25 March 2014

Briefing:

Quality governance for housing associations

Quality and clinical governance in housing, care and support services

Summary of key points:

This paper is designed to support housing associations to understand the issues around the quality governance. This paper will:

- set out the key elements of good quality assurance
- explore when clinical governance becomes necessary
- set out how its requirements are best delivered

Contact name: Amy Swan
Job title: Health partnerships manager
Direct line: 020 7067 1090
Email: amy.swan@housing.org.uk

Lion Court
25 Procter Street
London WC1V 6NY
info@housing.org.uk
www.housing.org.uk

1. Introduction

There are a number of ways in which housing and housing-related support services can contribute to improved health outcomes. Some NHS providers and housing associations are developing supply chains that deliver the desired solutions across the whole of a pathway or a package of care. The resulting services may include peer support services for people with mental health problems, step-down facilities from forensic services and hospital discharge schemes for people with dementia. For housing associations interested in redesigning care pathways to include a stronger housing element, they need to develop shared attitudes to quality and risk, as well as safe and effective transfers of care and support between providers if they are to assure themselves and the wider public that they are safe and are delivering the required outcomes.

The Francis Report into events at Mid Staffordshire Hospital, the Keogh Report into the 14 hospitals with the highest mortality rates in England and the investigation into the failure of maternity services at Morecambe Bay will have an impact well into the future. Although these reports focus on traditional NHS healthcare providers, they also have significant implications for housing associations that deliver services regulated by the Care Quality Commission. These changes have also resulted in an increased emphasis on high levels of quality assurance. Housing associations entering into partnership with the NHS need to be particularly aware of the implications of these events.

This paper is designed to support housing associations to understand the issues around quality governance. This paper will set out the key elements of good quality assurance, exploring when clinical governance becomes necessary and how its requirements are best delivered.

2. Housing associations and quality

Quality management systems within housing, care and support organisations are well developed, relying on a combination of performance data, user generated feedback and learning from incidents and complaints. Increasingly, housing associations are developing awareness of quality assurance, systems which assure managers and boards about the quality of services they are responsible for.

Contact name: Amy Swan
Job title: Health partnerships manager
Direct line: 020 7067 1090
Email: amy.swan@housing.org.uk

Lion Court
25 Procter Street
London WC1V 6NY
info@housing.org.uk
www.housing.org.uk

A recent survey of senior managers and board members in housing associations with significant care and support businesses demonstrated how they knew that the quality of care and support services met expectations and how they planned to assure external stakeholders users and carers about levels of quality[1]. A number of themes emerged:

- Housing association boards tended to focus on financial and asset-based risk.
- Many board members felt that mitigation relied upon process rather than control, which resulted in variable quality of risk identification, risk ownership and mitigation. There was interest in developing processes for escalating or de-escalating risk appropriately.
- Board members and senior managers did not always feel they had a direct line of sight to their support activities, and the levels of risk associated with those activities or compliance with regulatory requirements of any regulators other than the Homes and Communities Agency.
- Boards often relied on trusted staff for reassurance rather than focusing on where the assurance was coming from or seeking independent sources of assurance.

As the requirements of regulators change, in particular the Homes and Communities Agency and the Care Quality Commission, it may be that housing associations will want to undertake more regular self-assessments and seek independent assurance that their arrangements are fit for purpose. At the same time those associations seeking to achieve business growth by moving into health will find that this makes good business sense if they are subjected to any due diligence by commissioners and partners.

3. Key elements of quality governance

Sound quality governance is the key to creating a safe organisation, and better care for clients allowing leaders and their boards to have assurance over the provision of high quality, cost effective care. There are a number of sources of information that need to come together to provide good quality assurance. Figure 1 represents how these come together to drive continuous quality improvement.

[1] Survey of 9 housing associations with significant care and support businesses carried out by Common Cause Consulting in 2013.

