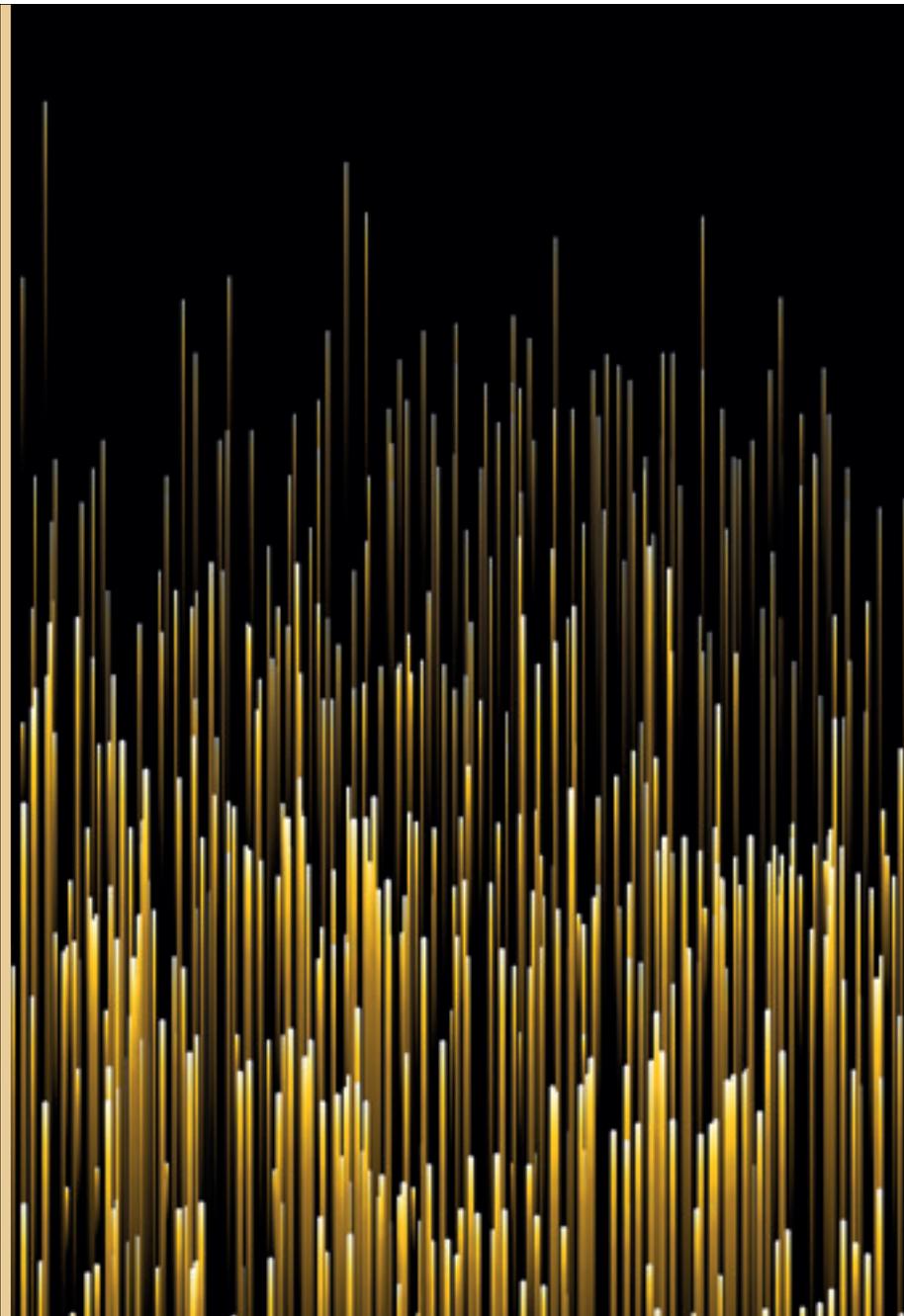# Using incident data to improve your service

Tim Dallinger discusses how incident data can be used to drive continuous improvement.

Summary

+ CQC requires evidence of continuous improvement from service providers.
+ Providers should collect data in a format that makes analysis easy.
+ Analysis of data should be used to identify trends to help inform continuous improvement.
+ Data analysis can help evidence compliance with CQC regulation.

CQC requires evidence of continuous improvement.

The CQC provider handbook refers to continuous improvement in some of the key lines of enquiry (KLOEs). The table overleaf provides some examples, and we have highlighted the text that refers to continuous improvement.

The Health and Social Care Act (Regulated Activities) Regulations 2014 state that providers should:

- establish systems or processes that are operated effectively
- assess, monitor and improve the quality and safety of the services provided
- assess, monitor and mitigate risks
- seek and act on feedback
- evaluate and improve their practice.

So, there is an explicit requirement to use data to identify and implement practice that leads to continuous service improvement.

