Making effective use of data and information to improve safety and quality in adult safeguarding

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This paper was commissioned by the Local Government Association (LGA) *Safeguarding Adults Programme* in partnership with the Association of Directors of Adult Social Services (ADASS) and was written by Vic Citarella.

It is designed to give practical advice to Safeguarding Adults Board members in using the range of data, information and intelligence effectively.

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There are growing concerns about how SABs can legitimately, proportionately and effectively utilise data and information that their constituent members have to safeguard people who are, or who are at risk of, neglect and abuse in their area.

Most Boards have some mechanisms in place. Few may consider themselves comfortable that they have a comprehensive means of doing this. Their concerns relate to how they do this at a Board level and about how practitioners do this in relation to individual people, services or specific environments.

By way of advice here are ten tips:
1. Spend time on making sure that data and information supplied is useful
2. Interrogate the data and information presented
3. Beware of overwhelming people with data and information
4. Use and develop the mechanisms you have
5. Have sound protocols in place to share data and information
6. Establish a method to share concerns about regulated health and social care services
7. Use community safety data and information
8. Route concerns to the right place
9. Find ways to support staff that may need it
10. Make data and information, like safeguarding, everybody's business

Spend time on making sure that data and information supplied is useful

Assuring quality in safeguarding practice necessitates partners understanding each other's remit, culture and ways of working. They do this by developing their collective approach to governance. Effective use of data and information is reliant on shared purpose, principles and procedures. This will involve encouraging a common language and meaning to words such as data, information and intelligence.

Mapping is the way it is determined which data and information to collect, store, retrieve and interpret. Above all else mapping should be of the right terrain. It is worth spending time making sure this happens. The SAB can request data and information by location or by service type for example if they have particular concerns of a cumulative nature.

For data and information to be useful it should be:
- Easy to understand
- Purposeful – presented for a reason and with an explanation
- Credible - derived from identifiable sources
- Routine – regular statistical returns enable trends to be monitored
- Tangible – data and information comes to life with case examples

Examples of mapping could include – routine statistical returns, (alerts, referrals and investigations), surveys (practice issues, users or workforce satisfaction), complaints, case reviews, concerns and their source (relatives, professional, Councillors, public or media), criminal activity (categorised incident reporting), CQC and other regulators or bodies with enforcement powers (fire, environmental health, trading standards, OFSTED, Equalities and Human Rights Commission, UK Borders Agency, Health and Safety Executive, Coroner).

Remember people will tend to seek out data and information items that confirm their beliefs. So to have a useful impact it is important to tease out the story behind the numbers. Try to identify and understand what people want to know and why.

Interrogate the data and information presented

It may seem to be stating the obvious but do ask questions springing from the data and information you are getting at the same time as seeking to make it more useful.

Check where and from whom your referrals are coming. It can tell you a lot. Are there areas of high levels of referrals or under-reporting? Are you getting more referrals relating to institutions or more relating to people in domestic settings? Are there gaps where you might expect specific professionals, because of the nature of their contact with people, to pick up on concerns? Across the country, there are wide variations in, for instance, the levels of referral from Acute and Mental Health NHS Trusts and primary care, from the police and housing.

Are you getting high levels of referrals where the people causing harm themselves need care and support? Might this indicate that there are issues in some establishments about how challenging behaviour is managed?

This form of analysis will help to indicate what action might be required – it could be awareness raising and training, commissioning and contracts management or other responses. It will further assist make data and information more useful and reliable.

It is through interrogating data and information that the intelligence on trends (volume, severity, frequency and periodic analysis) and on sentiment (is what is being reported good, bad or neutral?) can be cross-referenced.

Interrogation of data and information involves:
- Interpreting the meaning of apparent inconsistencies and trends
- Balancing possible explanations
- Seeking additional data and information to verify or refute explanations
- Taking actions where data and information indicates potentially harmful risks
- Celebrating evidence of successful outcomes

It is interrogation that turns data and information into intelligence. This may never be perfect but making use of intelligence will support the SAB purposes to prevent, protect and promote.

