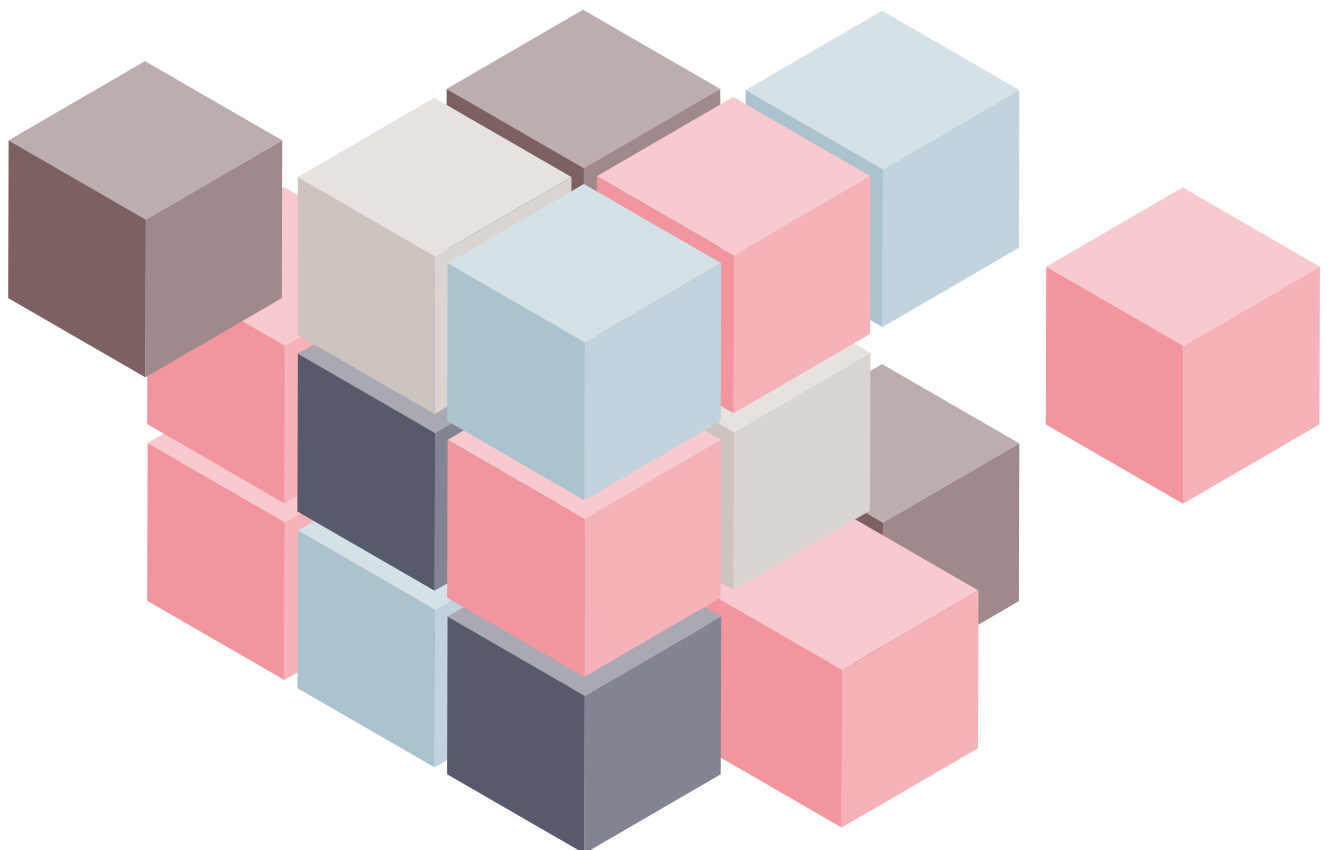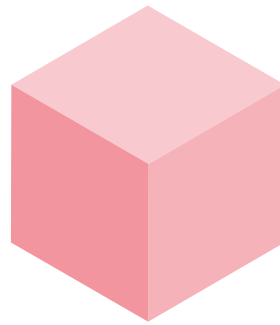# Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

mhc®

coimisiún meabhair - shláinte
mental health commission

How to Put National Standards into Practice

An Implementation Guide for Health, Mental Health and Social Care Services

Contents

Section 1
Introduction

This guide was developed by the Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC) to support staff in health, mental health and social care services to implement national standards.

The guidance provided in this document has been informed by a thorough review of research evidence and extensive engagement with stakeholders. This included a review of existing tools and resources, as well as focus groups and workshops with service providers and representatives of people using services.

While all staff are responsible for ensuring that services are safe and of high quality, this guide is aimed at staff who are accountable for driving the quality and safety of the service and implementing national standards. This could include managers at all levels, such as service managers, senior managers or similar, depending on the size and remit of your organisation.

Purpose of this guide

HIQA and the MHC developed this guide as a practical and interactive resource to support service providers to understand what national standards are, what they mean for their service and how to put national standards into practice in their own service setting using a collaborative approach.

The document outlines a structured process for implementing national standards, including self-appraising your service and developing an action plan, and providing helpful tools, templates and resources throughout.

It is important to note that the guide is intended to assist you on your journey to put national standards into practice and you can adapt it to the service and setting you work in.

There are many ways to drive quality improvement to support the implementation of national standards. This guide outlines a process of self-appraisal and action planning as one potential approach. You can consider how this approach could be adapted to enhance existing initiatives in your service, aimed at improving quality and safety for people using services.

This guide should support you at any stage along your journey of implementing national standards, whether you are getting ready for new national standards, or looking for an approach for identifying quality improvements to help your service reach or maintain existing standards.

As part of this journey, it is important to remember that implementation of standards happens over time and in collaboration with others. This includes those who are involved in delivering the service, but also the people who are using your services.

Outline of this guide

The guide is set out as follows:

- The **getting started** section includes an explanation of national standards. It describes the core components that you find in any set of standards. This section includes a series of reflective questions which prompt you to reflect on readiness for implementing national standards in your service.

- The **key steps section** provides a process and structure to assist you with planning and implementing improvements to your service to align with national standards. Remember, the steps set out in this process are not intended to be prescriptive and they can, and should be, adapted to your context and service.

- The **self-appraisal tool** supports you to discuss what national standards mean in your setting, prioritise areas or certain standards statements, reflect on what you are currently doing to meet the standards, and identify areas where you may be able to improve.

- The **action plan** template helps you to prepare a plan for implementing changes that may be needed to better align your service delivery with the national standards.

- Finally, the **key steps checklist** can be used to keep track of your progress for each of the steps outlined in this guide for self-appraisal.

Throughout the guide you will find quick links to additional resources, as well as practice tips to consider, to complement the self-appraisal and action planning process.

How to use this guide

Making and sustaining changes to your service to meet national standards requires a process that is systematic, collaborative and informative. While immediate change is not possible in most cases, with a thoughtful approach changes can be planned and achieved incrementally over time. This guide is designed to help you to reflect on and plan quality improvement in your service to support you to implement national standards and improve quality and safety. It should be worked through at your own pace and adapted for you and your setting.

