.

Figure 16: Support material developed to assist in implementing the HSC Standards

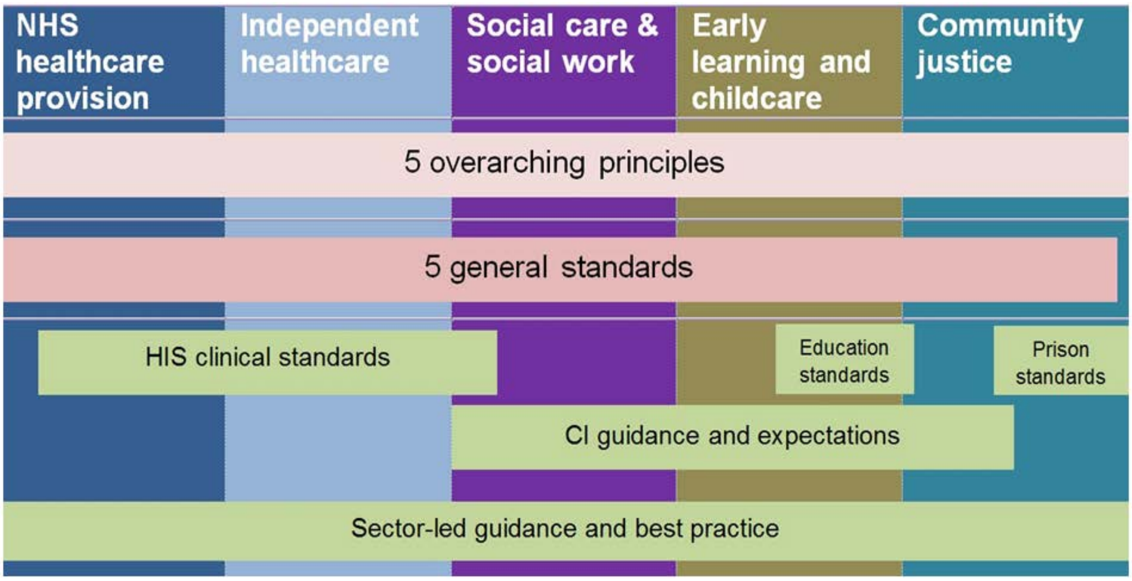


The HSC Standards are high level and do not include the service specific details that were set out in the *National Care Standards* (2002). The Care Inspectorate has recognised the need to clarify the expectations of services in meeting the Standards, especially when planning and registering new services. At the time of this report, the Care Inspectorate is publishing service specific guidance and advice which reference the Standards; this will ensure expectations of care services and commissioners are clear. Guidance published to date includes *Guidance on adult to child ratios in Early Learning and Childcare (ELC) settings.*(27)

3.9 Future plans

The HSC Standards have been developed to be future proof with a single set of overarching standards for all health and social care services. Healthcare Improvement Scotland's clinical standards are integrated under the HSC Standards, in addition to education standards, prison standards and Care Inspectorate guidance and principles. All standards and guidance developed in the future for NHS health provision, independent healthcare, social care and social work, early learning and childcare, and community justice will be underpinned by the overarching principles of the HSC Standards, as shown in Figure 17.(28)

Figure 17: The relationship between the HSC Standards and current standards and guidance across the sector



3.10 Key lessons for Ireland from the Scottish health and social care setting

Following the review of the arrangements and processes in place acrossthe Scottish Government, the following lessons for Ireland have been identified:

- the development of service specific guidance to support standards and advise care services and commissioners on areas where clarification is required.
- the process of conducting a topic consultation, or scoping exercise, during the initial stage of the standards development process to provide interested parties and experts in the area with an opportunity to contribute on the direction that the standards should take.
- to ensure everyone has access during the standards development process, an easy-to-read version of the draft standards is available for feedback at the public consultation stage.
- the development of tools to support understanding of the standards including videos, an easy-to-read version, a PowerPoint slide deck, information leaflets and frequently asked questions.

4 Scotland – the healthcare setting

4.1 Background

Healthcare Improvement Scotland is the national healthcare improvement organisation in Scotland. This public body was founded in 2011 and forms part of the Scottish National Health Service (NHS Scotland). Its function is to implement the healthcare priorities of the Scottish government, and has a broad work programme which includes the regulation of independent hospitals and clinics.[**] Healthcare Improvement Scotland also incorporates the following organisations:

- the Healthcare Environment Inspectorate helps reduce the risk of healthcare-associated infection through hospital inspections
- the ihub helps health and social care providers design and deliver better services
- the Scottish Health Council supports NHS Scotland's boards and health and social care providers to involve patients and the public in the development of services
- the Scottish Health Technologies Group provides advice on the clinical effectiveness and cost-effectiveness of healthcare technologies that are expected to have significant implications for patient care
- the Scottish Intercollegiate Guidelines Network develops evidence-based clinical practice guidelines for NHS Scotland
- the Scottish Medicines Consortium is responsible for accepting newly-licensed medicines that represent good value for money to NHS Scotland.(25)

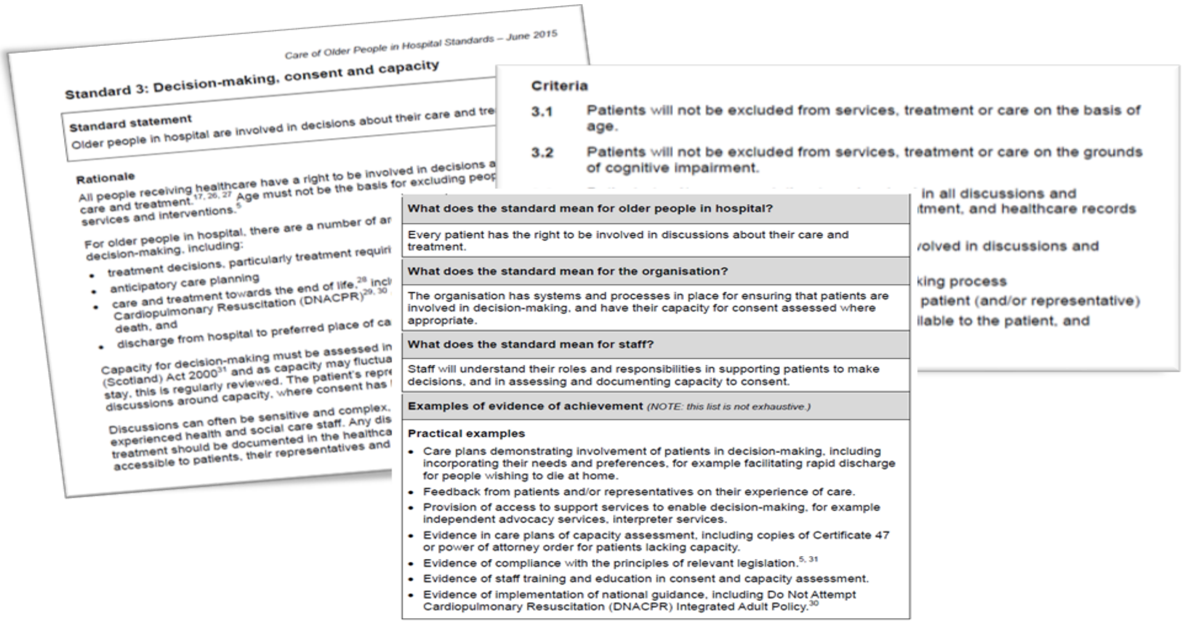
One of Healthcare Improvement Scotland's functions is to develop evidence-based standards for effective clinical practice. It develops clinical standards to support staff to ensure that high-quality care is provided, wherever healthcare is delivered. It does not however have the legal powers to enforce sanctions against NHS Scotland services who do not meet the standards, with the exception of independent healthcare services.

[**] Independent healthcare services are healthcare services which are not funded by the National Health Service (NHS).

4.2 Output

Healthcare Improvement Scotland's clinical standards are structured to include a statement of the level of performance to be achieved and a rationale for why the standard is considered important. Within each standard, a list of criteria[††] is provided and compliance with each criterion is considered to be essential to demonstrate that the standard has been met. Each standard also demonstrates what patients and service users can expect of healthcare services in Scotland that have implemented the standards. An example of the structure of the standards is shown in Figure 18.(29)

Figure 18: Structure of the *Care of Older People in Hospital Standards* (2015)



Care of Older People in Hospital Standards – June 2015

Standard 3: Decision-making, consent and capacity

Standard statement
Older people in hospital are involved in decisions about their care and tre

Rationale
All people receiving healthcare have a right to be involved in decisions a
care and treatment.[17, 26, 27] Age must not be the basis for excluding peop
services and interventions.[5]

For older people in hospital, there are a number of ar
decision-making, including:

- treatment decisions, particularly treatment requiri
- anticipatory care planning
- care and treatment towards the end of life,[28] incl
Cardiopulmonary Resuscitation (DNACPR)[29, 30]
death, and
- discharge from hospital to preferred place of ca

Capacity for decision-making must be assessed in
(Scotland) Act 2000[31] and as capacity may fluctua
stay, this is regularly reviewed. The patient's repr
discussions around capacity, where consent has

Discussions can often be sensitive and complex.
experienced health and social care staff. Any dis
treatment should be documented in the healthca
accessible to patients, their representatives and

Criteria

3.1 Patients will not be excluded from services, treatment or care on the basis of age.

3.2 Patients will not be excluded from services, treatment or care on the grounds of cognitive impairment.

in all discussions and
itment, and healthcare records

volved in discussions and

king process
patient (and/or representative)
ilable to the patient, and

What does the standard mean for older people in hospital?
Every patient has the right to be involved in discussions about their care and treatment.
What does the standard mean for the organisation?
The organisation has systems and processes in place for ensuring that patients are involved in decision-making, and have their capacity for consent assessed where appropriate.
What does the standard mean for staff?
Staff will understand their roles and responsibilities in supporting patients to make decisions, and in assessing and documenting capacity to consent.
Examples of evidence of achievement *(NOTE: this list is not exhaustive.)*
Practical examples • Care plans demonstrating involvement of patients in decision-making, including incorporating their needs and preferences, for example facilitating rapid discharge for people wishing to die at home. • Feedback from patients and/or representatives on their experience of care. • Provision of access to support services to enable decision-making, for example independent advocacy services, interpreter services. • Evidence in care plans of capacity assessment, including copies of Certificate 47 or power of attorney order for patients lacking capacity. • Evidence of compliance with the principles of relevant legislation.[5, 31] • Evidence of staff training and education in consent and capacity assessment. • Evidence of implementation of national guidance, including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Integrated Adult Policy.[30]

Examples of standards developed by Healthcare Improvement Scotland include standards for the care of older people in hospitals, management of hospital post-mortem examinations, and healthcare and forensic medical services for people who have experienced rape, HIV, and sexual assault or child sexual abuse.

Healthcare Improvement Scotland provides the following definition for its standards:

Definition of standards:
A standard is a statement of an expected level of service which demonstrates delivery of person-centred, safe and effective healthcare, and promotes

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[††] The processes, structures and outcomes that are required to be in for the standard to be met.

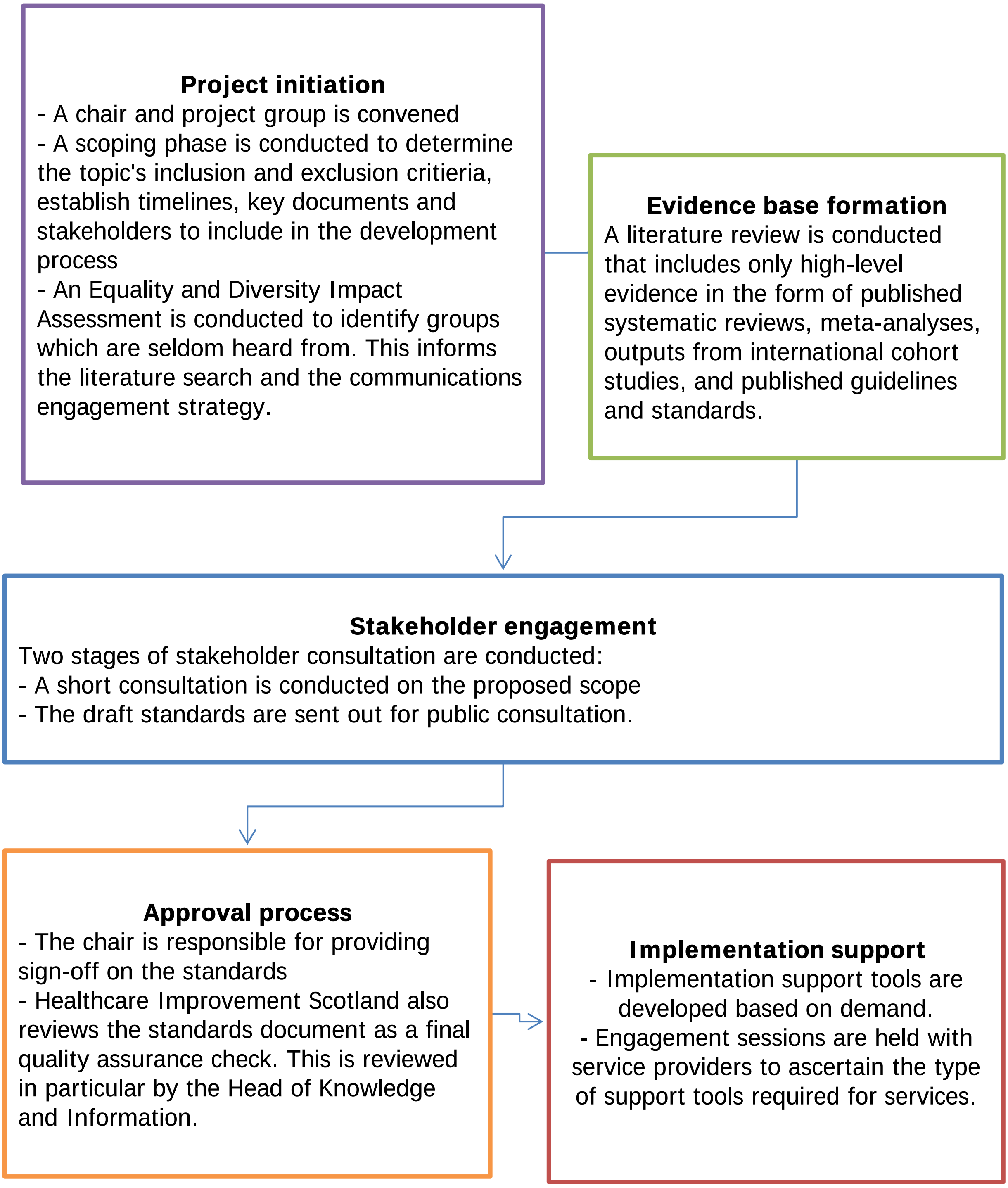
understanding, comparison and improvement of that care. Standards can be used for national consistency and for local improvement.

4.3 Methodology

4.3.1 The standards development process

The development of the clinical standards involves a considerable degree of stakeholder engagement in the form of a convened expert project group, a short consultation on the proposed scope of the standards and a public consultation on the draft standards. A review of synthesised evidence and international guidelines and standards also informs the development of clinical standards. A full overview of the methodology for developing the standards is described in Figure 19.

Figure 19: Methodology for developing Healthcare Improvement Scotland's clinical standards



Project initiation

- A chair and project group is convened
- A scoping phase is conducted to determine the topic's inclusion and exclusion critieria, establish timelines, key documents and stakeholders to include in the development process
- An Equality and Diversity Impact Assessment is conducted to identify groups which are seldom heard from. This informs the literature search and the communications engagement strategy.

Evidence base formation

A literature review is conducted that includes only high-level evidence in the form of published systematic reviews, meta-analyses, outputs from international cohort studies, and published guidelines and standards.

Stakeholder engagement

Two stages of stakeholder consultation are conducted:

- A short consultation is conducted on the proposed scope
- The draft standards are sent out for public consultation.

Approval process

- The chair is responsible for providing sign-off on the standards
- Healthcare Improvement Scotland also reviews the standards document as a final quality assurance check. This is reviewed in particular by the Head of Knowledge and Information.

Implementation support

- Implementation support tools are developed based on demand.
- Engagement sessions are held with service providers to ascertain the type of support tools required for services.

4.3.2 Healthcare Improvement Scotland standards - project resources and staff

Clinical standards take between 12-18 months to develop. Each set of clinical standards are assigned to a project team which consists of a programme manager, a project officer and an administration assistant. However, not all members of the team work on the development of the standards in a full-time capacity.

4.4 Stakeholder engagement

Healthcare Improvement Scotland actively involves stakeholders in the development of the clinical standards. This includes convening a project group and holding a public consultation on the draft standards.

4.4.1 Project group

A chair and project group is convened at the initial stages of the standards development process. Project group members are asked to declare any interests and to agree to the group’s terms of reference. The chair is responsible for signing off on the validity and acceptability of the standards.

4.4.2 Public consultation

The clinical standards 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 sent out for public consultation for a period of eight-to-12 weeks through an online survey and targeted engagement events. As part of the public consultation on the draft standards, focused discussions are held with ‘difficult-to-reach’ populations, for example people in prisons or in homeless shelters.

4.5 Dissemination and communication

Based on demand and interest, roadshows are held around Scotland where Healthcare Improvement Scotland meets and supports health boards to implement the standards. Similarly, if a request is received to work with stakeholders, Healthcare Improvement Scotland will work towards meeting that request, for example the Scottish Older People’s Assembly requested that Healthcare Improvement Scotland attend various sessions to raise awareness amongst their members of the *Care for Older People in Hospitals Standards*.

4.6 Evaluation approaches

Healthcare Improvement Scotland revises its clinical standards as required. Healthcare Improvement Scotland can determine if revisions to clinical standards are required based on the introduction of new legislation or changes to the healthcare landscape. Revision to clinical standards can also be requested by key organisations and representative bodies, for example at the time of writing this report the *Clinical Standards for Pregnancy and Newborn Screening* (2005) are being revised; this is in response to a request from the National Services Division (NSD) of NHS National Services Scotland and Scottish Government. Healthcare Improvement Scotland may be requested to review standards for minor changes or to conduct a full revision of the standards. At the time of writing this report, Healthcare Improvement Scotland is piloting more structured processes to enable organisations and representative bodies to notify when changes to standards are required.

4.7 Impact and knowledge sharing

Healthcare Improvement Scotland is working on evaluating the impact of its standards. To date, it has evaluated how people have felt their involvement has influenced the development of standards. Determining the direct impact the standards have had on service delivery is found to be more challenging, as it is difficult to determine whether improvements in services are as a result of the standards.

4.8 Implementation support material

Following publication of standards, Healthcare Improvement Scotland continues to work with NHS Scotland, social care services and voluntary organisations to support the implementation of the standards. This involves asking services what implementation support material is needed.

Implementation support material is developed based on demand and in collaboration with key stakeholders. Examples of support tools developed to date include the development of a self-evaluation framework for the implementation of the *Healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse: Children, young people and adults standards* (2017)(30) and a podcast to support health and social care staff implement the *Prevention and Management of Pressure Ulcers Standards* (2016).(31)

4.9 Future plans

Healthcare Improvement Scotland's Operational Plan(32) sets out its key activities and outputs for the year 2018-2019. One of its aims is to provide high-quality care backed up by nationally agreed standards. To achieve this aim, Healthcare Improvement Scotland will continue to support the implementation of the *National Health and Social Care Standard* (2017)(33) in addition to revising its general standards for neurological care and support, and developing standards to support quality assurance of screening programmes in Scotland.

In its operational plan, Healthcare Improvement Scotland has also identified a number of standards that require further work, including standards for breast screening and pregnancy and newborn screening. Plans are in place to convene a working group specific to each subject matter to review the standards against specific factors; such as safe care, current evidence and emerging technologies. The working group will make recommendations to revise or withdraw these standards. Healthcare Improvement Scotland is also reviewing options to refine its standards development process to ensure the clinical standards reflect the HSC Standards (2017).(33)

4.10 Key lessons for Ireland from the Scottish healthcare setting

Following the review of the arrangements and processes in place across Healthcare Improvement Scotland, the following lessons for Ireland have been identified:

- to conduct a scoping phase or consultation in the initial stages of the standards development process where existing work and evidence on best practice is assessed.

- to conduct an equality and diversity impact assessment to help identify groups which are seldom consulted in the development process; this informs the literature search and the stakeholder engagement strategy.

- to hold public engagement events following the launch of the standards to facilitate circulation of the standards, and to provide service providers and the public with an opportunity to ask questions about the standards.

5 Ontario – the healthcare setting

5.1 Background

Health Quality Ontario is the agency in Ontario mandated under the Excellent Care for All Act, 2010(34) to make recommendations to healthcare organisations on standards of care. Health Quality Ontario is also mandated to make recommendations to the Minister of Health and Long-term Care on clinical care standards and performance measures relating to topics or areas that the Minister may specify.(35)

Quality standards inform clinicians and organisations about what high-quality healthcare looks like; the standards focus on areas where there is variation in current practice or where there are gaps between current practice and optimal care in Ontario. Quality standards aim to help healthcare organisations measure, assess, and improve the care that they deliver; they also assist the Government to prioritise systems that require improvement.

5.2 Output

Health quality standards are made up of a set of statements on a topic or condition based on the best available evidence. The standards describe what high-quality care looks like for a health system. At the time of writing this report, Health Quality Ontario has published 14 sets of quality standards in total, with 15 sets of standards still in development. The standards address topics including mental health conditions such as major depression, behaviour symptoms of dementia, and schizophrenia; heavy menstrual bleeding; wound care topics such as pressure injuries, diabetic foot ulcers, and venous leg ulcers; opioid prescribing (for acute and chronic pain) and opioid use disorder; and palliative care.

Health Quality Ontario provides the following definition for their quality standards.

Definition of standards:
Quality standards are concise sets of measurable statements based on the best available evidence. They provide guidance on important elements of high-quality healthcare that have been deemed a priority for quality improvement within a specific topic area in the province. Quality standards, and the statements within, focus on areas where clinicians, patients, caregivers, and the public have identified a need for improvement in Ontario. They address standards of care for clinically defined populations (for example, adults with schizophrenia), service areas (for example, preoperative testing), and health system issues (for example, care

transitions).(36)

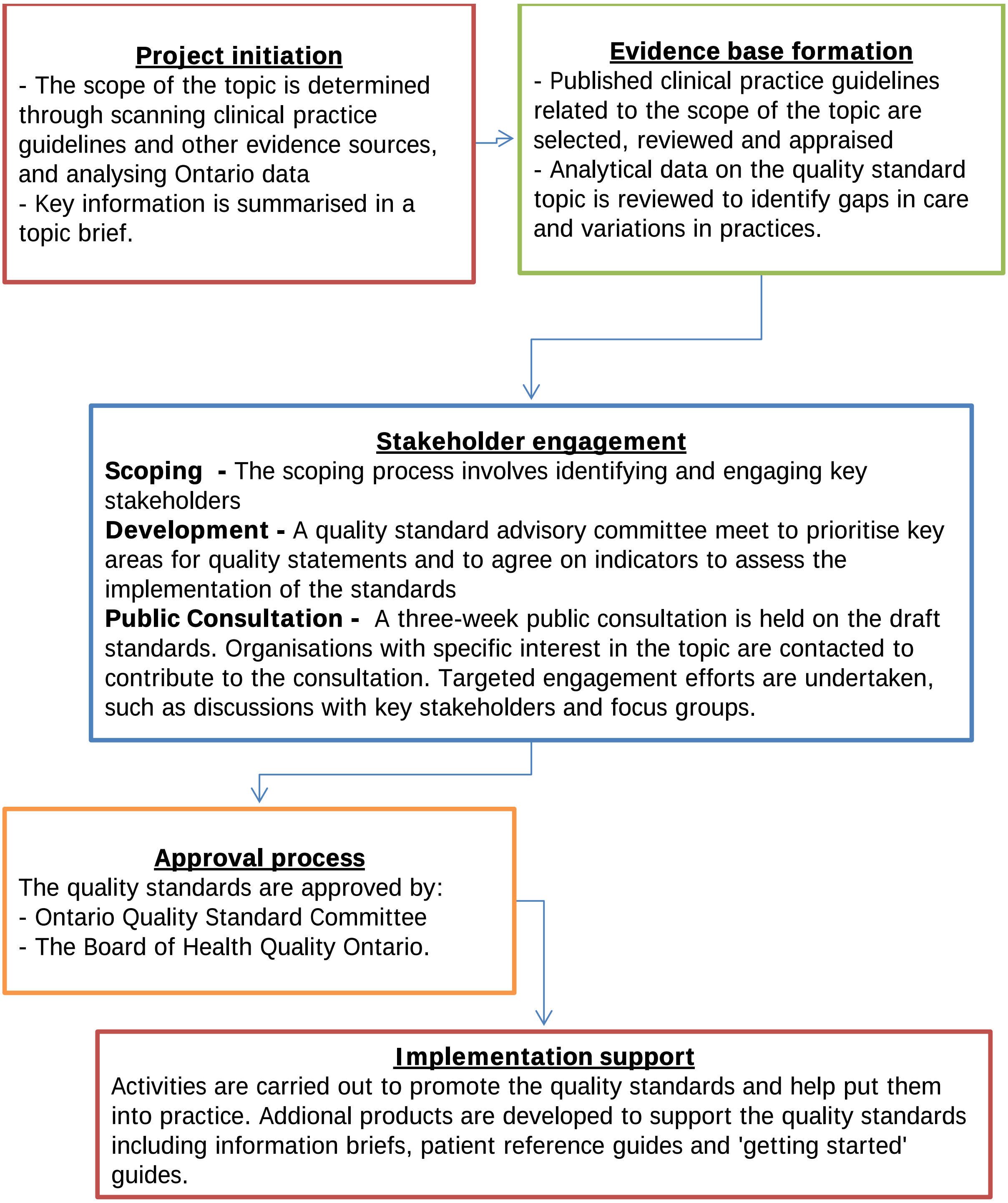
Quality standards are not intended to be professional standards of care or to set minimum expectations of practice for individual healthcare professionals. Each quality standard is accompanied by a number of outcome indicators that set out the overall goals of the quality standards. Each statement within the quality standards is accompanied by process and structural indicators that measure the successful implementation of the particular statement.

5.3 Methodology

5.3.1 The quality standards development process

Quality standards are developed through a thorough process which includes a comprehensive scoping review, an appraisal of the evidence base, the convening of a quality standards advisory committee and input throughout the process from key stakeholders. Once published, there is a strong focus on supporting the implementation of the quality standards; this is done through the development of products to facilitate healthcare professionals, organisations and the public to use the standards. The methodology for developing the Health Quality Ontario's quality standards is described in Figure 20.

Figure 20: Methodological process for developing Health Quality Ontario's quality standards



Project initiation

- The scope of the topic is determined through scanning clinical practice guidelines and other evidence sources, and analysing Ontario data
- Key information is summarised in a topic brief.

Evidence base formation

- Published clinical practice guidelines related to the scope of the topic are selected, reviewed and appraised
- Analytical data on the quality standard topic is reviewed to identify gaps in care and variations in practices.

Stakeholder engagement

Scoping - The scoping process involves identifying and engaging key stakeholders

Development - A quality standard advisory committee meet to prioritise key areas for quality statements and to agree on indicators to assess the implementation of the standards

Public Consultation - A three-week public consultation is held on the draft standards. Organisations with specific interest in the topic are contacted to contribute to the consultation. Targeted engagement efforts are undertaken, such as discussions with key stakeholders and focus groups.

Approval process

The quality standards are approved by:

- Ontario Quality Standard Committee
- The Board of Health Quality Ontario.

Implementation support

Activities are carried out to promote the quality standards and help put them into practice. Addional products are developed to support the quality standards including information briefs, patient reference guides and 'getting started' guides.

5.3.2 Quality Standards - project resources and staff

The process of developing quality standards generally takes 15-to-20 months to complete. The development of quality standards is a cross-organisational effort, and involves input from staff across Health Quality Ontario. In addition to the quality standards team, input is sought from staff in Health Quality Ontario with expertise in measurement, quality improvement and implementation, patient engagement, and project management.

5.3.3 Publishing Health Quality Ontario methodology

Health Quality Ontario has published a process and methods guide for developing its quality standards. The guide describes the principles, process, methods, and roles involved in selecting, developing, and planning for adoption of its quality standards.(36)

5.3.4 Evidence base

Published clinical practice guidelines are the key sources of evidence used for developing the quality standards. Guidelines are included if they relate to the scope of the quality standard, for example population and setting. In some content areas, recent Health Quality Ontario health technology assessment recommendations are also used; these recommendations are issued through the Ontario Health Technology Advisory Committee. Published clinical practice guidelines are selected for inclusion in the evidence-base based on the following criteria:

- they are in the English language
- they were published in the past five-to-10 years
- they are relevant to the defined scope of the quality standards
- they are original guidelines and not an adaptation of other clinical practice guidelines
- they include a clearly reported method for developing their recommendations which includes systematic evidence searches and an appraisal of the quality of the evidence.

If these criteria are met, the guideline is appraised using the AGREE II instrument.[‡‡] Five to seven clinical practice guidelines with the highest scores are selected to be

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[‡‡] The Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument II (**AGREE II**) is an international tool to assess the quality and reporting of practice guidelines.

included in the evidence-base. If available, one Canadian clinical practice guideline relating to the topic is also included in the evidence-base.

5.4 Stakeholder engagement

5.4.1 Scoping stage

During the scoping stage of the quality standards development process, meetings are held with key stakeholders to discuss the scope of the standards and to identify how partners can support the development of the standards. Discussions are also held on how key stakeholders can build awareness of the standards and support sharing, implementing and adoption of the standards.

5.4.2 The quality standards advisory committee

Each quality standards advisory committee consists of two co-chairs who are recognised leaders in their field. A skills matrix is used to identify the type of members needed for the committee, and consideration is given to include patients and carer representatives, to ensure a geographical representation of members and a mix of professions involved in delivering or evaluating care for the particular condition or health system area. An open call is published on the Health Quality Ontario website for two weeks and résumés are requested for all interested members. The co-chairs may also suggest additional stakeholders to sit on the committee.

Once convened, up to five meetings of the quality standards advisory committee are held. The committee reviews the topic brief for the quality standard and additional background information in advance. The committee also ranks key areas according to importance for inclusion in the quality standards. Areas are deemed important if they represent an area for improvement in the province of Ontario due to variations in practice or gaps between current practice and optimal care. The quality standards advisory committee is responsible for selecting a limited set of quality indicators that reflect the overall goals of the quality standards. They also agree on provincial measures of success that can be used to assess the impact of the quality standards on care in Ontario.

5.4.3 The Ontario Quality Standards Committee

Established in 2017, the Ontario Quality Standards Committee’s role is to provide advice on the development of quality standards and on approaches to support adoption. In particular the Committee has the following responsibilities:

- to assist Health Quality Ontario in communicating with relevant groups, for example clinicians and health system planners, about the quality standards

- to advise Health Quality Ontario on the best ways of presenting and distributing information on the quality standards
- to inform Health Quality Ontario of relevant research, programmes, activities, policies or other developments that may be relevant to the quality standards programme
- to advise healthcare organisations, the Minister of Health and Long-Term Care, and other entities through recommendations from the quality standards and related performance measures.

5.5 Dissemination and communication

Following the launch of quality standards, Health Quality Ontario develops tailored strategies to distribute the standards and related tools to target audiences. Communication plans are developed that use social media, traditional media, newsletters, webinars, and other networks to inform, educate, and raise awareness of the quality standard.

In some cases, adoption events may be hosted by Health Quality Ontario following the launch of quality standards. An adoption event includes a presentation by Health Quality Ontario on the quality standards, either in person or virtually, and a presentation from a service provider who has already adopted the standards (an early adopter), speaking about lessons learned from implementing the set of standards.

5.6 Evaluation approaches

Health Quality's Ontario's *Quality Standard Process and Methods Guide*(36) is updated regularly as the development process evolves. Between major updates, minor changes may be made as needed to improve the overall clarity of the guide. Health Quality Ontario welcomes comments and suggestions on the content of their guide and provides their email address for members of the public or key stakeholder to email in their suggestions.

Quality standards are based on the best and most up-to-date evidence. To ensure the quality standards are kept current and relevant, they are updated regularly to reflect the most recent evidence and to account for changes in practice. Following the release of each quality standard, Health Quality Ontario performs a high-level scan of new evidence and the included clinical practice guidelines are checked for updates or revisions; this is repeated annually. The co-chairs and selected members of the quality standards advisory committee may be consulted to discuss any significant changes in the evidence. If new evidence or guidance in the area has emerged, Health Quality Ontario may decide to update the standards. Standards are updated at least every five years.