Beware of overwhelming people with data and information

Too much information is as unhelpful as too little. Don't develop systems that 'dump data' from one organisation to another. It may make the donor feel they have done their duty, but the recipient is unlikely to have the resources to plough through thousands of incidents, that are possibly slightly related to safeguarding concerns, to check for the one that is serious.

The questions SABs are most likely to want to answer are:
- How do they make sure that services (health, care and police responses) are of sufficient quality to safeguard people's rights and dignity? How do they do this in such a way as the right 'bits of the system' do the right things to make this happen?
- How do they bring together the data and information giving cause for concerns?
- Can they be more confident of spotting when things are **starting to go wrong** somewhere so that they can better safeguard people?
- Can they be more confident of picking up when things are **going really wrong** somewhere so that they can act promptly to safeguard people? Will cumulative intelligence help them spot what is really serious?
- How do they do this in a world where people in all agencies are stretched?
- How do they do this in a way that doesn't involve data overload?

SAB partners need to have confidence in using data and information as part of holding each other to account for quality and safety. They will receive data about activities across their area. Commonly Boards will receive quantitative material, be concerned about its accuracy and supplement it with information and anecdote. Some Boards are in the position of developing mechanisms to test data and enhance it with credible information. Instinctively many Boards may feel that they are not getting a comprehensive picture; they have difficulty conveying their impact and that data and information do not perform their proper roles in planning.

To hold each other to account for impact and to plan together they need confidence in a fuller picture. This requires three fundamental questions to be answered:
- What data is necessary to run and understand the business?
- What intelligence is needed to plan for the future?
- And what evidence is required to show the impact of the service?

Use and develop the mechanisms you have

If you have computer system then use and improve it; but if not don't rely on developing something that might provide all the answers in 10 years time. Either way, don't use a computer system to replace humans sharing concerns

SABs will need to invest in keeping their sources of data and information up to date. This involves creating reliable networks and mechanisms for data and information flow. It involves caring for those networks and mechanisms making sure that they are, and are seen to be, purposeful activity; two-way with benefits for the source as well as the recipient and having feedback as to utility, value and gratitude.

Familiarisation with what data and information key organisations have is essential. In particular:
- Health and Wellbeing Board partners will have mapped the data and information about the health and care needs of the local community in a Joint Strategic Needs Assessment (JSNA)
- Local Authorities will have mapped the local care providers in their Market Position Statement
- The Community Safety Partnership will have a plan that maps data and information about public protection priorities including for example crime 'hotspots'
- Care Quality Commission have a relationship management system that will generate Provider Quality and Risk Profiles across health and social care registered services

To capture detail it is suggested that the SAB lead could draw up a matrix to describe what is available. They could identify gaps before looking at mechanisms to maintain and enhance the flow and use of data and information. The contents are a matter for local determination, but partners will want to include complaints, care management reviews and police intelligence, for example, to marry with CQC intelligence, which brings together the regulated with the unregulated.

Mechanisms are needed to collect, store, retrieve and interpret data and information. These could include a number of approaches to quality assurance working between SAB partners.

Have sound protocols in place to share data and information

In making effective use of data and information the SAB should:

- Establish mechanisms for the collection, storage, retrieval and analysis of data and information that meets its purpose and priorities
- Adhere to the 8 principles of the Data Protection Act
- Put in place data and information sharing protocols between partners

SAB partners, collectively and reflecting their remits, have a lot of data and information that could be useful. If some core principles can be agreed it will help address questions like what data and information to use (and not to use), who needs the data and information, in what format and at what frequency.

Principles could include involvement of people who need safeguarding services, potential risks (harmful and beneficial), acting early, collaboration and accountability. The emergent data and information sharing protocol is the underpinning mechanism and should be channelled to the Board so that accountability and business purpose are maintained. Thus a SAB can avoid failures, between the many agencies, to share their knowledge of concerns and ensure that no one in the partner organisations assumes that monitoring, management or intervention was the responsibility of someone else.

A sound protocol should ensure that data and information is:

- Held securely and confidentially
- Obtained fairly and efficiently
- Used effectively and ethically
- Shared proactively but lawfully

An important task for the SAB is to check that data and information sharing behaviours conform to protocols. Inevitably there will be variations.