As you read through the guide, you are encouraged to think about and reflect on current practice in your organisation through a series of questions. The guide includes several sections where you can take notes.

This guide is intended to support service providers to prepare for, and reflect on, the use of national standards to improve the quality and safety of their service. There is no obligation or requirement to complete each of the steps, tools or templates in this guide.

It should be used in parallel with other statutory and regulatory frameworks that services may be required to follow; however, the use of this guide is not a requirement of legislation, regulations or standards and will not be assessed by HIQA or MHC inspectors.

The work you produce when using this guide is for your own internal quality improvement purposes.

Section 2
Getting started

This section provides a brief explanation of national standards, with an overview of their key components and characteristics. It includes a series of reflective questions to help you think about your organisation's readiness for implementing national standards, based on the current infrastructure and expertise within your organisation. By the end of this section, you should feel confident that you understand what national standards are; what they are trying to achieve; and have reflected on your organisation's experience and readiness for implementing national standards.

What are national standards?

National standards are a set of high-level outcomes that describe how services can achieve safe, quality, person-centred care and support. They are evidence based and informed by engaging with those who use and provide our health, mental health and social care services.

National standards provide a basis to:

- Understand what high-quality, safe, person-centred care looks like
- Assess the quality and safety of your service's performance
- Identify strengths and highlight areas for improvement in your service
- Inform changes to practice or new initiatives that may be needed to meet the national standards in your service
- Support people using services to understand what they should expect from your service.

HIQA and the MHC develop national standards for health, mental health and social care services. All national standards contain high-level descriptions of the systems, structures, processes and procedures that services need to have in place to provide safe, high-quality, person-centred care and support. National standards provide a clear and consistent language of what is expected from services, with the aim of driving quality and safety.

Some national standards focus on specific service types and the needs of people using these services, such as the *National Standards for Residential Services for Children and Adults with Disabilities*. Others focus on specific topics, such as the *National Standards for Adult Safeguarding*. For services that are regulated or monitored by HIQA, which includes the Chief Inspector of Social Services, compliance with both statutory regulations and or National Standards is a requirement. For other services, like those under the remit of the MHC, compliance with standards is not a requirement but is encouraged as a way to ensure high-quality service provision. Irrespective of these requirements, staff in all health, mental health and social care services can use national standards as a framework for improvement.

What are the core components of national standards?

To help you to understand national standards, it is useful to start by thinking about national standards as a way of improving quality and safety in your service. Regardless of the setting or service type, national standards, and other frameworks such as the *National Framework for Mental Health Services of Ireland*, share a similar approach. National standards, or similar frameworks, are concerned with setting out a vision for safe, consistent, person-centred and high-quality care in services, with a key focus on:

- ■ Human rights; with equality, social inclusion and diversity at the core of services, and where an individual's will and preferences are taken into account.

- ■ Responsiveness; where services respond to the needs of people using services (including their families, carers, and representatives) in a way that is holistic, non-discriminatory, and person centred.

- ■ Safety and wellbeing; where relevant services are integrated and connected, and where people using services receive the right supports, at the right time, in order to achieve the best outcomes possible.

- ■ Accountable; with effective leadership, governance and resources in place to deliver evidence-based care and quality improvement.

If your service is focused on and working to achieve these core components, then you are on your way to meeting national standards.

How are national standards structured?

A national standards document will typically set out these core components using a set of principles or themes. Under each principle or theme, you will find a list of standard statements. These standard statements explain the principle or theme in more detail. After each standard statement, there are a number of criteria or features that indicate what that standard statement might look like in a quality service. It is important to note that these criteria or features are not exhaustive and your service may be meeting the standards in other ways.

Taken together, these elements of national standards describe how health and social care services can provide person-centred, safe, consistent and high-quality care that is integrated and tailored to meet the needs of people receiving care and support from these services. The features or criteria, taken together, demonstrate how a person should experience a service that is meeting the standards. The features or criteria detailed under each standard statement are not exhaustive and your service may meet the requirements of the standards in other ways.

On the following page there are some examples of national standards from HIQA and the MHC. They illustrate the principles or themes that you are likely to see in a set of standards, standards statements that fit under the theme, and the features that give some examples of what a service who reaches this standard might look like.

**NATIONAL STANDARDS
FOR ADULT SAFEGUARDING**
2019

Person-centred
Care and Support

Standard 1.1

Each person's rights are recognised and promoted.

Features of a service meeting this standard are likely to include:

1.1.1 Each person's rights, such as the rights to autonomy, respect, dignity, privacy and equality of opportunity and treatment, and non-discrimination are promoted and protected by staff. All staff are aware of these rights as set out in legislation, national policy and national standards.

National Standards for infection prevention and control in community services

2018

Safer Better Care

Effective Care and Support
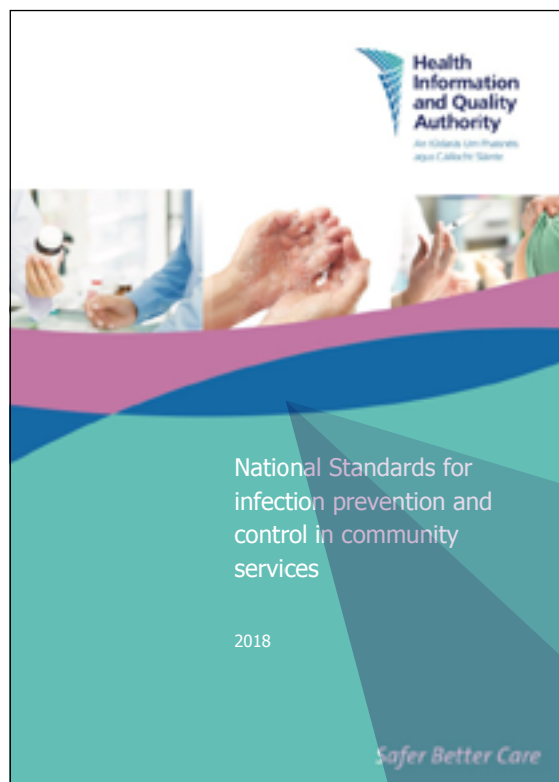
Standard 2.3

Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.

Features of a service meeting this standard are likely to include:

2.3.1 Services ensure that:

- equipment designated 'single-use only' is not re-used under any circumstances and is appropriately disposed of directly after use

- designated single-patient-use equipment that may be used more than once on the same person only is used when appropriate in order to limit as much as possible the sharing of equipment.