5.7 Impact and knowledge sharing

Early in the quality standards development process, a limited number of health outcomes are selected as important measures to assess the success of the quality standards. These health outcomes are mapped to indicators that reflect the goals of the standards. Each quality standard includes process, structural and outcome indicators to help clinicians and organisations assess the quality of care they deliver and to identify areas for improvement.

- **Outcome indicators** aim to assess the combined effect of the quality standard; they include measures such as mortality rates and patients experience of care.
- **Process indicators** aim to assess the activities involved in providing care; they include measures such as the percentage of specified individuals, episodes, or encounters for which an activity is performed.
- **Structural indicators** aim to assess the particular resources, capacity, or characteristics needed for effective delivery of care; they include measures such as availability of physical equipment, systems of care, existence of teams, programs, policies, protocols, licences, or certifications.

An example is provided in Table 2 of a process, structural, and outcome indicator from the *Behavioural Symptoms of Dementia Care for Patients in Hospitals and Residents in Long-Term Care Homes Quality Standards* (2016).

Table 2: Indicators used in the B*ehavioural Symptoms of Dementia Care for Patients in Hospitals and Residents in Long-Term Care Homes Quality Standards* (2016)

Indicator	Outcome indicator	Process indictor	Structural indicator
What the indicator measures	Success of entire set of standards	Success of individual standards For example: Statement 2. Individualised Care Plan	
Example	'Percentage of people living with dementia and symptoms of agitation or aggression who	'Percentage of people living with dementia and symptoms of agitation or	'Availability of an electronic system that captures information about individualised care

	experience fewer or less frequent behavioural symptoms’	aggression who have an individualised care plan that has been implemented’	plans, including the plan itself and care associated with the plan. Data source: local data collection’

Services are not expected to measure all indicators but to identify the indicators that best capture areas of improvement for their setting. Health Quality Ontario does not currently suggest benchmarks or targets for the indicators and service providers are free to set their own benchmarks and targets based on their patient populations.

Health Quality Ontario also identifies a set of indicators — where data are available — that are intended to be used to provincially measure the success of the standard; these are indicators that can be measured in a consistent and comparable way using provincially collected data.

Following the development and distribution of a quality standard, Health Quality Ontario measures the effectiveness of the standard and its implementation. To measure implementation, Health Quality Ontario aim to assess if the quality standards reach their target audience, are relevant to practice and are embedded in practice. Figure 21(37) provides a list of sample evaluation questions to assess how well implementation goals are being met. If the goals are not being met, Health Quality Ontario works towards fulfilling these goals.

Figure 21: Sample evaluation questions to assess how well the short-term, medium-term and long-term implementation goals are being met

Short-term goals	Medium-term goals	Long-term goals
•How many people have visited the quality standard online? •How many people have used the associated tools and guidelines? • How many champions have been engaged? • How many medical schools contacted and informed of standards? • How many opportunities were taken to present at conferences and publish material?	• Do patients know that a quality standard exists for a condition relevant to them? • How well do healthcare professionals know the quality standard? •How many advocacy organisations are actively sharing and promoting the quality standard with their stakeholders? • What percentage of organisation and practice sites are using the quality standards?	• Do patients and caregivers feel empowered to make decisions about their care and has their care experiences improved? • Have regional variations relating to specific clinical conditions been reduced?

5.8 Implementation support material

In addition to the quality standards, Health Quality Ontario develops a number of additional products that accompany each quality standard to facilitate their use by healthcare professionals, organisations and the public. The additional products are shown in Figure 22(38) and include:

- **An information brief** that consists of a slide-deck outlining why a particular quality standard was created and the data that supports the need for the quality standard.
- **A patient or resident reference guide** that aims to raise awareness among patients and residents on the level of care they should expect and to empower them to make decisions about their care.
- **A ‘getting started’ guide** that describes the process for using quality standards as a resource for delivering care and the process of planning, implementing and supporting change. This guide is for clinicians, quality improvement and programme leads, administrators and executives. There is one document for all quality standards. The ‘getting started’ guide includes an

action plan template, a measurement plan template and a checklist for identifying barriers and facilitators in the service.

- **Recommendations for Adoption (RFA):** Development of RFA begins at the initial stages of the quality standards development process. Health Quality Ontario engages stakeholders through town hall meetings, focus groups, surveys, and interviews to understand the gaps between the quality statements and current care, determine the barriers to implementation and identify recommendations to overcome the barriers. An RFA includes system-level recommendations on quality improvement strategies and tools, education and training approaches, and policy and planning levers to support adoption of the quality standards.

Figure 22: Health Quality Ontario's products developed to support the implementation of quality standards

Quality Standards
Heavy Menstrual Bleedi
Care for Adults and Adolescen
of Reproductive Age

Recommendations for Adoption: Heavy Menstrual Bleeding
Recommendations to enable widespread adopti
Health Quality Ontario

Quality Standards
PATIENT REFERENCE GUIDE
Heavy Menstrual Bleeding
Care for Adults and Adolescents of Reproductive Age
Health Quality Ontario

Quality Standards
Getting Started Guide: Putting Quality Standards Into Practice
A guide designed for people who are interested or involved in using quality standards to improve care
Health Quality Ontario
Ontario

Quality Standards
Information and Data Brief: Heavy Menstrual Bleeding
Care for Adults and Adolescents of Reproductive Age
Find out why a particular quality standard was created and the data behind it
Health Quality Ontario
Ontario

5.9 Future plans

Health Quality Ontario's strategic plan for 2016-2019 has identified five strategic priorities.(39) These include providing system-level leadership for healthcare quality, increasing the availability of information to enable better decisions, evaluating promising innovations and practices and supporting uptake of those that provide good value for money, engaging more with patients to improve care, and enhancing quality of care for patients transitioning between different care setting.

Health Quality Ontario has also stated that it intends to focus on three areas where quality improvement has been identified: mental health and addictions care, palliative and end-of-life care, and primary care.

5.10 Key lessons for Ireland from the Canadian setting

Following the review of Health Quality Ontario's methods and processes for developing and implementing quality standards, the following lessons for Ireland have been identified:

- To establish an external committee that will provide advice on the development of quality standards and to support communication and adoption of standards as a whole.
- To begin stakeholder engagement early at the initiation stage by holding discussions with stakeholders on how they can support distribution, implementation and adoption of the quality standards.
- To develop a communication plan early in the standards development process to ensure the standards and implementation material are shared with target audiences following launch of the standards.
- To include a scoping stage in the initial stages of the standards development process to assess the breadth of the evidence.
- To carefully consider the membership of each advisory group, and to build extra time into the recruitment process to help ensure the most appropriate members with suitable experience in the topic area are recruited.
- To develop specific implementation support material to be launched with the standards.
- To continue to engage with stakeholders after publication of the standards to identify if they are being implemented and to identify additional interventions and supports that may be needed.

6 Australia – the healthcare setting

6.1 Background

The Australian Commission on Safety and Quality in Healthcare (the Commission) leads and coordinates national improvements in a number of areas relating to safety and quality in healthcare across Australia, based on best available evidence. This includes the development of advice, publications and resources for healthcare teams, healthcare professionals, organisations and policy-makers. Patients, carers and members of the public also play a key role in shaping the Commission's recommendations.

The Commission's functions are specified in Section 9 of the National Health Reform Act 2011,(40) and include:

- formulating standards, guidelines and indicators relating to healthcare safety and quality matters
- advising health ministers on national clinical standards
- promoting, supporting and encouraging the implementation of these standards and related guidelines and indicators
- monitoring the implementation and impact of the standards
- Promoting, supporting and encouraging the implementation of programmes and initiatives relating to healthcare safety and quality matters
- formulating model national schemes that provide for the accreditation of organisations that provide healthcare services and relate to healthcare safety and quality matters
- publishing reports and papers relating to healthcare safety and quality matters.

These functions guide the Commission in undertaking its work, and are expressed in four strategic priorities that aim to ensure that patients, people using services and communities have access to and receive safe and high-quality health care. These priorities, as agreed by the Commission's Board in 2014,(41) and the outcomes for the health system that the Commission seeks to achieve in each area, are shown in Figure 23.(42)

Figure 23: The Commission's four strategic priorities

PATIENT SAFETY
A health system that is designed to ensure that patients and consumers are kept safe from preventable harm

PARTNERING WITH PATIENTS, CONSUMERS AND COMMUNITIES
A health system where patients, consumers and members of the community participate with health professionals as partners in all aspects of health care

QUALITY, COST AND VALUE
A health system that provides the right care, minimises waste and optimises value and productivity

SUPPORTING HEALTH PROFESSIONALS TO PROVIDE SAFE AND HIGH-QUALITY CARE
A health system that supports safe clinical practice by having robust and sustainable improvement systems.

6.2 Output

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, as outlined below.

6.2.1 Clinical care standards

The Commission formulates and monitors safety and quality standards, and work with clinicians to identify best practice clinical care, to ensure the appropriateness of services being delivered in a particular healthcare setting.

6.2.2 National standards in mental health services

While the Commission is not responsible for the development or management of the National Standards in Mental Health, it has a strong commitment to promote, support and encourage safety and quality in the provision of mental health services. In 2011, the mental health team was established to ensure a greater integrated focus across the Commission's existing programmes. The mental health team works with colleagues across a range of the Commission's programmes including National Health Service Safety and Quality Standards, Information Strategy, Medication Safety and Recognition and Response to Clinical Deterioration.

6.2.3 Accreditation and the *National Safety and Quality Health Service (NSQHS) Standards*

In 2012, the Commission released the first edition of the NSQHS Standards(43) to drive the implementation of safety and quality systems, and improve the quality of healthcare in Australia. The NSQHS Standards are responsible for a number of tangible and significant improvements nationally and at a local level. Over the past five years the successful implementation of the first edition of the NSQHS Standards (2012)(43) has been a significant landmark in the Commission's work towards improving healthcare in Australia.

With the development of the second edition of the NSQHS Standards in 2017,(44) the Commission has incorporated the lessons learnt from the first edition.(43) The second edition was approved by Australian health ministers and launched in 2017 to consolidate and extend the positive impacts already seen from the first edition. During their development the Commission has worked closely with the Australian government, states and territories, private sector partners, clinicians, people using services, technical experts and many stakeholders to review and develop the new NSQHS Standards and its supporting resources. In developing this second edition, a number of identified gaps in the first edition have been addressed, including mental health and cognitive impairment, health literacy, end-of-life care, and Aboriginal and Torres Strait Islander health. The second set of standards also updates the evidence for actions, and consolidates and streamlines standards and actions to make them clearer and easier to implement. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision.

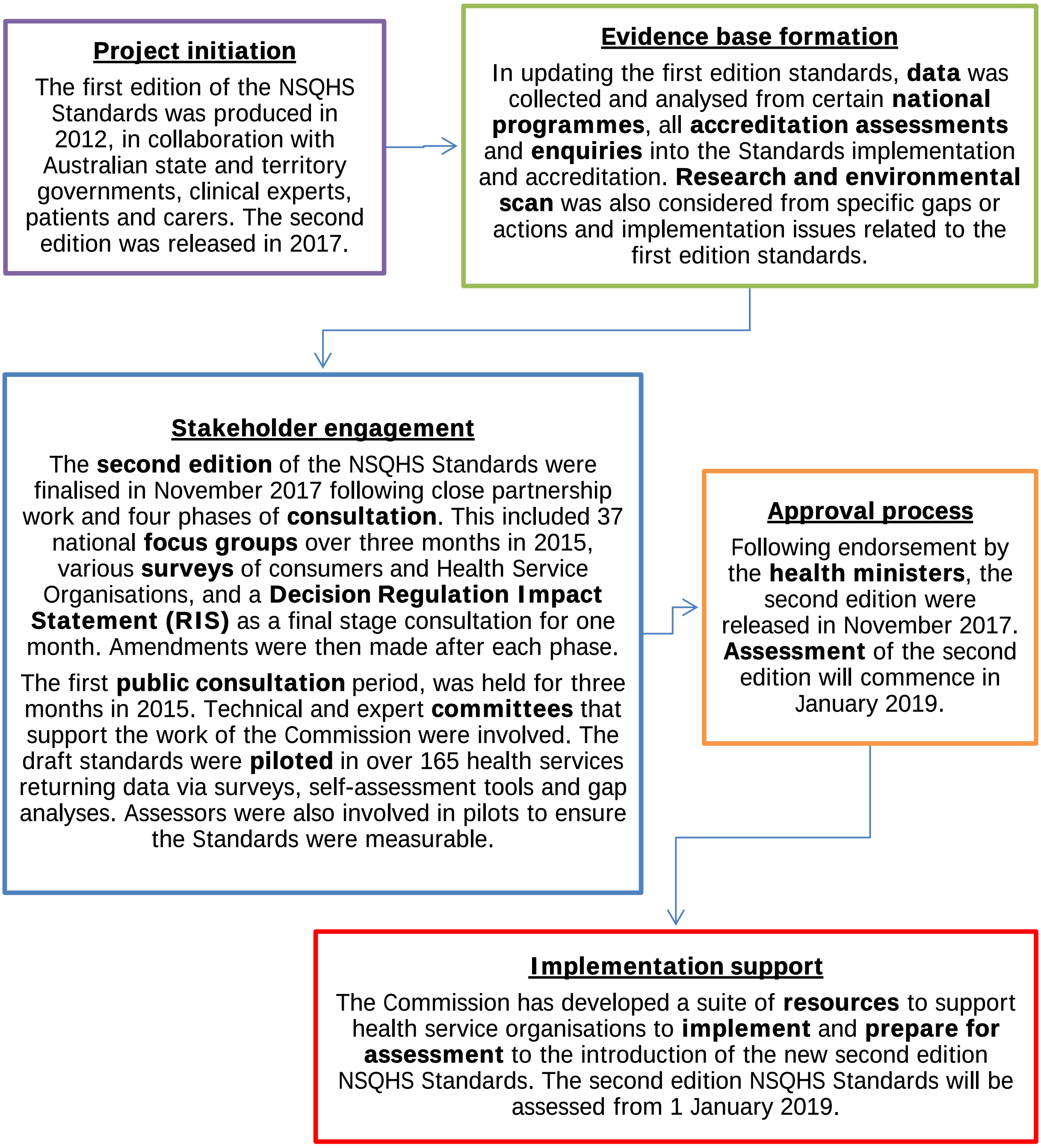
The Commission generally define standards as follows:

Standards provide(45):

- a quality assurance mechanism that tests whether relevant systems are in place, to ensure that expected standards of safety and quality are met,
- a quality improvement mechanism that allows health service organisations to realise developmental goals.

6.3 Methodology

Figure 24: Methodology for updating the first edition of the NSQHS Standards



Project initiation

The first edition of the NSQHS Standards was produced in 2012, in collaboration with Australian state and territory governments, clinical experts, patients and carers. The second edition was released in 2017.

Evidence base formation

In updating the first edition standards, **data** was collected and analysed from certain **national programmes**, all **accreditation assessments** and **enquiries** into the Standards implementation and accreditation. **Research and environmental scan** was also considered from specific gaps or actions and implementation issues related to the first edition standards.

Stakeholder engagement

The **second edition** of the NSQHS Standards were finalised in November 2017 following close partnership work and four phases of **consultation**. This included 37 national **focus groups** over three months in 2015, various **surveys** of consumers and Health Service Organisations, and a **Decision Regulation Impact Statement (RIS)** as a final stage consultation for one month. Amendments were then made after each phase.

The first **public consultation** period, was held for three months in 2015. Technical and expert **committees** that support the work of the Commission were involved. The draft standards were **piloted** in over 165 health services returning data via surveys, self-assessment tools and gap analyses. Assessors were also involved in pilots to ensure the Standards were measurable.

Approval process

Following endorsement by the **health ministers**, the second edition were released in November 2017. **Assessment** of the second edition will commence in January 2019.

Implementation support

The Commission has developed a suite of **resources** to support health service organisations to **implement** and **prepare for assessment** to the introduction of the new second edition NSQHS Standards. The second edition NSQHS Standards will be assessed from 1 January 2019.

6.4 Stakeholder engagement

6.4.1 Reform of the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme

Under the National Health Reform Act 2011,(40) the Commission is responsible for the formulation of standards relating to healthcare safety and quality matters and for coordinating the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme. The Scheme provides for the national coordination of accreditation processes. Collecting and analysing feedback on the lessons learnt from accreditation of services is an essential part of quality improvement. The Commission uses feedback to maintain and update the NSQHS Standards and to identify areas where health services may require additional support or tools.

6.4.2 Reviewing the AHSSQA Scheme

In response to stakeholders' concerns about the effectiveness and efficiency of the assessment process, a comprehensive review was undertaken by the Commission and a report was published in 2018. This focused on the assessment processes and the performance of accrediting agencies. As a result of the review, the Commission developed a package of reforms to improve the reliability of the accreditation process. These reforms aim to improve the Scheme's reliability to more accurately assess an organisation's compliance with the NSQHS Standards. Supported by states and territories and the private and public sectors, these strategies address the following issues: the assessment process, effectiveness of the assessment team, the use of data to better inform assessments, communication about assessments and outcomes, and support for health services undertaking assessments.

6.4.3 Transitioning to assessment against the second edition of the Standards

In order to support the transition to the new NSQHS Standards,[§§] the Commission has aimed to inform health service organisations of the transition arrangements well in advance and has been working with the Australian government, states, territories and other stakeholders to develop a series of resources and guides, including factsheets, outlining key changes to the AHSSQA Scheme. Some of the 10 fact sheets developed as part of this series of resources are detailed in Figure 25.(46)

[§§] With the introduction of the second edition of the NSQHS Standards in November 2017, it was decided that health service organisations would continue to be assessed to the first edition of the NSQHS Standards43. The Australian Commission on Safety and Quality in Health Care. *The National Safety and Quality Health Care Standards (first edition)*. 2012. until January 2019, pending transition arrangements. Following this, health service organisations will then move to a three-year assessment cycle, with no further mid-cycle assessments.

Figure 25: A selection of the factsheets on the transition to the new assessment system

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme Requirements

FACT SHEET 1: STANDARDISED ACCREDITATION CYCLES

FACT SHEET 2: TRANSITION ARRANGEMENTS FOR ASSESSMENTS IN 2019

FACT SHEET 3: REPEAT ASSESSMENT OF HEALTH SERVICE ORGANISATIONS

FACT SHEET 4: RATING SCALE FOR ASSESSMENT

FACT SHEET 5: RECOGNISING EXEMPLAR PRACTICE IN HEALTH SERVICE ORGANISATIONS

6.5 Distribution and communication

The Commission ensures its work is shared across the system and has put in place a number of measures to ensure it is communicated as broadly as possible.

6.5.1 The Commission's NSQHS Standards microsite[***]

All key information and implementation resources for the second edition of the NSQHS Standards (2017) have been placed on the Commission's new NSQHS Standards microsite.

On the site (http://www.nationalstandards.safetyandquality.gov.au/), all interested parties can quickly and easily access information in a way that is targeted to their interests or professional role. Information is available for the following six roles as outlined in Figure 26:(47) *Assessors of Standards; Clinicians; People using services and Carers; Managers; Members of Governing Bodies;* and *Safety and Quality*

[***] Microsite: a small, auxiliary website designed to function as a supplement to a primary website.

Managers. The use of roles on the microsite supports the individual in their understanding and implementation of the NSQHS Standards (2017)(44) as they apply to them. As it is an online-based tool, the Commission can easily update the microsite on a regular basis as new resources and information become available.

Figure 26: The Commission's microsite on the NSQHS Standards and resources

Welcome to the NSQHS Standards

The NSQHS Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.

Start by selecting your role:

Once the individual accesses the microsite based on their particular role, the following four sub-sections can be viewed(47) and this information is tailored to their role or needs, in relation to the NSQHS Standards:

- The Standards
- Resources
- Assessment and accreditation
- Help – 'The Advice Centre'.

In addition to accessing material online, some of this information can also be easily downloaded for the viewer's convenience.

6.5.2 Information for specific sectors and groups

In addition to providing tailored information on the second edition of the Standards based on the individual's role, information is also provided for other services that the

Standards apply to. This includes public and private dental services, until primary care standards are developed in 2019 or 2020.

6.5.3 Communication – Digital and social media platforms and e-newsletters

The Commission engages across a number of digital and social media platforms including YouTube, Twitter and LinkedIn, helping to support services to prepare for the transition to the new NSQHS Standards (2017) and the assessments against them commencing on 1 January 2019. In addition to this work, the Commission also distributes many internal and external e-newsletters detailing information about this transition. This included a piece from the Director of National Standards in a key stakeholder newsletter the *Australian Hospital and Healthcare Bulletin*(48) in August 2018, which outlined details of the transition to the new accreditation system and the purpose of the new Standards, and provided a preparation checklist ahead of the changes.

6.5.4 Online learning

The Commission works in partnership with a number of organisations to provide a range of health professional education and training resources on various subjects from medication safety and quality, infection control and communicating risks. Some of these are shown in Figure 27.(46)

Figure 27: Examples of the Commission's healthcare Continuing Professional Development Training

Please enter your username and password below to access your training.

Welcome to our online infection prevention and control modules

Meet your patients – 1

As you work through this activity, you will be asked to help patients and their families make informed decisions by engaging in the process of **shared decision making** (SDM).

These patients represent various **risk scenarios** (including patients with multimorbidity) and **types of decisions** (for example screening tests, medications, behaviours, procedures).

The purpose of this activity is not to focus on any particular condition, but rather to illustrate the **principles of shared decision making** and **risk communication**, which can be adapted or directly applied with the patients and scenarios that you see every day.

You will not be asked questions about specific tests or treatments, however if you are interested in particular case scenarios, look out for the resource icon on the relevant screens.

Communicating risks and benefits – Part 1

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Helping patients make informed decisions

All clinicians need to communicate the risks and benefits of treatment options with their patients.

Do you want to do it more effectively?

Helping Patients Make Informed Decisions: Communicating risks and benefits is a 2-hour e-learning module to help your communication skills.

At the end of the module you will be able to more effectively communicate:

- Benefits, risks, trade offs and uncertainties of treatment options
- Evidence
- Statistical information

You will also learn about the role of decision support tools, their potential uses and where to locate them.

access the modules and videos on shared decision making go to:
www.safetyandquality.gov.au/communicatingrisk

One such partnership exists between National Prescribing Service *MedicineWise*(49) and the Commission. The National Prescribing Service *MedicineWise* online learning site provides a range of health professional education and training resources on medication safety and quality. These resources are designed to improve the use of medicines, patient safety and the quality of care.

To support clinicians develop and refine their skills in communicating effectively about the benefits and risks of treatment options with patients, the Australian Commission on Safety and Quality in Health Care has developed a two-hour e-learning module: *Helping Patients Make Informed Decisions: Communicating benefits and risks.*

In addition, three short videos for clinicians on shared decision-making have also been developed. These provide an overview on shared decision-making, challenge myths about shared decision-making in practice and explain how to use patient decision aids and where to find them. Together the module and videos promote shared decision-making and risk communication in practice, enabling clinicians and patients to work together to share in decision-making.

6.6 Evaluation approaches

As outlined, implementation of the first edition of the NSQHS Standards and related activities resulted in improvements in the safety and quality of hospital and other acute healthcare services across Australia. As a result, to ensure that the NSQHS Standards remained current, consistent with best practice and continued to address key areas of priority for safety and quality in healthcare, the Commission updated these Standards releasing the second edition in 2017.(44) The new edition is much more simplified and reduces duplication, while also having an increased clinical focus.

In addition, the second edition of the Standards has a greater focus on people using services partnerships, and includes a specific requirement to take a quality improvement approach to these types of activities. The Standards include an overview of the requirements for partnering with people using services, along with detailed information that can form the basis of an evaluation and monitoring plan for the *Partnering with Consumers (people using services)* standard, within the new NSQHS Standards (2017). In addition, a user guide was developed to assist services in measuring, collecting and evaluating data for the *Partnering with Consumers (people using services)* standard.

6.7 Impact and knowledge sharing

In 2011, Australian health ministers mandated that the first edition NSQHS Standards would be implemented in all Australian hospitals and day procedure centres. The Standards provided a nationally consistent statement about the standard of care patients could expect. Since 2013, all hospitals and other acute health services have had to show that they have implemented the NSQHS Standards. This was assessed by independent accreditation agencies. Significant improvements in patient safety, patient care outcomes and governance have been documented since the NSQHS Standards were introduced. In May 2018, the Commission produced a NSQHS Standards Impact Report,(50) *Creating Safer, Better Health Care*, to provide an overview of the changes associated with implementing the first edition of the NSQHS Standards.

An evaluation of the second edition of the NSQHS Standards, released in November 2017, is planned to begin in 2019. These second edition Standards cover a number of key areas that were identified for improvement. For instance, people using services partnerships are expected to become more embedded in service development, planning, design and review, while new tools have been made available for evaluating people's experience of their care and to assist services in evaluating person-centredness systematically, such as the Australian Hospital Patient Experience Question Set (AHPEQS).(51) Furthermore, through the development of these impact reports, the Commission can continue to identify further avenues for future development and improvement, documenting important milestones in an ongoing journey of continuous improvement for healthcare across Australia.

In addition to this impact report, additional resources were also developed to highlight improvements to the safety and quality of healthcare across Australia, including these two examples of various summary infographics, as shown in Figure 28.(50)

Figure 28: The impact of the NSQHS Standards

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

The impact of the National Safety and Quality Health Service Standards

Creating Safer, Better Health Care

Governance for Safety and Quality in Health Service Organisations
Three-quarters of hospital boards believe the NSQHS Standards have improved patient care in their hospitals

Preventing and Managing Pressure Injuries
In Queensland, the prevalence of hospital-acquired pressure injuries has fallen from 4.1% in 2015 (from 7.9% in 2011)

Blood and Blood Products
The national rate of central line-associated bloodstream infections in intensive care units almost halved between 2012–13 and 2013–14.

Recognising and Res
Clinical Deterioratio
Health Care
Cardiac arrest
health facilitie
have falle
since 201

Preventing and Controlling Healthcare- Associated Infections
The number of methicillin-resistant Staphylococcus aurues (MRSA) bacteraemia cases occuring in Australian public hospitals fell from 505 in 2010 to 389 in 2015, a 22.9% reduction

Medication Safety
73% reduct
in serious medic
South Australia
2015

www.safetyandquality.gov.au

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

The impact of the National Safety and Quality Health Service Standards

Preventing and Controlling Healthcare- Associated Infections

The number of methicillin-resistant Staphylococcus aurues (MRSA) bacteraemia cases occuring in Australian public hospitals **fell from 505 in 2010 to 389 in 2015, a 22.9% reduction**

Creating Safer, Better Health Care

NSQHS STANDARDS
A better way to care

6.8 Implementation support material

6.8.1 Resources for services

The Commission strategically aims to ensure that the implementation support material, guidance and educational resources that it produces are suitable for the intended audience and service setting, helping to bring about key improvements across the sector based on individual requirements and needs. To help ensure that this objective is achieved, the Commission:

- seeks involvement of and contributions from key stakeholder groups and topic area experts during all stages of the development of guidance, resources and educational material
- conducts public consultations, pilot studies, and or proof of concept studies prior to recommending implementation of practices
- seeks endorsement of national recommendations from representatives of the Australian government and state and territory governments, as well as the support of the private and primary health sectors.

The Commission has developed the following types of support material to help services to implement the second edition of the Standards:(44)

- **Standards (second edition) factsheets** – these summary factsheets were developed to introduce health service organisations to the new Standards.
- **Guides** – these include examples of suggested reflective questions, strategies for improvement and resources that services can use to implement the NSQHS Standards. Separate guides were developed for the following settings:
    - Hospitals,
    - Day procedure services and
    - Multi-purpose services and small hospitals.

At the time of publishing this document, a guide for Community Services was being developed.

- **User guides** – these topic specific guides were developed for:
    - Measuring and evaluating partnering with people using services
    - Acute and Community Health Service Organisations that provide care for Children
    - Aboriginal and Torres Strait Island Health.

The Commission has developed a number of guidance documents on the new NSQHS Standards that are specifically tailored to meet the needs of various healthcare settings, as shown in Figure 29 below.(47) The guides aim to support services in their understanding and implementation of the new Standards, helping them to prepare for the forthcoming accreditation scheme. The guides are not mandatory but instead serve to help the services by outlining many key tasks and strategies, as well as how to use resources. Health service organisations can choose improvement strategies that are specific to their local context and should ensure that they are meaningful, useful and relevant to the organisation’s governance, structure, workforce and people using services. Organisations that are part of a corporate group may need to refer to the implementation strategies recommended by the group’s governing body or management.

Figure 29: Guides to the NSQHS Standards

The Commission developed a document to outline how the actions from the first edition of the NSQHS Standards(43) are mapped to the subsequent second edition Standards, using mapping tables. To further assist implementation and to help communicate the key changes being made to the AHSSQA Scheme, the Commission developed a series of resources for health service organisations and accrediting agencies. These were developed in consultation with stakeholders from the public and private sector, accrediting agencies and people using services.

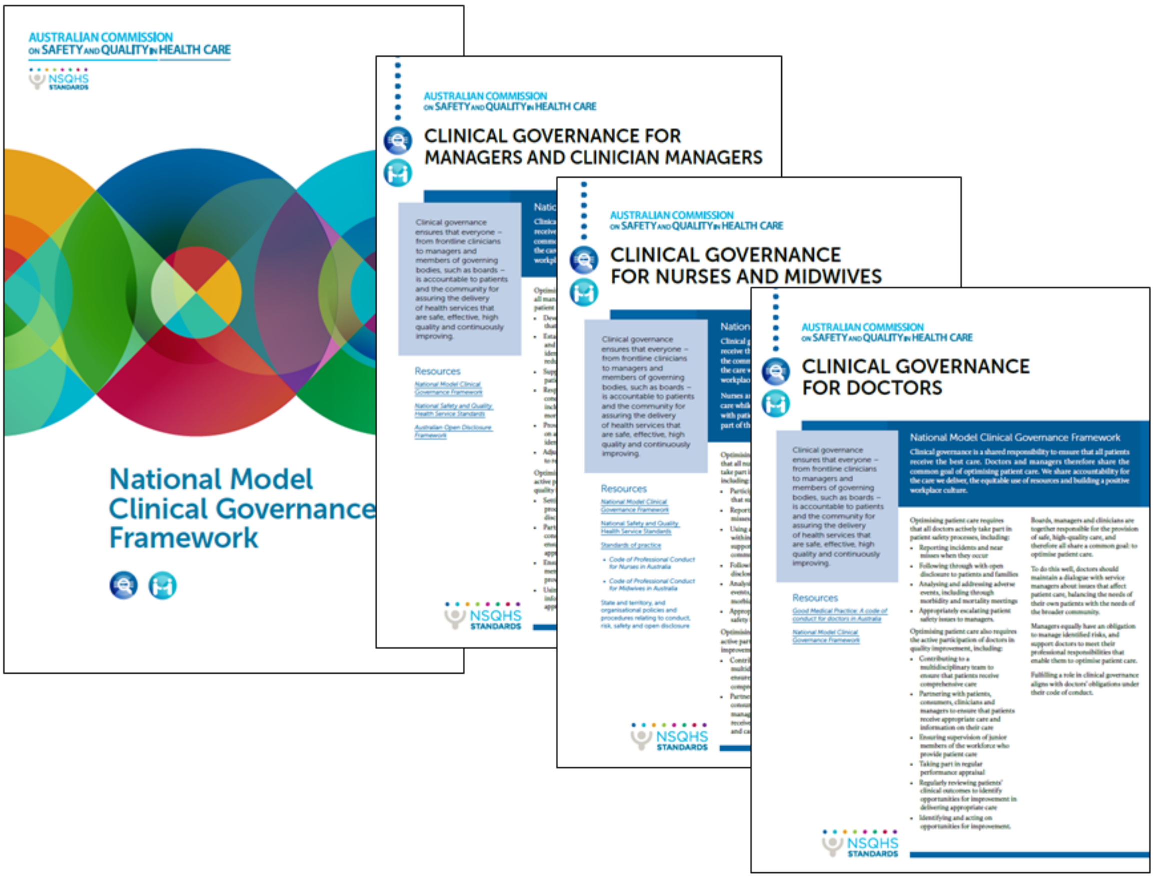
6.8.2 Resources for governing bodies

Members of health service organisations' governing bodies can refer to the *Guide for Governing Bodies*(47) and the *National Model Clinical Governance Framework for information*(46) regarding their roles and responsibilities in relation the NSQHS Standards.