Establish a method to share concerns about regulated health and social care services

The approaches used by SABs to ensure safety and improve quality in their relationships with service providers fall in to three models.

First there is common use of regular multi-agency operational meetings. Such meetings look at concerns from CQC, safeguarding, complaints, contracts management, Healthwatch and whistleblowing in relation to regulated health and care services. They can prepare for meetings with primary analysis of data and information, make links to quality mechanisms in partner agencies (including Quality Surveillance Groups in the NHS) and initiate checks with neighbouring and other SABs about possible shared concerns

Second are ways of offering advice and support to service providers through some kind of designated professional. This may be a lead person within the safeguarding team or possibly a person located in service provider membership organisations. They may perform a role that includes listening, advising on application of thresholds and procedures, directing alerts and referrals or pointing to best practice and managerial supports.

Third is the encouragement and facilitation of improvement networks and forums amongst providers and employers. Skills for Care and local authority workforce development leads have supported employer networks across the country for many years – investing in training and best practice dissemination. Additional to these there are particular initiatives worth noting:

- Skills for Care are developing learning and support materials. These are co-produced with social workers, contract officers, CQC, police, home care and residential care providers and carers and service users working together.
- The National Care Forum has been leading for the DH on developing a multi-professional and agency approach to medication management in care homes. The approach and support materials are transferable from medication management to adult safeguarding generally.
- My Home Life has identified eight themes demonstrating what best practice in care homes for older people looks like in the 21st century. Learning and support materials are grouped into personalising and individualising care, the journey of care, leadership and management
- The National Skills Academy for social care is investing in supports to Registered Managers – safeguarding is central to their lead professional role.
- Hull University continues to undertake research seeking to identify *early indicators* or warning signs that suggest that abuse and harm are likely to be experienced by the people being supported.

Use community safety data and information

Use crime and anti-social behaviour hot-spot mapping and data from MARACs (Multi-Agency Risk Assessment Conferences). Be aware that some housing providers monitor incidents and encourage others to do similar. Ask if there are people needing care and support living in those hotspots? Might they be targeted?

Such interfaces with mechanisms of broader community safety (Community Safety Partnerships) and associated information gathering and usage are vital. Joint approaches with the police and the criminal justice system can support prevention, detection, and prosecution of offences such as disability hate crimes, anti-social behaviour and domestic violence. The serious case review of Steven Hoskin is instructive as is the work that has been undertaken in Cornwall subsequently. Learning from the case of Fiona Pilkington shows how data could have changed the perspective of the level of harassment from one of anti-social behaviour to one of hate crime. It identifies the need for a co-ordinated system to share information and the problems of closing incidents without recording actions (or inactions).

Further it is for local intelligence to keep the SAB apprised of places and activities in the community, possibly where people congregate, that may lead to them being made vulnerable. The National Policing Improvement Agency has a standard (NSIR) [1] for incident reporting which is useful on anti-social behaviour, hate crime and the broad arena of public safety and welfare. It has a number of categories and qualifiers that allow incidents and data to be recorded, collected and utilised in respect of vulnerable adults. The definitions and emphasis from data collection to initial contact risk assessment mean that this should support an effective response from the police as well as inter-operability between agencies.

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[1] THE NATIONAL STANDARD FOR INCIDENT RECORDING NSIR 2011 (Incorporating the National Incident Category List)

Route concerns to the right place

Ensure that concerns that aren't for safeguarding specialists are dealt with by the right bit of the system. If people are concerned about the quality of health or care service, or with police responses, for example, then route those concerns to the right place to be addressed. Safeguarding Adults Boards, in their preventative function, can challenge partners if those issues aren't addressed (and if they aren't addressed they are likely to keep bouncing back) but safeguarding specialists can be paralysed if they try to deal with everything.

Decisions to take action in adult safeguarding are most usually made in multi-agency fora or strategy meetings. They are the subject of procedure and triggered by criteria that reckon up the risk of harm or evidence of actual harm as either a breach of the duty of care or likely to be so if there is no action. Knowing, understanding and applying the duty and policing it are basics of practice. If this duty is not being fulfilled then there is a responsibility to act on all individuals and organisations. It applies to acts of both commission and omission.