The National Quality Framework:
Driving Excellence in Mental
Health Services

April 2023

Promoting Quality,
Safety and Human
Rights in Mental Health
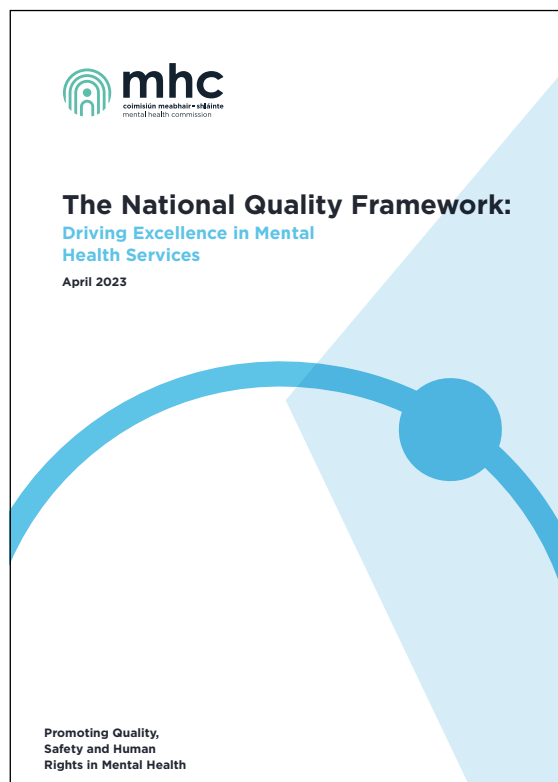
Ensuring quality through co-produced care planning, which is underpinned by rights-based mental health care, confidentiality, and regard for an individual's will and preferences

Standard 6.1: Service users are active participants in planning and delivering their care.

Criteria: 6.1.1
The mental health service demonstrates service user inclusivity in planning and delivering care, including, where appropriate, the inclusion of the person's nominated representative, and ensuring that the person's will and preference is at the centre of their care.

6.1.2 The mental health service provides skilled staff to facilitate the generation of a holistic, multidisciplinary, co-produced, individualised, and recovery-oriented care plan.

Quick links
All national standards and resources to support implementation of standards are available on the HIQA website and the MHC website.

Furthermore, HIQA's Learning Hub provides a number of tools such as online learning courses, guides and videos to support front-line staff to put key elements of national standards into practice.

Reflecting on readiness for implementing national standards

The following questions prompt you to reflect on your service and its readiness for implementing national standards. Complete these questions before you begin the self-appraisal and action planning process, as described in Section 3.

These questions may help you to recognise what is working well in your organisation to support quality and safety and the strengths you can build on when implementing any changes to practice. Similarly, these questions may help you to consider potential barriers or obstacles to implementation and how they can be overcome.

Questions for reflection

Q1 Which, if any, existing standards apply to your service? *List them here...*

Are there any new national standards that will be relevant for your service?

Q2 Has senior leadership in your service been involved in implementing national standards (or similar initiatives to improve quality and safety) in the past? Have you been involved? *Write your thoughts and ideas here…*

What worked well and why? What did not work well? How could it be improved?

Q3 Have current staff been involved in implementing national standards (or similar initiatives to improve quality and safety) in the past? Do they have expertise and/or could their expertise be developed? *Write your thoughts and ideas here...*

How were they involved? What worked well or not so well? If not, why not? What are the barriers to involving or developing staff?

Q4 In your organisation, are the perspectives of people using services sought as part of the implementation of standards? How are their views taken into account? *Write your thoughts and ideas here...*

If so, where and how have you seen this? What has worked well or not so well? If not, why not? What could improve this?

Q5 Do you currently have processes or structures in place to support quality and safety in your service? (e.g. committees, peer audit teams or public and patient councils) *Write your thoughts and ideas here...*

What is working well and why? What is not working well and why?

Q6 Can you access quality improvement expertise in your organisation to support the implementation of national standards? *Write your thoughts and ideas here...*

What is needed for you to access these expertise?

Q7 Do you have networks with other organisations who have successfully undertaken quality improvement initiatives to improve quality and safety? *Write your thoughts and ideas here...*

Which external organisations can you think of? What is the best way to learn from them? Are there opportunities to meet?

These questions should help you to approach the next section in a way that is realistic and specific to your service, by being prepared to build on your service's strengths, while recognising the obstacles you are likely to face along the way.

Depending on the size and setting of your organisation, consider working through these questions on your own, or using them as discussion points with a group concerned with quality and safety to share ideas, experience and expertise. The output from these questions could be used for reflection by you or a small team, or they could be shared with the wider organisation to show that your plans for implementation are grounded in a strong understanding of the existing service and setting.

You may find it useful to refer back to the output from these questions to understand or troubleshoot your progress. For example, when you encounter obstacles to quality improvement efforts, it could be due to underlying structural or systemic issues that you have already identified. These questions may have already prompted you and your team to find ways to overcome them.

Section 3
Key steps for implementing national standards
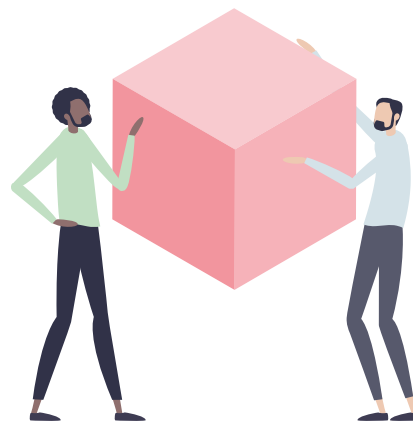
This section outlines a stepped approach that can assist in planning and implementing changes to align service delivery with national standards.

Remember, this process, and the steps outlined, are here to give ideas and a structure about how to undertake a self-appraisal process and develop an action plan. The process and the steps can be used at any point on your journey to implement national standards and can be adapted to suit organisations of different sizes and remits. They can also be used to refine or enhance your current approach to implementing standards.

The five steps outlined in this section are:

- **Step 1:** Clarify governance and oversight for implementing national standards
- **Step 2:** Convene a working group with staff and representatives of people using services
- **Step 3:** Develop an action plan
- **Step 4:** Implement the action plan
- **Step 5:** Evaluate outcomes and impact

Jane's experience

Throughout each section, you will hear from Jane. Jane is a manager in a mid-size health and social care service who will give some examples from her experience of applying the five steps outlined in this section of the guide to put national standards into practice in her service.

Jane worked as a front-line staff member before becoming a manager. In both her front-line role and as a manager, she has been involved in quality improvement initiatives and implementing residential standards. However, new national standards have been introduced in her service, and Jane, along with other managers, is responsible for leading on the implementation of these standards into practice.

Step 1

Clarify governance and oversight for implementing national standards

This first step involves working with senior leadership in your organisation to clarify governance and oversight arrangements for the process, including the role of a working group that will be tasked with leading a self-appraisal process and developing an action plan. More detail on the purpose and activities of the working group are described in Step 2.

By the end of Step 1 you will have clarified the governance and oversight mechanisms for the working group, agreed on the standards that apply and, at a high-level, the broad areas where quality and safety could be improved.