The Commission has developed a guide to the standards to provide advice to governing bodies in exercising their governance responsibilities when implementing the new NSQHS Standards. It outlines the actions in these Standards that require health service organisation leaders, especially members of the governing body, to act. At the time of publishing this document, the Commission had just closed the consultation on the draft Guide July 2018 and staff were reviewing the feedback received.

Since 2015, a number of state and territory governments have engaged the Commission to review a number of identified patient safety problems. These reviews have shown that some health service organisations have difficulties implementing key clinical governance processes. In response, the Commission developed a national model clinical governance framework(47) in 2017. In order to assist health service organisations with the implementation of the Clinical Governance Framework, the Commission has developed a number of resources to support specific target audiences and settings, including summary factsheets specifically designed for doctors, managers and clinical managers as well as nurses and midwives, as shown in Figure 30.(47)

Figure 30: National Model Clinical Governance Framework and supporting fact sheets



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS STANDARDS

National Model Clinical Governance Framework

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

CLINICAL GOVERNANCE FOR MANAGERS AND CLINICIAN MANAGERS

Clinical governance ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, high quality and continuously improving.

Resources

National Model Clinical Governance Framework

National Safety and Quality Health Service Standards

Australian Open Disclosure Framework

NSQHS STANDARDS

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

CLINICAL GOVERNANCE FOR NURSES AND MIDWIVES

Clinical governance ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, high quality and continuously improving.

Resources

National Model Clinical Governance Framework

National Safety and Quality Health Service Standards

Standards of practice

- *Code of Professional Conduct for Nurses in Australia*
- *Code of Professional Conduct for Midwives in Australia*

State and territory, and organisational policies and procedures relating to conduct, risk, safety and open disclosure

NSQHS STANDARDS

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

CLINICAL GOVERNANCE FOR DOCTORS

Clinical governance ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, high quality and continuously improving.

Resources

Good Medical Practice: A code of conduct for doctors in Australia

National Model Clinical Governance Framework

National Model Clinical Governance Framework

Clinical governance is a shared responsibility to ensure that all patients receive the best care. Doctors and managers therefore share the common goal of optimising patient care. We share accountability for the care we deliver, the equitable use of resources and building a positive workplace culture.

Optimising patient care requires that all doctors actively take part in patient safety processes, including:

- Reporting incidents and near misses when they occur
- Following through with open disclosure to patients and families
- Analysing and addressing adverse events, including through morbidity and mortality meetings
- Appropriately escalating patient safety issues to managers.

Optimising patient care also requires the active participation of doctors in quality improvement, including:

- Contributing to a multidisciplinary team to ensure that patients receive comprehensive care
- Partnering with patients, consumers, clinicians and managers to ensure that patients receive appropriate care and information on their care
- Ensuring supervision of junior members of the workforce who provide patient care
- Taking part in regular performance appraisal
- Regularly reviewing patients' clinical outcomes to identify opportunities for improvement in delivering appropriate care
- Identifying and acting on opportunities for improvement.

Boards, managers and clinicians are together responsible for the provision of safe, high-quality care, and therefore all share a common goal: to optimise patient care.

To do this well, doctors should maintain a dialogue with service managers about issues that affect patient care, balancing the needs of their own patients with the needs of the broader community.

Managers equally have an obligation to manage identified risks, and support doctors to meet their professional responsibilities that enable them to optimise patient care.

Fulfilling a role in clinical governance aligns with doctors' obligations under their code of conduct.

NSQHS STANDARDS

6.8.3 Resources for people using services

The Commission has developed a series of factsheets for people using services and carers about the NSQHS Standards (second edition) and accreditation process. These were developed in consultation with people using services and state-based health consumer organisations, and aim to share advice on what people using services can expect in each of the following areas:

- Introduction to the NSQHS Standards
- Accreditation of health services in Australia
- Standard 2: Partnering with people using services.

6.9 Future plans

As a next step, the Commission plans to develop a set of national safety and quality standards for primary health care services across Australia. Together with primary healthcare partners and people using services, the aim is to develop nationally consistent strategies, tools and resources that will work to support improvements in the safety and quality of care provided within the primary care settings.

In October 2017, the Commission held a public consultation process on patient safety and quality improvement in primary care, publishing a *Consultation Paper: Patient safety and quality improvement in primary care* along with a summary two-page version of the document in order to facilitate stakeholder feedback. The feedback received is being reviewed and used to inform the Commission’s work programme. It will also inform a report on the consultation that will be produced later in 2018. The Commission has uploaded a number of written submissions that organisations and individuals have provided during the consultation period. It is expected that primary care standards will be available for implementation from 2020. In addition, it is intended that public and private dental practices will transition to these primary care standards, once they are implemented.

Since 2009, the Commission has been working to better understand the issues that affect patient safety in primary care settings. In preparation for this project, the Commission commissioned and subsequently published two literature reviews on primary healthcare safety (in 2015 and 2009), along with a separate discussion paper (2010) from a previous consultation whereby the Commission published a full consultation report in 2011.

In addition to the primary care setting, the Commission is also developing a guide to support the implementation of the NSQHS Standards in non-acute healthcare services, including community and dental services.

Given the Commission's lead role in bringing about national improvements, the contribution of its national initiatives (such as the NSQHS Standards) are integral to local initiatives to improve safety and quality. Going forward, the long-term work plan for these new Standards over the coming years is to move beyond their implementation and to look to embed and sustain quality improvements across the system; developing various support material and resources. These then act as a catalyst for improvement within the scope of these new Standards.

It is hoped that with the assistance and diligent commitment of services and staff across the health network, that the second edition standards will translate into even greater improvements in safety and quality for the Australian health system over the next five years, bringing about better outcomes and experiences for patients and people using these services.

6.10 Key lessons for Ireland from the Australian healthcare setting

Following the review of the Commission's methods and processes for developing and implementing standards, the following lessons have been identified for Ireland:

- One overarching set of national standards is in place for the healthcare setting and there is a strategic focus on working to embed and sustain them across the system, developing service-specific implementation support material, easily accessible summary documents, as well as guidance material that aim to meet the needs of that service, setting or service user.
- Nationally consistent strategies, tools and resources are developed to support specific improvements in the safety and quality of care across the primary healthcare settings and the non-acute health services, such as community and dental services.
- Various stakeholder engagement and testing mechanisms are regularly used on draft products such as public consultations, pilot studies, and or proof of concept studies prior to recommending implementation of practices.
- An auxiliary part of the main website (a microsite) houses all of the information and support material for the national standards programme. Information is tailored according to the user's role within the healthcare system — such as assessors of standards; clinicians; people using services

and carers; managers; members of governing bodies; and safety and quality managers.

- There are strong stakeholder engagement and communication processes in place, including active social and digital media platforms. There is also a key focus on building capacity within the system through online learning, some of which have a continuous professional development (CPD) element attached.
- Evaluating practice, measuring performance and considering the impact on the system are integral to the organisation's strategic goal towards continuous improvement.

7 Australia – the social care setting

7.1 Background

7.1.1 Overview

In Australia, the government department with expertise in the relevant area usually has responsibly for the management and review of national standards for that setting. 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*, and the *Aged Care Quality Standards* are managed by the Australian Aged Care Quality Agency.

The Department of Social Services, within the Australian government works to improve the lives of people with disabilities through the provision of targeted supports and services for people with disabilities and their carers. It has a number of responsibilities across the following areas from communities and vulnerable people, disability and carers, families and children, housing support, mental health, seniors, settlement services, women's safety, working age and welfare reform, and the National Office for Child Safety.

The DSS manages programmes and services in the following areas:

- families and children
- housing support
- seniors
- communities and vulnerable people
- women's safety
- mental health
- disability and carers.

Through the provision of targeted supports and services for people with disability and carers, the Department of Social Services works to improve their independence and participation in community and economic life.

The Department of Social Services, in partnership with all Australian governments, implements the *National Disability Strategy 2010–2020*,(52) providing the overarching policy framework for all Australian disability policy. With this document, all governments are committed to a national approach to supporting people with a disability to maximise their potential and participate as equal citizens in Australian society. This strategy is the first time in Australia's history that all governments have committed to a unified, national approach to improving the lives of people with a disability, their families and carers, and to providing leadership for a community-wide shift in attitudes.

In addition to providing supports through a range of payments, programmes and services, as well as grants and funding for organisations, the Department of Social Services also supports Australians' mental health. The funding-related supports are provided through a range of disability and carer payments, programmes and services such as the National Disability Strategy Second Implementation Plan,(53) and other grants and funding for organisations, including the Department of Social Services' seven streamlined grant programs.

The Department of Social Services also has a key role in providing advice to the Minister on strategic governance issues associated with portfolio bodies, including ministerial appointments, performance outcomes and Department of Social Services' contribution to the Government's broader policy agenda. Its portfolio includes a number of statutory and non-statutory portfolio bodies and statutory office holders, including the National Disability Insurance Scheme Quality and Safeguards Commission and the National Disability Insurance Agency.

The NDIS Quality and Safeguards Commission

This independent Commonwealth body was established to improve the quality and safety of the National Disability Insurance Scheme's (NDIS)(54) supports and services, under the National Disability Insurance Scheme Act, 2013.(54) This scheme aims to support a better life for Australians with a significant and permanent disability and their families and carers, providing them with individualised support, encouraging greater inclusion and access to mainstream services, community activities and other government initiatives.

The Commission's role is to regulate the NDIS market, provide national consistency, promote safety and quality services, resolve problems and identify areas for improvement. Working with NDIS participants, service providers, staff in services and the community, the Commission introduced a new nationally consistent approach so participants can access services and supports that promote choice, control and dignity. The NDIS Commission also brings together various quality and safeguard functions under a single agency for the first time, with a suite of education and regulatory powers that will apply across Australia. This will improve consistency in regulation and registration for providers in different states and territories. It started operating in July 2018 in New South Wales (NSW) and South Australia (SA) and will continue being rolled out up to mid-2010 to other states and territories. Until then, the current state or territory requirements for quality and safeguards will continue to apply.

The National Disability Insurance Agency (NDIA)

The NDIS Commission is independent of the NDIA. Both organisations play a part in ensuring that the principles of the NDIS are delivered. This independent statutory Agency implements the NDIS, with support from the Department of Social Services. With the establishment of the Commission, the NDIA will continue to deliver the NDIS, providing individualised plans and support to people with disability, and coordinating service bookings, payments and access to plans for providers. The NDIA will handle complaints about the NDIA itself and about participants' plans. It will continue to be responsible for the registration and regulation of NDIS providers, until the NDIS Commission begins fully operating in each state and territory, working closely with the NDIA to make the transition as smooth as possible for everyone.

7.1.2 The legislative context - NDIS (Quality and Safeguards Commission) Rules

The NDIS represents a fundamental change to how supports for people with a disability are funded and delivered across Australia, and it is designed to produce major benefits for people with a disability, their families and the broader community. The NDIS Quality and Safeguards Commission is responsible for a range of functions under the National Quality and Safeguarding Framework.(55) It is aimed at protecting and preventing harm to people with disability in the NDIS market.

The Commission will build the capability of NDIS participants and providers to uphold the rights of people with a disability and help them realise the benefits of the NDIS. This new independent agency aims to improve the quality and safety of NDIS supports and services, under the National Disability Insurance Scheme Act 2013.(54) The legislation underpinning the NDIS is intended to support participants to be informed purchasers and consumers of NDIS supports and services and to live free from abuse, neglect, violence and exploitation.

7.2 Output

7.2.1 The N*ational Standards for Disability Services*, 2013

In 2013, the *National Standards for Disability Services* (NSDS)(56) were endorsed by the Standing Council on Disability Reform ministers from all jurisdictions across Australia. These standards focus on person-centred approaches and promote choice and control by people with a disability. The standards were considered critical under the NDIS. The Australian government adopted the standards for its employment and advocacy services for people with a disability from 1 January 2014 for employment service providers, and from 1 July 2014 for advocacy agencies funded under the National Disability Advocacy Program. During development, the standards underwent extensive consultation, validation and user testing, which resulted in a set of six standards that can be applied across a broad range of circumstances. These six standards are rights, participation and inclusion, individual outcomes, feedback and complaints, service access and service management.

7.2.2 The NDIS Practice Standards and quality indicators, 2018

Released in July 2018, the NDIS Practice Standards(57) are a key piece of the Quality and Safeguarding Framework. They create an important benchmark for providers to assess their performance, and demonstrate how to provide high-quality and safe supports and services to NDIS participants. Together with the NDIS Code of Conduct,(58) the Standards assist NDIS participants to be aware of what quality service provision they should expect from providers. The Practice Standards aim to prevent abuse and conflict of interest, as well as ensuring quality outcomes for people with a disability.

The quality indicators are the way in which providers will be measured against these Standards and these are linked to the Standard outcomes, which must be met in order to provide services. NDIS providers can use the quality indicators to demonstrate how they meet the Standard outcomes, as listed in the *NDIS (Quality Indicators) Guidelines* 2018*.*(59) The outcomes are outlined in the *NDIS (Provider Registration and Practice Standards) Rules 2018,*(60) along with the registration requirements for providers under the NDIS.

Both the standards and quality indicators are underpinned by a rights-based approach, choice and control and person-centred practice; and they also emphasise strong governance and risk management. Organisations delivering support will need to develop these processes and systems and, for higher risk services, staff will be interviewed to ensure they are imbedded in the organisation. However, most existing providers are already familiar with a lot of the quality indicators as they already had to meet similar existing state-based quality standards, which will now be replaced by these standards.

The standards include new specialist modules, as listed below, which will impact those providers registered or wishing to register to provide particular service types.,This includes more complex supports such as behaviour support, early childhood supports, specialist support coordination and specialist disability accommodation.

The indicators provide very clear requirements about how providers can meet the requirements of these standards. The Specialist (Supplementary) Modules cover:

- high-intensity daily personal activities
- specialist behaviour support
- implementing behaviour support plans
- early childhood supports
- specialised support co-ordination, and
- specialist disability accommodation.

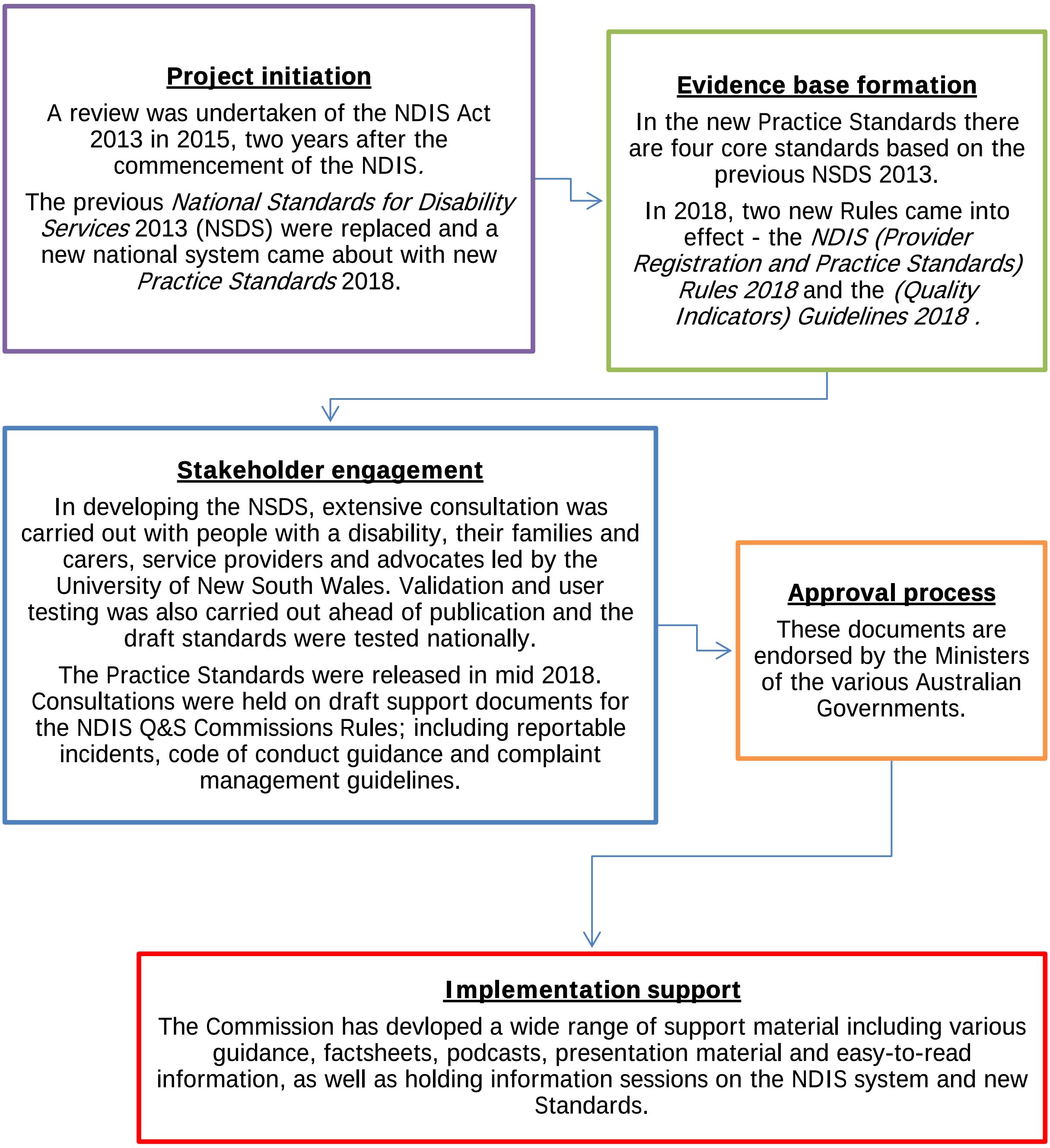
In addition, there are also four core standards based on the previous *National Disability Standards* (2013)(56) as outlined below. The four core modules cover:

- rights and responsibility for participants
- governance and operational management
- the provision of supports, and
- the support provision environment

Each module contains a series of high-level, participant-focused outcomes and, for each outcome, quality indicators that auditors will use to assess a provider's compliance with the Practice Standards.

7.3 Methodology

Figure 31: Methodology for developing the *National Standards for Disability Services*



Project initiation

A review was undertaken of the NDIS Act 2013 in 2015, two years after the commencement of the NDIS.

The previous *National Standards for Disability Services* 2013 (NSDS) were replaced and a new national system came about with new *Practice Standards* 2018.

Evidence base formation

In the new Practice Standards there are four core standards based on the previous NSDS 2013.

In 2018, two new Rules came into effect - the *NDIS (Provider Registration and Practice Standards) Rules 2018* and the *(Quality Indicators) Guidelines 2018 .*

Stakeholder engagement

In developing the NSDS, extensive consultation was carried out with people with a disability, their families and carers, service providers and advocates led by the University of New South Wales. Validation and user testing was also carried out ahead of publication and the draft standards were tested nationally.

The Practice Standards were released in mid 2018. Consultations were held on draft support documents for the NDIS Q&S Commissions Rules; including reportable incidents, code of conduct guidance and complaint management guidelines.

Approval process

These documents are endorsed by the Ministers of the various Australian Governments.

Implementation support

The Commission has devloped a wide range of support material including various guidance, factsheets, podcasts, presentation material and easy-to-read information, as well as holding information sessions on the NDIS system and new Standards.

7.4 Stakeholder engagement

7.4.1 Engagement during development

During the development of the NSDS in 2010, extensive consultation was carried out with people with a disability, their families and carers, service providers and advocates led by the University of New South Wales. In addition, validation and user testing was also carried out ahead of publication. In 2012, the draft Standards were tested nationally. The final *Practice Standards* were published in mid-2018. Prior to this, consultations were held on draft support documents for the NDIS Q&S Commissions Rules; including reportable incidents, code of conduct guidance and complaint management guidelines and so on.

7.4.2 Engagement with NDIS providers

The Commission provides information on its website for service providers regarding the main changes under the new system, including registration, complaints, incident management and reportable incidents, behaviour support and worker screening. These changes aim to simplify quality and safeguard requirements, as they will become nationally consistent and proportionate once the NDIS is operating in all states and territories by mid-2020. As such, the Commission aims to work with providers to improve the quality of NDIS supports and services.

It is envisaged that the requirements for NDIS providers will be nationally consistent, proportionate to the size and scale of organisations and breaches, and responsive to an expanding market.

Registration requirements will include:

- a national provider registration system – compliance regarding registration will be proportionate and smaller providers will not present the same evidence as national providers
- compliance with the new NDIS Practice Standards (2018)
- compliance with the new NDIS Code of Conduct – supporting workers to meet its requirements
- a national worker screening system – ensuring compliance
- new incident management requirements – including reportable incidents
- to meet the new behaviour support requirements, including reporting restrictive practices to the NDIS Commission – to reduce and eliminate restrictive practices.

7.5 Dissemination and communication

7.5.1 The NDIS Quality and Safeguards Commission – resources

From 1 July 2018, providers who register with the NDIS to provide supports and services to NDIS participants, transferred to the NDIS Commission. To support them in the transition to the new system, the Commission developed a provider portal. Only NDIS providers registered with the NDIS Commission can access it. At the time of publishing this document, the portal was only available to registered providers in New South Wales and South Australia. Registered providers can now use the portal to manage their registration, as well as managing payments and service bookings for NDIS participants.

An introductory letter from the NDIS Commissioner Designate was distributed, to both participants and providers, outlining key information about the new NDIS Commission. It also detailed what the Commission will do for people with a disability from 1 July 2018 that receive NDIS funded services in New South Wales and South Australia. These letters were also distributed in an easy-to-read version through the relevant key channels.

A number of information sessions were scheduled between June and September 2018 for existing NDIS registered providers across New South Wales and South Australia. These three hour sessions are geared towards existing NDIS registered providers and aim to help them understand the process required for either certification or verification against the NDIS Practice Standards, and how to be registered by the NDIS Commission to deliver supports and services to NDIS participants. Each session addressed specific registration requirements and a question and answer session was also included to clarify processes and answer any other questions.

In addition, a list of frequently asked questions (FAQs) on the transition to the new scheme for national provider forums, the Commission also developed a number of presentation packs to inform providers and provider forums at information sessions and various workshops. The types of material covered varied from the state government requirements regarding behaviour support and restrictive practices, the role of implementing providers and behaviour support plans, as well as the role of the practitioner regarding the same issues.

The NDIS Quality and Safeguards Commissioner also developed a podcast called *Staying Safe and Building Quality into NDIS Services*.

7.5.2 The National Disability Insurance Agency (NDIA) – resources

The NDIA's focus is on managing plans, payments and pricing for participants and it also detects and investigates allegations of fraud. The Commission does not regulate the NDIA, and complaints about the NDIA are sent directly to the Agency. One key resource developed by the NDIA is the provider toolkit.(61) This is a web-based resource that is designed for organisations and individuals who want to learn more about working with the NDIS. Some examples of the breadth of material available on the toolkit is in Figure 32.(61)

Figure 32: The Provider's Toolkit website

Welcome to the Provider Toolkit

Provider Registration Guide to Suitability
July 2018

Section Seven:
How do I measure outcomes and report?

For quick learning activities on how to work as an NDIS provider, visit the Provider eLearning Activities.

Provider Registration Checklist

If you wish to operate in NSW or SA, you must visit the NDIS Commission website and follow registration steps for these two states.

For all other states and territories, the 'Primary Contact' for your organisation should use the following checklist to proceed with application for registration with the NDIS.

When you have completed each criteria you are ready to apply.

NOTE: If you are asked for specific supporting documentation, this must be supplied before the assessment process can be completed.

	Criteria	Where do I find the relevant information?	Status ☑
1	Register for a PRODA (Provider Digital Account) through the myplace portal on the NDIS website	See Section 3.2.1 Applying for a PRODA account	☐
2	Create a myplace account	See Section 3.2.2 Register for myplace	☐
3	Submit an intent to register through myplace	See Section 3.2.3 Complete an intent to register application on myplace	☐
4	Select the registration groups to register for (types of services or supports you will offer)	See Section 3.2.4 Complete your registration	☐

Resources on the online provider toolkit include:

- **Guidance and information -** Through the website, the NDIA supplies providers with various information and support material including various 'readiness' checklists, guidance material, example documents such as service agreements and groups rosters, as well as many step-by-step guides, including one on registering via the MyPlace Portal.
- **Communication and engagement –** The NDIA also regularly engages with interested parties via newsletters, FAQs, keeping providers up to date with the latest hot topics and or news regarding the NDIS. In addition, they also engage providers through various social media platforms including Facebook, Twitter, Instagram, LinkedIn and YouTube. Finally, another resource available

to providers preparing for the NDIS is the online educational activities via the provider eLearning section.

- **Measuring and reporting outcomes:** The provider toolkit also outlines how to measure outcomes for participants and how to report on these. This guide shows how providers can comply with their obligations.

7.5.3 The Department of Social Services – resources

The Department of Social Services provides support to people with a disability through various platforms including the *disAbility* e-news and case studies, as well as additional key information and resources available in easy-to-read versions, audio CD, Braille and or posters, as shown in Figure 33.(62)

Figure 33: The various Department of Social Services resources for people with disability

18% of all Australians were people with disability

People with disability are more likely to be underemployed with nearly one-third of people with disability working part-time wanting to work more hours

51% of Australians aged 65 and over live with disability

7.6 Evaluation approaches

7.6.1The NDIS Evaluation Framework

In December 2013, the Council of Australian Governments Disability Reform Council approved the Evaluation Framework(63) for the NDIS. This evaluation outlines the scope, design and high-level methodology for the NDIS evaluation and key evaluation challenges. The evaluation consisted of two waves of longitudinal surveys and in-depth interviews with NDIS participants, their families and carers, disability support providers, and people with a disability and their families and carers who were not in NDIS trial sites. It also involved analysis of administrative data.

A report was published in 2013 detailing the Evaluation of the launch of the National Disability Insurance Scheme: Evaluation Framework and in 2015 an easy-to-read executive summary was published. The evaluation has been tracking the roll-out of the NDIS since the Scheme's start in July 2013. The evaluation was completed in February 2018 and considered the impact of the NDIS on:

- NDIS participants, and their families and carers;
- the disability sector and workforce;
- selected mainstream services;
- the wider community.

7.6.2 Independent review of the NDIS Act, 2013

In July 2015, the Department of Social Services commissioned Ernst & Young to conduct an independent review(64) of the National Disability Insurance Scheme Act 2013.(54) Section 208 of the NDIS Act 2013 requires that such a review be undertaken two years after the commencement of the National Disability Insurance Scheme (NDIS).

The purpose of the review was to assess the operation of the NDIS Act 2013, as well as to consider whether or not any amendments could be made to better enable the Government to further the objects and principles of the Act. As part of undertaking the review, Ernst & Young released a discussion paper(64) and conducted public consultations with relevant stakeholders. The independent review found that there were opportunities to provide greater clarity to the legislative framework and provided recommendations for consideration. Recommendations included strengthening the objects and principles of the Act, providing a more detailed definition of information, linkages, and capacity building (ILC) within the Act, addressing technical inadequacies of the legislation, and conducting another review in two to three years. Following this, the Council of Australian Governments (COAG) considered the review's 33 recommendations and developed a response, which was agreed in December 2016.

7.7 Impact and knowledge sharing

7.7.1 *The National Standards for Out of Home Care*

In 2011, the Department of Families Housing Community Services and Indigenous Affairs, who was responsible for the *National Standards for Out of Home Care*,(65) commissioned the development of a report on these Standards.

The report provided, for the first time, a nationally comparable picture of the outcomes for children and young people in out-of-home care across Australia. To do this in a meaningful way, a set of robust and valid national measures were developed that accurately reflected the achievement of outcomes and progress against the National Standards.

These measures comprised of a schedule of 22 national measurement and reporting arrangements for the National Standards, including five measures that would be reported in the subsequent Annual Report to the Council of Australian Governments (2012). These five measures provided the framework for continuous improvement and developing national consistency in reporting on outcomes for children and young people in out-of-home care. The measures were based on administrative data that was collected and reported separately, such as in the Report on Government Services and Child Protection Australia.(66) It was intended that these interim measures would be further improved or replaced as a priority for reporting from 2016.

The measures were drawn from the following:

- A national survey of children and young people in care – funded by the commonwealth Government.
- Administrative data collections – The Australian Institute of Health and Welfare (AIHW) worked with the states and territories and non-government agencies to scope and refine the measures to be reported through data held by them under the National Standards. Data collected aligned with existing data collections on out-of-home care and child protection to avoid unnecessary duplication of effort in the collection process.
- Data linkages – collecting data through administrative sources or links to national educational data sets.

- Future development of measures – to continually improve existing and proposed measures for the Standards for reporting beyond 2015.
- Benchmarks for the National Standards – benchmarks were to be developed based on sound research including evidence of best practice. For some standards, such as health assessments and case planning, achievement of 100 per cent of eligible population was expected over time. Setting appropriate benchmarks for other standards required more rigorous research to determine best practice, such as stability of a child's placement.

Public reporting on the National Standards was through the National Framework for Protecting Australia's Children (NFPAC) Annual Report(67) to the Council of Australian Governments to ensure transparency and drive continuous improvement in child protection systems. Reporting of trend data from jurisdictions against each of the proposed National Standards shows the changes within particular jurisdictions over time, and at a national level, where appropriate. Initial reporting in the 2012 Annual Report to COAG, was based on the five measures for which data was collected and reported nationally in 2010-2011, as interim measures for the National Standards. The states and territories could also report on their progress on the National Standards separately or as an appendix to the Annual Report.

7.8 Implementation support material

7.8.1 The NDIS Commission

The Commission aims to provide information and guidance to support registered providers and workers in meeting the requirements of the NDIS. Working closely with providers and staff the Commission aims to:

- oversee a single regulation and registration system for NDIS providers,
- take educative, corrective or enforcement action where providers or workers don't meet their requirements,
- apply regulation proportionately, with the strongest actions taken against the most serious breaches.

It is hoped that many changes will come about with the rollout of the NDIS, including worker screening, code of conduct and complaints management. Various summary factsheets and application packs have been developed to support providers in understanding and implementing the changes. Examples of these are shown in Figure 34 below.(68)

Figure 34: Various NDIS support material for providers and workers

How to register as an NDIS provider

The NDIS Code of Conduct

The NDIS Code of Conduct applies to all NDIS providers, registered and unregistered, and all persons employed or otherwise engaged by an NDIS provider.

In providing supports or services to people with disability, a person covered by the Code must:

- act with respect for individual rights to freedom of expressio self-determination and decision-making in accordance with applicable laws and conventions
- respect the privacy of people with disability
- provide supports and services in a safe and competent man with care and skill
- act with integrity, honesty and transparency
- promptly take steps to raise and act on concerns about mat that may impact the quality and safety of supports and ser provided to people with disability
- take all reasonable steps to prevent and respond to all forms of and exploitation, neglect and abuse of, people with disability
- take all reasonable steps to prevent and respond to sexual r

Anyone can raise a complaint with the NDIS Quality and Safeguards Commission about providers or workers who breach the NDIS Code of Conduct.

Find out more

To find out more about the Code of Conduct or to report a breach:

- go to www.ndiscommission.gov.au
- email feedback@ndiscommission.gov.au
- call 1800 035 544

The NDIS Quality and Safeguards Commission

A new system of quality and safeguards in the NDIS

The NDIS Quality and Safeguards Commission (NDIS Commission) is an independent government body that works to improve the quality and safety of NDIS services and supports, investigates and resolves problems, and strengthens the skills and knowledge of providers and participants.

The NDIS Commission started in New South Wales on 1 July 2018 and will progressively roll out across Australia.

When it is operational in all states and territories, the NDIS Commission will provide a single, national registration and regulatory system for providers that will set a consistent approach to quality and safety across Australia.

What has changed for providers in New South Wales?

The NDIS Commission introduced several changes for New South Wales providers.

These include a new NDIS Code of Conduct and NDIS Practice Standards, which set out expectations for the quality and safety of the services and supports providers deliver. There have also been changes to provider registration and the way complaints are made, incidents are reported, behaviour support plans are developed and checked, and worker screening is undertaken.

Unregistered providers are also subject to new requirements including the NDIS Code of Conduct and complaints handling arrangements.

The NDIS Commission provides information and guidance to support providers to understand and meet their quality and safeguards requirements.

The Commission has developed material to help inform auditors and providers regarding the NDIS and the high intensity support skills descriptors. This includes the *Skills Descriptors Guide*, 2018.(69) This outlines the skills and knowledge that NDIS providers should have access to when delivering complex supports, safely, to NDIS participants, such as complex bowel care. In addition, the Commission has also provided a compulsory worker orientation online module covering human rights, respect and risk, and the roles and responsibilities of NDIS workers that all employees of registered providers must complete.