Contact name: Amy Swan
Job title: Health partnerships manager
Direct line: 020 7067 1090
Email: amy.swan@housing.org.uk

Lion Court
25 Procter Street
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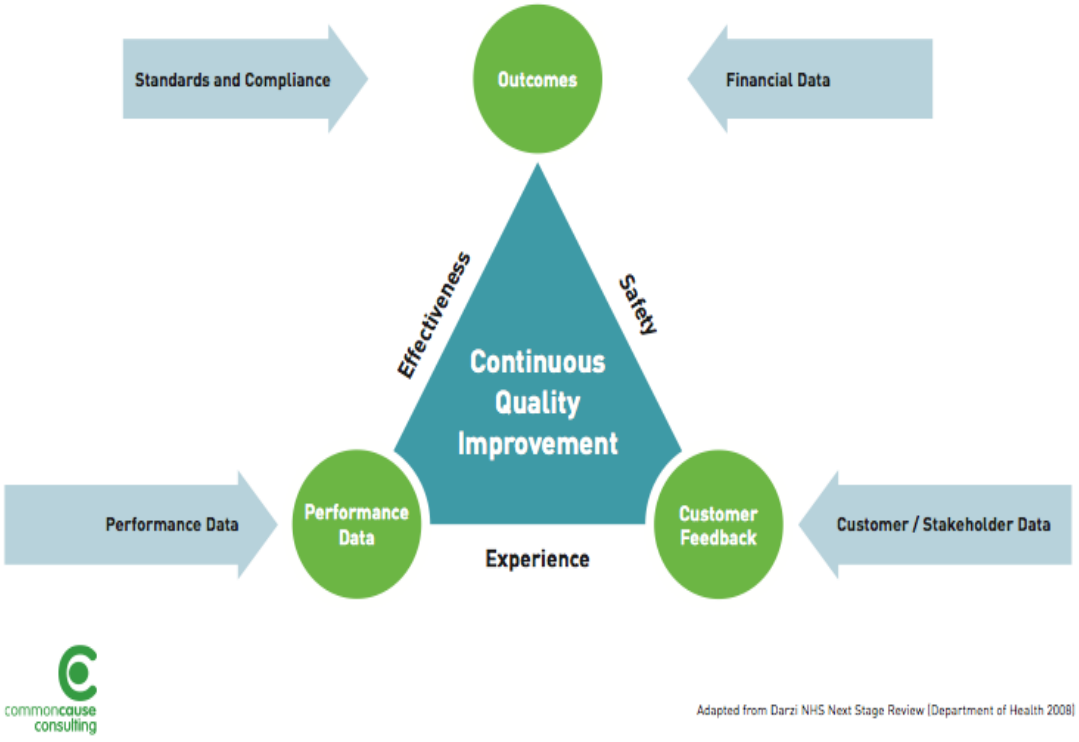
info@housing.org.uk
www.housing.org.uk



There is strong evidence that a focus on quality at an organisational level is essential to delivering outcomes. To make governance of quality a reality it is necessary to focus on the following points:

1. There should be a clear understanding about what really matters to the service users and how this can be meaningfully measured. This is likely to include focusing on real-time feedback, regular benchmarking against industry standards and a real desire to look behind the data and understand the underlying causes of both success and failure.
2. Organisations should be alert to the changing regulatory requirements, such as the CQC's introduction of the Duty of Candour which requires organisations to inform service users when they have been on the receiving end of avoidable harm. This will encourage organisations to be more transparent within the organisation itself and with external stakeholders about the quality of services and plans for improvement.

Contact name: Amy Swan
Job title: Health partnerships manager
Direct line: 020 7067 1090
Email: amy.swan@housing.org.uk

Lion Court
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www.housing.org.uk

3. Organisations should scrutinise quality and safety, asking the right questions to ensure that there is a culture that challenges the normalisation of variance from required standards. At the same time, the adoption of investigative processes such as root cause analysis[2] will ensure that there is a culture that seeks to learn from mistakes.
4. Informing boards about performance against key quality indicators will ensure that the risks to the delivery of quality and the risks to reputation are given equal weight to financial risks. Obviously information and risks will be distilled as they travel up the organisation. However, it is important that housing association boards, as in health care providers, have a direct line of sight to the front line.

Organisations should work with service user to identify the outcomes that matter most, establishing ways of measuring them and reality testing these measurements with service users and giving equal weight to the control of quality as they do the control of finance. Ideally, the outcomes should relate to the whole pathway regardless of which provider is delivering which elements.

The organisation should identify the high-level operational, corporate and strategic risks to the delivery of its objectives and desired strategic outcomes. A key part of this is about ensuring that independent insurance is available to test data and triangulate the results of different internal and external validated processes.