Action 1: Work with senior leadership to identify opportunities to improve quality and safety

Opportunities to improve quality and safety may come to a service's attention through a review of national standards and consideration as to whether the service is meeting them. As a starting point, national standards should be reviewed at a high-level by senior leadership in your organisation to broadly identify which set(s) of standards apply to your service and any gaps between your service and the standards. A more detailed gap analysis can be developed as part of the activities of the working group, described in Step 2.

Together, you may identify several areas for improvement, with varying levels of complexity and urgency. As such you may need to consider which gaps or areas for improvement need to be prioritised. This will also need to be considered in the context of any related programmes of work that have been decided for the year.

It is important that these gaps are reviewed by senior leadership on an ongoing basis and not only in response to the publication of a new set of national standards, for example.

If an issue or gap is identified that represents a significant risk to staff or people using services, this should be escalated immediately to senior leadership and through appropriate channels.

It is important that decision making — at this stage and throughout the process — is informed by stakeholders at all levels of your service. As part of the governance process you should consider how senior leadership can work in tandem and collaboratively with a working group that has representation of people using services and staff (described in Step 2) to identify areas for quality improvement to align with national standards.

Action 2: Clarify leadership and governance of the self-appraisal process

Working with your senior leaders to put robust governance arrangements in place will help to ensure that there is oversight of the process overall, including how the working group approaches self-appraisal, action planning, and reports on the actions taken to meet the standards.

A governance system should include clear lines of reporting, with named individuals identified who are accountable and responsible for delivering on key actions at each stage of the process. This may involve regional and national level structures, depending on the context and size of your service.

In some organisations, senior leaders may be actively involved in the self-appraisal and quality improvement process by, for example, being members of the working group. In other settings where senior leaders are not directly involved, it is important that they maintain oversight of the process through clear feedback loops and shared agreement. You should consider your role as a leader in implementing national standards, as well as within the wider leadership of your organisation.

Box 1
Jane's story of clarifying governance and leadership

When we were told about the national standards for adult safeguarding that would apply to our services we were a bit worried. There's already a lot of requirements that we have to reach quality and safety standards for residential settings and we already have quality improvement initiatives in place.

When they did go live, the first thing we did was bring together the senior leadership team and the managers to go through the standards together. This helped us to share our initial views on the areas that we were doing well in and the areas that we needed to focus on.

In my organisation, we agreed that to get started, a nominated manager would be assigned to focus on one particular theme or set of related standard statements where improvement was required and be the lead for that. This meant that we could focus on making meaningful improvements using the five step approach. So as you can see, I was the nominated manager!

Step 2

Convene a working group for self-appraisal with staff and representatives of people using services

This stage involves bringing together a working group to undertake a self-appraisal against the national standards and develop and implement an action plan to align your service to the standards. Depending on the size and setting of your organisation, you may already have a similar group in place with responsibility for quality and safety that could be used for this purpose.

By the end of this stage, you should have a good understanding of what the national standards mean for your service, what you are currently doing to meet the standards, where there are gaps, and have identified which gaps need to be prioritised for quality improvement. It is worth noting that completing this step will involve referring back to senior leadership to make recommendations, seek endorsement and approval, as described in Step 1.

Action 1: Set up a working group for self-appraisal with staff and people using the service

To begin this process, convene a small working group to undertake a self-appraisal against the standards. It is important that members of this working group have the authority, responsibility and experience to assess the service against the national standards and to identify and document any actions that need to be taken. Consider if a group like this is already established in your organisation and could be used for this purpose. There may be existing public and patient councils in your service that you could also engage with to seek their involvement.

Membership of the working group may differ depending on the context. For example, in a small service the group could consist of all staff, or just a few staff working in the service. In a larger service, the group could include representatives from each section, unit or professional role. It is important that people using services are also part of your group.

While keeping membership of the group small, best practice suggests that the working group should include representatives from the following:

- Staff from different disciplines and levels of the organisation,
- Leaders and managers, and
- People using the service.

Quick links
There are many ways you can meaningfully involve and collaborate with people using services in your self-appraisal. Here are some useful resources to support people using services' participation and engagement:

The Hub na nÓg National Framework for Children and Young People's Participation in Decision-making supports departments, agencies and organisations to improve their participation practice with children and young people.

The HSE Patient Engagement Roadmap provides guidance and tools for healthcare organisations and staff to proactively engage with patients, families and carers.

Action 2: Communicate and engage with stakeholders

For successful implementation of national standards, there needs to be ongoing clear and consistent communication with all stakeholders regarding the aims and progress of the self-appraisal and action planning process.

It is useful for the working group to consider at the beginning who needs to know about or be involved in the self-appraisal process, how they will be impacted by any actions that come out of this process, and what they are likely to be most interested in or concerned by. This is called stakeholder mapping.

Consider how to draw on the previous experience of leaders, managers, front-line staff and people using services. Plan how and when you will engage with these stakeholders during the process, including the governance arrangements as part of Step 1. Your approach to stakeholder mapping, communication and engagement is likely to vary depending on the size and context of your organisation. For example, there may be existing national or regional level engagement structures in place that are relevant to this process. Alternatively, targeted engagement at the service level may be required.

There may be other stakeholders that the group needs to consider, for example service-partners who may have experience and expertise in the area that they can share or may need to be kept informed and up to date.

Practice tip
There may be individual staff members who are interested in particular areas of national standards. You could ask them to be champions for initiatives related to these areas of the standards. This can help to inform and motivate other staff to engage with the initiative and to achieve the standard.

Action 3: Understand how national standards apply to your service and areas of focus

The working group should review and discuss national standards that are relevant to your setting, focusing on the themes or principles, the standard statements and their features.

Rather than considering a self-appraisal for every individual standard statement, you might find that there are several areas of practice and governance that need to be addressed to meet national standards. In this case, you may also choose to focus on several standard statements within a broader theme or principle, for example person-centred care or accountability. By focusing efforts on a few key areas, you can make incremental, sustainable progress and build confidence over time.

To assist in this process, consider using the self-appraisal tool in Section 4 of this guide. It includes reflective questions to prompt the group to identify how the standard statement applies to your service and what will be different as a result of putting this standard into practice.

At this point, it is important to engage with senior leadership, using the governance arrangements you put in place in Step 1, to share your gap analysis, review the recommendations from the working group and seek agreement and authority to progress. To ensure buy-in from leadership, it should be agreed that these areas of focus are a priority and are feasible.

Practice tip
As part of the self-appraisal process, consider running workshops or discussion groups with front-line staff and people using services to explore what each of the standard statements in a set of national standards mean for your service.

Each workshop or discussion group could concentrate on a standard statement or group of standard statements that are a priority for your service.

Examine what this standard statement means for stakeholders in your service.

- How can the standard statement be applied in practice?
- Are there any barriers to implementing the standard statement?
- How could these barriers be overcome?

Findings from these workshops can be a rich source of evidence. Use them to inform your quality improvement process or plan, and to share and reflect your progress back to stakeholders.