A summary version of the NDIS (Quality and Safeguards Commission) Rules(60) is also available. The Commission has provided a summary version of this legislation outlining the key components of the Framework is also available along with an Easy Read version.

The Commission also developed information and support for participants in an easy-to-read format. Examples include factsheets and booklets on various topics such as a summary overview of the need for the NDIS Commission in Australia as shown in Figure 35.(68)

Figure 35: Various easy-to-read information for people with a disability

NDIS Quality and Safeguards Commission

NDIS Quality and Safeguards Commission

Why we need a Commission

The NDIS is changing the way people with disability in Australia get support.

We need to help:

- NDIS participants receive good quality services
- keep NDIS participants safe.

NDIS Quality and Safeguards Commission 1

No matter where you live, you should be able to expect to receive good quality services and be safe.

NDIS Quality and Safeguarding Framework

The *NDIS Quality and Safeguarding Framework* will make sure that the rules are the same for all providers.

NDIS Quality and Safeguards Commission 2

7.8.2 The Department of Social Services

The Department of Social Services has developed self-assessment worksheets(70) for service providers to assess their compliance with the previous National Standards (2013).(56) Developed in a template style, the worksheets list each standard and indicator of practice and provide space for providers to include examples of evidence that support compliance, together with any improvement actions that might need to be taken.

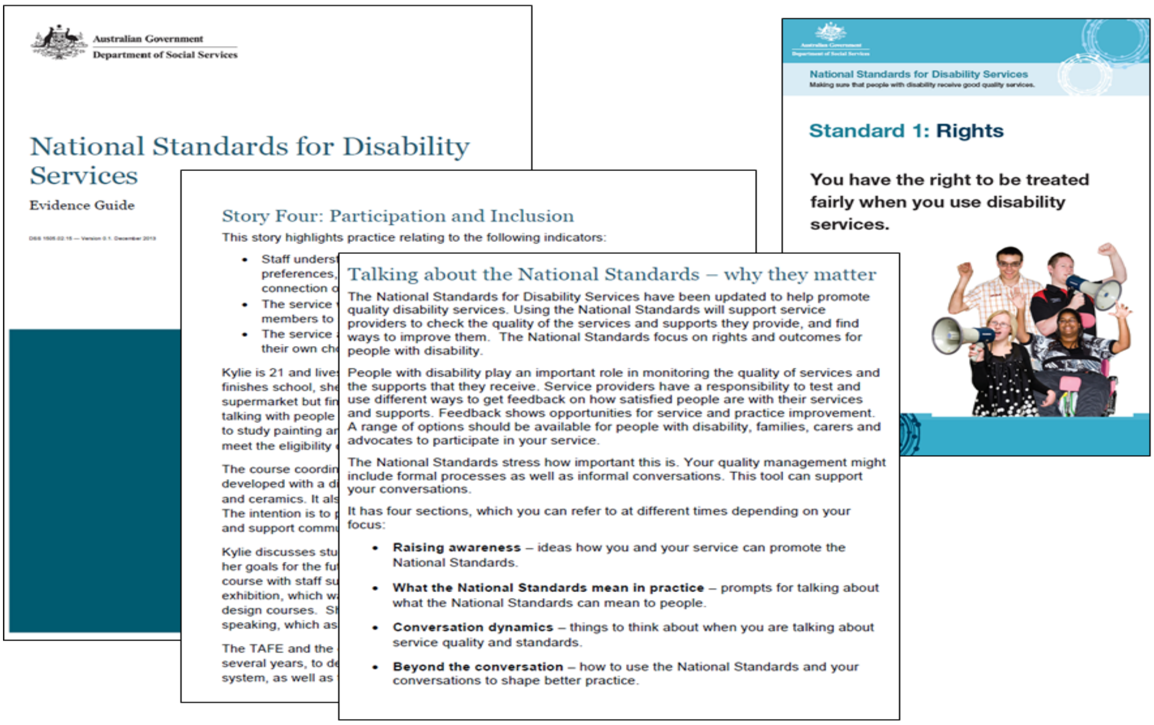
In addition to the easy-to-read and screen reader version of the Standards, the Department developed a number of resources for consumers of services that are audited. These explain the quality assurance process and include an easy-to-read booklet, an easy-to-read factsheet and a standard read booklet, all of which are available on the Department's website.(62)

A number of companion resources to support awareness and application of the National Standards are also available.(71) These documents, as set out in Figure 36, include:

- **An Evidence Guide to the Standards** – developed to support staff and service providers understand and apply the National Standards to their work and services.

- **A Conversation Tool to the Standards** – this is a short guide for workers and teams with direct client contact to consider how best to promote the Standards and engage people in conversations about them.
- **Stories and the Standards** – this includes short examples of what each National Standard could look like in practice.
- **An Easy to read workbook and plain English poster version of the Standards** – this was designed for workers to use with people who have difficulty reading and understanding written information. The plain English promotional posters can be displayed in the workplace.

Figure 36: Companion Resources for the Standards for Disability Services(71)



Australian Government
Department of Social Services

National Standards for Disability Services
Evidence Guide

Story Four: Participation and Inclusion
This story highlights practice relating to the following indicators:

Talking about the National Standards – why they matter

The National Standards for Disability Services have been updated to help promote quality disability services. Using the National Standards will support service providers to check the quality of the services and supports they provide, and find ways to improve them. The National Standards focus on rights and outcomes for people with disability.

People with disability play an important role in monitoring the quality of services and the supports that they receive. Service providers have a responsibility to test and use different ways to get feedback on how satisfied people are with their services and supports. Feedback shows opportunities for service and practice improvement. A range of options should be available for people with disability, families, carers and advocates to participate in your service.

The National Standards stress how important this is. Your quality management might include formal processes as well as informal conversations. This tool can support your conversations.

It has four sections, which you can refer to at different times depending on your focus:

- **Raising awareness** – ideas how you and your service can promote the National Standards.
- **What the National Standards mean in practice** – prompts for talking about what the National Standards can mean to people.
- **Conversation dynamics** – things to think about when you are talking about service quality and standards.
- **Beyond the conversation** – how to use the National Standards and your conversations to shape better practice.

Australian Government
Department of Social Services

National Standards for Disability Services
Making sure that people with disability receive good quality services.

Standard 1: Rights

You have the right to be treated fairly when you use disability services.

7.9 Future plans

7.9.1 National Disability Strategy Second Implementation Plan

As part of the ongoing commitment to maximising the potential and participation of people with a disability, Australian governments are implementing the National Disability Strategy 2010-2020.(52) The first implementation plan, *Laying the Groundwork 2011-2014*,(72) established the foundations to bring about reform in the planning and delivery of both mainstream and disability specific programs and services. While the Strategy's second implementation plan, *Driving Action 2015-*

2018(53) outlines new priority actions and builds on ongoing commitments to improving outcomes for people with disability across six policy outcome areas. Additional areas of national cooperation include:

- NDIS transition to full scheme;
- improving employment outcomes for people with disability;
- improving outcomes for Aboriginal and Torres Strait Islander people with disability; and
- communication activities to promote the intent of the Strategy throughout the community. This consists of a dedicated website, social media engagement, a subscription newsletter for updates and building capacity across the system through training resources.

Going forward, there will be a third and final implementation plan, *Measuring Progress 2019–2020*. This will identify new and emerging priority actions to be implemented in the final years of the strategy, as well as consolidating existing efforts to achieve better outcomes for people with disability.

7.9.2 Monitoring and reporting on progress

Driving Action 2015–2018 draws on the findings of the strategy's first two-yearly progress report to the Council of Australian Governments.(53) Released in December 2015, the report provides a high-level view of progress under the strategy based on reporting from Australian government, state, territory and local government agencies. A key feature of the report is the inclusion of baseline population trend data to monitor and track national progress against the strategy's six outcome areas.

Since the strategy's launch in 2011, significant achievements have been made across each outcome area. The report highlights positive actions by each level of government and the community towards the creation of a more accessible and inclusive environment. It also reflects the views of people with a disability, their families, carers, and representative organisations on how the strategy is making a difference and areas requiring renewed focus. While it was acknowledged that positive action had been taken across the strategy's six outcome areas, people with a disability were clear in their message that there was still much to do. Over the life span of the strategy, two-yearly reports will track progress in achieving a more inclusive response to disability across governments, business, and the community.

All levels of government will continue to be held accountable for the implementation of the strategy through two-yearly progress reporting to the COAG. This process also ensures that activities undertaken by all levels of government are transparent to people with disability, their families and carers, as well as the wider community. A second progress report is in development and the first progress report is available on the Department of Social Services website in 2014.(73)

Ongoing stakeholder engagement will continue to be a vital part of the implementation process, and governments will continue to work collaboratively with people with a disability, their families and carers, and representative organisations, as well as businesses, service providers, advocacy and other organisations to advance and promote the strategy.

7.10 Key lessons for Ireland from the Australian social care setting

Following the review of the Department of Social Services' methods and processes for developing and implementing standards, the following lessons have been identified for Ireland:

- A dedicated website (or toolkit) which houses all support material and guidance to help providers to understand and implement the new system and Standards.
- Using a variety of communication and engagement platforms to fully inform and reach all interested parties across the system, including newsletters, FAQs, support sections and social media platforms including Facebook, Twitter, Instagram, LinkedIn and YouTube, as well as eLearning material.
- The development of accessible and user-friendly material in a variety of formats in order to support clients using services, such as easy-to-read versions, promotional posters, Braille and material suitable for a screen reader, and so on.
- Measuring and reporting on outcomes to help gauge the impact of the organisation's work across the system.
- Implementing various communication activities for promoting the intent of the organisation's strategy.

8 Wales – the healthcare and social care setting

This chapter provides an overview of the Welsh Government's *Health and Care Standards* (2015),(33) which were developed to support the NHS and partner organisations in providing effective, high-quality services across all healthcare organisations, settings and locations.

This next chapter sets out information on two pieces of primary legislation for social care services in Wales: the Social Services and Well-being (Wales) Act 2014(74) and the Regulation and Inspection of Social Care (Wales) Act 2016.(75) The Regulation and Inspection of Social Care (Wales) Act 2016 aims to introduce a revised, streamlined framework for regulating and inspecting social care services, and ultimately reflects a move away from assessing services against minimum standards.

8.1 Background

In April 2015, the Welsh Government introduced a revised set of healthcare standards: *Health and Care Standards*.(33) The Standards incorporate a revision of the *Doing Well, Doing Better: Standards for Health Services in Wales* (2010)(76) and the *Fundamentals of Care Standards* (2003).(77) The Standards were developed under Section 47 of the Health and Social Care (Community Health and Standards) Act 2003,(78) which states that Welsh ministers are permitted to prepare and publish statements of standards in relation to the provision of healthcare for Welsh National Health Service (NHS) bodies.

8.2 Output

The Standards aim to support NHS Wales and partner organisations in providing effective, timely and quality services across all healthcare organisations, settings and locations, and by all teams and services. The Standards work alongside other documents developed by the Welsh Government including *Safe Care, Compassionate Care: A National Governance Framework* 2013;(79) the *Framework for Assuring Service User Experience* 2015;(80) and the *NHS Wales Delivery Framework* 2017(81) as shown in Figure 32.(82)

Figure 37: The Standards work alongside other frameworks developed by the Welsh Government

Healthcare services are expected to understand where they are in relation to meeting the *Health and Care Standards* and areas where improvements are needed. The Standards set out a number of ways that services can determine if they meet the Standards, including self-assessment in the form of internal or clinical audits, participation in peer review processes, external inspections from bodies such as Healthcare Inspectorate Wales,[†††] and feedback from bodies such as Community Health Councils.[‡‡‡]

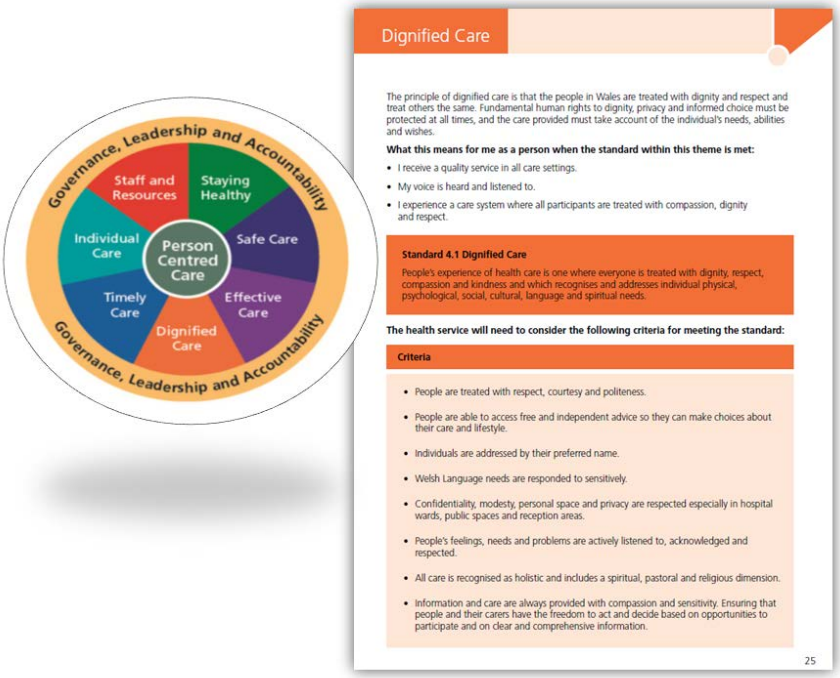
The *Health and Care Standards* consist of seven quality themes designed to work together. The provision of high-quality, safe and reliable care is underpinned by good governance, leadership and accountability. Each theme includes a number of standards which describe the high-level outcomes required to provide quality care. There are 22 standards in total.

[†††] Healthcare Inspectorate Wales regulates and inspects National Health Service (NHS) services and independent healthcare providers in Wales against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. The *Health and Care Standards* are used by Healthcare Inspectorate Wales as a means of assessing continuous improvement in healthcare services.

[‡‡‡] Community Health Councils were established in 1974 to provide a voice for patients and the public in the NHS in England and Wales.

Within each theme there are three sections; these include a description of the key principle of the theme, what it means for a person when the standards within the themes are met, and the criteria[§§§] for each standard, as illustrated in Figure 33.(33)

Figure 38: Layout of the Health and Care Standards



Dignified Care

The principle of dignified care is that the people in Wales are treated with dignity and respect and treat others the same. Fundamental human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.

What this means for me as a person when the standard within this theme is met:

- I receive a quality service in all care settings.
- My voice is heard and listened to.
- I experience a care system where all participants are treated with compassion, dignity and respect.

Standard 4.1 Dignified Care

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- People are treated with respect, courtesy and politeness.
- People are able to access free and independent advice so they can make choices about their care and lifestyle.
- Individuals are addressed by their preferred name.
- Welsh Language needs are responded to sensitively.
- Confidentiality, modesty, personal space and privacy are respected especially in hospital wards, public spaces and reception areas.
- People's feelings, needs and problems are actively listened to, acknowledged and respected.
- All care is recognised as holistic and includes a spiritual, pastoral and religious dimension.
- Information and care are always provided with compassion and sensitivity. Ensuring that people and their carers have the freedom to act and decide based on opportunities to participate and on clear and comprehensive information.

25

The Welsh Government provides the following definition for their standards.

Definition of standards:
Standards are a means of describing the level of quality healthcare organisations are expected to meet or aspire to. The performance of organisations can be assessed against this level of quality.

The *Health and Care Standards* are supported by guidance to help services meet the requirements of each standard. Supporting guidance provides information and resources on each individual standard to support understanding and implementation.

[§§§] A criteria is defined as a principle or standard by which something may be judged or decided.

8.3 Methodology

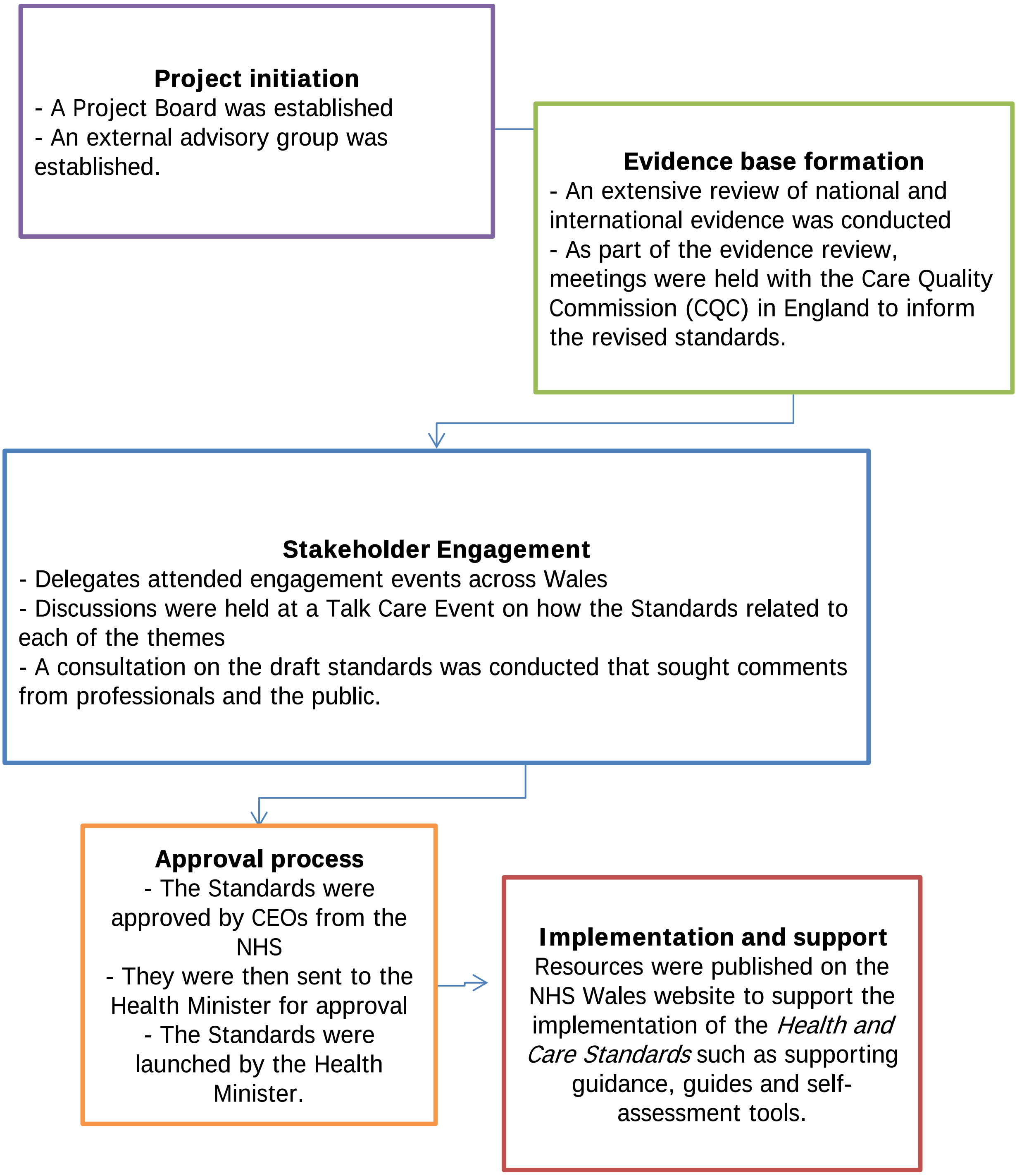
8.3.1 The standards development process

The *Health and Care Standards* were developed through a process of reviewing national and international literature, and engaging with key stakeholders, as shown in Figure 34. A Project Board was convened, an external advisory group was established, a series of engagement events were held across Wales, and a public consultation was conducted on the draft standards. The Standards were approved and launched by the Health Minister and resources were developed to support the implementation of the Standards.

8.3.2 Quality Standards - project resources and staff

The Standards were developed by one full-time staff member over a period of approximately 18 months. The staff member was supported by a project board and an external advisory group representing all NHS organisations.

Figure 39: Methodological process for developing the *Health and Care Standards*



Project initiation
- A Project Board was established
- An external advisory group was established.

Evidence base formation
- An extensive review of national and international evidence was conducted
- As part of the evidence review, meetings were held with the Care Quality Commission (CQC) in England to inform the revised standards.

Stakeholder Engagement
- Delegates attended engagement events across Wales
- Discussions were held at a Talk Care Event on how the Standards related to each of the themes
- A consultation on the draft standards was conducted that sought comments from professionals and the public.

Approval process
- The Standards were approved by CEOs from the NHS
- They were then sent to the Health Minister for approval
- The Standards were launched by the Health Minister.

Implementation and support
Resources were published on the NHS Wales website to support the implementation of the *Health and Care Standards* such as supporting guidance, guides and self-assessment tools.

8.4 Stakeholder engagement

Stakeholders played a key role in the development of the *Health and Care Standards*. This included convening a Project Board, holding meetings with the Care Quality Commission (CQC) in England, engagement events and a public consultation on the draft standards.

8.4.1 Project Board

A Project Board was established to steer the review of the standards. An external advisory group was also established representing all NHS organisations.

8.4.2 Consultation

A public consultation was held on the draft standards which sought comments from professionals and the public. In addition, engagement events were held to discuss the Standards; this included holding discussions at a Talk Care Event on how the Standards related to each of the themes. Delegates also attended engagement events across Wales, representing healthcare, social care, the voluntary sector, the inspectorate, the regulators, and patient representatives.

8.5 Dissemination and communication

A dissemination plan was agreed by the Project Board. The Standards were launched by the Health Minister with a press release, circulated to NHS services via the Welsh Health Circular,[****] and published on the NHS Governance E Manual newsletter. A PowerPoint presentation was developed for organisations to inform staff on the Standards, and members of the Project Team attended engagement events as requested. Bilingual (in Welsh and English) versions of the Standards were also made available.

8.6 Evaluation approaches

Under Section 47 of the Health and Social Care (Community Health and Standards) Act 2003,(78) the Welsh Government is required to keep the Standards under review. They may also publish amended statements whenever it is considered appropriate.

[****] The Welsh Health Circulars provides a method of communication between the Health Ministry and NHS staff.

The supporting guidance to the Standards is kept under review by engaging with key policy leads within the Welsh Government, NHS and other agencies and networks. This serves to keep the guidance up-to-date with policy and legislative changes, new evidence and best practice.

8.7 Impact and knowledge sharing

The Welsh Government plans to demonstrate the achievements leading from the *Health and Care Standards* in the NHS Wales Delivery Framework for 2017-2018. At the time of writing this report, work is continuing to finalise measures so that NHS Wales can report delivery against a nationally agreed set of criteria.

8.8 Implementation support material

The Standards are published on an NHS website (e-manual) dedicated to providing advice and guidance on all aspects of governance in the NHS in Wales.(82) Additional tools, as shown in Figure 35,(82) have also been developed to help services to meet the Standards. Developed following engagement with stakeholders in terms of what support is needed, the supporting guidance has been well received.

Supporting guidance is available for each standard within the *Health and Care Standards* outlining:

- what each standard is about
- who each standard is for
- key questions to consider in relation to each standard criteria
- legislation and guidance relating to each standard.

‘How to’ guides have also developed to provide practical advice on how to self-assess against and implement the Standards within NHS teams and services, as well as for third sector organisations. The guides include the following tools:

- a portfolio cover sheet template
- a standards that don’t apply template
- a template for mapping standards
- a standards self-assessment template
- an improvement plan template
- an easy-to-read version of the Standards.

Figure 40: Implementation tools developed to support the application of the *Health and Care Standards*

Health and Care Star

This is an **Easy Read** doc
Welsh Government

GIG CYMRU NHS WALES

Safonau Iechyd a Gofal

Ebrill 2015

July 2015

HEALTH AND CARE STANDARDS

APRIL 2015

IMPROVEMENT PLAN

Service:		Standard Number		Period Covered	
What we will do to improve					
What difference this will make					
What help/resources do we need to achieve this? (e.g. Internal? External?)					
Who is responsible for taking this forward?					
Cross reference to other plans					
Demonstrating and evidencing improvements					
REVIEW OF PROGRESS	Date				
Comments and actions r					

APPENDIX 4A: ASSESSMENT FORM

Standard Number		Responsible person		Date	
What are we doing to achieve this standard?					
Evidence to demonstrate this					
Is this an example of good practice? If so, have we shared it?					
Assessment matrix level Tick relevant box to record your service level	We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve. ☐	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action. ☐	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement. ☐	We have well developed plans and processes and can demonstrate sustainable improvement throughout the service ☐	We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. ☐
What needs to be addressed/what are we not doing?					
Priority level for inclusion in improvement plan	Immediate ☐	Within one year ☐	Subsequent year ☐		

8.9 Future plans

In 2017, a public consultation was held on a white paper†††† entitled *Services Fit for the Future, Quality and Governance in Health and Care in Wales*.(83) The white paper sets out proposals for healthcare and social care services, such as the need to develop an overarching set of high-level standards that can be applied to both healthcare and social care services. The outcome of the consultation showed support for a common standards framework across healthcare, social care and the independent and third sector services. At the time of writing this report, policy was being developed following the outcome of this consultation.

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†††† A white paper is a persuasive, authoritative, in-depth report on a specific topic that presents a problem and provides a solution.

8.10 Key lessons for Ireland from the Welsh healthcare setting

Following the review of the arrangements and processes in place across the Welsh Government in the development and implementation of the *Health and Care Standards*, the following lessons have been identified for Ireland:

- publishing guidance for each set of standards online, which is regularly updated.
- developing ‘how to’ guides to outline how each type of services can apply and implement the Standards alongside other standards and guidelines in place for that service.
- developing support tools according to the needs of the services, as determined from engagement with stakeholders.

9 Wales – the social care setting

9.1 Background

In 2011, the Welsh Government published the white paper *Sustainable Social Services: A Framework for Action*.(84) This sets out a plan to create a new, integrated and person-centred approach to providing social services in Wales.

To achieve this new approach, two pieces of primary legislation were developed: the Social Services and Well-being (Wales) Act 2014(74) and the Regulation and Inspection of Social Care (Wales) Act 2016.(75)

The Social Services and Well-being (Wales) Act 2014 (the 2014 Act) changed the foundation of the social care sector. The Act imposes duties on local authorities and health boards to focus on prevention and to work towards promoting the wellbeing of those who need care and support, or carers who need support. The 2014 Act changed the way people's needs are assessed and the way care is delivered. It aims to give people a greater voice and control as an equal partner in decisions about their care and support.

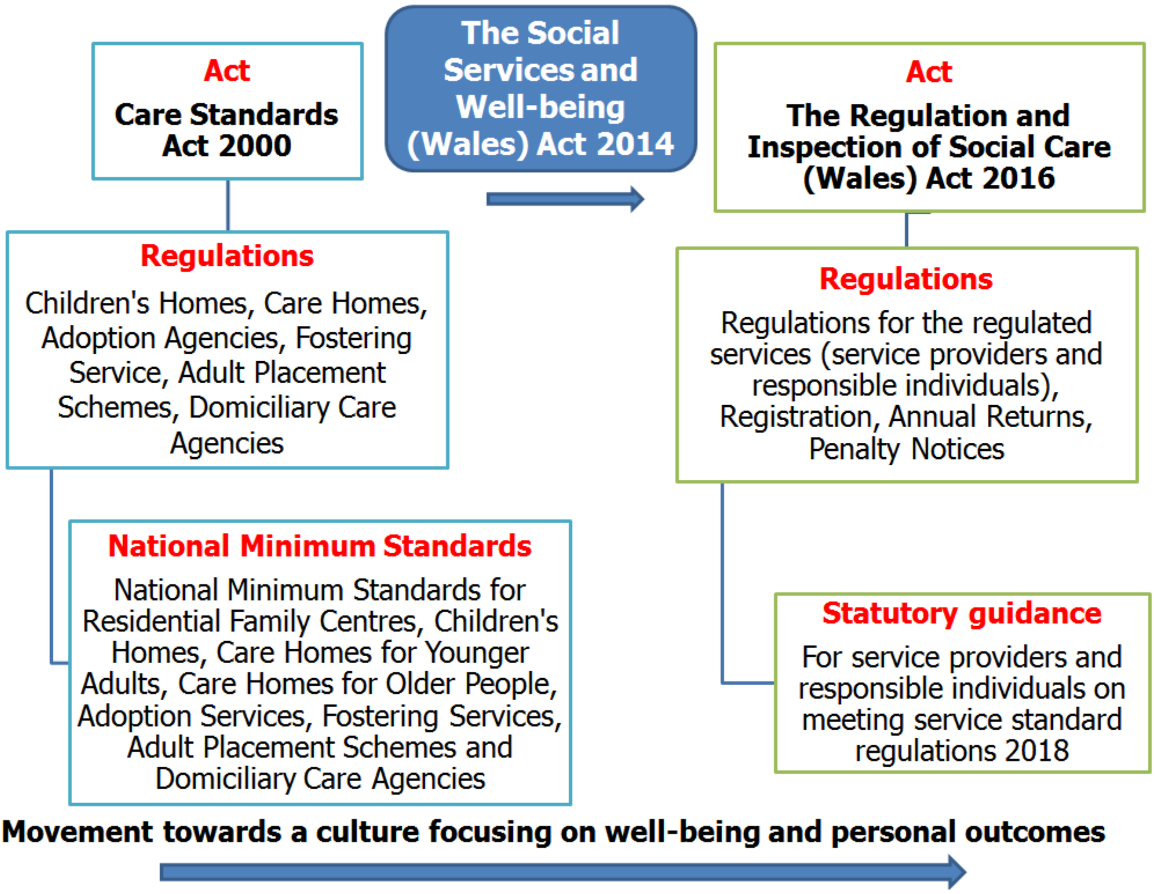
In January 2016, the Regulation and Inspection of Social Care (Wales) Act (the 2016 Act) became law. This legislation establishes a system of regulation and inspection consistent with the ethos of the 2014 Act. It moves away from a system based on the registration of establishments and agencies to a service-based model. Schedule 1 of the 2016 Act defines the regulated services which fall within its scope. These include: care home services (for children and adults), domiciliary support services, residential family center services, secure accommodation services, fostering services, adoption services, adult placement services and advocacy services. Changes brought in by the 2016 Act include the naming of the Care Council for Wales (regulator of the social care profession) as Social Care Wales, with a wider remit to lead improvement across the social care sector.

As a result of the 2016 Act, four main changes are underway:

1. *New regulations*

The 2016 Act has replaced the care setting specific regulations and national minimum standards with a new set of regulations and associated statutory guidance. *The Regulated Services (Service Providers and Responsible Individuals)(Wales) Regulations 2017* place requirements on providers and responsible individuals for care homes services (for adults and children), domiciliary support, residential family centres and secure accommodation. The *Statutory Guidance for service providers* *and responsible individuals on meeting service standard regulations* relates to Parts 3 to 20 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. Figure 36(85) demonstrates how the Care Standards Act 2000 and national minimum standards were replaced by the 2016 Act and regulations and associated statutory guidance. Separate sets of regulations and associated guidance are being developed in the third phase of implementation for adoption services, fostering services, adult placement services and advocacy services. This approach recognises the need for a more tailored approach better suited to these services.

Figure 41: Changes to legislation as a result of the introduction of the Social Services and Well-being (Wales) Act 2014



2. *Re-registering*

Under the 2016 Act, providers of regulated services will need to re-register their service with the service regulator, Care Inspectorate Wales.[‡‡‡‡] Providers will also be required to designate responsible individuals[§§§§] as part of their registration under the new legislation. The 2016 Act specifies who is eligible to be the responsible individual and sets an ongoing test of fitness.

3. *Changes to inspection*

The 2016 Act encourages a culture which focuses on the impact that care and support services have on individuals' lives. It ensures that services focus on the care and support needs of the individual, supporting them to achieve their personal outcomes. Care Inspectorate Wales' inspection frameworks have been updated to be consistent with the 2016 Act and the regulations and statutory guidance which flow from it.

4. *Changes in enforcement*

The new legislation places a particular emphasis on improvement. Care Inspectorate Wales has a number of enforcement tools at its disposal, including improvement notices and a system of penalty notices as an alternative to prosecution for certain offences. Both the 2016 Act and the regulations define which breaches will be treated as offences. The service-based model of registration enables the regulator to take action across the provider's portfolio of services, as well as in respect of individual settings. It ensures that the regulator can hold service providers[*****] and responsible individuals to account when poor quality services and providers are identified.

The 2016 Act is being implemented in three phases:

- Phase 1 involves the implementation of regulations relating to the new system of workforce registration and regulations operated by Social Care Wales. This came into force in April 2017.

[‡‡‡‡] The Care Inspectorate Wales is an independent regulator of social care and childcare in Wales. It registers, inspects and takes action to improve the quality and safety of services for the wellbeing of the people of Wales.