In the past, it was sufficient to keep a record of incidents, accidents, safeguarding referrals and feedback from stakeholders. Under the current legislation and inspection frame-

"Providers should seek and act on feedback."

KLOE	Prompt	Requirement
Safe	S2: How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?	• What arrangements are there for *continually reviewing* safeguarding concerns, accidents, incidents and pressure ulcers, to make sure that *themes are identified* and any necessary action taken?
Responsive	R2: How does the service routinely listen to and learn from people's experiences, concerns and complaints?	• Are there arrangements to make sure that information and concerns received about the quality of care *are investigated thoroughly and recorded?* Can the service show the difference this has made to how care, treatment and support is delivered? • Are concerns and complaints used as an *opportunity for learning or improvement?*
Well-led	W3: How does the service deliver high-quality care?	• How does the service make sure they have *robust records and data management systems?* • How is information from investigations and compliments *used to drive quality across the service?*

Source: *Residential adult social care service: appendices to the provider handbook*, CQC, 2015

work, this is no longer adequate. A service that fails to use data to drive improvement will most likely not be rated as good or better for the safe, responsive and well-led KLOEs.

A look at CQC inspection reports shows that providers consistently fail to use data to drive improvement.

> *"...start from the desired outcome and then think about how the analysis will inform that outcome."*

Collect data in a format that makes analysis easy

When collecting data on key performance indicators, it is all too easy to collect the data then think about how to analyse it. This leads to data in which key information is missing, data that is recorded incorrectly, and many hours wasted in trying to format data into a useable state. A more strategic approach is to start from the desired outcome and then think about how the analysis will inform that outcome. The data can then be collected in a format consistent with the analysis.

Use the analysis to identify trends

In the case of the CQC requirements listed above, the desired outcome is continuous improvement in service provision. Taking safeguarding referrals as an example, the

Code	Nature of safeguarding
1	Medication error
2	Physical abuse
3	Mental/emotional/psychological abuse
4	Sexual abuse
5	Financial/material abuse
6	Discrimination or hate crime
7	Self-harm or self-abuse
8	Other
Code	**Action taken**
1	Did not meet the threshold for safeguarding
2	Safeguarding referral submitted
3	Police contacted
Code	**Action taken**
1	Out in the community
2	In service user's house
Code	**Follow-up action**
1	Disclosure and Barring Service referral
2	Disciplinary action
3	Staff training
4	Review policies and procedures
5	Review care plan and risk assessment
6	Other

desired outcome is less frequent, avoidable safeguarding referrals. Consider what types of action relating to safeguarding are carried out, whether they meet the threshold for safeguarding, what follow-up action was required, which staff were involved etc. If you set up a simple spreadsheet or a Word document to collect this data in code format, then you can easily analyse the data to create a range of graphs and charts. You can use these to identify trends and the root cause of these trends.

Use trends to inform and evidence continuous improvement

Once you have identified trends, you can devise and implement measures to address the root cause. If these are effective, you should see a reduction in this type of safeguarding referral. The charts produced from the data gathered will provide evidence of this.

The table above shows a coding system that could be used for safeguarding referrals for a domiciliary care agency.

"...use data to identify trends and the root cause of those trends."

Data analysis can evidence compliance

You can use a system such as the one described above to collect and analyse data of the following types:

- accidents
- incidents
- complaints and other feedback
- CQC notifications
- safeguarding referrals.

Some care services may think that they will not collect enough data to make a system like this worthwhile, and this may well be true. However, it is likely that such services are missing some incidents when data could be collected. For example, in a service that has few complaints, the service could try harder to get stakeholders to complain. One way to do this is to ask them to provide feedback rather than deal with a complaint when it arises. The service provider can then analyse the types of feedback – i.e. compliment, suggestion, concern, complaint – and use this to identify trends and thus continually improve.

Toolkit

In the Toolkit there are some forms that can be used to record and analyse data for accidents, incidents, feedback and safeguarding referrals. If you prefer to use Excel to record data, these documents are available in Excel for Premium Plus customers.

Toolkit

Use the following items in the Toolkit to put the ideas in the article into practice:

- Form – Accident analysis (all providers) (page 16)
- Form – Feedback analysis (all providers) (page 18)
- Form – Incident analysis (all providers) (page 20)
- Form – Safeguarding referrals analysis (all providers) (page 22)
- @ Spreadsheet – Accident analysis (Premium Plus)
- @ Spreadsheet – Feedback analysis (Premium Plus)
- @ Spreadsheet – Incident analysis (Premium Plus)
- @ Spreadsheet – Safeguarding referrals analysis (Premium Plus)

Tim Dallinger provides training and consultancy services to care homes, care agencies and local authorities with an emphasis on practical techniques that work in the real world. You can contact Tim via email (tim@socialcareconsultants.co.uk).