Action 4: Gather evidence of current practice to compare against standard statements

Once relevant standard statements have been prioritised for your service, the working group is ready to start gathering evidence to compare your service against these statements.

First, the group should consider what evidence will be used to compare current practice against the standard statements. Next, the group should check whether the relevant evidence is already collected by your service and how it can be accessed.

There are several sources of evidence that could be used or gathered to get an overview of current practice, for example:

- Findings from reports on quality improvement initiatives completed to date
- Performance data collected nationally, locally or within a service (for example, admission and discharge rates, National Care Experience Programme data)
- Stakeholders' views (for example, feedback forms or surveys completed by people using the service; direct interviews or focus groups with front-line staff)
- Direct observation and auditing of practice (for example, shadowing staff and or people using the service; sitting in on team meetings)
- Documentation that evidences decision-making, assessment of risk and staff skills (for example, meeting notes; staffing records; incident reports; care plans, training logs).

It is best practice to bring together and review evidence from multiple sources when undertaking a self-appraisal process. This approach is known as triangulation. Triangulation means comparing and contrasting different sources of evidence to help you form a more accurate and complete picture of your service in relation to the standard statement.

Action 5: Compare current practice with the standard statements and generate ideas for improvement

When the sources of evidence for current practice have been agreed and collated, the working group can use this data to assess the service against the standard statements. This process should help with identifying any areas for improvement. To assist in this process, consider using the self-appraisal tool in Section 4 of this guide which prompts you to identify the actions needed to align practice in your service with the standard statement.

As the group carries out the self-appraisal process, it is really important to incorporate the perspectives of front-line staff and people using services so that you can more fully understand the systems and culture of your service. Consulting with a range of staff and people using services can help in generating ideas for what changes are needed to improve the service. You should also consider the existing system and culture in which you are making a change, and that it will be important to have buy-in for any changes to practice that are decided. Consultation with staff and people using services can also help build buy-in and ensure that the process is ultimately focused on improving outcomes and experiences for people using services.

Box 2
Jane's story of reflecting on applying national standards

In line with our agreed processes, I started by bringing together a small group of people as a working group to consider what themes or standard statements we should focus on. When I was inviting people to join, it was important to clearly communicate what we were trying to achieve, what our role was and wasn't, and how we would work together.

It took a bit of work to set this group up. I wanted to make sure that it was broadly representative of those responsible for ensuring national standards are met, as well as those affected by the standards. When set up, our group had two managers, two front-line staff members, and two representatives of people using the service.

Having the representatives of people using the service really added huge value to our group. They helped us to think about how people experience our service. They kept us focused on the key goal of this process; which is really about improving the lived experience for people using the service.

When the group met, we went through the standard statements and focused on key areas where we could make progress. We eventually agreed that we would focus on appraising how we were performing in the area of building and sustaining a responsive workforce. We looked at each of the standard statements related to this topic and the description that was set out underneath the standard statement so we could understand what was expected of a good service.

continued

One area that we felt we could focus on was in the area of staff training. It is really important that staff retain, reflect and build on their skills and knowledge. This helps them to feel confident that they are delivering the right care and support.

Once we agreed our area of focus, we set out our approach, our timeframes, who we needed to communicate with, and, most importantly, what we thought would be different by the end of the work. This took a few meetings, various calls and emails. What we had to keep in mind at this stage, and throughout the project, was that quality improvement is a collaborative process that takes time. We had to have a clear, shared vision from the start and keep checking back in on progress with each other and our senior management team.

Our next step was to consider how the organisation was doing via straightforward questions like, 'What are the structures needed to comply with this standard and are they in place?', 'How does the organisation identify staff training needs and plan to meet these?' and 'How are issues in this area identified and escalated?' These questions helped us to get a feel for what was working well and what the gaps were in our structures. We used the self-appraisal tool to note all of our thoughts and ideas so that we could reflect back on these later in the process. We identified sources of evidence to help us answer these questions and also identified some of the gaps both in the evidence and in the actual systems we have in place. This helped us to come up with areas that we could improve on and consider some of the actions that needed to be taken to do this.

Step 3
Develop an action plan

This stage involves planning the actions needed to bring about change. Once you have completed this stage, you will have established clear goals and tasks to be completed that are informed by stakeholder perspectives and are appropriate for your service.

Action 1: Set up a working group for self-appraisal with staff and people using the service

Deciding who will be involved in developing the action plan and driving implementation depends on the type of action being considered, your organisational context and size, and the expertise that is required.

This is a useful juncture to reflect on the composition of your working group and consider if any additional members or wider representation is required. The working group should represent those who will be impacted by any change, such as staff, people who use services, administrators, team leaders and clinical leads. It is also important that senior leaders continue to support and provide oversight of any working group, and that there is a clear feedback loop in place throughout this process to show that the actions of the working group are meeting the requirements set out from the start.

Practice tip
Things to consider when deciding who should be part of any working group(s) responsible for action planning and driving implementation:

- Diversity: does the group have an appropriate balance of perspectives, training and expertise, experience, relationships and priorities?

- Decision-making authority: the group should contain members who have their own decision-making authority or have direct access to decision-making authority, so that decisions can be made in a timely manner.

- Knowledge: the group should contain members who have expert knowledge of national standards and the service context.

Source: Implementation Guide and Toolkit for National Clinical Guidelines (Department of Health)

Action 2: Develop an action plan

Section 5 of this guide includes an action plan template that you and your working group can use when developing your own action plan. The action plan template prompts you to identify the actions you will take to meet the standard statement, who will be responsible for delivering on the actions, and a timeline for this. It will also prompt you and the working group to consider how to monitor and record progress in relation to these actions which should be brought back to senior leadership for agreement before progressing.

Quick links
Looking for additional resources on action planning?

Take a look at process mapping. This approach helps teams to understand how service provision currently operates, in order to identify areas that are working well or opportunities for improvement. It can also assist with visualising planned changes. You might find this resource developed by the Point of Care Foundation especially useful Patient and Family-Centred Care toolkit.

Action 3: Consider how implementation of the action plan will be monitored

It is important to document in your action plan how the working group will monitor the achievement of the objectives, milestones and deliverables set out in the action plan. The group will need to monitor progress to enable you to make adjustments or adaptations in real-time to ensure success. The action plan included in this guide contains fields for you to document how progress will be monitored and evidence of this progress. You can use this to report back to senior leadership to seek endorsement and approval to make changes.

In thinking about how to monitor progress and what evidence and data to use, consider:

- the resources available for monitoring in your service
- who will make use of the monitoring information
- which information should be monitored and how frequently it will be assessed.

Information sources and data for monitoring could include audits of practice, documents such as client files, internal feedback from people using services and staff and care experience surveys. Where possible, draw on existing sources in your service and consider how monitoring can be integrated into daily routines. Qualitative data, such as stories and lessons-learned from staff and people using services, can also provide important insights into why an initiative is working well or is not working so well, and can be used to communicate progress and inform adjustments to your action plan.