[§§§§] A responsible individual is someone in charge of providing the service at an organisation or local authority.

[*****] A service provider can be a local authority, a charity or a private business. Service providers must register with the Care Inspectorate Wales to provide care and support services in Wales.

- Phase 2 involves the implementation of regulations that establish the statutory framework for the regulation of care home services, domiciliary support services, secure accommodation and residential family centre services in Wales. These regulations came into force in April 2018. This phase also includes regulations about the registration of services, a system of penalty notices and the requirements for provider annual returns.

- Phase 3 involves the implementation of regulations establishing the new statutory framework for the regulation of adoption services, fostering services, adult placement services and advocacy services in Wales. It is anticipated that these regulations will come into force in April 2019.

9.2 Output

Statutory guidance has been published under section 29 of the 2016 Act. Service providers and responsible individuals must have regard to this guidance. It provides explanation where further clarification and definition may be needed on how services can meet the components of each regulation. The *Statutory Guidance for service providers and responsible individuals on meeting service standard regulations* for the *Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017* sets out the requirements for:

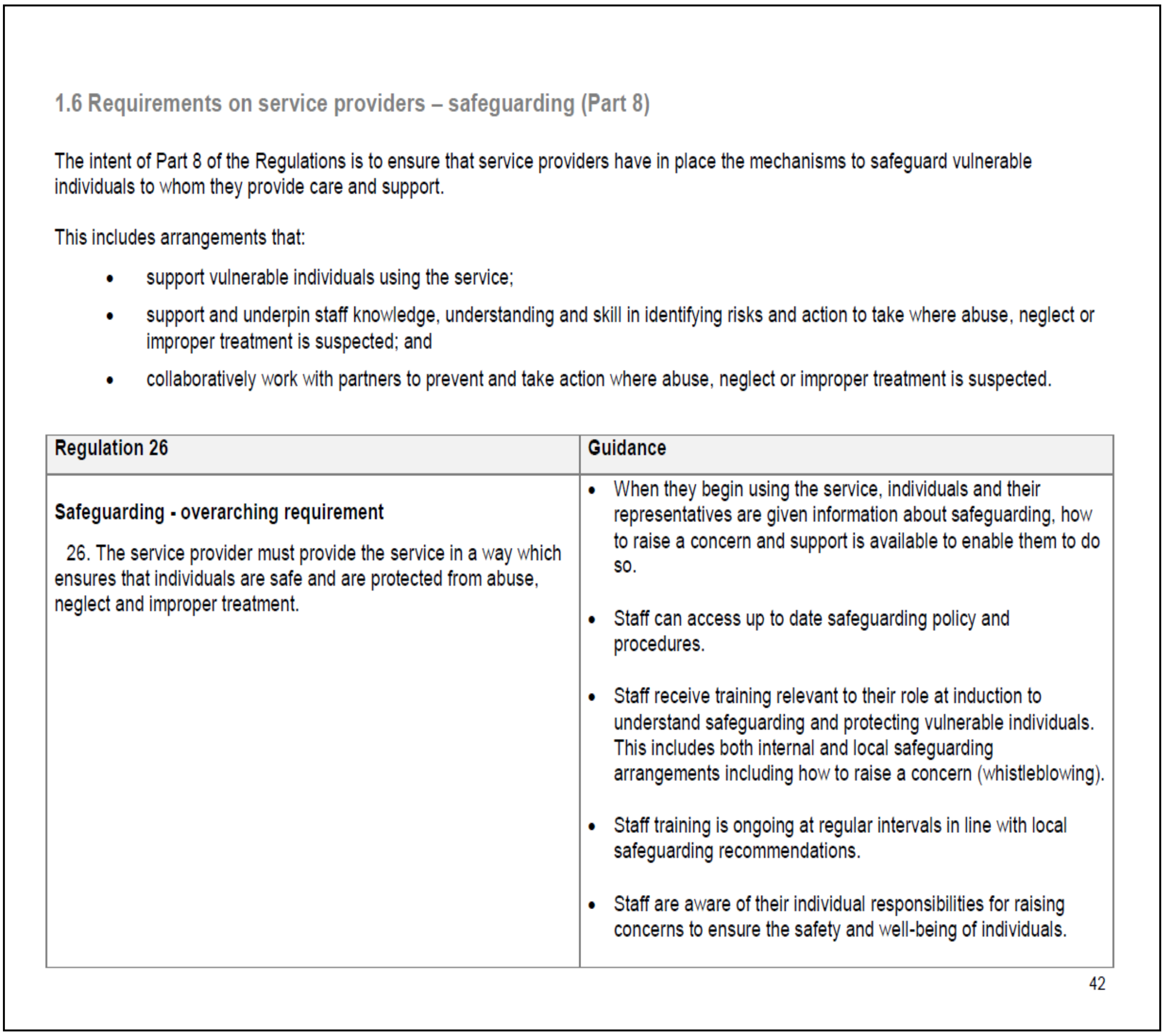
- **Service providers** – areas include safeguarding, staffing, domiciliary support services, premises, facilities and health and safety

- **Responsible individuals** – areas include effective oversight and management of services.

Parts 3 to 15 of the regulations set out the requirements of the service provider in relation to the standard of service that must be provided. Parts 16 to 20 set out the duties of the designated responsible individual. It is intended that the designated person is held accountable for both service quality and compliance. Guidance is provided on components of each regulation. Guidance should not be considered exhaustive as there may be other ways that service providers and responsible individuals can show how they meet the regulation.

An example of the layout of statutory guidance is shown in Figure 37.(86)

Figure 42: Example of layout of the statutory guidance for service providers and responsible individuals on meeting service standard regulations for the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017



1.6 Requirements on service providers – safeguarding (Part 8)

The intent of Part 8 of the Regulations is to ensure that service providers have in place the mechanisms to safeguard vulnerable individuals to whom they provide care and support.

This includes arrangements that:

- support vulnerable individuals using the service;
- support and underpin staff knowledge, understanding and skill in identifying risks and action to take where abuse, neglect or improper treatment is suspected; and
- collaboratively work with partners to prevent and take action where abuse, neglect or improper treatment is suspected.

Regulation 26	Guidance
Safeguarding - overarching requirement 26. The service provider must provide the service in a way which ensures that individuals are safe and are protected from abuse, neglect and improper treatment.	• When they begin using the service, individuals and their representatives are given information about safeguarding, how to raise a concern and support is available to enable them to do so. • Staff can access up to date safeguarding policy and procedures. • Staff receive training relevant to their role at induction to understand safeguarding and protecting vulnerable individuals. This includes both internal and local safeguarding arrangements including how to raise a concern (whistleblowing). • Staff training is ongoing at regular intervals in line with local safeguarding recommendations. • Staff are aware of their individual responsibilities for raising concerns to ensure the safety and well-being of individuals.

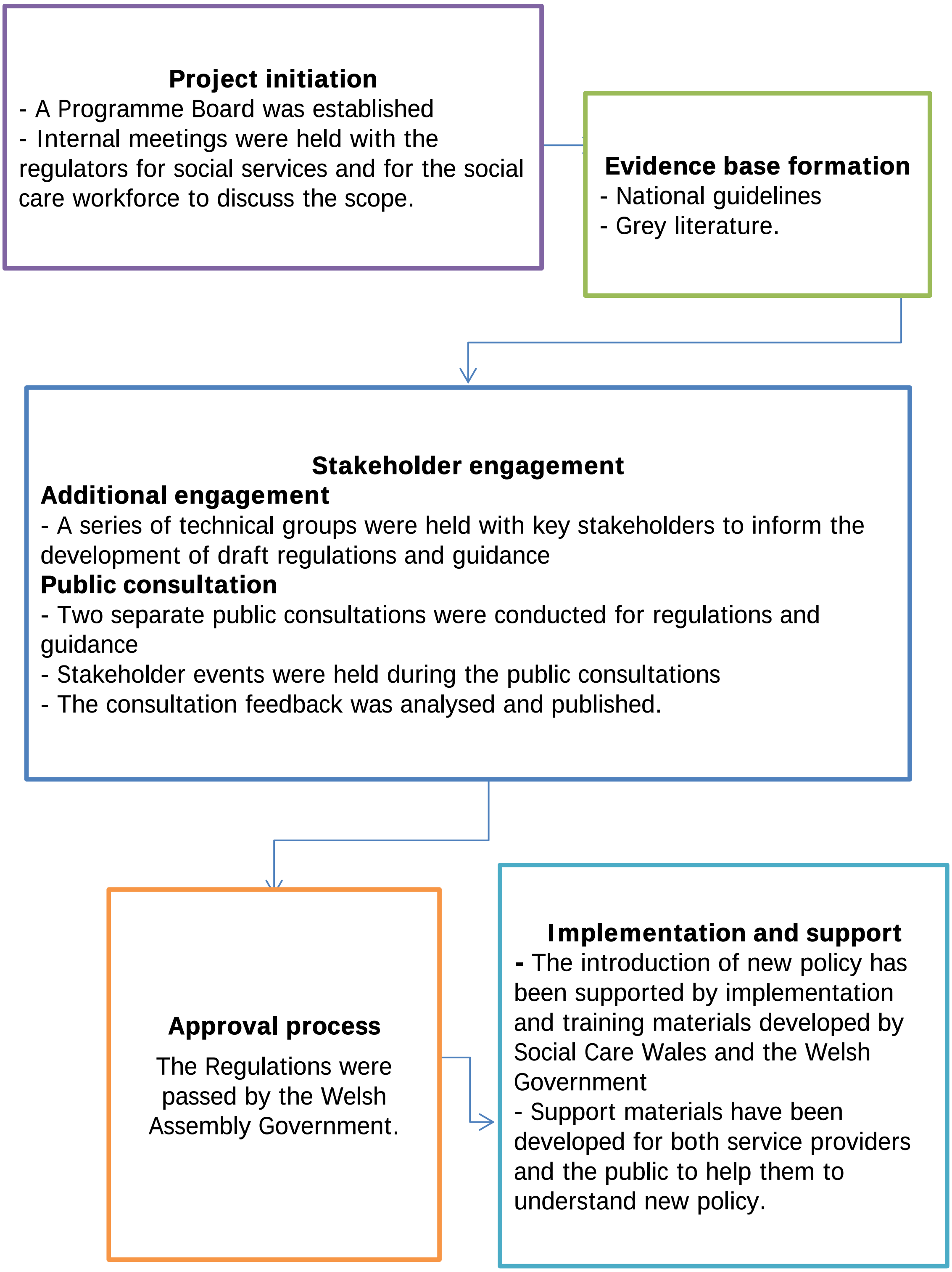
42

9.3 Methodology

9.3.1 Legislation development process

The policy was developed through thorough engagement with stakeholders and a review of the evidence base. A Programme Board oversaw the development of the policy, and this was coupled with meetings with regulatory bodies and input from a public consultation. The process for developing legislation, in particular the 2016 Act, is presented in Figure 38.

Figure 43: The Welsh Government's process for developing legislation



Project initiation

- A Programme Board was established
- Internal meetings were held with the regulators for social services and for the social care workforce to discuss the scope.

Evidence base formation

- National guidelines
- Grey literature.

Stakeholder engagement

Additional engagement

- A series of technical groups were held with key stakeholders to inform the development of draft regulations and guidance

Public consultation

- Two separate public consultations were conducted for regulations and guidance
- Stakeholder events were held during the public consultations
- The consultation feedback was analysed and published.

Approval process

The Regulations were passed by the Welsh Assembly Government.

Implementation and support

- The introduction of new policy has been supported by implementation and training materials developed by Social Care Wales and the Welsh Government
- Support materials have been developed for both service providers and the public to help them to understand new policy.

9.4 Stakeholder engagement

The Welsh Government actively involved stakeholders in the development of the legislation. This includes convening a Programme Board and holding a public consultation on the policy. A series of technical groups were also held with key stakeholders to inform the development of draft regulations and guidance.

9.4.1 Programme Board

A Programme Board was established to oversee the development of draft regulations and guidance. In addition, internal meetings were held with the regulators for social services and for the social care workforce to discuss the scope of the policy.

9.4.2 Public consultation

Two separate 12-week public consultations were conducted for the regulations and guidance developed in Phase 1 and Phase 2 of the implementation of the 2016 Act. Stakeholder events were held during the public consultations to encourage and generate feedback. Following the end of the consultation, feedback was analysed and changes to the draft regulations and guidance were agreed by the Minister for Social Services and Public Health. Finally, a report of the findings from the public consultations was published.

9.5 Dissemination and communication

Social Care Wales (regulator of the social care profession) undertook a range of activities to disseminate the changes arising from the 2016 Act. This included providing information for the public, the social care workforce, providers and other organisations. Since January 2016, Social Care Wales has organised training events across Wales to ensure the successful implementation of the 2014 Act.

The Information and Learning Hub (the Hub)(87) is a website established by Social Care Wales to provide information and training resources to help social care professionals to implement legislation.

Social Care Wales is active on social media, for example Twitter and Facebook, providing regular updates on new resources being added to The Hub (bulletins, case studies and toolkits) and upcoming events, such as webinars, consultations and expert classes. They can be found on @gettheact.

9.6 Evaluation approaches

The Welsh Government works to improve its process for developing legislation. For example, the Government is currently working to improve the public consultation process on their website with an improved design, clearer layout, savable online response forms, web-friendly consultation documents and improved accessibility. The public are informed of these website changes and request feedback.

9.7 Impact and knowledge sharing

An evaluation of the training programmes and resources provided by Social Care Wales for the 2014 Act has been conducted by an independent consulting service for the years 2015-2016(88) and 2016-2017.(89) Bilingual reports (Welsh and English) have been published looking at how the training was delivered and the impact the programme has had on staff knowledge and skills in the social care, healthcare and voluntary sectors.

The evaluation of the 2016-17 programme has been informed by 71 qualitative interviews with a range of individuals affected by the Act, survey responses from 240 individuals who completed training modules, analysis of programme information and statistics and a literature review of similar projects. The evaluation looks at the readiness and confidence of the workforce to practice in line with the 2014 Act, the quality of the learning materials and the training provided, how well the programme was run and its value for money. The 2016-2017 evaluation report found that the programme has been successful in increasing the level of knowledge and skill in the workforce. However, more work is required to ensure that all sectors affected by the 2014 Act receive learning opportunities.

9.8 Implementation support material

9.8.1 Social Care Wales

Social Care Wales is working with a range of partners to develop a national learning and development plan to support social care professionals to implement the 2014 Act and the 2016 Act. The national development and learning plan includes the development of a range of learning materials and training resources that can be accessed from one central Learning and Information Hub (the Hub).

The Hub and its resources are an example of co-production at work, with a range of partners working to deliver learning on the Act. Partners include the Association of Directors of Social Services (ADSS) Cymru, Care Forum Wales, Care Inspectorate Wales (CIW), Children in Wales, Wales Council for Voluntary Action (WCVA), Welsh

Government, Welsh Local Government Association (WLGA) and the Welsh NHS Confederation.

The resources available on the Hub are divided into the following categories:

Information and awareness

This category is available for both the 2014 Act and the 2016 Act. Resources are provided that give an introduction to the legislation and include handouts, videos, train-the-trainer presentations and interactive e-learning modules as shown in Figure 39.(87)

Figure 44: An information and awareness pack on the Social Services and Wellbeing Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016

Principles of the 2014 Act

These resources cover the principles that underpin the 2014 Act including wellbeing and co-production. Resources include videos, workbooks and trainers presentations.

Planning and promotion

This category provides an information and resource guide to help understanding of planning and commissioning under the 2014 Act. It features links to further information and relevant resources such as presentations, research and evaluation reports, videos, briefings and useful websites.

Introduction and general functions

This provides an overview of the overall 2014 Act, as well as summaries of the key messages from the Act. It includes training models, case studies and exercises.

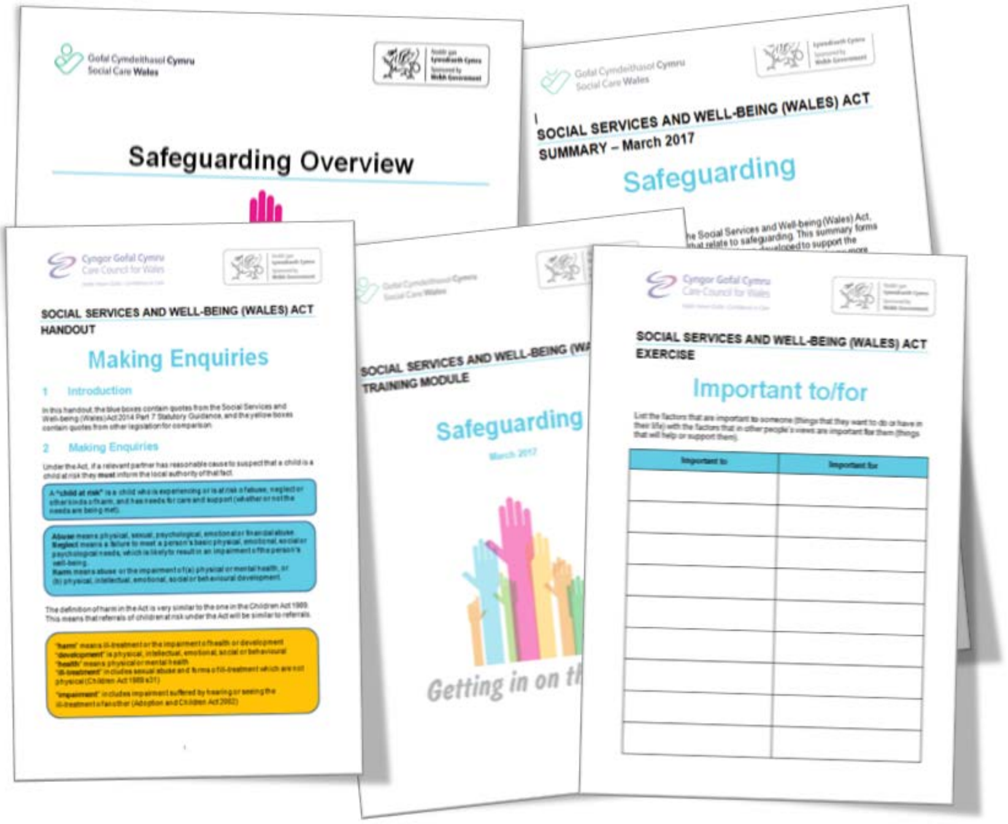
Assessing and meeting individual needs

This includes resources designed to give an overview of Parts 3 (Assessing the Needs of Individuals) and Parts 4 (Meeting Needs) of the 2014 Act. Resources include summaries of the key messages, case study examples and exercises.

Safeguarding

Resources in this category are designed to give an overview of the areas of the 2014 Act, regulations and statutory guidance that relate to safeguarding. They include summaries of the key messages and an overview of the key changes which are suitable for all roles across the sector. Resources include a safeguarding training module, case studies, exercises and hand outs that support the safeguarding training module as shown in Figure 40.(87)

Figure 45: Resources to support understanding of the regulations and statutory guidance under the Social Services and Well-being (Wales) Act 2014



Safeguarding Overview

SOCIAL SERVICES AND WELL-BEING (WALES) ACT
SUMMARY – March 2017
Safeguarding

SOCIAL SERVICES AND WELL-BEING (WALES) ACT
HANDOUT
Making Enquiries
1 Introduction
2 Making Enquiries

TRAINING MODULE
Safeguarding
March 2017

SOCIAL SERVICES AND WELL-BEING (WALES) ACT
EXERCISE
Important to/for

Important to	Important for

Independent professional advocacy

This category provides an overview of the key aspects of the 2014 Act in relation to advocacy and specifically independent professional advocacy. The resources explain Part 10 of the Act on advocacy and how advocacy fits with other parts of the Act. The resources aim to build awareness and understanding of advocacy among those who could have the potential to work with, or make referrals to advocacy services. Resources include training modules, presentations, an advocacy referral quiz, fact sheets, case studies and exercises.

9.8.2 The Welsh Government

The Welsh Government has published documents to support the 2014 Act,(28) as shown in Figure 41.(28) Documents include one-page information sheets setting out what the 2014 Act means to young people, older people and disabled people. One page information sheets are also available about how the 2014 Act affects social workers, social care workers, occupational therapists and healthcare staff. A young person's summary and an easy-to-read version of the 2014 Act are available. The

Welsh Government has a YouTube playlist showcasing some of the ways the 2014 Act is making a difference.

Figure 46: Information resources to support the Social Services and Well-being (Wales) Act 2014

The Welsh Government has also published documents to support the Regulation and Inspection of Social Care (Wales) Act 2016. This includes a summary for young people and an easy-to-read version of the Act as shown in Figure 42.(85)

Figure 47: Resources to inform the public on the Regulation and Inspection of Social Care (Wales) Act 2016, including an easy-to-read version and a child-friendly summary

9.9 Future plans

The Welsh Government plans to continue to develop regulations with associated statutory guidance. In April 2019, a statutory framework for the regulation of social care provision will come into force for the following services:

- voluntary adoption agencies
- adoption support agencies and fostering services
- adult placement (shared lives) services
- and advocacy services.

As part of this statutory framework, regulations and associated statutory guidance will be implemented. A consultation took place between May and August 2018 to ascertain the public's views on new regulations specifying the type of advocacy services to be regulated under the 2016 Act. The consultation also aims to assess people's views on the associated statutory guidance to support these regulations. At the time of writing this report, the impact of the 2016 Act has not been assessed; however, there are plans in place to evaluate the impact of the 2016 Act in the future.

9.10 Key lessons for Ireland from the Welsh social care setting

Following the review of the arrangements and processes in place by the Welsh Government across the social care sector, the following lessons have been identified for Ireland:

- A move away from prescriptive requirements and minimum standards to a more flexible approach which recognises the responsibility of providers and focuses on the individual person who uses services and their wellbeing.
- Providing standards and guidance in various user-friendly formats including fact sheets for different types of service providers and people who use services, a young person's summary, easy-to-read versions and YouTube videos.
- Information and training resources to inform front-line staff on how they can implement new policy. Resources include user-friendly training models, presentations, videos, workbooks, quizzes, fact sheets, hand outs, case studies and exercises.

- Producing materials to support implementation alongside organisations that have expertise in the area.

10 Northern Ireland – the health and social care setting

10.1 Background

The Department of Health is one of nine Northern Ireland Government Departments. 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.[†††††](90)

Standards developed by the Department of Health include high-level governance standards for service delivery in any health and social care service across the acute and community sector, known as the *Quality Standards for Health and Social Care* (2006).(1) The Department of Health has also developed nine sets of minimum Care Standards for the regulation, inspection and monitoring of specific health and social care services.

10.2 Output

The Department of Health, Northern Ireland, define a standard as follows(1):

Definition of a standard:

A **standard** is a level of quality against which performance can be measured.

It can be described as:

- ‘**essential’**, meaning this is the absolute minimum to ensure safe and effective practice, or
- ‘**developmental’**, which are designed to encourage and support a move to better practice.

[†††††] RQIA is an independent non-departmental body of the Department of Health Northern Ireland established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RIQA used the Quality Standards for Health and Social Care (2006) as a guide to promote continuous improvement and best practice. RQIA assesses the quality of healthcare services during inspections and reviews clinical and social care governance arrangements. RQIA reports its findings on the quality of care provided by services across Northern Ireland to the Department and the public.

10.2.1

Quality Standards for Health and Social Care (2006)(1)

Raising and maintaining the quality of services provided by health and social care services is a major objective for all involved in the planning, provision, delivery and review of these services in Northern Ireland. Quality improvement efforts include setting standards to improve services and practice.

In 2006, *Quality Standards for Health and Social Care*(1) were launched by the Northern Ireland Executive. These are high-level governance standards for all health and social care services, and aim to address unacceptable variations in the quality of services provided, including timeliness of service delivery and ease of access. Classed as essential standards, the Quality Standards outline the absolute minimum level of care to ensure safe and effective practice. These standards are the basis of RQIA reviews which may include inspections as part of the methodology.

The *Quality Standards for Health and Social Care* Standards (2006):(1)

- give health and social care services and other organisations a measure against which they can assess themselves and demonstrate improvement, thereby raising the quality of their services and reducing unacceptable variations in the quality of services and service provision
- enable service users and carers to understand what quality of service they are entitled to and provide the opportunity for them to help define and shape the quality of services provided by health and social care services and others
- provide a focus for members of the public and their elected representatives to consider whether their money is being spent on efficient and effective services, and delivered to recognised standards
- help to ensure implementation of the duty that health and social care services have in respect of human rights and equality of opportunity for the people of Northern Ireland
- promote compliance, and underpin the regulation and monitoring of services to determine their quality and safety and to gauge their continuous improvement.

Content and Format of the Standards	
Theme	Each theme has a title, which defines the area of focus for the standard.
Rationale	A rationale is provided which outlines the reason why the standard is seen to be important.

Standard statement & criteria	Then, a standard statement explains the level of performance to be achieved and this statement is expanded into a series of criteria, which provide additional detail of areas for consideration by the HSC services and RQIA.

The Quality Standards(1) were developed in five quality themes to improve the health and social wellbeing of the population of Northern Ireland:

1. corporate leadership and accountability of organisations
2. safe and effective care
3. accessible, flexible and responsive services
4. promoting, protecting and improving health and social wellbeing
5. effective communication and information.

10.2 Care Standards

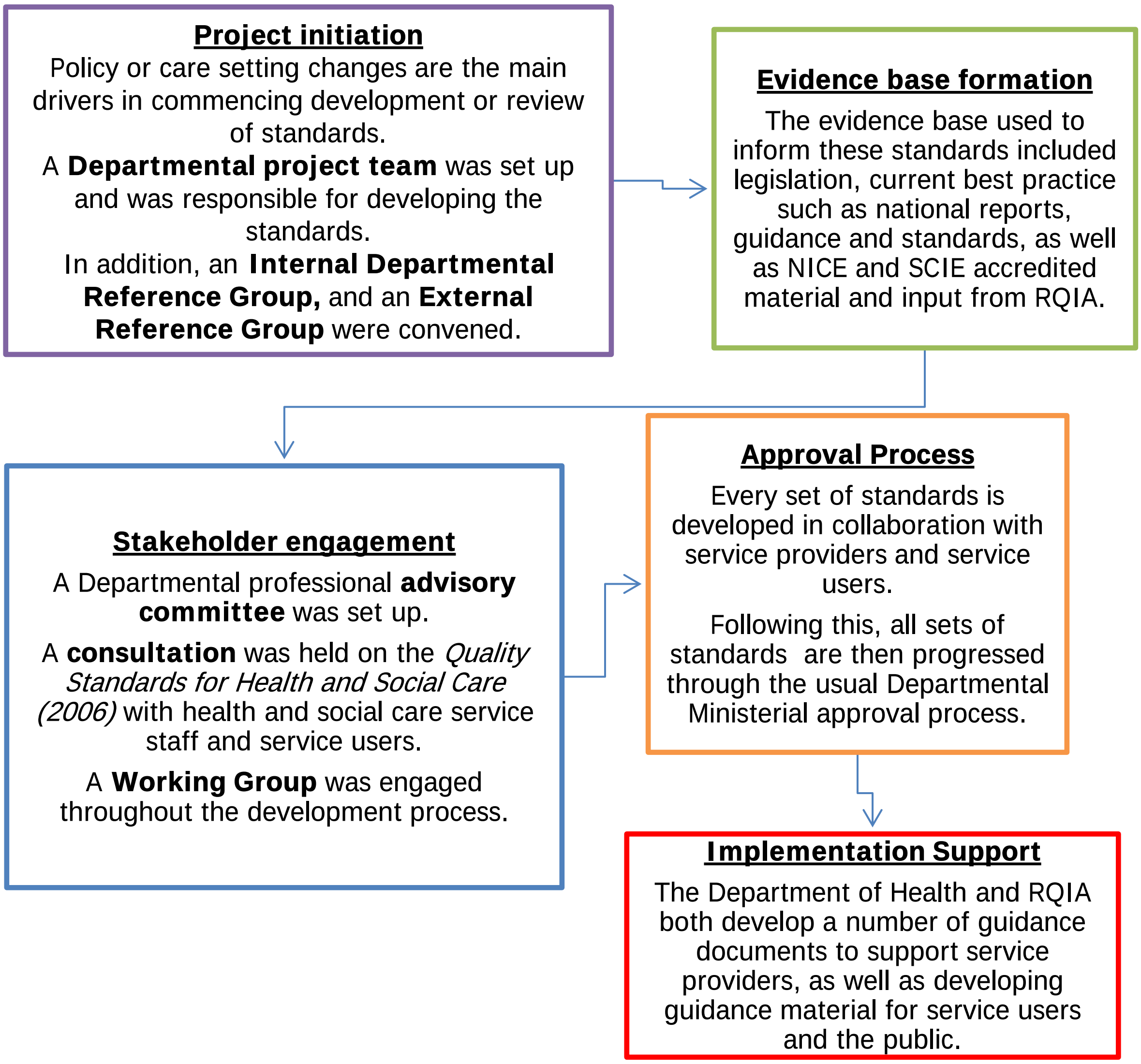
The Department of Health also developed nine sets of minimum **Care Standards** for the regulation, inspection and monitoring of specific health and social care establishments and agencies provided by the health and social care services and the independent sector, as specified in legislation (the Health and Personal Social Services (Northern Ireland) Order 2003).(90) These standards apply to many services across Northern Ireland including nursing homes, the independent healthcare sector, children's homes and day care settings among others, and are used by RQIA, alongside the requirements of regulations, in the registration and inspection of establishments and agencies. In addition, the standards also assist organisations in assessing the quality of their service provision and provide greater transparency for the public on the standard of care and treatment they can expect to receive. Focusing on the safety, dignity, wellbeing and quality of life of people who use services, these standards are designed to address unacceptable variations in the standard of treatment, care and services and to raise the quality of services.

10.3 Methodology

10.3.1 The standards development process

The Department of Health's process for developing and reviewing standards is outlined in Figure 43. RQIA uses these standards to carry out their regulatory and inspection functions, assessing the quality of care provided by health and social care services, looking at how they provide services and then reporting their findings both to the Department and to the public.

Figure 48: Developing the *Health and Social Care Standards* (2006)



Project initiation

Policy or care setting changes are the main drivers in commencing development or review of standards.

A **Departmental project team** was set up and was responsible for developing the standards.

In addition, an **Internal Departmental Reference Group,** and an **External Reference Group** were convened.

Evidence base formation

The evidence base used to inform these standards included legislation, current best practice such as national reports, guidance and standards, as well as NICE and SCIE accredited material and input from RQIA.

Stakeholder engagement

A Departmental professional **advisory committee** was set up.

A **consultation** was held on the *Quality Standards for Health and Social Care (2006)* with health and social care service staff and service users.

A **Working Group** was engaged throughout the development process.

Approval Process

Every set of standards is developed in collaboration with service providers and service users.

Following this, all sets of standards are then progressed through the usual Departmental Ministerial approval process.

Implementation Support

The Department of Health and RQIA both develop a number of guidance documents to support service providers, as well as developing guidance material for service users and the public.

10.4 Stakeholder engagement

The Department of Health in Northern Ireland involved stakeholders throughout its process for developing standards. Stakeholders were involved in the development of the *Quality Standards for Health and Social Care* (2006) through convening an External Reference Group and conducting a public consultation on the draft standards. The Department of Health has also established formal links with the National Institute for Health and Care Excellence (NICE) and the Social Care Institute for Excellence (SCIE).

10.4.1 Advisory and expert groups

For the development of the *Quality Standards for Health and Social Care* (2006), in addition to the convening of a Departmental Project Team and an Internal Departmental Reference Group, an External Reference Group was also established. The External Reference Group was chaired by the Chief Executive of RQIA and members were drawn from Health and Personal Social Services senior management, together with non-executive and lay representation. The External Reference Group played a supportive role to the development of the Standards. Additionally, the development of the Standards also involved extensive pre-consultation with Health and Personal Social Services staff and service users, along with Departmental professional advisory committees.

10.4.2 Public consultation

From May to July 2005, a public consultation was held on the *Quality Standards for Health and Social Care* (2006). This garnered 99 responses in total. Of these 91 provided detailed comments on the proposals, 59 were from organisations and 32 were from individuals. Responses came from a wide range of interested parties, including people who use services, carers, health and social care service staff and the public. A summary of consultation responses was produced outlining the feedback received; *Supporting Good Governance and Best Practice in the HPSS*.(91)

10.4.3 Engagement with NICE and SCIE

The Department of Health has established formal links with NICE and SCIE. Agreements are in place for NICE guidance, published from July 2006, to be reviewed locally for its applicability to Northern Ireland and, where found to be applicable, is endorsed by the Department of Health for implementation in health and social care services. The Department also has a service-level agreement with SCIE to promote an inclusive partnership approach with social care stakeholders. This ensures that its work programme takes account of factors particular to Northern Ireland and ensures good practice guidance is implemented locally.