SABs, not being a legal entity, do not have powers to act and enforce but the organisations and individuals that make up the SAB do have a duty of care and various powers to act. Understanding these and having legal advice to support decision-making are vital aspects of the role of partners acting collectively. They should have familiarity with the powers and duties available to each other, hold each other to account and/or know where they may need to exert influence to secure action from another body, such as a regulator, who holds the appropriate power.

It is here that data and information, that may have been gathered for assessment of need, monitoring of contracts or evaluation of performance purposes, becomes evidence for actions. Evidence is the currency of bodies with regulatory duties to act and invested with powers accordingly. The key body in health and social care are CQC and knowing and understanding their approach to data and information nationally and locally is usually a core element of action. That said there are regulators operating across other partner services – including the police, criminal justice and housing. Local authorities have regulatory duties and powers in several areas including in respect of trading and in the broad areas of public protection, environmental health and well-being.

Find ways to support staff that may need it

Ensure safeguarding specialists have the capacity to act in an advisory role to others. Some practitioners rarely work with someone in need of care and support who is suffering abuse or neglect. They may need a sounding board or to check out their professional judgement with a specialist colleague.

Support to the workforce should be part of a broad improvement menu that:
- Enables the organisation providing the service to be part of solutions
- Offers professional challenge and supportive scrutiny (For instance, many Accident and Emergency Departments have child protection staff who regularly go through records of attendance to ascertain whether there are concerns, which they then pick up)
- Transfers knowledge, skills and experience
- Demonstrates how effective intelligence can prevent serious problems and promote best practice
- Identifies how data and information can be further improved

It is important that the model used is not just associated with suspected service or practice failure. It must be part of a local continuous improvement culture which recognises best practice, through a collaborative approach to learning and an improvement offer of support based on transparent criteria and terms.

With regulated services improvement can be as straightforward as drawing a concern to the attention of a Registered Manager. Asking what is happening – listening to and commenting constructively on the response. Other times it can involve more substantive improvement action planning in response to contractual short-comings or CQC requirements and recommendations.

Sector-led improvement is supported by the Safeguarding Adults Peer Challenge. This intends to help local government to help itself to respond to the changing agenda in adults safeguarding. It is a constructive and supportive process with the central aims of:
- helping a council and its partners to assess its current achievements
- identifying those areas where it could improve.

Make data and information, like safeguarding, everybody's business

Support staff and the public should feel confident to pursue their concerns whatever their rank, grade, position or status. It can be as difficult for high status professionals and managers to share concerns or doubts as for anyone else. Equally, don't assume that front line unqualified staff aren't qualified to recognise when someone is being harmed or abused. Professionals in any organisation can develop strong means to defend their position or their workload and thus dismiss or de-prioritise other people's concerns. This is especially the case when people are under stress.

If safeguarding is to be everybody's business then actions stemming from the concerns and complaints of people in need of safeguarding and their families (or representatives) must be seen to carry substantial evidential weight in taking action. Systems for receiving and recording such should be simple and easily accessible. Partners should understand each other's complaints process and keep each other informed. Where possible the SAB should have a multi-agency model of response to complaints about its members own actions when acting collectively.

Whistle-blowing concerns from people – amongst them staff, neighbours and carers – similarly should carry weight as emanating from a source that is close to where harm can occur. Investigation here should be part of safeguarding procedures that seek to take account of the CQC approach and have consistency across partner organisations. Involvement of independent people is important as the fact that a whistle-blowing procedure has been used could be indicative of reservations about other alternatives.

Adult protection or safeguarding, in a context of increasingly personalised services, is an integral component of complex and growing demands – not just in health and social care but in the broad terms of community safety. Within this scenario, SAB partners may fear not understanding what is happening. As it seeks to prevent, protect and promote, the SAB is data and information dependent to both improve and enforce. Thus intelligence is sought and secured to support practice improvements, evidence is gathered to ensure safety and positive outcomes are achieved that we can all celebrate.

Data and information, effectively used, helps improve quality and safety so keep everyone focussed on the shared purpose of their work. Keep asking:
- How much did we do?
- How well did we do it?
- Is anyone better off?