Box 3

Jane's story of developing an action plan

Once we had completed the initial self-appraisal and come up with some ideas for improvement, we agreed that we would continue on as a working group to develop the action plan, linking in with relevant people who could provide more information in this area to inform an action plan. We were open to new people joining as we progressed, and also to support existing members who had other commitments.

To begin with, we linked in with our training administrator to review the coordination, scheduling and communication of training. We were able to identify specific training that demonstrated our commitment to the standard statement, but also instances where an update of the training was needed to align with recent changes in the sector.

We also met with a group of managers to get their views on the communication of the training, as well as staff take up. We found that sometimes there was very little notice of the training dates, so staff missed the training. Also, there was no feedback to managers to say the staff member had completed the training, so there was no way to track who was due for training or who had completed it. We also wanted to understand if and how the training of staff improved the experience of people using the service.

We worked closely with the training administrator and their manager to develop a plan to address the first two problems, that is, considering how training could be monitored in future to stay up to speed with any changes, and also to address how training dates were being communicated to staff so that they could plan it into their schedules. We also made recommendations about how feedback from people using the service could be captured. We communicated our action plan back to the senior leadership team, noting that a bigger plan is required for systematically documenting and notifying managers about staff attendance at training!

Step 4

Implement the action plan

At this stage, the initiatives or changes you have outlined in the action plan are being put into practice for the first time in your organisation. It is the role of the working group to actively oversee this implementation, support change and report back to senior management and other key stakeholders.

Action 1: Test implementation of the action(s)

Begin by testing how an initiative or change to practice would work on the ground. Consider making adaptations or refinements to ensure that new ways of working are successfully embedded into practice over the longer-term. This process of testing implementation will enable you, and the working group, to identify if any adjustments to the action plan are needed and to make those adjustments.

The 'Plan-Do-Study-Act' cycle is a way of looking at this iterative approach to improvement to ensure success. You can find more detail in the 'Practice Tip' below on how to put this cycle into practice.

Practice tip
Use the Plan-Do-Study-Act (PDSA) cycle to put your plan into practice.

"Multiple small testing cycles allows us to adapt an original idea before we implement it permanently. The method is the Plan-Do-Study-Act (PDSA) cycle. The cycle begins with a plan and ends with an action according to the learning gained from the Plan, Do and Study phases of the cycle. This will then lead into another PDSA cycle to test the changes. This cycle continues until your improvement gains plateau or level out."

Source: Quality Improvement Toolkit (QIT), HSE

Action 2: Monitor implementation of the action plan

Monitoring implementation of the action plan means tracking progress towards the milestones, deliverables and goals set out in the action plan. It is important that the working group reviews the action plan regularly and updates evidence of progress towards delivering on the plan.

It is also important to seek staff input and feedback throughout the implementation process, as their feedback on what is working well and what is not working well in practice will help you to adapt your action plan accordingly, to ensure success.

Monitoring the implementation of the action plan will help you to answer questions such as:

- Are we achieving the timelines we set out for ourselves in our action plan?
- Is the new initiative or change to practice being implemented as we planned – are we achieving our aims?
- Have the changes improved the service?
- How do people using the service feel?
- How are staff adapting?
- Is there anything that could be done better?

Practice tip
Consider testing any new initiative or changes to practice with a smaller team first and asking them to share their learnings with the wider team. This can be a good way to refine your action plan before a broader rollout.

Box 4
Jane's story of implementing the action plan
We used the Plan-Do-Study-Act (PDSA) cycle to implement changes to our training programme and how it was being communicated out to staff. Sometimes people could feel that PDSA adds work, but it can be used very simply! We supported the training administrator to test these changes, working with them to make small adjustments as the project progressed. I think the approach of monitoring and making adaptations to plans in real time promoted a culture of quality improvement, rather than just making changes for the sake of it. Throughout this process, we were communicating with staff, people using services and other stakeholders about changes and their end goal.

For people using the service, we raised awareness of the improved training of staff through our newsletter, making sure to use plain language!

We checked in with staff to see how the new process was working and whether there were improvements in their experience of the training overall. We also asked for their suggestions for improvement and acted on these, communicating back how suggestions had been incorporated.

Step 5
Evaluate outcomes and impact

When a new initiative or a change to practice has been made, carrying out an evaluation provides information about whether the planned change has worked in your service and whether the intended improvements have been achieved.

At this stage, the working group should assess whether the changes made to practice have resulted in improvements, and identify learnings from the process. Having completed this stage, the working group will have identified areas that are working well and if there are issues to be addressed, contributing to ongoing improvement. This stage can also help to prepare your service for future quality improvement initiatives by learning from experience.

Action 1: Evaluate the outcomes and impact of new initiatives and changes to practice

A new initiative or change to practice is ready to be evaluated once it has been fully integrated into routine practice. Giving time for this adjustment before evaluating it allows the change to become embedded into day-to-day practice and for its effects to be known.

Evaluation typically focuses on the following:

- Was the initiative or change to practice delivered as planned?
- Did the initiative or change to practice achieve its aims and objectives?
- What is different as a result of the change?

If your service has been monitoring changes on an ongoing basis, it will be easier to do an evaluation, as the same information can be used. Monitoring involves tracking progress towards the milestones, deliverables and goals, while evaluation involves judging whether the goals of a service or a specific initiative were met and why.

In addition to the evidence and data used in monitoring, you and the working group could also look at the sources of evidence that you used to complete the self-appraisal. You can collate and analyse this data and evidence in order to compare current practice with previous practice, to identify whether improvements have been achieved, where you are doing well or not doing well, and why this might be.

Quick links
Want to know more about evaluation? The HSE has developed a guide for completing an evaluation called the National Quality Improvement Team Self-Evaluation Guide. The guide walks you through the process of planning an evaluation, designing the approach, gathering and analysing evidence, and communicating findings.

Action 2: Share and recognise the learning

Many people are likely to be interested in both the evaluation process and the findings from the process, including staff, management and people using the service. People using services hold significant knowledge as the recipients of care and support, and are often eager to share their insights through an evaluation, in order to improve the quality of care and support provided.

Communicating learning is important for transparency and as an opportunity to celebrate success. It is good practice to reflect on changes to your service, both where positive outcomes have been identified as well as challenges and areas for improvement. Consider sharing the success and lessons learned from your self-appraisal process by creating opportunities to recognise the hard work of everyone involved and build relationships further. This may be an event involving staff and people using services where learning is acknowledged, shared and celebrated or finding ways to share your learning with other organisations or networks. You may consider how to support motivation and incentivise quality improvement efforts in your service. This might involve recognising the end-goal of quality improvement early on. For example, raising awareness of how a change to your service has had a positive impact on the lived experience of people using your service, and also on the staff who are delivering the service.