10.5 Dissemination and communication

10.5.1 The Department of Health - service user information

The Department of Health developed a service user information leaflet on the Quality Standards, called 'Up to Standard'.(92) This leaflet covers items such as why the Department of Health produce standards and their importance for the health and social care setting, as well as detailing the five themes covered by the standards.

10.5.2 RQIA – information for service users

In addition to a frequently asked questions (FAQs) section covering issues such as patient finances, the role of health and social care trusts and how to access inspection reports, RQIA also provides email or telephone help and support for members of the public. As shown in Figure 44 below,(93) RQIA developed a range of other guidance for the public, including a guidance video on choosing a care home, an ‘About Us’ information leaflet, guidance on how to raise a concern about a service, and a short guide on how to make a complaint about RQIA, under its *Policy and Procedure on the Management and Handling of Complaints (April 2018)*.(94)

Figure 49: RQIA guidance documents and a guidance video for people who sue services and the public

10.6 Evaluation approaches

Given the rapidly changing environment in which health and social care services operate, including changes arising from the Review of Public Administration, the Department of Health works to ensure that its standards do not become outdated or stifle innovation. As such, the Department aims to review and update its standards using the best evidence available including advice, reports and information from RQIA.

10.7 Impact and knowledge sharing

The Department of Health in Northern Ireland has developed a range of safety and quality standards service frameworks, which set out explicit standards for health and social care services that are evidence based and capable of being measured. These frameworks are an important element in a standards-driven system for improving health and social care planning, commissioning and delivery.

This work is overseen by the Service Framework Programme Board, chaired by the Chief Medical Officer and comprising of senior staff within the Department. It is attended by the Chief Executives of the Health and Social Care Board (HSCB), the Public Health Agency, RQIA and the Patient and Client Council. The HSCB Board and the Public Health Agency are jointly responsible for implementing and monitoring the service frameworks and report on progress twice a year to the Programme Board. They work closely with clinical and social services staff in the health trusts to ensure the success of the frameworks.

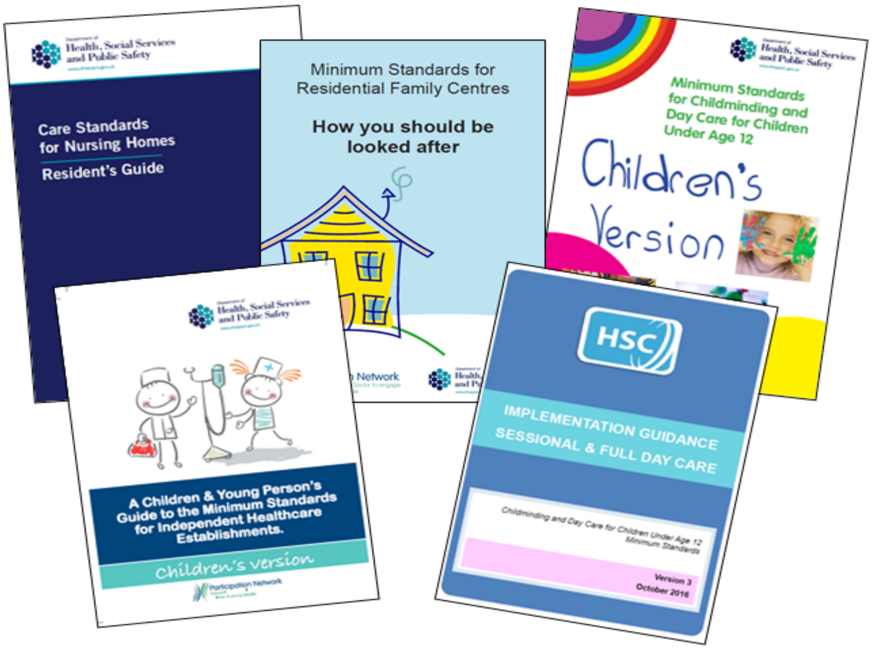
It is important that a service framework focuses on a limited number of standards that will have the maximum impact on the greatest number of people. Each service framework document undergoes public consultation and is developed in collaboration with health and social care staff, and through engagement with patients, clients, carers, the wider public and other key stakeholders. The final service framework document is then used by the public, health and social care commissioners and providers, other providers of health and social care and those organisations that are required to report on the performance and quality of services and care.

10.8 Implementation support material

10.8.1 The Department of Health – guidance for service providers and the public

Various guidance and support material has been developed by the Department of Health for people who use services and service provides. Material for the public and people who use services include resident's guides to standards or children and young people's versions of various sets of standards. A guidance document,(95) developed by the Health and Social Care Board for service providers, aims to help services to implement the standards and has been supported by the Department of Health.

Figure 50: The Department of Health guidance for service providers and the public



10.8.2 RQIA – guidance for service providers

A number of guidance documents for service providers are available on the RQIA website, www.rqia.org.uk, including a number of frequently asked questions for regulated services and service providers, and certain guidance for mental health and learning disability services and hospital services. Various regulatory-focused guidance documents have also been developed, including information on how to complete prescribed forms and notification of incidents, audit tools and associated standards documents, in addition to inspection guidance for each category of service, such as children's services, dental practices, independent healthcare services and daycare settings and so on. Furthermore, RQIA also provides events and training to support service providers, as well as providing information regarding RQIA's clinical audit programme.

10.9 Future plans

As the Safety and Quality Standards Service Framework documents were produced in 2006, the Department of Health are considering conducting a review of these documents in the future. If this is progressed, the Department may work alongside RQIA as part of this review.

10.10 Key lessons for Ireland from the Northern Irish setting

Following the review of the arrangements and processes in place across the Department of Health and RQIA, the following lessons have been identified for Ireland:

- Material is developed to help support people who sue services to understand the services they use, and their engagement with those responsible for developing and inspecting against standards for health and social care services. Material includes frequently asked questions, guidance and information leaflets.
- Stakeholder engagement activities are carried out between the regulatory body with responsibility for inspecting against standards for health and social care services, and those responsible for the development of standards, ensuring key learning and the most up-to-date information is used to inform the basis of standards.
- Strong relationships are built between those responsible for developing standards, and international bodies providing national guidance and current best practice in health and social care settings. This helps to ensure key information or guidance is formally reviewed for its applicability locally.

11 Sweden - the healthcare setting

11.1 Background

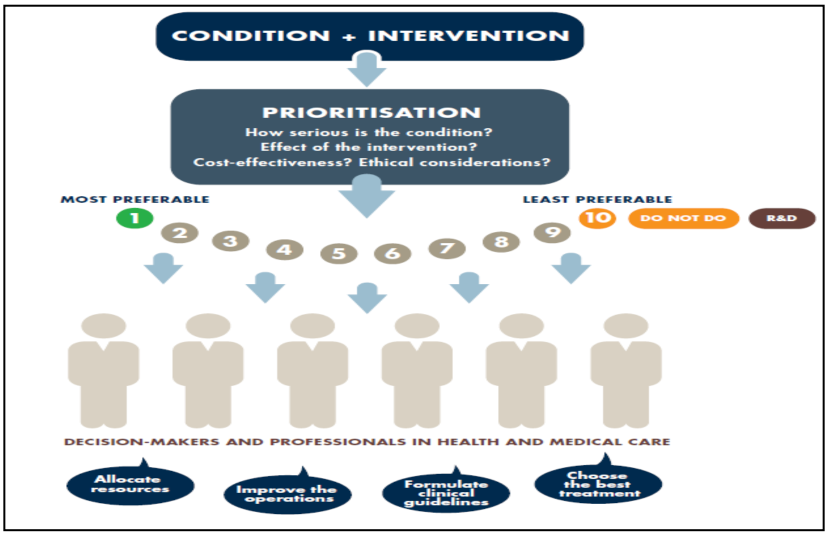
The Swedish Government agency, the National Board of Health and Welfare (Socialstyrelsen) sits under the Ministry of Health and Social Affairs. Socialstyrelsen was established in 1968 to govern, advise and evaluate health, social, and dental care and to ensure high-quality health and social care is delivered to the whole Swedish population.(96)

Socialstyrelsen has a mandate to develop national guidelines for clinical and social interventions. The national guidelines are targeted primarily towards decision-makers within health and social care services, for example politicians, civil servants and healthcare managers. They are also written for health and social care professionals and are useful to other stakeholders such as patient organisations and the media. National guidelines are developed for areas where there is uncertainty around practices or where there are practices in place that are not evidence-based. The national guidelines indicate the benefits and the risks of implementing different interventions and they support healthcare professionals to prioritise the right interventions; they also consider the cost-effectiveness of interventions and aim to ensure the efficient use of resources.

11.2 Output

National guidelines are developed across a number of settings including healthcare, social services and dental care. Each national guideline consists of a list of conditions that are paired with an intervention pair. These condition-intervention pairs are ranked on a scale from one-to-10, where one is the highest priority intervention and 10 is the lowest priority intervention. As shown in Figure 46,(97) the condition-intervention pairs are ranked based on the severity of the condition, the effect of the intervention, the strength of the scientific evidence and cost-effectiveness of the intervention. The guideline also specifies which interventions should not be implemented and which interventions should only be implemented within the context of research and development. This ranking process supports decision-makers to allocate resources in healthcare and social care services with highly ranking interventions receiving more resources than lower ranking interventions.

Figure 51: Socialstyrelsen’s national guideline structure and implementation process



Eighteen national guidelines have been developed, including guidelines for dental care, breast cancer, prostate cancer, colorectal cancers, cardiac care, diabetes care, lung cancer care and treatment, prevention and treatment for unhealthy habits (alcohol, tobacco, lack of physical activity, unhealthy eating), musculoskeletal diseases, care and treatment for schizophrenia or schizophrenia-type conditions, asthma and chronic obstructive pulmonary disease, care and treatment for dementia, depression and anxiety disorders, substance abuse, multiple sclerosis, Parkinson's disease, palliative care, stroke care, endometriosis, epilepsy and psoriasis. Each national guideline includes:

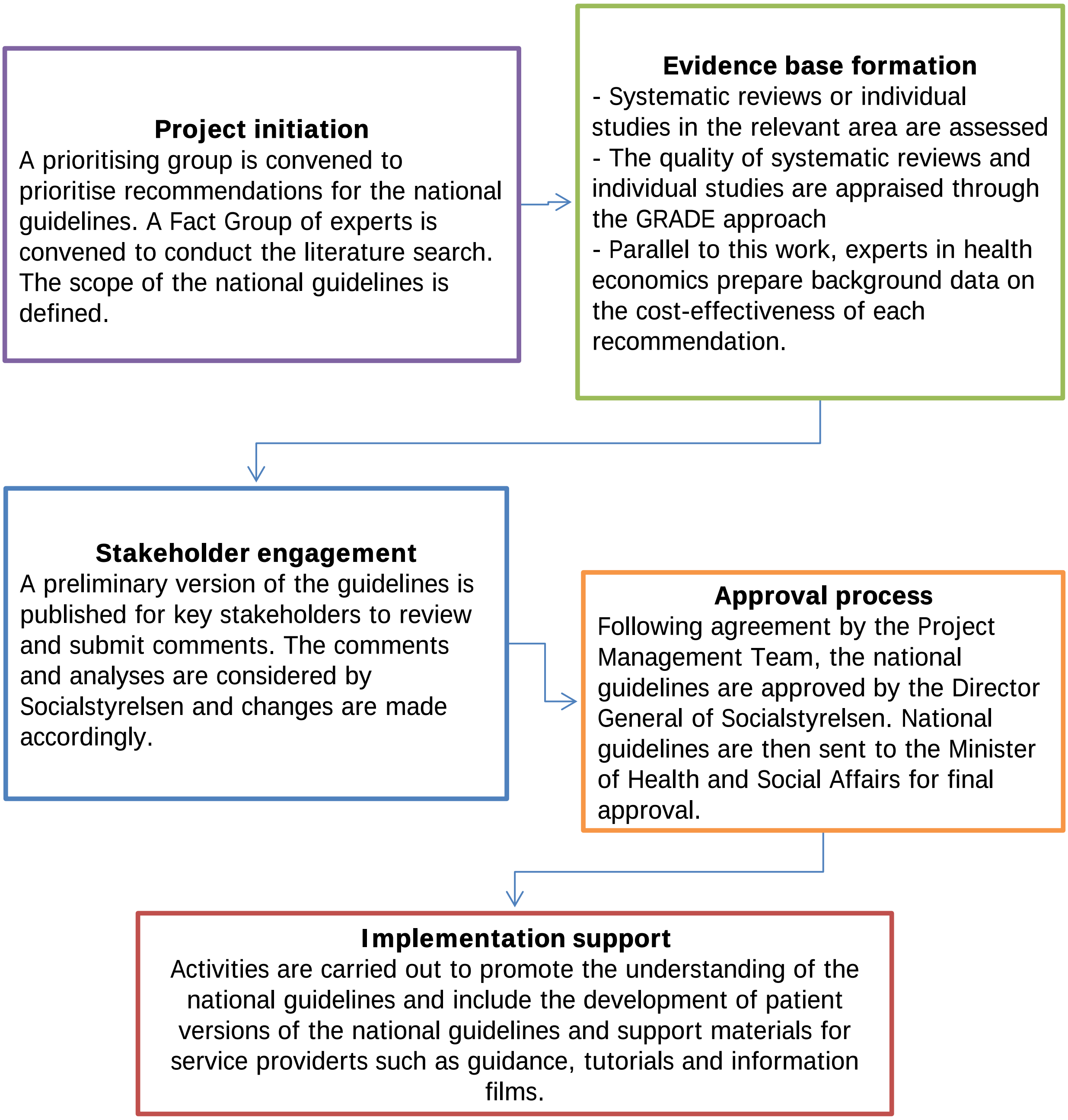
- key recommendations that are of the greatest significance to ensuring a consistent high standard of care is provided
- findings from an analysis of the financial and organisational consequences of implementing the key recommendations
- a list of conditions and interventions for all recommendations
- follow-up tools which include indicators and target levels
- the evidence base for all included recommendations.

11.3 Methodology

11.3.1 The standards development process

Developing national guidelines involves a process of assessing and appraising the current evidence base and the cost-effectiveness of implementing each included intervention. This is combined with seeking input from a prioritisation group of experts from the field and patient representatives. A preliminary version of the guidelines is published for key stakeholders to review and provide feedback. The process for developing national guidelines is outlined in Figure 47.

Figure 52: Overview of the Socialstyrelsen’s national guideline development process



Project initiation
A prioritising group is convened to prioritise recommendations for the national guidelines. A Fact Group of experts is convened to conduct the literature search. The scope of the national guidelines is defined.

Evidence base formation
- Systematic reviews or individual studies in the relevant area are assessed
- The quality of systematic reviews and individual studies are appraised through the GRADE approach
- Parallel to this work, experts in health economics prepare background data on the cost-effectiveness of each recommendation.

Stakeholder engagement
A preliminary version of the guidelines is published for key stakeholders to review and submit comments. The comments and analyses are considered by Socialstyrelsen and changes are made accordingly.

Approval process
Following agreement by the Project Management Team, the national guidelines are approved by the Director General of Socialstyrelsen. National guidelines are then sent to the Minister of Health and Social Affairs for final approval.

Implementation support
Activities are carried out to promote the understanding of the national guidelines and include the development of patient versions of the national guidelines and support materials for service providerts such as guidance, tutorials and information films.

11.3.2 National guidelines - project resources and staff

The time taken to develop the national guidelines depends on the topic area and the number of recommendations to be included in the guideline. Generally, national guidelines take three years to develop from the initial scoping stage to the publication of the final version, for example national guidelines which include 100 recommendations involve two-to-three full-time staff working on the guidelines for a period of three years.

11.3.3 Evidence-base formation

The evidence-base is formed from the assessment and appraisal of systematic reviews and studies on the area of interest; appraisal is conducted using the GRADE approach.[‡‡‡‡‡] If research in the area is insufficient due to a lack of relevant or high-quality evidence, Socialstyrelsen sends a web-based survey to a panel of expert professionals from healthcare or social services settings. At least 30 panel members are sent the survey, where they are asked to advocate for or against a recommendation based on their own expertise and experience. Consensus has been reached when at least 75% of the panel are consistent in their responses.

11.4 Stakeholder engagement

Socialstyrelsen involves stakeholders throughout the guideline development process. Stakeholders are involved through convening of a prioritising group and a fact group. A public consultation is also held on the preliminary guidelines.

11.4.1 Expert groups

A prioritising group is convened to prioritise recommendations for the national guidelines. The group consists of experts in topic area from healthcare, social care or dental care, and patient representatives. For the evidence synthesis, a fact group of experts is convened to conduct the literature search based on each condition and their related interventions (condition-intervention pair). Where evidence is unsuitable or unavailable, a panel of experts is consulted to provide their experiences and views on the intervention.

11.4.2 Public consultation

A preliminary version of the guidelines is published for key stakeholders to review and submit comments. Decision-makers are asked to review how the guidelines may

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[‡‡‡‡‡] **GRADE** is a systematic **approach** to rating the certainty of evidence in systematic reviews and other evidence syntheses.

affect their activities. The comments and analyses are considered by Socialstyrelsen and changes are made to the preliminary version of the guidelines.

11.5 Dissemination and communication

The national guidelines are published on Socialstyrelsen's website. Hard copies of the national guidelines are also sent out to stakeholders in the county regions and municipalities. Patient versions of the national guidelines are published online on Sweden's national hub for advice and information on healthcare - 1177/Healthcare Guide online. Publication of new national guidelines is advertised through social media forums, for example Twitter. Information videos are also disseminated to inform healthcare and social care professionals and the public about the national guidelines.

11.6 Evaluation approaches

Reviews are conducted annually to ensure the national guidelines are up-to-date. As part of the review, the evidence-base is examined to assess for new research and recently published systematic reviews. In the case where major revisions to the national guidelines are required, evaluations are conducted of health and social care settings to see what works well and what does not at the provider level.

11.7 Impact and knowledge sharing

The impact of the national guidelines is assessed through national guideline indicators. Indicators are developed in close collaboration with experts, specialists, national registers, healthcare quality registers, and the team working on developing the national guidelines. The national guideline indicators are based on key recommendations and allow results to be measured and compared across services. Target levels are set for these indicators and municipalities within Sweden are expected to work towards reaching the set targets. There are four types of indicators:

1. organisational indicators, for example the number of available staff per patient
2. process indicators, for example the proportion of a particular patient group that receive a specific treatment or intervention
3. outcome indicators, for example the proportion of patients who fully recover following receiving a specific treatment or intervention

4. potential indicators are key recommendations that are considered important to follow up but where data sources are unreliable or unavailable.

11.8 Implementation support material

Patient versions of national guidelines are produced in collaboration with Sweden's national hub for advice, information, inspiration and e-services for healthcare — 1177/Healthcare Guide online. Socialstyrelsen also develops additional support material such as guidance, tutorials for healthcare professionals and information videos. Plans are in place to develop a standardised tool to guide health and social care service managers through the process of implementing national guidelines.

11.9 Future plans

Socialstyrelsen’s future plans include assessing the needs of policy-makers for prioritising condition-intervention pairs, to determine if the national guidelines effectively match their needs. Socialstyrelsen also aims to evaluate and adjust the way they phrase recommendations, and to evaluate and adjust the way guideline recommendations and evaluation reports relate to each other. Finally, Socialstyrelsen aims to further develop the channels they use for distributing their national guidelines.

11.10 Key lessons for Ireland from the Swedish healthcare setting

Following the review of the arrangements and processes in place across Socialstyrelsen and the Swedish healthcare setting, the following lessons have been identified for Ireland:

- To include a scoping period in the initial stages of the development process to clearly define the scope.
- If evidence is insufficient or of poor quality, to send a web-based survey to key experts in the area to generate views and expertise.
- To develop indicators of good care in close collaboration with experts in the area to assess how standards are being adhered to and how they affect practice.
- To develop and publish standard-specific implementation support material, information films and patient guides.

- To effectively share published material through social media platforms, by posting hard copies to key stakeholders, and by uploading material to websites widely accessed by stakeholders and the public.

12 Denmark - the healthcare and social care setting

This section provides an overview of the standards developed for health and social care services in Denmark. In this chapter, a summary of the healthcare accreditation standards developed by the Danish Institute of Quality and Accreditation(98) is set out; these accreditation standards establish the minimum level of quality required within a specific healthcare service area. The next chapter provides an overview of The Danish Quality Model for Social Services,(99) in particular its Standards Programme. The Danish Quality Model for Social Services was developed by the Centre for Quality Improvement, Defactum. The Standards Programme consists of a generic, overarching set of standards for all social care services.

12.1 Background

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.(98) The Danish Health Care Quality Programme aims to drive continuous quality improvement across the Danish healthcare service. It is an accreditation programme that develops accreditation standards for services and methods to monitor quality. It is supported by key decision-making bodies within the Danish healthcare system including the Ministry for Health and the Danish Health Authority.[§§§§]

The basic principle of accrediting healthcare services is determining the desired level of quality within a number of areas and following-up on services for their level of compliance. Accreditation standards explain the day-to-day clinical work that underpins a high-quality service. An award of accreditation does not require there to be full compliance with all the standards, but where there is a lack of compliance, this is used as evidence for improvement. The Danish Health Care Quality Programme offers a range of accreditation programmes tailored for private hospitals, community pharmacies, community healthcare, primary care physicians and specialist physicians practicing outside of a hospital setting.

The Danish Health Care Quality Programme is based on a general legal requirement in the Health Law (2005)(100) that regions and municipalities should secure high

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[§§§§] The Danish Health Authority is a state owned entity under the Ministry for Health. It is responsible for coordinating and monitoring health promotion and disease prevention. It also provides advice to the Danish Ministry of Health and other governmental, regional and municipal authorities in the area of health and elderly care.

quality in healthcare. Accreditation standards are based on current law. All references to current law are updated when accreditation standards are revised every three years. If new legal provisions are introduced that directly affect the contents of the standards, amendments are made to the standards accordingly.

12.2 Output

Quality development model

The accreditation standards are structured to reflect the implementation of the four-step Plan-Do-Study-Act quality development model. A description of how the four steps of the quality development model are implemented is shown in Figure 48.(101)

Figure 53: The Danish Health Care Quality Programme – quality development model

Plan
The organisation prepares documents planning how the quality objective of each accreditation standard will be reached

Do
The organisation ensures the implementation of the prepared documents

Study
The organisation monitors the quality of the organisational structures and processes and the services provided

Act
The organisation assesses the results of the monitoring process and prioritises and initiates measures to resolve any quality shortcomings

Accreditation standards developed by the Danish Health Care Quality Programme are divided into three categories:

1. accreditation standards concerning organisational activities; this category includes themes such as management, hygiene, quality and risk management

2. accreditation standards concerning general patient pathway descriptions; this category includes themes such as medication, resuscitation and transfer

3. accreditation standards concerning specific clinical conditions.

All accreditation standards adhere to a similar layout. A template of the accreditation standards is presented in Table 3 along with a description of meaning of each heading. Each standard includes a number of indicators. Compliance with the indicators is assessed and rated during external inspection of the service. External inspection and accreditation are repeated every three years.

Table 3: Layout of the Danish Health Care Quality Programme's accreditation standards

Heading	Description of heading
Title	Describes the title of the accreditation standard
Sector	States the sector to which the standard relates to, for example private hospitals and clinics
Version	The version of the accreditation standards
Edition	The edition of the accreditation standards
Category	Defines which of the three categories the standard applies to, for example organisational or general patient pathway or specific clinical condition
Theme	Describes the theme for which the accreditation standard forms part of
Objectives	Describes the overall objective of the standard
Contents	Provides the background to the standard and describes how the standard should be interpreted across various contexts
Other standards related to the standard	Provides reference to other standards that would be useful to consider in association with this standard
Scope	Specifies if there are settings for which a particular standard may not be relevant
Elements	This section forms the basis of assessment and describes what will be assessed during an external inspection
References	Selected references for the accreditation standard in question are included, for example Danish legislation

The Danish Health Care Quality Programme provides the following definition for their accreditation standards, below.

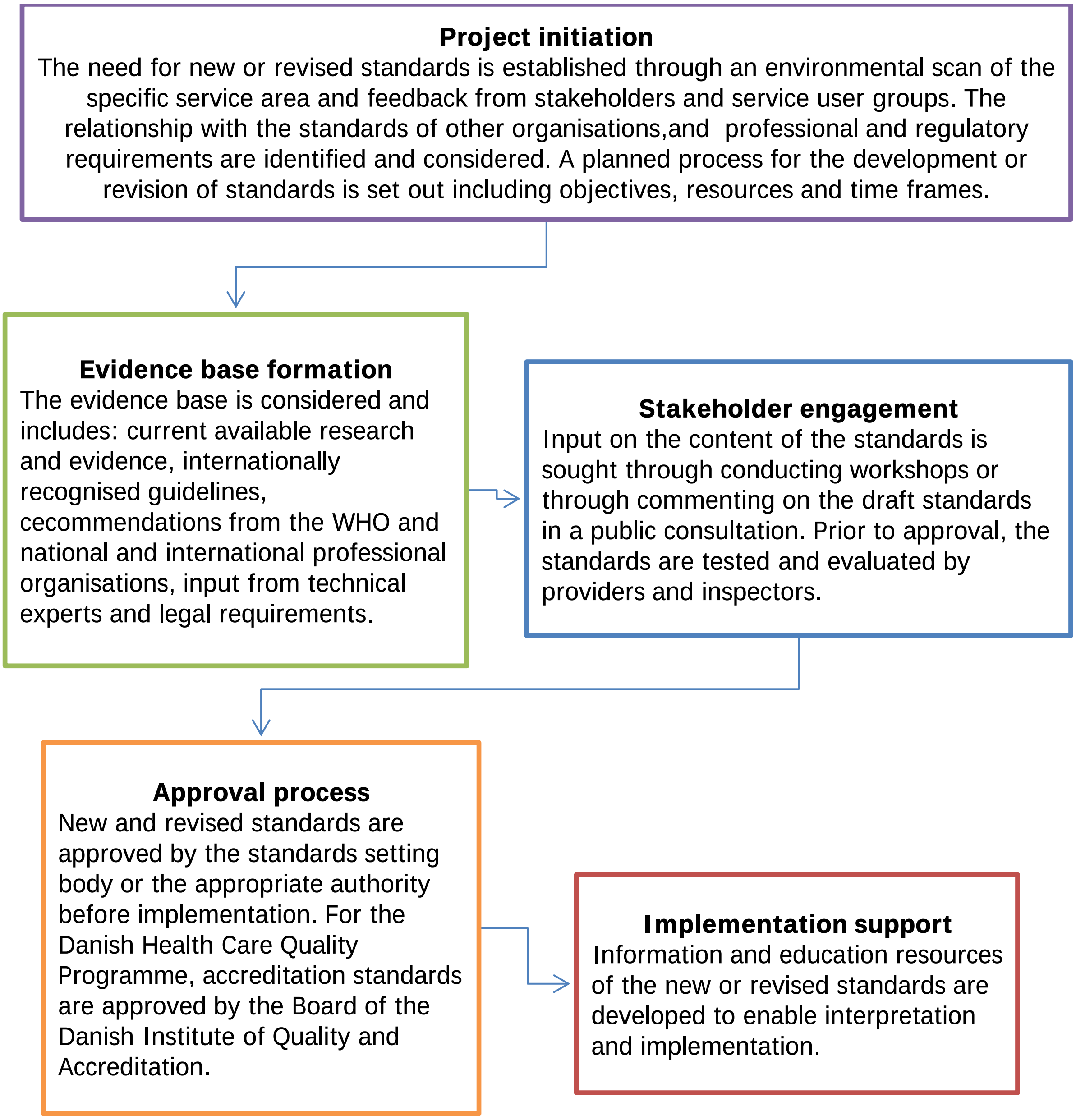
Definition of standards:
A standard describes the quality requirements for the areas in question and form the basis for the accreditation.

12.3 Methodology

12.3.1 The healthcare accreditation standards development process

The standards developed by the Danish Health Care Quality Programme are accredited by the international accreditation programme organisation: the International Society for Quality in Healthcare (ISQua). ISQua's process for developing accreditation standards involves reviewing all available evidence, including internationally recognised guidelines and the legal requirements of services. In addition, input is sought from experts in the area. The Danish Health Care Quality Programme also provides material to support the understanding of the accreditation standards. An overview of the Danish Health Care Quality Programme's standards development process(102) is shown in Figure 49.

Figure 54: The International Society for Quality in Healthcare (ISQua) standards development process



Project initiation
The need for new or revised standards is established through an environmental scan of the specific service area and feedback from stakeholders and service user groups. The relationship with the standards of other organisations,and professional and regulatory requirements are identified and considered. A planned process for the development or revision of standards is set out including objectives, resources and time frames.

Evidence base formation
The evidence base is considered and includes: current available research and evidence, internationally recognised guidelines, cecommendations from the WHO and national and international professional organisations, input from technical experts and legal requirements.

Stakeholder engagement
Input on the content of the standards is sought through conducting workshops or through commenting on the draft standards in a public consultation. Prior to approval, the standards are tested and evaluated by providers and inspectors.

Approval process
New and revised standards are approved by the standards setting body or the appropriate authority before implementation. For the Danish Health Care Quality Programme, accreditation standards are approved by the Board of the Danish Institute of Quality and Accreditation.

Implementation support
Information and education resources of the new or revised standards are developed to enable interpretation and implementation.

12.3.2 Accreditation standards – project resources and staff

The time and resources required to develop a set of accreditation standards is highly dependent on the complexity of the set of standards and the degree to which the standards overlap with previously developed standards. The accreditation standards for physiotherapists (2016)(103) were finalised in 18 months and were resourced by one staff member working on the standards full-time. These standards, however, were built on previous standards already developed for general practitioners (GPs) and specialist physicians. In contrast, the first version of accreditation standards for hospitals (2013)(104) involved the work of six full-time staff members and were developed over a number of years.

12.4 Stakeholder engagement

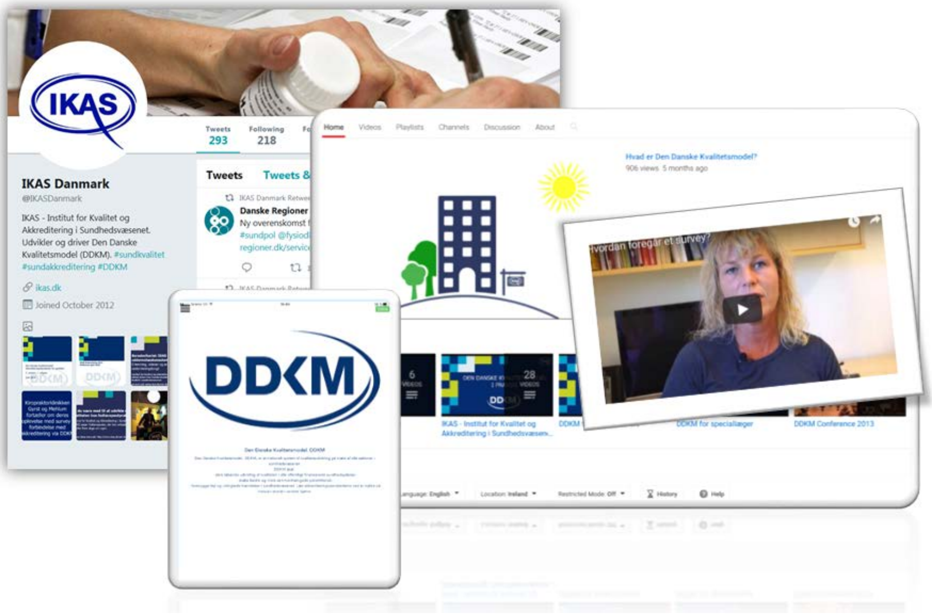
The process of developing accreditation standards involved a great deal of stakeholder engagement. Feedback from stakeholders and service user groups is initially sought when the need for new or revised standards is being considered. During the development of the accreditation standards, stakeholders including the government, professionals, providers and service users are contacted to provide input into the content of the standards or the revision of a set of standards. Input is sought through conducting workshops or through providing feedback on the draft standards in a public consultation. Prior to approval, the standards are tested and evaluated by providers and inspectors to ensure that each standard is relevant, understandable, measurable, beneficial and achievable.