4. What is clinical governance?

The history of clinical governance can be said to originate from the late-1990s3. There was a feeling that the Boards of health care providers spent too much time on finance and activity targets and too little time focussed on quality. So, a duty was imposed on all health organisations to seek quality improvement through what was termed 'clinical' governance that would complement the work to improve corporate governance that followed the Cadbury Report4. In the future, it was said, well managed health and social organisations will be those in which financial control, service performance, and clinical quality are fully integrated at every level.

So clinical governance is a framework through which organisations and individuals are held to account for continuously improving the quality of their services and safeguarding high standards of care. It requires the creation of a culture and an environment in which excellent care can thrive and that lessons are reliably learned from any failures in standards of care.

[2] A root cause analysis investigation identifies how and why patient safety incidents happen. The analysis is used to identify areas for change and to develop action plans for how care can be improved.

[3] Donaldson L and Scally G (1998) Clinical governance and the drive for quality improvement in the new NHS in England. BMJ 1998; 317:61

[4] The Report of the Committee into the Financial Aspects of Corporate Governance 1992. www.ecqi.org/codes/documents/cadbury.pdf

Contact name: Amy Swan
Job title: Health partnerships manager
Direct line: 020 7067 1090
Email: amy.swan@housing.org.uk

Lion Court
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Clinical governance is a framework to ensure very sound risk management and quality improvement. It has three vital elements:

1. **Reasonably high standards of care**: A foundation to care practice which should include user and carer involvement, risk management, evidence-based practice, and reliable information management
2. **Transparent responsibility and accountability for those standards:** Monitoring practice for improvement to include audit and peer review, systems are regularly reviewed and questioned, reliable procedures for complaints and complements, and benchmarking;
3. **A constant dynamic of improvement**: High quality employment practice, good leadership and change management, career and personal development plans, an open and supportive work culture.

The Caldicott Guardian

A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Each health and social care organisation is required to have a Caldicott Guardian5. The Guardian plays a key role in ensuring that NHS, Councils with Social Services Responsibilities and partner organisations satisfy the highest practical standards for handling patient identifiable information. The Guardian actively supports work to enable information sharing where it is appropriate to share, and advises on options for lawful and ethical processing of information. The Caldicott Guardian also has a strategic role, which involves representing and championing Information governance requirements and issues at board or management team level and, where appropriate, at a range of levels within the organisation's overall governance framework.

Through a sound clinical governance framework organisations can demonstrate the quality of the care they provide and for which they are accountable. They can also use it as a measure from which to improve care and to triangulate the quality of care provided against others.

Where housing associations employ clinical staff – who are regulated by a health care regulator - they will need to ensure that they have clinical governance arrangements in place. This may involve buying in the necessary clinical supervision for those or appointing a suitably qualified person to their board or to a committee of the board (e.g. a quality committee).

5. How to get started?

It is vital that risk is determined effectively throughout the organisation and the risks to the organisation's objectives have been correctly identified, putting effective mitigations are in place and identifying any gaps in assurance. In particular, it is important that different forms of

[5] Health Service Circular: HSC 1999/012 and Local Authority Circular: LAC 2002/2.

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Job title: Health partnerships manager
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Email: amy.swan@housing.org.uk

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www.housing.org.uk

data are brought together to form an overall picture of the quality of services and that this includes data from independent sources. There will also need to be effective processes for escalating and de-escalating risk.

The governance of quality is dependent on accurate risk assessment and this is operated within a supportive culture with staff who are well motivated and competent. Whatever measures are chosen they must be aligned with clear responsibilities and accountabilities. Staff need to own the processes and the rationale so that governance is seen as part of a continuous process of improvement rather than simply a matter of 'feeding the corporate beast'.

If the governance of quality is to be successful it must be underpinned by the same strengths as corporate governance. In other words it must be rigorous in its application, organisation-wide in its emphasis, accountable in its delivery, focussed on continuous improvement, and owned by all parties.

In reality, there is very little difference between governance, quality governance and clinical governance. The key is to ensure that all risks to the achievement of the organisation's objectives – and not just financial risks – have been captured. In this way the organisation will collectively come to recognise what the strengths and weaknesses of the services might be, putting action plans in place to ensure improvement and how those improvements will be monitored.

This paper was written by Peter Molyneux (www.commoncauseconsulting.co.uk).

Contact name: Amy Swan
Job title: Health partnerships manager
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