Box 5
Jane's story of evaluating outcomes and impact
We found it was really important to be clear on what we were trying to achieve from the start and checking back in on progress towards this. It was also essential that we agreed on the data or evidence we planned to use from the start. We knew we could use this evidence to assess our service against the standard statement. This allowed us to identify outcomes and indicators at the start of our quality improvement journey, and then revisit this at the end to see the change.

In relation to staff training, we found that the training modules were being reviewed and updated more frequently by the trainers, meaning that the training was relevant, up to date and accurate. There were also scheduled good practice updates that could be shared with staff, so that changes in the area were communicated quickly, without the need for a full refresh for every staff member. There was a system in place to communicate with staff about upcoming dates for training a month in advance and these dates were automatically added to calendars for staff who had signed up for the training.

As part of this process, we are collecting data on an ongoing basis to capture any improvements in the experience of people using the service that may be related to our improved training. We also share updates on the group's work with people who use the service and their families through our regular newsletter. We have found that putting together these newsletter updates is a good way to reflect upon our progress.

A final word: Sustaining good practice into the future

National standards are developed to support services to make progressive improvements to quality and safety, where these improvements are realised over time and in collaboration with others. You may be using this guide to refresh your existing processes and systems for implementing national standards or you may be using this guide to help you establish them for the first time. In any case, national standards should be embedded in your service; they should be used as language and a way of working and talking about your practice. Evolving evidence and national standards aim to stretch services and therefore services should always be striving for improvements. This should become a way of working in your practice.

The steps and processes outlined in this guide will help you to produce a snapshot of your service providing a baseline as you progress on your journey to implement national standards. In considering how to use these steps, it is important to recognise that there is no single approach that suits every organisation and service type. It is essential to reflect on your specific context and explore the factors that facilitate or present a challenge to driving quality and safety in your organisation. This will help you to embed a plan for bringing about the change that suits your service and delivers safe, quality, person-centred care and support.

Section 4
Self-appraisal tool
[Template]

Download the self-appraisal tool on our website to complete with your working group.

Selected national standards:

Theme/Principle:

Selected standard statement

Part 1: Self-appraisal

Q1 What are we doing now to meet this standard statement?

Q2 What are our service's strengths in relation to this standard statement?

Q3 What are the gaps between our current practice and the standard statement?

Q4 Which sources of evidence show our service's strengths and gaps in relation to the standard statement?

Q5 What are the risks, if any, of not meeting this standard statement?

Q6 Has leadership endorsed this standard statement for quality improvement?

Part 2: Ideas for improvement

Q1 What actions are required to meet this standard statement?

Q2 Is there a cost or saving for these actions? Are additional resources required?

Q3 What are the barriers and or facilitators to delivering this action?

Q4 How can these barriers be minimised and the facilitators be maximised?

Section 4.1
Self-appraisal tool
[Worked example]

Selected national standards:

National Standards for Adult Safeguarding

Theme/Principle:

Theme 6: Responsive Workforce

Selected standard statement

Standard 6.2: The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.

Part 1: Self-appraisal

Q1 What are we doing now to meet this standard statement?

New staff complete mandatory safeguarding training during induction. Managers encourage ongoing discussion of safeguarding concerns during supervision.

Q2 What are our service's strengths in relation to this standard statement?

Mandatory training covers key topics and is well received by staff. Managers promote a culture of openly discussing issues and sharing learning.

Q3 What are the gaps between our current practice and the standard statement?

Staff do not complete any ongoing formal training and the mandatory training for new staff is not evaluated so it is unclear how effective it is.

Q4 Which sources of evidence show our service's strengths and gaps in relation to the standard statement?

Review of training and supervision procedures in relation to safeguarding, and analysis of the database of notifiable events identified a possibility to improve our identification of preventable safeguarding issues.

Q5 What are the risks, if any, of not meeting this standard statement?

The mandatory induction training may not be effective. In addition, safeguarding knowledge and good practice may diminish over time without formal ongoing training.

Q6 Has leadership endorsed this standard statement for quality improvement?

*Yes, discussed and approved at Senior Leadership Team (SLT) meeting, Q3 2024.
The working group has been approved to develop an action plan and report back to SLT on a monthly basis with progress updates. This has been built into our work plan for Q4 2024.*

Part 2: Ideas for improvement

Q1 What actions are required to meet this standard statement?

Evaluate mandatory safeguarding training for new staff and introduce periodic refresher training.

Q2 Is there a cost or saving for these actions? Are additional resources required?

There will be a cost involved in developing and delivering refresher training and ensuring staff have time to engage in the training. An initial resource commitment will be required from leadership to develop a feedback form to accompany the induction training. Staff within the organisation have the skills to complete these tasks.

Q3 What are the barriers and or facilitators to delivering this action?

Facilitators: Staff are motivated to engage in professional development opportunities. Staff with the skills to develop refresher training and a feedback form for mandatory training are available in the organisation.

Barriers: Managers will be required to ensure staff have time to attend refresher training and to review training feedback forms, which may not be considered a priority.

Q4 How can these barriers be minimised and the facilitators be maximised?

Facilitators: Aim to achieve and celebrate with staff a reduction in notifiable incidents relating to preventable safeguarding concerns to acknowledge staff skills and contribution.

Barriers: Findings related to the effectiveness of induction training and opportunities for improvement to be added to regular management oversight meetings.

Notes

Section 5
Action plan
[Template]

Download the action plan template on our website to complete with your working group.

Selected national standards	Selected standard statement	Action	Person(s) responsible and their role
Note the national standards publication the action plan relates to.	*Input the specific standard statement that the action plan relates to.*	*Outline the identified action to align the service to the standard statement.*	*Identify the named person(s) responsible for delivering the action and their professional role(s).*

How to Put National Standards into Practice: An Implementation Guide for Health, Mental Health and Social Care Services

Date to be completed *Input the deadline for action.*	How will progress be monitored? *Outline how progress towards implementing the action will be measured.*	Evidence of progress *Review the action plan regularly, noting progress towards delivering the actions in practice.*	Status *Note the overall status of the action (not started / in progress / complete).*

Section 5.1
Action plan [Worked example]

Selected national standards	Selected standard statement	Action	Person(s) responsible and their role
Note the national standards publication the action plan relates to.	*Input the specific standard statement that the action plan relates to.*	*Outline the identified action to align the service to the standard statement.*	*Identify the named person(s) responsible for delivering the action and their professional role(s).*
1. National Standards for Adult Safeguarding	*Standard 6.2: The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.*	*Develop and launch feedback form for safeguarding induction training*	*Sunita Agrawal, Training and Development Manager*
2. National Standards for Adult Safeguarding	*Standard 6.2: The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.*	*Develop and launch safeguarding refresher training*	*Peter McNamara, HR Manager*
3. National Standards for Adult Safeguarding	*Standard 6.2: The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.*	*Review the content of the safeguarding induction training to ensure it is up to date and in line with best practice.*	*Sunita Agrawal, Training and Development Manager*