12.5 Dissemination and communication

The Danish Institute of Quality and Accreditation publish all accreditation standards. For all standard sets, a series of meetings are held with service providers to introduce the accreditation standards. In some cases, the Danish Institute of Quality and Accreditation also has responsibility for supporting service providers in implementing the accreditation standards. In such cases, follow-up courses and web-based resources are offered. It is also possible for service providers to forward questions to the Danish Institute of Quality and Accreditation relating to their understanding of the accreditation standards. When accreditation standards are revised, the accreditation standards are publicised and distributed widely to service providers.

The Danish Institute of Quality and Accreditation disseminates its accreditation standards and related outputs through a number of platforms. These platforms, as shown in Figure 50,(103) include a mobile application where all accreditation standards are available to be read and downloaded; a YouTube channel with videos providing information on the accreditation standards and processes, conference presentations and educational sessions; and a presence on social media forums, for example Twitter and Linkedin.

Figure 55: Platforms used by the Danish Institute of Quality and Accreditation to disseminate the accreditation standards



IKAS - Institut for Kvalitet og Akkreditering i Sundhedsvæsenet. Udvikler og driver Den Danske Kvalitetsmodel (DDKM). #sundkvalitet #sundakkreditering #DDKM

12.6 Evaluation approaches

Prior to approval, accreditation standards are often tested and evaluated by service providers and inspectors to ensure that each standard is relevant, understandable, measurable and achievable. The outcomes from this process are used to determine modifications required to the accreditation standards.

Following the implementation of the accreditation standards, feedback is obtained and analysed from service users, service providers, inspectors and stakeholder groups. This process is not completed for all accreditation standards, but in the cases where it is deemed to be beneficial. Accreditation standards are revised every three years.

12.7 Impact and knowledge sharing

The Danish Healthcare Quality Programme uses data already being collected in the Danish healthcare sector to assess and report on the impact of the programme. The data includes the national quality databases, the National Patient Satisfaction Surveys and the National Indicator Project. The Danish National Indicator Project, for example, measures the quality of care provided by the hospitals to groups of patients with specific medical conditions. The project reports on the areas where quality is already adequate, as well as areas in need of improvement. National audits for specified diseases are carried out once a year by a multidisciplinary panel to recommend areas for quality improvements. The results from the National Indicator Programme are made available to service providers.

12.8 Implementation support material

The Danish Institute of Quality and Accreditation has a dedicated page on its website for each service area, where service providers can access standards related to their service, see the rules connected to accreditation, and access support.

Material to support the implementation of accreditation standards is developed where it is deemed to be beneficial. Implementation support material includes:

- a handbook containing tools and recommendations outlining how services may work with all of the parts of the accreditation process
- videos of service providers explaining what to expect when an external inspection is carried out, and the benefits of being accredited
- a section to submit questions to the Danish Institute of Quality and Accreditation where there are queries about the accreditation standards and the accreditation process. When many questions have been submitted on the same topic, the Danish Institute of Quality and Accreditation prepares a detailed explanation (FAQ) for that topic
- where there is uncertainty as to the correct interpretation of a specific accreditation standards, the Danish Institute of Quality and Accreditation provides guidance to enhance the understanding of the standard. This guidance is added to the accreditation standard document as notes or comments. In some cases, guidance is provided as a web-based handbook.

12.9 Future plans

The future plan for the Danish Institute of Quality and Accreditation is to continue to develop accreditation programmes, when they are commissioned to do so. At the time of this report, the Danish Institute of Quality and Accreditation plans to launch accreditation programmes for other out-of-hospital based healthcare practitioners over the next few years, for example physiotherapist, dentists and psychologists.

12.10 Key lessons for Ireland from the Danish healthcare setting

Following the review of the arrangements and processes in place across the Danish Healthcare Quality Programme for developing and implementing accreditation standards the following lessons have been identified for Ireland:

After reviewing the following key lessons have been gathered:

- Following the implementation of standards, feedback is sought and analysed from people who use services, service providers, inspectors and stakeholder groups.
- All standards are available to be viewed and downloaded through a web-based application on mobile devices.
- A dedicated webpage is provided for each service area. This webpage enables service providers to access standards specific to their service.
- To support implementation of the standards, material including handbooks, guidance, videos from the perspectives of service providers, and FAQs are developed.
- To ensure the correct interpretation and to enhance understanding of the standards, guidance is developed on the requirements of the standards.

13 Denmark - the social care setting

13.1 Background

Defactum is a research and evaluation centre, established in 1999, which aims to create cooperation between practice, research and the political-administrative levels within health and social care services in Denmark. Defactum aims to transform up-to-date evidence into targeted efforts and improvements within the health and social care sector. It works with researchers, practitioners and decision-makers and collaborates with municipalities, universities and hospitals, as well as regional and national authorities. It is involved in a number of national quality projects including the Danish Quality Model for Social Services.(105)

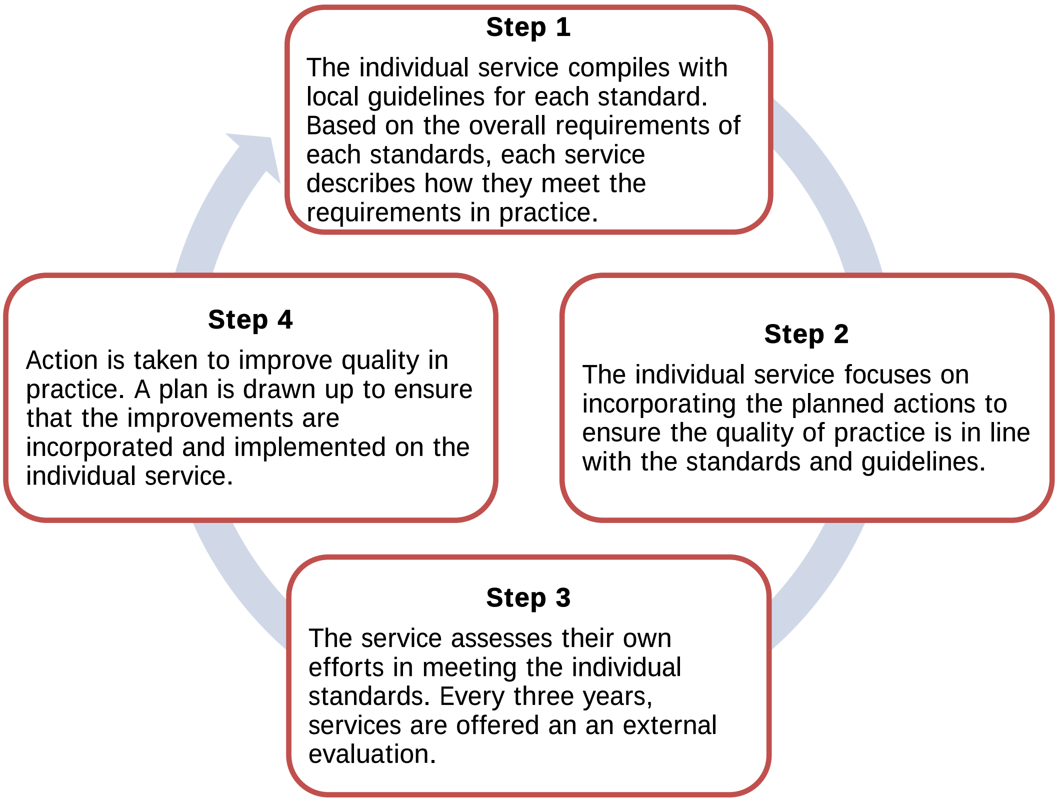
The Danish Quality Model for Social Services was set up in 2012 by the Centre for Quality Improvement, a division of Defactum. The Danish Quality Model was developed in response to an increased focus on quality improvement within the public sector and an increased pressure on social services to document and verify their day-to-day work. The Danish Quality Model endeavours to ensure visibility and transparency through systematic documentation in social care services which will lead to quality improvements for the individual, staff members, relatives and the general public.(99)

The Danish Quality Model is made up of three parts: the Standards Programme, the Social Indicator Programmes and the User and Relative Surveys. The Standards Programme consists of one set of overarching standards for social services. The standards target areas where variations in quality have been identified or areas where there is potential for improvement. The standards are generic; they can be implemented in all social care services, regardless of which population group a service is aimed at, for example children, adolescents and adults.(106)

13.2 Output

The Standards Programme in the Danish Quality Model for the Social Services uses a similar four-step (Plan-Do-Study-Act) quality model to that used in the Danish Health Care Quality Programme.(106) The Standards Programme is structured to reflect the implementation of this four-step process as shown in Figure 51.(107)

Figure 56: The Standards Programme within the Danish Quality Model for social care services, based on the Plan-Do-Study-Act model for quality development



Step 1

The individual service compiles with local guidelines for each standard. Based on the overall requirements of each standards, each service describes how they meet the requirements in practice.

Step 2

The individual service focuses on incorporating the planned actions to ensure the quality of practice is in line with the standards and guidelines.

Step 3

The service assesses their own efforts in meeting the individual standards. Every three years, services are offered an an external evaluation.

Step 4

Action is taken to improve quality in practice. A plan is drawn up to ensure that the improvements are incorporated and implemented on the individual service.

The Standards Programme consists of 12 standards that can be divided into two themes:

1. Performance specific standards includes standards on communication, service user involvement, individual action plans, medical treatment, use of force, unexpected events, academic approaches, health and wellbeing, and prevention of abuse
2. Organisational specific standards include standards on competency, work environment, and management.

The structure of the standards is presented in Table 4 along with a description of meaning of each heading.

Table 4: Layout of the Standards Programme in the Danish Quality Model for the Social Services

Heading	Description
Standard designation	Provides the number of the standard and the theme to which it relates.

Standard	Sets out the standards and the objective of the standard.
Purpose	Describes briefly the purpose of the standard.
Target group	States the person responsible for meeting the standard.
Field of implementation	States the type of social service to which the standard concerns.
Compliance of the standard	Forms the basis of assessment and describe what will be assessed during an external inspection.
Step 1: Guidelines	The first step sets out the guidelines (directions or instructions) required to meet the standard. The guidelines relate to the day-to-day work of the individual service.
Step 2: Implementation and use of guiding documents	The second step sets out that the guidelines are known and used by relevant management and staff members at the individual services.
Step 3: Quality supervision	The third step sets out how individual services must continuously document, monitor and follow-up their work in meeting the individual standards.
Step 4: Quality improvement	The fourth step sets out how individual services should plan their work based on the results of the quality supervision in Step 3.
References	State legislation and executive orders relating directly to the standard. It is not an exhaustive list.

The Danish Quality Model for Social Services provides the following definition for their standards, below:

Definition of standards:
A standard is a parameter for quality with specific demands and directions, which form the basis of evaluation.

It is the responsibility of the individual regions or municipalities to decide how they will use the Standards Programme, and the individual services to decide what they need to do in order to meet the quality standards. Each individual social service works in cooperation with their region or municipal, and formulates the concrete steps required in order to meet the standards. Services are expected to continually evaluate their efforts and to determine whether or not they have met the standards.

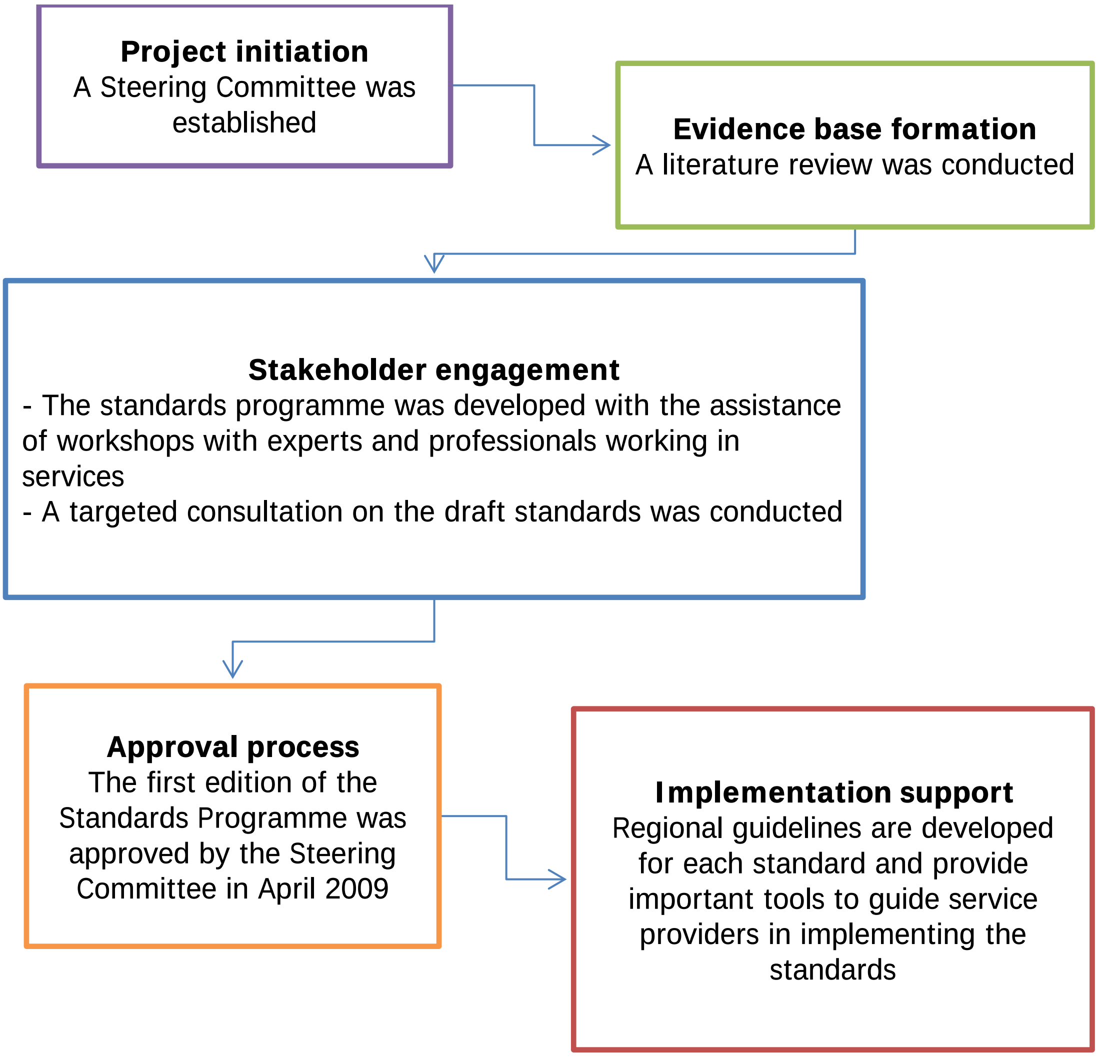
Self-assessments are completed annually to enable individual services to gain an overview of their work in accordance with the Standard Programme. This provides them with experience to further develop the quality of their services. Every three years, services have the opportunity to get external experts to evaluate their work and to give feedback for further development and learning. This external evaluation also enables services to hear of and learn from experiences of services across municipalities and regions.(108)

13.3 Methodology

13.3.1 The Standards Programme development process

Developing the Standards Programme involves reviewing available evidence and seeking assistance from experts in the area.(99) An overview of the Danish Quality Model for Social Services' Standard Programme development process is provided in Figure 52.

Figure 57: Methodology for developing the Standards Programme



Project initiation
A Steering Committee was established

Evidence base formation
A literature review was conducted

Stakeholder engagement
- The standards programme was developed with the assistance of workshops with experts and professionals working in services
- A targeted consultation on the draft standards was conducted

Approval process
The first edition of the Standards Programme was approved by the Steering Committee in April 2009

Implementation support
Regional guidelines are developed for each standard and provide important tools to guide service providers in implementing the standards

13.3.2 Standards Programme – project resources and staff

The first version of the Standards Programme took one year to develop and involved the work of seven-to-eight full-time staff. The standards are regularly updated and at the time of writing this report, three full-time staff members are working on supporting the Standards Programme.

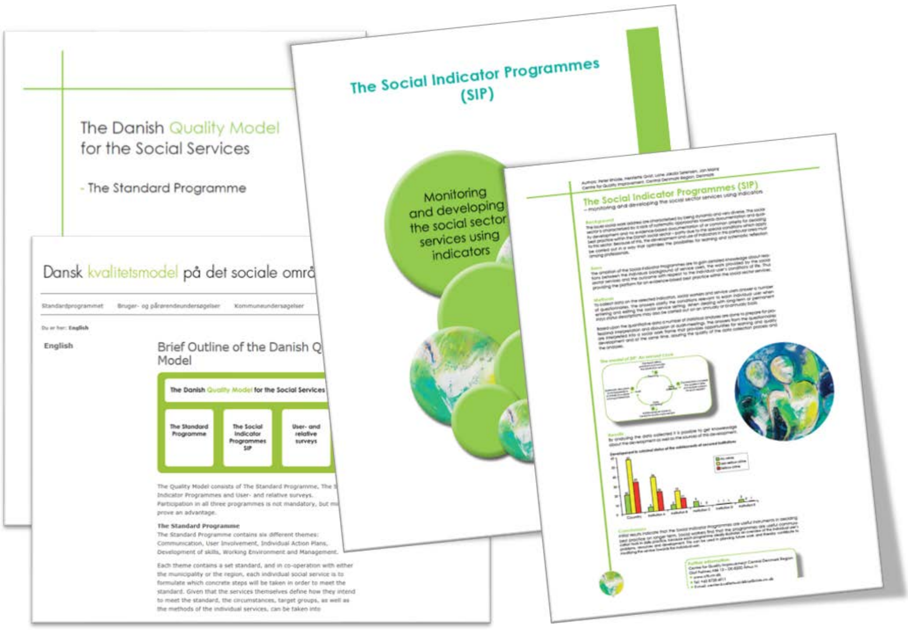
13.4 Stakeholder engagement

Defactum involved stakeholders in the development of the Standards Programme through convening a Steering Committee to guide the development of the Standards Programme, conducting workshops and holding a consultation. Workshops were held to discuss the main themes and the areas that the standards should address. The workshops were conducted with 200 experts and professionals working in services, for example services for brain injury, autism, physical disabilities, and young people in care. In addition, a targeted consultation was conducted on the draft standards programme and changes were made to the standards based on this feedback.

13.5 Dissemination and communication

A website dedicated to the Danish Quality Model for Social Services provides an overview of the Standards Programme, the Indicator Programme and the user and relative surveys. Instructions are also provided for using the user and relative surveys. An overview of the Danish Quality Model, including posters and summaries of the Indicator Programme and the full set of standards is also provided in the English language(109) as shown in Figure 53.(109)

Figure 58: Published documents and webpage from the Danish Quality Model for Social Services available in English



The Danish Quality Model
for the Social Services

- The Standard Programme

The Social Indicator Programmes
(SIP)

Monitoring
and developing
the social sector
services using
indicators

Dansk kvalitetsmodel på det sociale områ

Standardprogrammet Bruger- og pårørendeundersøgelser Kommuneundersøgelser

Du er her: English

English

Brief Outline of the Danish Q
Model

The Danish Quality Model for the Social Services

The Standard Programme
The Social Indicator Programmes SIP
User- and relative surveys

The Quality Model consists of The Standard Programme, The S
Indicator Programmes and User- and relative surveys.
Participation in all three programmes is not mandatory, but mi
prove an advantage.

The Standard Programme
The Standard Programme contains six different themes:
Communication, User Involvement, Individual Action Plans,
Development of skills, Working Environment and Management.

Each theme contains a set standard, and in co-operation with either
the municipality or the region, each individual social service is to
formulate which concrete steps will be taken in order to meet the
standard. Given that the services themselves define how they intend
to meet the standard, the circumstances, target groups, as well as
the methods of the individual services, can be taken into

13.6 Evaluation approaches

The Standards Programme is reviewed every three years to ensure its standards are up-to-date. This review involves updating the standards in line with changes in the social care landscape and legislative changes. The standards are revised and updated as required; the most recent revision of the standards programme in 2015 resulted in six additional standards being added to the Standards Programme.

13.7 Impact and knowledge sharing

In addition to the Standards Programme, the two other facets of the Danish Quality Model for Social Services are the Social Indicator Programs(110) and the User and Relative Surveys.(111) The Standards Programme aims to enhance the quality of social services by setting out specific steps for services to meet the standards in their daily work. While the purpose of the Social Indicator Programs and the User and Relative Surveys is not to directly measure and report on the impact of the Standards Programme, they do generate important data which is provided to social care services allowing the impact of quality improvement initiatives to be assessed, including the Standards Programme.

13.7.1 The Social Indicator Programmes

In Denmark, there is a lack of evidence-based documentation to determine what constitutes best practice in social care services. Six Social Indicator Programmes have been developed; these include programmes for children in secure services and programmes for services for adults with autism, brain injury and learning disabilities. The Social Indicator Programmes collect data to assess what quality improvement initiatives have had an effect and under what circumstances; they provide an important platform for evidence-based best practice within the social sector services.(110)

13.7.2 User and Relative Surveys

The purpose of the User and Relative Surveys is to provide services with a concrete insight into how residents and relatives in a service perceive the care they receive and to identify areas where quality improvement is required for future development. User surveys are currently conducted in residential services for children, young people and adults. The user surveys are carried out in conjunction with the relative survey. Three methods are used to collecting the views of the services users; these include focus groups, interviews with selected service users and observing service users in their everyday lives. Two methods are used for the relative surveys including focus groups and telephone interviews. The results of the survey are provided to management and staff immediately following the survey. Subsequently, a brief written report is provided to the service outlining the most important results from the user and relative surveys.(111)

13.8 Implementation support material

Individual regions within Denmark develop specific regional guidelines setting out what is required of social care services to implement the standards. Social care services use these guidelines to consider and describe how they will achieve these requirements in practice. These documents are developed for each individual standard and serve as important support tools to help service providers implement the quality standards in practice.

Defactum's Centre for Quality Improvement works with individual regions and supports them in their preparation of these guidelines. The Centre for Quality

Improvement also provides training courses for resource persons[******] within services to assist management in putting the standards into practice.(108)

13.9 Future plans

The Standards Programme will continue to be reviewed every three years to ensure the standards are up-to-date and reflect changes in legislation and are relevant in the current social care climate.

13.10 Key lessons for Ireland from the Danish social care setting

Following the review of the arrangements and processes in place across the Danish Quality Model for Social Services, the following lessons have been identified for Ireland:

- The development of one overarching set of standards for social care.
- The development of standards through a series of workshops with experts and professionals working across different social care settings.
- The development of guidelines for individual standards to support their implementation in social care settings.
- The standards are reviewed every three years and updated in line with new legislation and changes to the social care environment.

[******] A resource person's main tasks are to convey knowledge about the purpose of the quality model and the implementation of the standards. Their role includes planning, implementing and following-up on self-assessments and external evaluations. They also inform management in the service on the implementation and evaluation process. They participate in the preparation of common guidelines and participate in a network group with the others resource people from the region.

14 New Zealand – the health and social care setting

14.1 Background

14.1.1 The 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. It has a number of responsibilities such as:

- providing advice on improving health outcomes, reducing inequalities and increasing participation
- monitoring the performance of District Health Boards (DHBs) and other health sector Crown entities
- working to implement, administer and enforce relevant legislation and regulations
- providing health information
- and working to plan and fund public health, disability support services and other nationally-funded health services.

14.1.2 The Ministry's business units

Made up of a number of business units, each with its own functions and areas of responsibility, the Ministry of Health leads New Zealand's health and disability system and has overall responsibility for its management and development.

One such business unit is the *Protection, Regulation and Assurance Business Unit*, which ensures the quality and safety of Health and Disability Services. It works to protect and promote the health of all New Zealanders and provides assurance and enforcement for both regulatory and contract compliance across this system. This Unit ensures service quality is of a high standard by working closely with the District Health Boards and the Ministry of Health's *Service Commissioning Business Unit*; a unit with responsibility for managing relationships between the MoH and health and disability service providers. This includes funding, purchasing, performance management, commercial advice and contractual arrangements.

14.1.3 *HealthCERT* – Regulation and certification of health and disability services

In addition to leading New Zealand's Health and Disability System, the Ministry also has a key role in administering, implementing and enforcing legislation and regulations. Through this work it seeks to improve and manage sector regulation so that patient health is protected while minimising compliance costs. This important regulatory work is carried out by *HealthCERT*, which is a key part of the Ministry of Health.

HealthCERT is responsible for ensuring hospitals, rest homes, residential disability care facilities and fertility providers provide safe and reasonable levels of service for people who use services, as required under the Health and Disability Service (Safety) Act 2001.(112) As part of this regulatory role, *HealthCERT* works to administer and enforce the legislation, issue certificates, review audit reports and manage legal issues. This legislation underpins the certification of healthcare services, promotes the safe provision of health and disability services to the public and enables standards to be established for this purpose.

In addition to this regulatory role, *HealthCERT* also holds a subsection on the Minsitry's website called *YourHealth*. This catalogue of certified health providers enables the public, residents and their families to search for various services across New Zealand including rest homes, hospitals and fertility clinics. This database also provides summaries of rest home audits reports, allowing residents and their families to view important information, if they are planning to move to a rest home or are currently living in one. Through this system, they can check that the service provides the best quality care possible. There is also information provided on how to make a complaint about certified providers of healthcare services.

14.1.4 The Ministry of Business, Innovation and Employment (MBIE) - *Standards New Zealand*

Standards New Zealand is a business unit of the Ministry of Business, Innovation and Employment that is within the New Zealand Government. This unit specialises in managing the development of standards and standards-related products or solutions, as well as publishing and selling New Zealand, international and joint Australia-New Zealand standards.

It is not a certification body, so Standards New Zealand cannot determine whether products comply with standards. This role is fulfilled by certification, testing and inspection bodies, which could be accredited by accreditation bodies. In addition, Standards New Zealand may also enter into arrangements with regulators, private-sector parties and other stakeholders to sponsor a standard or standards so that they are made available for the public to view online, free of charge. These include certain healthcare service standards such as all parts of *Health and disability services standards, 2008*(113) which are sponsored by the MoH.

Standards New Zealand defines standards in the following ways.

Definition of standards

- Standards are documents that provide agreed specifications for products, processes, services and performance, and are generally voluntary but can be mandatory when cited in Acts, regulations or other legislative instruments.
- Standards solutions keep people safe and prevent accidents and injuries. They increase productivity and boost economic growth and trade opportunities by connecting New Zealand to international markets. They minimise unnecessary duplication, confusion, and inconsistencies in processes. They encourage best practice within sectors and support quality regulation.

14.2 Output

Service providers seeking certification under the Health and Disability Services (Safety) Act 2001(112) need to demonstrate that their service complies with all relevant approved standards. This includes the following two sets of ‘services standards’:

The Fertility Services Standards, 2007(114)

All providers of fertility services need to meet the *Fertility Services Standards* 2007. The *Fertility Services Standards* came into force on 1 October 2010.

The Health and Disability Standards, 2008 (HDSS)(113)

Hospitals, rest homes and providers of residential disability care, who are required by the Act(112) to be certified, must undergo certification audits against a set of standards, called the *Health and Disability Services Standards* (HDSS), 2008.(113) These standards are also mandatory for all relevant service-based contracts that receive health funding. Primary healthcare services, such as those services offered by a general practitioner (GP) or primary healthcare organisation, are not included under the requirements of the 2001 Act(112). These sector-agreed standards for the health and disability sector came into force on 1 June 2009, and replaced the previous 2001 version. They aim to promote good and safe practice by providers and apply to health and disability services across New Zealand. When they were developed, the standards were structured to make it easier to review and update the various parts, as needed, in line with new trends and developments.

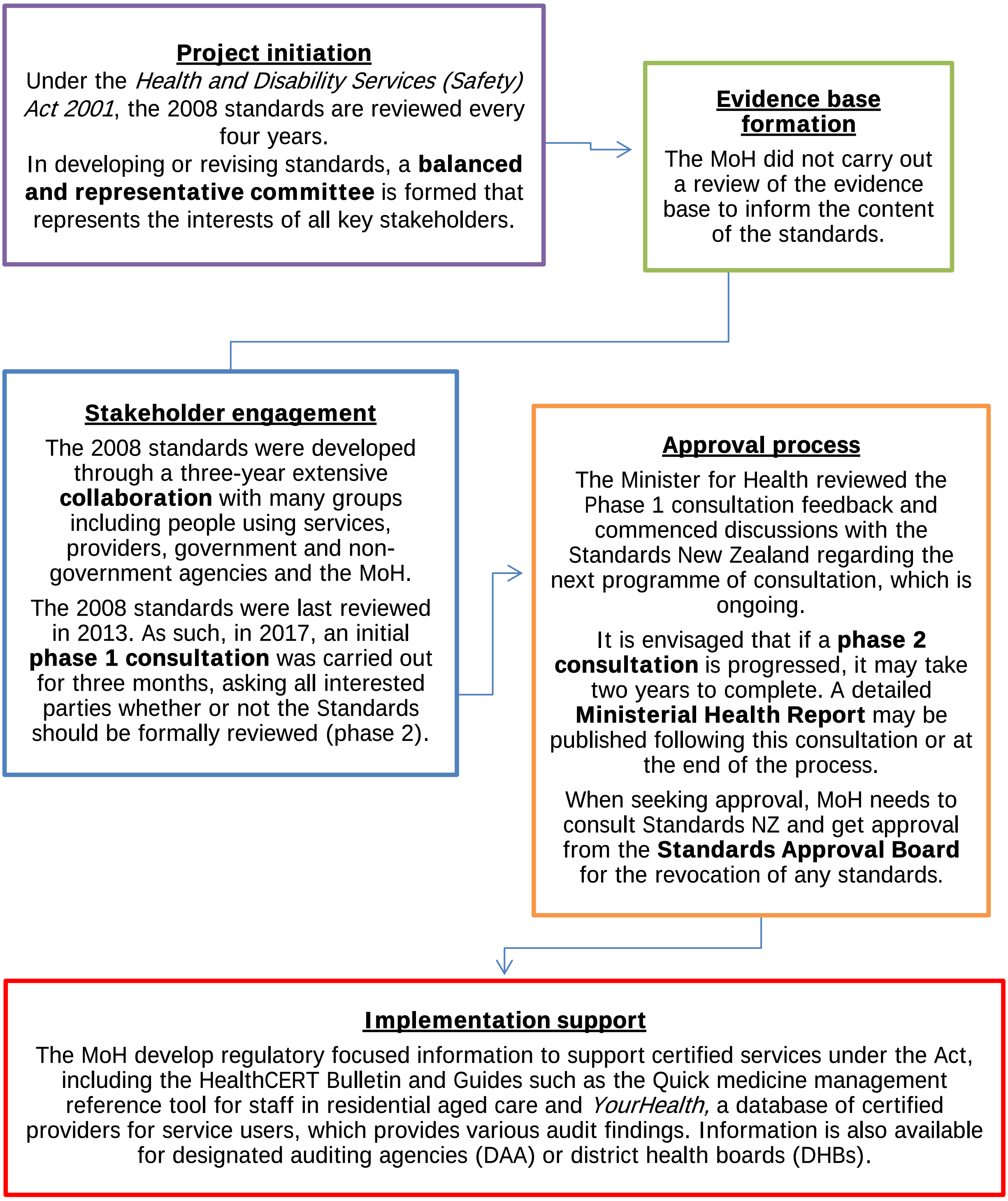
The *Health and Disability Standards*, 2008(113) comprise four sets of standards and are sponsored by the Ministry of Health to be accessible on the *Standards New Zealand* (MBIE) website. The four sets of standards are(113):

- Health and disability services Standards – Health and disability services (General) Standard
- Health and disability services Standards – Health and disability services (Core) Standards
- Health and disability services Standards – Health and disability services (Restraint minimisation and safe practice) Standards
- Health and disability services Standards – Health and disability services (Infection prevention and control) Standards.

14.3 Methodology

The Minsitry of Health is currently reviewing its standards development processes, as shown in Figure 54.

Figure 54: The Ministry of Health’s method for reviewing the HDSS, 2008



Project initiation

Under the *Health and Disability Services (Safety) Act 2001*, the 2008 standards are reviewed every four years.

In developing or revising standards, a **balanced and representative committee** is formed that represents the interests of all key stakeholders.

Evidence base formation

The MoH did not carry out a review of the evidence base to inform the content of the standards.

Stakeholder engagement

The 2008 standards were developed through a three-year extensive **collaboration** with many groups including people using services, providers, government and non-government agencies and the MoH.

The 2008 standards were last reviewed in 2013. As such, in 2017, an initial **phase 1 consultation** was carried out for three months, asking all interested parties whether or not the Standards should be formally reviewed (phase 2).

Approval process

The Minister for Health reviewed the Phase 1 consultation feedback and commenced discussions with the Standards New Zealand regarding the next programme of consultation, which is ongoing.