Date to be completed	How will progress be monitored?	Evidence of progress	Status
Input the deadline for action.	*Outline how progress towards implementing the action will be measured.*	*Review the action plan regularly, noting progress towards delivering the actions in practice.*	*Note the overall status of the action (not started / in progress / complete).*
August 2024	*Monthly updates to Development and Research team meeting*	*Initial meeting with managers on topics to include in the feedback form complete and drafting of the form is in progress.*	*In progress*
October 2024	*Monthly updates to Board*		*Not started*
July 2024	*Monthly updates to Development and Research team meeting*	*Training content was reviewed in line with relevant national guidelines and policy and was found to be up-to-date. The training was discussed with a sample of staff who indicated that it is relevant to their roles and responsibilities. Findings were agreed by the Development and Research team.*	*Complete*

Section 6
Key steps checklist

Step	Status	Action(s)
Step 1 Clarify governance and oversight for implementing national standards	Complete In progress Not started	• Work with senior leadership to identify opportunities to improve quality and safety • Clarify leadership and governance of the self-appraisal process
Step 2 Convene a working group, with staff and people using the service	Complete In progress Not started	• Set up a working group with staff and people using the service • Communicate and engage with stakeholders • Understand how the national standards apply to your service and areas of focus • Gather evidence of current practice to compare against standard statements • Compare current practice with the standard statements and generate ideas for improvement
Step 3 Develop an action plan	Complete In progress Not started	• Reconvene the working group • Develop an action plan • Consider how implementation of the action plan will be monitored
Step 4 Implement the action plan	Complete In progress Not started	• Test implementation of the action(s) • Monitor implementation of the action plan
Step 5 Evaluate outcomes and impact	Complete In progress Not started	• Evaluate the outcomes and impact of new initiatives and changes to practice • Share and recognise the learning

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Section 7
Extend your learning

Standards and Quality Improvement

National standards (HIQA)
National standards developed by HIQA are available on www.hiqa.ie.

National standards (Mental Health Commission)
National standards developed by the MHC are available on www.mhcirl.ie.

Learning Hub (HIQA)
HIQA's Learning Hub provides open access online learning courses, guides and videos to support staff to put key elements of national standards into practice.

Standards Development Framework: a principles-based approach (HIQA)
HIQA has developed a set of four principles to underpin all national standards for health and social care services.

The National Quality Framework: Driving Excellence in Mental Health Services (Mental Health Commission)
The MHC developed a National Quality Framework which sets out the themes, standards and associated criteria considered essential for delivering quality and recovery-oriented mental health services in Ireland.

Reflecting on readiness

Organizational Readiness for Knowledge Translation (OR4KT) Tool (Gagnon et al)
This checklist can be used to reflect on how ready your organisation is to put a new initiative into practice.

Five Whys (NHS)
'Five whys' is a simple discussion tool that can be a first step towards uncovering the root cause of a problem and identifying opportunities for change.

Frameworks and resources for quality improvement

Implementation Guide and Toolkit for National Clinical Guidelines (Department of Health)
This guide was originally designed to support those involved in in the development and implementation of national clinical guidelines, however it provides useful guidance for anyone involved in developing or implementing many types of initiatives.

Quality Improvement Toolkit (HSE)
The HSE has developed a range of practical quality improvement resources contained in this toolkit, including guidance on self-evaluation and the PDSA cycle.

Health Services Change Guide (HSE)
The Health Services Change Guide provides guidance and a step-by-step process for bringing about change.

Process mapping (The Point of Care Foundation)
Instructions for process mapping, an exercise that can help with identifying good practice and opportunities for improvement. This toolkit also provides a practical, step-by-step approach to improving patient care experiences.

Knowledge-to-Action Framework (RNAO)
The Knowledge-to-Action (KTA) framework provides a structured approach for translating evidence into practice. This resource includes guidance and practical tools in line with the KTA framework.

Factors that influence the implementation of (inter)nationally endorsed health and social care standards: a systematic review and meta-summary (Kelly et al.)
Academic research that describes the most frequently reported enablers and barriers to implementing health and social care standards internationally.

Translating national standards into practice: Supporting social care professionals (O'Dwyer et al.)
Academic research that identifies approaches used internationally to translate national standards into practice, improve understanding and increase implementation.

Engaging with people using services and staff

Stakeholder Analysis (Gamestorming)
It is useful to consider who needs to know about or be involved in the self-appraisal process, how they will be impacted by any actions that come out of this process, and what they are likely to be most interested in or concerned by. This process is called *stakeholder mapping* or *stakeholder analysis*. This resource outlines an approach for teams to reflect on stakeholder involvement.

HSE Better Together Patient Engagement Roadmap Book (HSE)
The HSE Patient Engagement Roadmap provides guidance and tools for organisations and staff to proactively engage with patients, families and carers. It helps staff to consider ways to cultivate engagement through strategies such as building health literacy and promoting diversity and inclusion.

Guidance for providers and health and social care services: Communicating in plain English (HIQA)
This guidance document helps services to communicate more clearly with people using services and their families. It explains concepts, provides tips on communicating in plain English, and gives examples and templates to support meaningful engagement with people using services throughout the self-appraisal process.

Guidance on a Human Rights-based Approach in Health and Social Care Services (HIQA)
This HIQA guidance outlines how human rights principles apply to day-to-day practice, such as the importance of non-discrimination and treating everyone with courtesy and respect.

Civility Saves Lives

Civility Saves Lives is an organisation that raises awareness of the importance of civility in patient care. Their website contains information and resources to support improved patient experiences and outcomes.

Mental Health Engagement Framework (HSE)

This framework describes engagement, supports and opportunities for mental health engagement as well as a structure for taking action and a measurement tool to embed empowering lived experience expertise and partnership working in mental health services.

Enhancing Mental Health Engagement with Seldom-heard Groups (HSE)

This resource outlines the importance of engaging with people using services who are less likely to be heard by mental health professionals and decision-makers and provides examples of good practice and practical templates.

Good practice for mental health engagement (HSE)

This document provides a range of examples of good practice gathered from across mental health services in Ireland, demonstrating different types of engagement initiatives.

Using evidence to review practice

National Standards for Information Management in Health and Social Care | HIQA

Good data is an important resource when comparing current practice against standards statements or evaluating progress. HIQA has developed *National Standards for Information Management in Health and Social Care* which set out what is expected of services managing data and information.

Guide to data analysis (NHS)

In order to compare current practice against standard statements or to evaluate changes to practice, it may be necessary to carry out data analysis. This resource provides an overview of what types of data can be collected and how to analyse different types of data.

Focus group methodology (HIQA)

This resource provides an overview of how HIQA carries out focus groups to inform the development of national standards. It can be used to plan focus groups, workshops or discussions with staff and people using services as part of the self-appraisal process.

Introduction to Data Quality Online Learning Module (HIQA)

HIQA has developed an online learning module on data quality for staff working in services.