It is envisaged that if a **phase 2 consultation** is progressed, it may take two years to complete. A detailed **Ministerial Health Report** may be published following this consultation or at the end of the process.

When seeking approval, MoH needs to consult Standards NZ and get approval from the **Standards Approval Board** for the revocation of any standards.

Implementation support

The MoH develop regulatory focused information to support certified services under the Act, including the HealthCERT Bulletin and Guides such as the Quick medicine management reference tool for staff in residential aged care and *YourHealth,* a database of certified providers for service users, which provides various audit findings. Information is also available for designated auditing agencies (DAA) or district health boards (DHBs).

14.4 Stakeholder engagement

14.4.1 Standards New Zealand (MBIE)

Stakeholder engagement and support forms a key part of the standards development process within Standards New Zealand. This includes the provision of guidance, support and information for members and nominating organisations of various standards development committees, as well as holding a public consultation on a draft set of standards for all interested parties to comment and provide feedback. A number of benefits of the standards development process are:

- The process is independent, transparent, robust, and consensus based.
- The standards development process is carried out by a committee that represents a cross-section of stakeholders across a range of relevant sectors.
- The sector is fully involved in developing standards, resulting in widely accepted, workable, and practical solutions.
- The inclusive process, involving consultation and public comment, generates wide support and interest.
- Standards New Zealand is able to draw on its involvement with and experience of standards solutions from regional, international and other national standards bodies.
- Developing standards through the Standards New Zealand process is cost effective compared to developing similar documents in-house.

14.4.2 Public consultation

Once the content for the standard is written, a draft is made available on the Standards New Zealand website for all interested parties to comment on. This process is called public consultation. All comments submitted during the public consultation period (usually eight weeks for a standard or less for standards-related publications) are reviewed by the development committee and, if necessary, further drafting is then undertaken and the standards are modified accordingly.

14.4.3 The Standards Development Committees

The Standards Development Committees are central to the process of creating new or revising existing standards in New Zealand. Members of the committee work on a transparent and consensus-based approach that leads to the development of standards solutions that are robust and workable.

In addition to recruiting and supporting members of the Standards Development Committee, Standards New Zealand also works to ensure the role of the mominating organisation is clearly defined and fully understood as part of the development process. Emphasis is also placed on the relationship between the organisation and its nominated committee member. The role of the nominating organisation and the committee member are set out in Table 5.

Table 5: Key roles within Standards Development Committees

Standards committees - ways to engage in standards development	
Nominating organisation	These organisations are given the opportunity to contribute to the development of a nationally recognised standard by nominating a subject-matter expert. These nominating organisations should represent the views of large groups with a common interest in the subject area. They may be regulators, professional bodies, research agencies, people using services, or other interested parties. Typically, nominating organisations are national bodies that are legal entities. If no national organisation exists, a regional or local organisation may be approached for assistance to identify a suitable nominee who can bring the desired knowledge and experience to the committee. Interested individuals and company representatives are not usually members of standards development committees as they do not have the mandate to represent a stakeholder group or community of interest. A group of companies may agree to nominate a suitable person to represent such a group or community on the committee, but care is taken to ensure the nominee does not bring a biased view to the committee.
Committee members	Members of standards development committees are selected by nominating organisations because of their skills, expertise, interest, and knowledge on the subject matter. All committee members, regardless of nominating body, must disclose any personal interest or financial benefit they may gain from their involvement in the project. This ensures that the development process continues to be transparent and impartial.

Standards New Zealand has developed a suite of resources to help inform key stakeholders about the standards development process, outlining how they can become involved. This include a *Committee Member's Handbook*,(115) a general information booklet describing what is involved in being a part of a Committee and a guide for potential nominating organisations interested in putting a member of staff forward to sit on a committee. The *Committee Member's Handbook*, 2017 explains the role and functions of the committees, the key relationships between committees and other statutory bodies, the legal obligations of members of the committees, as well as outlining the specific policies and procedures that members are required to follow.

Standards New Zealand also developed a general information booklet,(116) outlining some key messages regarding the development process. This includes topics such as what standards mean and their benefits across the system, using standards in policy and practice and the benefits of funding standards. A guide has also been developed for nominating organisations(117).

14.5 Dissemination and communication

14.5.1 The Ministry of Health

Each quarter, the regulatory section of the Ministry of Health, called *HealthCERT,* publish a newsletter (*The HealthCERT Bulletin*) to provide the relevant sector with updates, research and information to help answer commonly asked questions,and to provide information regarding operational issues. These types of updates include the review of the *Health and Disability Standards* (2008).(113) From November 2017 to March 2018, this newsletter was used to share updates on the review of these standards with key stakeholders, including detailing high-level findings from the initial (phase 1) consultation in 2017, regarding whether or not these Standards should remain as they are or be amended.

14.5.2 Standards New Zealand

Each month, Standards New Zealand publishes a newsletter that provides news relating to standards worldwide, including sectors such as health, building, consumer and occupational safety and so on.

14.6 Evaluation approaches

14.6.1 The Ministry of Health – reviewing the HDSS (2008)

Under section 24 of the Health and Disability Services (Safety) Act 2001,(112) it is required that service standards are reviewed at least once every four years. For any certified overnight health services (such as hospitals, rest homes and providers of residential disability care), this means the *Health and Disability Services Standards* (2008).(113) The purpose of the review is to assess whether the existing standards should continue in force, be amended, or be replaced. The standards were last revised in 2013. The Ministry of Health carried out this initial consultation on the standards between 19 June and 25 August 2017, where a wide range of stakeholders were invited to provide feedback via an online survey. In November 2017, *HealthCERT* published a summary of the high-level feedback received on the review of the *Health and Disability Services Standards* (2008),(113) in their *HealthCERT* Bulletin.(118) Three-hundred and eight-nine responses were received in total, with the majority of respondents (252) reporting that they represented either a healthcare provider or an employee of a healthcare provider. Of these 348 submissions, 247 responses indicated that the standards should either be amended or replaced. It was the second time that the consultation on these standards indicated that an amendment was necessary.

In addition, respondents also offered significant comments which fell into two main themes: to update the standards to reflect current practice, and to develop specialist standards to meet changing models of care. Other respondents cited the costs of changing the standards and compliance costs as reasons for not amending or replacing them. Following this initial (phase 1) consultation, the Minister of Health was fully briefed on these consultation results. It was then agreed that further discussions were needed regarding how to progress the next stage of consultation (phase 2) and how best to move forward in commencing the project to review the standards.

14.6.2 Standards New Zealand

Standards New Zealand is keen to ensure its catalogue of standards remains current, relevant, and up-to-date. To that end it works to review standards that are more than 10 years old. As Standards New Zealand does not have ‘enduring’ development committees (the committees stand down after the development work is complete) it contacts key stakeholders, specific interest groups, and the wider public in a consultation process designed to find out if given standards should be revised, amended, reconfirmed or withdrawn.

In developing or revising a standard, a balanced and representative committee is formed that represents the interests of all key stakeholders and all health and disability services, Ministry of Health, non-governmental organisations and interested networks will be invited to participate in the standards development process. Revision or amendment recommendations require the identification of commissioners to fund that work. As such, Standards New Zealand now reviews all standards that are seven years or older.

14.7 Impact and knowledge sharing

14.7.1 Reporting on impact

At present the Ministry of Health does not have a formalised way to measure the impact of its work. However, as the regulation process has been in place for some time, *HEALTHCert* hold data on how providers perform against various aspects of the standards. They use this data to trend periods of certification to see if changes occur depending on the length of time a provider is certified, which can be from one to five years. They also look at what aspects of the standards continue to be difficult for providers to meet.

In addition to this, feedback from certified providers is also reviewed. In some instances, this leads to changes to the regulatory framework that do not necessarily impact on the content of the National Standards. For instance, the audit approach was streamlined in 2017 (as detailed in the *Minister of Health Designated Auditing Agency Handbook, 2017*).(119) This helped ensure that the amount of duplication during audits was reduced. For example, all criteria that made reference to policies are now reported against one standard.

The handbook is updated periodically and gives providers of healthcare services a guide to specific requirements for various types of audits. Overall, this handbook states the Ministry of Health's requirements of designated auditing agencies for auditing and audit reporting when certifying healthcare services under the Health and Disability Services (Safety) Act 2001.(112)

14.7.2 Continuous improvement at audit (Inspection)

As noted in the *HealthCERT* Bulletin (March 2018),(118) providers have been asking *HealthCERT* how they can achieve a continuous improvement rating at audit. Continuous improvement is defined as:

> 'Having fully attained the criterion the service can in addition clearly demonstrate a review process including analysis and reporting of findings, evidence of action taken based on those findings, and improvements to service provision and consumers' safety or satisfaction as a result of the review process.' (118)

As such, *HealthCERT* has been asking that if an auditing agency decides a provider meets this definition for continuous improvement, then it outlines the following, when awarding and reporting a continuous improvement rating:

- **Define the problem** – Has an issue been raised as a result of a complaint, resident feedback and/or trending through a benchmarking programme?
- **Describe the opportunity** – What change/process can be implemented to improve the problem identified?
- **How was success measured** – Did the piece of work result in a change in practice and or policy?
- **Evaluation** – Provide data that shows a change or improvement (or otherwise) has occurred as a result of the work undertaken. Develop an ongoing monitoring process to ensure change is being embedded into daily operation.

Essentially *HealthCERT* is interested in providers demonstrating a culture of continuous quality improvement.

14.8 Implementation support material

The Ministry of Health does not develop an extensive range of guidance and implementation support material regarding the HDSS, 2008; however, information is provided on the website regarding the regulatory context around these standards. This includes information and some guidance aimed at several audiences as follows:

14.8.1 Information for residents and families on hospitals and rest homes

This section of the Ministry of Health website, called *YourHealth,* is provided by the Ministry to inform the public, residents and their families about certified hospitals and rest homes across New Zealand. It comprises of a database of certified providers outlining key information on rest homes, hospitals and fertility clinics, as well as providing summaries of rest home audit reports. In addition, there is also information on how to make a complaint about certified providers of healthcare services.

14.8.2 Information for providers of healthcare services

The Ministry provides regulatory information for current or potential certified providers of healthcare services under the Health and Disability Services (Safety) Act 2001. This includes information regarding notifications, applications, reporting and declarations as well as providing details of designated auditing agencies.

14.8.3 Information for designated auditing agencies

This information is provided for agencies designated to audit healthcare services under the Health and Disability Services (Safety) Act 2001. This includes information regarding application for designation as an agency, various documents concerning

Audit Report Forms, report templates and annual self-declaration forms, as well as information regarding the Provider Regulation and Monitoring System (PRMS).

14.8.4 Information for district health boards on certification and audits

In this section, the Ministry provides information on certified health and disability services providers, along with the results of audits which are accessible through the Provider Regulation and Monitoring System (PRMS).

14.8.5 Guidance documents

In addition to providing information on the regulatory context, the Ministry has also developed topic specific guidance documents, such as the *Medicines Care Guides for Residential Aged Care* (2011).(120) This guide is a quick medicine management reference tool developed specifically for all care staff to support them in their work in residential aged care across New Zealand.

14.9 Future plans

14.9.1 Next steps – phase 2 consultation and reviewing the 2008 standards

Following the outcome of the initial consultation in 2017 which indicated that the 2008 standards should be amended, the next step of the process is to consider how to progress the phase 2 consultation. It is envisaged that the consultation results will be used to further inform how the Health and Disability Standards, 2008 will be revised.

The Ministry has recognised that an ongoing programme of review, whereby each section of the standards are reviewed consecutively each year, over a four-year period, may be a more efficient approach. However, as this type of standards review project has not been carried out by their team in the Ministry before, the proposed model may prove difficult to implement and maintain without additional support. At the time of publishing this document, the Ministry did not have the resourcing structures in place in order to assign a dedicated team of sufficient size to manage this type of programme.

The Ministry of Health and Standards New Zealand will be working together to collaboratively agree on an approach to the next round of consultation with key stakeholders and consumer representatives on the standards review that will meet the needs of both organisations. Once this has been agreed, a business case will be presented to the Minister of Health and the Standards Approval Board. At that time, a decision will be made and the relevant funding approval will be secured. If the

Ministry takes a leadership role on this piece of work, as it will be a new piece of work for them, the team hopes to carry out a review of similar bodies across other international jurisdictions to identify learning that will inform the detail and approach that will be taken during this consultation. Going forward, the Ministry is interested in outcome-based standards that are sufficiently flexible to meet changing needs in the short term; however, it is not clear at this stage how the resulting standards will look in practice.

14.9.2 Reviewing and amending the regulatory framework

Feedback was received in the 2017 survey suggesting that pockets of certified services felt the 2008 standards did not meet the current need (for example, across the alcohol and drug residential providers). Comments received also suggested that the current standards do not sufficiently cover emerging technology, or have strong enough links to governance structures. However, bearing this feedback in mind, it is important to note that within the New Zealand Health and Disability system, there are two intimately linked parts to the Ministry's framework – the standards (HDSS, 2008) and the auditing agencies.

As outlined, the Ministry does not undertake to audit health services, and the Act(112) prescribes the process for auditing agencies to become designated in order to complete certification audit. To this end the Ministry maintains a handbook for Designated Auditing Agencies, 2017(119) that governs the certification framework, prescribing requirements at audit in order to support consistency across the framework. This handbook is reviewed annually and the Ministry can make modifications to the framework to accommodate changing models of care without having to change the standards. For example, the section under district health boards in the handbook includes narrative around tracer methodology (patient and systems). This model was introduced under the current 2008 standards and it was reported that it improved the process for the providers involved.

14.9.3 International review of regulatory bodies

At the time of publishing this document, *HealthCERT,* within the Ministry, had commenced a literature review of the regulatory frameworks across similar organisations internationally. The aim of this work is to understand how other international bodies manage health service regulation, as well as focusing on the related standards that are in place locally. Furthermore, the team established relationships with local experts across New Zealand, including sector groups such as a Strategic Infection Prevention Control (IPC) Group. Going forward, it is envisaged these clinical practice groups will provide the Ministry with advice on best practice. Finally, the team has also been working to ensure that its work closely aligns to the

Ministry's policy direction, such as what areas will be prioritised, as this piece of work progresses.

14.10 Key lessons for Ireland from the New Zealand health and social care settings

Following the review of the Ministry of Health's methods and processes for developing and implementing standards, the following lessons have been identified for Ireland:

- Information and support material is developed for residents, their families and the public and made available online via a dedicated database *YourHealth*, as well as the provision of inspection reports against the standards and related information.
- A suite of support material, handbooks and guidance booklets are provided to inform and support those involved in stakeholder engagement processes; including material for Standards Development Committee members and chairs, nominating organisations and the public.
- Service providers are kept informed of important changes and updates through regular communication tools, such as a newsletter called the *Bulletin*.
- Those responsible for the development and review of standards regularly engage with service providers, those conducting inspections (audits) and the public to help ensure the standards and regulatory frameworks are kept current and are aligned to needs within the system.

15 Conclusions and next steps

This review aimed to identify the methodologies used by similar bodies internationally to develop standards and guidance for health and social care services internationally. In particular, it specifically focused on the processes and methods of 13 organisations across nine key jurisdictions, where applicable and relevant information was available, central to fulfilling the aim of the project.

The key findings were as follows:

Organisational remit and output type

The remit of each of the 13 organisations reviewed varied across the nine jurisdictions. Similar to Ireland, three jurisdictions (namely Wales, New Zealand and Northern Ireland) had one organisation with a remit over both health and social care services in that country. Separate organisations each with a responsibility for either healthcare or social care services were in place across four jurisdictions (specifically Australia, England, Denmark and Scotland) and one organisation with a remit over healthcare services alone were found in two jurisdictions reviewed (namely Canada (Ontario) and Sweden). However, the majority of jurisdictions reviewed differed to the Irish setting in that HIQA has a role for setting national standards in addition to its regulatory function. More specifically, across certain jurisdictions (namely New Zealand, Northern Ireland and Australia), the Government Ministry had responsibility for setting national standards in their respective areas.

In addition to developing national standards for health and social care services, the majority of the organisations reviewed also created resources and support documents that aimed to help key stakeholders understand and implement the standards or guidance across the system.

The review highlighted a move towards having high-level national standards for services, rather than developing multiple sets of standards for specific service areas. In Australia, an overarching set of national standards were in place for all healthcare services, with another set for primary healthcare services in development. Similarly, a single set of national standards for health and social care services had also been developed by organisations in a number of jurisdictions (namely New Zealand's Ministry of Health, Northern Ireland's Department of Health and both the Welsh and Scottish Governments). In some instances, a set of national standards for regulated (social care) services were developed, where required, including standards by the

Australian Department of Social Services for the Disability sector and various Care Standards by Northern Ireland's Department of Health.

The review also highlighted that many organisations use comprehensive processes when identifying, selecting, and prioritising topics to develop into standards or guidance. Organisations identify topics using multiple avenues, for example Health Quality Ontario receives and considers requests from the Ministry for Health and Long Term Care, partner organisations, external advisory committees and from members of the public using a topic submission form. The internal priorities of the organisation are also considered. Overall, organisations use similar criteria to assess and prioritise topic requests, including the current burden of the topic on services, the risks associated with the topic, the availablity of good quality evidence and the presence of unwarranted variations in practice (namely NICE, Health Quality Ontario and Department of Health UK). Organisations review their work plans regularly, for example NICE complete their topic selection and sequencing process of requests for standards development on an annual basis. NICE also garner support of the prioritised list of topics in meetings between the NICE topic selection oversight group and respective commissioners such as NHS England, Department of Health and Public Health England, Department of Health and Department of Education.

The standards and guidance delivered across the 13 organisations were, in general, quite similar to the national standards and guidance developed by HIQA. However, these varied from minimum standards that may or may not be mandatory and inspected against, to those that are focused more on development and quality improvement. For example, Northern Ireland's *Quality Standards for Health and Social Care*(1) are classed as essential standards, outlining the absolute minimum level of care required to ensure safe and effective practice. These Quality Standards are used by the Regulation and Quality Improvement Authority (RQIA) in its inspections. Other jurisdictions, for example Wales, Scotland and Ontario, have moved away from prescriptive requirements and minimum standards towards a more collaborative approach focused on service improvement; these standards inform how services are inspected and regulated against.

Methodology and stakeholder engagement

The majority organisations reviewed used similar methods for standards and guidance development to HIQA's process. Organisations carried out many of the same stages before publishing, such as reviewing the evidence, engaging with stakeholders during iterative consultation and development stages, and reviewing the drafts from the perspective of the public, people using services and front-line staff. Some additional examples of good practice included engaging stakeholders much earlier on in the process, for example the National Institute for Health and Care Excellence (NICE) in the UK and Healthcare Improvement Scotland hold consultations early on in the development process to engage with and garner input from the public and key stakeholders across the sector. A number of organisations, such as NICE and the Australian Commission on Safety and Quality in Healthcare, have included piloting material before publication in order to measure suitability and effectiveness across the system. A clear trend was identified in terms of working in partnership with members of the public and people using servcies throughout all stages of standards and guidance development process, gathering their important views. This engagement in public and patient participation also helps support national strategic priorities through standards and guidance development. For example, through the work of NICE's citizens council and its Public Involvement Programme staff who work to support Committee lay members throughout standards development process.

Dissemination and communication

Many of the organisations reviewed worked to maximise the communication and distribution of their material in various ways. Examples of good practice included the development of guidance that is useful and specific for certain sectors and groups across the system such as the Australian Commission on Safety and Quality in Healthcare's interactive digital learning website providing tailored information on implementing the standards. Other key dissemination activities included engagement with services and the regulatory sector to ensure a consistent application of the standards. This included 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 important statutory guidance and legislation as well as the Australian Department of Social Services' provider's toolkit website which explains providers compliance obligations.

NICE engaged supporting organisations for standards, garnering assistance from established and credible organisations in the field and encouraging them to formally support and publicise the standards or guidance to their established networks across the sector; communicating across various networks including active social media platforms, newsletter articles and conference presentations. Organisations like Health Quality Ontario have developed strategic communication plans to distribute their standards and related tools to target audiences, and raise awareness of the quality standard. In some cases, they also host so-called 'adoption' events to promote implementing the standards among the people who run and work in health and social care services.

Evaluation approaches

Across the jurisdictions reviewed, many organisations regularly evaluated their practices for improvements; helping to bring about more transparent and reliable organisational processes and improving the quality of material produced. Healthcare Improvement Scotland seek feedback from key organisations and representative bodies to determine whether the clinical standards need to be revised. Health Quality Ontario regularly updates its standards to ensure they reflect the most recent evidence and to account for changes in practice. Following the release of each quality standard Health Quality Ontario perform a high-level scan of new evidence and check included clinical practice guidelines for updates or revisions, and this is repeated annually. Standards New Zealand ensures its catalogue of standards remains current, relevant, and up to date and reviews standards that are more than 10 years old.

Impact and knowledge sharing

All organisations considered the impact of their work across the system to some extent, either developing robust indicators to measure and report on the performance and quality of services, or using measures such as the number of downloads of a document from a website. As part of measuring the impact of standards across the system, various organisations also focused on enhancing engagement practices including publishing material in academic journals and developing visual summaries of these papers, as well as increasing global access to and ease of discovery of their material through the use of popular global repositories. The Department of Health Northern Ireland provides an example of measuring the impact of its work through the development of a range of ‘Safety and Quality Standards Service Frameworks’. These Frameworks set out explicit standards for health and social care services that are evidence based and can be measured against. The standards are evidence based and adherence can be easily assessed.

Implementation support material

The majority of the organisations reviewed developed resources and support documents that aimed to help key stakeholder understand and implement the standards or guidance across the system. This included developing summary material such as infographics, posters, and easy-to-read booklets, leaflets and frequently asked questions (FAQs). Organisations also developed specific information and tailored guidance for certain audiences, as well as an array of digital learning platforms and information hubs. For example, the Australian Commission on Safety and Quality in Healthcare aims to ensure that the implementation support material, guidance and educational resources that it produces are suitable for the intended audience and service setting, and help to 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 setting.

Future plans within the organisations

The majority of organisations reviewed had set out key strategic priorities. These ranged from working to provide enhanced leadership and quality improvement across the system, to evaluating and improving internal processes and practices. Priorities also involved supporting services to understand and implement their material through strengthening sharing and communication practices, and building capacity and capability within the system through the development of complementary support material and practical solutions.

Findings from the international review to inform HIQA's approach in setting standards and guidance

These findings have informed a revision to HIQA's standards and guidance development processes as well as the overall strategic direction of the function in the coming years. The following key changes are being implemented based on the findings from this international review and engagement with stakeholders:

> **Consider developing overarching national standards:** There is a move towards having high-level national standards across health services and in some jurisdictions across health and social care services rather than having multiple standards specific services; including the overarching set of national standards developed by the Australian Commission on Safety and Quality in Healthcare and those developed by the Scottish Government. HIQA will further review this as an approach and where possible develop overarching standards. These standards will be further enhanced by developing service-specific implementation support material aimed at specific services, settings or service user.
>
> **Develop implementation support material and guidance:** Major emphasis was placed on the development of supporting material and guidance related to national standards for health and social care services, across the jurisdictions reviewed. A key example of this included the vast array of engaging implementation material, developed by the Australian Commission on Safety and Quality in Healthcare that was tailored to meet the needs of a service, setting or people using services. HIQA will work to develop similar material that will assist staff and service providers to understand and

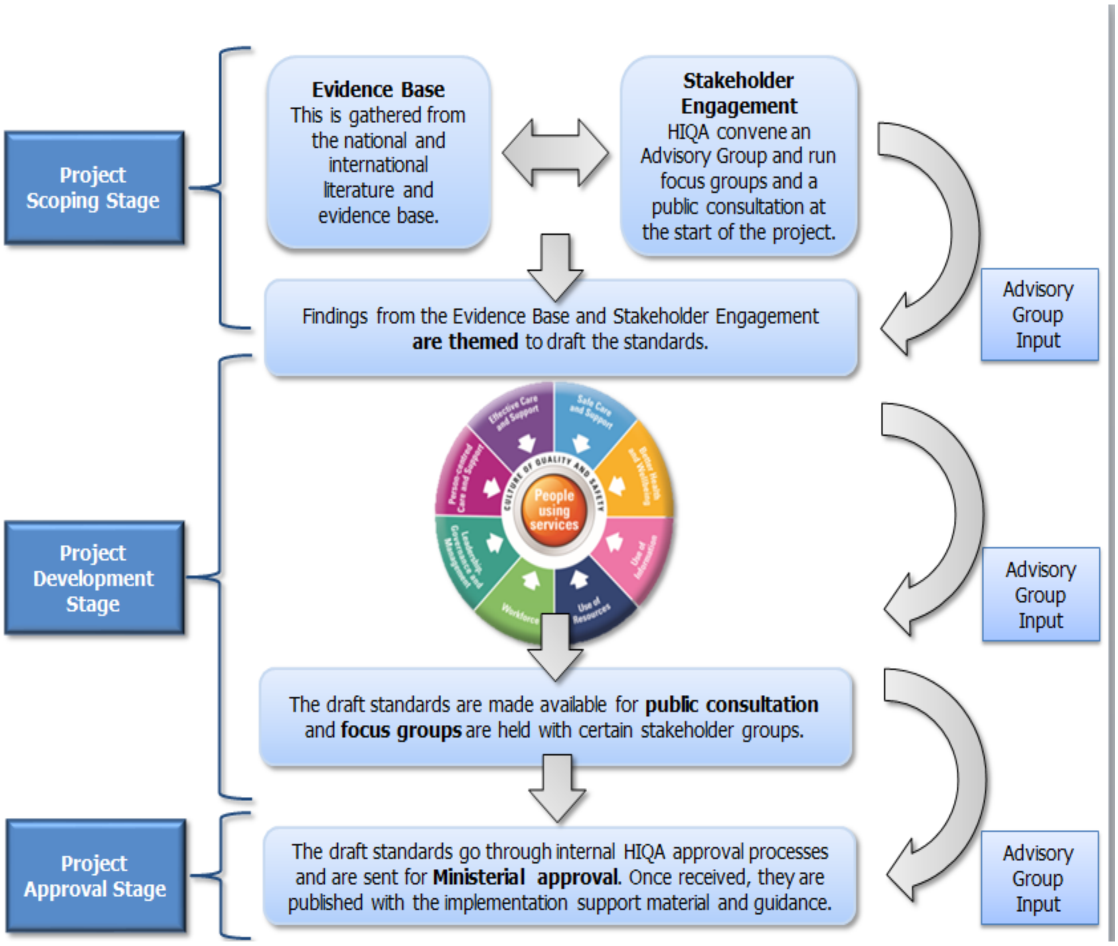
implement all national standards across the system, in turn leading to better outcomes for people using services.

Prioritise the development of national standards and guidance: A number of jurisdictions have developed a fully transparent prioritisation process, with input from all key major stakeholders throughout the process. One key example from the review included NICE's annual topic selection and sequencing process of requests sent to them for standards development. HIQA will implement a similar prioritisation process for the development of national standards and guidance for health and social care services. This will help ensure that requests for national standards development are reviewed, assessed and progressed, as appropriate, in a transparent and consistent manner.

Engage stakeholders on national strategic priorities: Many organisations reviewed work in partnership with service providers, health and social care regulators and people using services to identify and support national strategic priorities through standards and guidance development. An example of this can be seen in the work of NICE's Citizen Council whereby the views of members of the public are gathered and taken into account through its work. HIQA will work to put further systems in place to ensure services, members of the public and the regulatory sector are engaged with when setting out and supporting national strategic priorities.

Enhance public and patient involvement at all stages: All jurisdictions reviewed considered public and patient involvement as a critical requirement at every stage of the standards and guidance development process. One key example included NICE's consultation during the initial stages of the project. This aims to enhance current stakeholder engagement and ensure that all interested parties and topic experts have the opportunity to feed into the development process at a much earlier stage; helping to ensure more transparency and inclusivity. HIQA will introduce a scoping consultation at the early stages of standards development, focusing questions on the key areas that should be addressed and seeking recommendations on sources of evidence to be reviewed and which stakeholders should be involved in the process. This will further enhance HIQA's standards and guidance development process as shown in Figure 55 below.

Figure 55: HIQA's revised process for developing national standards and guidance



Evidence Base This is gathered from the national and international literature and evidence base.

Stakeholder Engagement HIQA convene an Advisory Group and run focus groups and a public consultation at the start of the project.

Findings from the Evidence Base and Stakeholder Engagement **are themed** to draft the standards.

The draft standards are made available for **public consultation** and **focus groups** are held with certain stakeholder groups.

The draft standards go through internal HIQA approval processes and are sent for **Ministerial approval**. Once received, they are published with the implementation support material and guidance.

Measure and report on the impact of HIQA's work: Measuring and reporting on the impact of national standards and guidance across the health and social care system proved challenging for many of the jurisdictions reviewed. However, this was 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, for example, 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 will measure and report on the impact of its work across the health and social care system, which will help increase the transparency of its standards development process, as well as providing a system that evaluate its practices.

Strategic dissemination, communication and promotion of material: Most jurisdictions reviewed, place a strong emphasis on the effective dissemination, communication and promotion of the relevant National Standards and related material for health and social care services, to help increase the awareness and implementation of this material across the system. One key example of this included NICE's strategic implementation plan that aims to develop and raise awareness on material that meets audiences needs and to provide practical support to build capability across services. HIQA will put a similar strategic dissemination and communication plan in place for all its national standards and related material to help maximise uptake and application of its work across all health and social care services, as well as increasing awareness among people using services, their families, and the public generally about what national standards and guidance mean for them and what to expect from services.

Appendix A — International experts in the development of standards and guidance across health and social care services

Jurisdiction	Remit	Organisation	Name	Position
England	Health and social care	The National Institute for Health and Care Excellence (NICE)	Craig Grime	Technical Adviser in the Quality and Leadership Programme
	Health and social care	The Social care Institute for Excellence (SCIE)	Kim Rutter	Project manager for Quick Guides development
Scotland	Healthcare	Healthcare Improvement Scotland	Fiona Wardell	Standards and Indicators Lead
Canada	Healthcare	Health Quality Ontario	Lacey Phillips	Manager, Quality Standards Strategy
			Terri Irwin	Director Quality Standards
			Arielle Baltman-Cord	Team Lead, Quality Improvement Response and Implementation
			Naushaba Degani	Manager, Research Methods
Australia	Healthcare	The Australian Commission on Safety and Quality in Healthcare	Margaret Banks	Program Director for the National Standards Program

Jurisdiction	Remit	Organisation	Name	Position
	Social care	The Department of Social Services	Anna Fieldhouse	Executive Manager, NDIS Quality and Safeguards Commission Service Model Design Branch
			Bruce Smith	Branch Manager, Market Regulation Branch, NDIS Market Reform Group, Commonwealth
		The NDIS Quality and Safeguards Commission	Simon Christopher	Director, Registration,
Wales	Healthcare	Welsh Government	Janet Davies	Head of Healthcare Quality
			Martin Semple	Healthcare Standards and Governance Lead
			Vikki Franklin	Nursing Officer – Patient Experience
			Natalie Harris	Project Manager (seconded)
	Social care	Welsh Government	Alison Machon	Head of Regulation and Inspection Policy
		Care Inspectorate Wales	Margaret Rooney	Head of Registration and Enforcement
Northern Ireland	Health and social care	The Department of Health	Eddie Dillon	Staff members of the Quality, Regulation, Policy & Legislation Branch
			Steven White	
			Linda Greenlees	
			Jerome Dawson	Departmental policy lead for older people

Jurisdiction	Remit	Organisation	Name	Position
			Elaine McDaniel	Departmental policy lead for family and children
		The Regulation & Quality Improvement Authority (RQIA)	Rachel Stewart	Statistician
Sweden	Health and social care	The National Board of Health and Welfare	Anna Lord	Programme Office
			Sofia von Malortie	Programme Officer
Denmark	Healthcare	Danish Institute for Quality and Accreditation in Healthcare	Carsten Engel	Deputy Chief Executive
	Social care	Defactum	Mette Gubi Axelsen	Consultant Analyst
			Tina Willemann	Head of Unit for Improvement Processes and the Danish Quality Model for Social Services
New Zealand	Health and social care	The Ministry of Health – HealthCERT Protection, Regulation and Assurance	Donna Gordon	Principal Advisor
		The Ministry of Health – Health IT Investment and Standards	Ted Christiansen	Principal Advisor

Jurisdiction	Remit	Organisation	Name	Position
		Standards New Zealand – Standards Development Team	Ritesh Anand	Principal Advisor Development
		Standards New Zealand – Standards Access Team	Amelia Woods	Senior Advisor Copyright and Licensing
			Craig Radford	Senior Advisor Information Services
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