

NHS Safety Thermometer CQUIN 2014/15

Frequently Asked Questions

This document is designed to support commissioners and providers in using the CQUIN, the CQUIN guidance and supporting resources. Page references refer to the CQUIN 2013/14 guidance which can be found at the following address along with other resources which will support you in using the NHS Safety Thermometer. <http://harmfreecare.org/measurement/nhs-safety-thermometer/>

The NHS Safety Thermometer CQUIN guidance for 2013/14 was produced by the NHS in conjunction with patient safety and improvement experts, and the Department of Health. The resources provided in the 2013/14 CQUIN guidance will remain relevant and can be referred to throughout the 2014/15 CQUIN.

Commissioning for quality and innovation (CQUIN): 2014/15:

<http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf>

1. THE NHS SAFETY THERMOMETER CQUIN 2014/15

1.1. What's different about the 2014/15 CQUIN?

Feedback from the NHS Safety Thermometer improvement CQUIN in 2013/14 suggests that organisations found the rules for demonstrating improvement via special cause variation in two separate six-month periods within the same year quite complex and potentially restrictive. In response, for 2014/15, the rules for demonstrating improvement have been simplified. An organisation's median for the six months from October 2013 to March 2014 should be used to set the baseline value and the median for the last five months, from November 2014 to March 2015 will then be used to measure their percentage improvement. This median must be reset based on special cause variation as described in page 32, 33, 34 of the guidance.

1.2. How can we achieve the CQUIN?

If an organisation demonstrates a re-set median according to special cause variation, for the last five months of 2014/15, then it will have qualified for incentive payment. In other words, if the last five monthly data points to 31 March 2015 are below the baseline median value from the corresponding period in 2013/14, then the organisation has achieved improvement and the median value should be re-set. These rules replace those for setting the baseline and calculating CQUIN payment that were published on page 21 of the Delivering the NHS Safety Thermometer CQUIN 2013/14 guidance.

If the median is re-set but not to the same extent as the desired goal (for example 4 per cent rather than 3 per cent), partial payment is appropriate (see page 26, 27 of the [Commissioning for quality and innovation \(CQUIN\): 2014/15](#)).

2. PRESSURE ULCER GOALS

- 2.1. There is nothing I can do to improve on a pressure ulcer prevalence measure. Most of our pressure ulcers are not from our setting. Why is the CQUIN focussed on prevalence and not incidence?** The NHS Safety Thermometer is a patient level measurement tool. Our primary interest is in what harm the patient has experienced and not attribution of harm. We know that in order to achieve this CQUIN, organisations will have to push beyond what they have already done. Achieving the CQUIN is dependent on organisations working in partnership across the health economy, requiring system leadership of change. CQUINs are designed to be about rewarding organisations for going an extra step to improve quality and this CQUIN will reward those who are moving away from siloed working to improve care for patients across organisational boundaries, putting the patient at the centre of patient safety. (See page 5, 6, 18 and 19)
- 2.2. Is it mandatory to set improvement goals on the basis of pressure ulcer prevalence?** Pressure ulcer prevalence is the recommended measure. You should use this measure unless there is a good reason not to, for example, the organisation is already at 1% pressure ulcer prevalence. (See page 5, 6, 18 and 19)
- 2.3. We don't feel that a 50% reduction goal in pressure ulcers is realistic; can we set something more achievable for us?** Locally commissioners need to consider with their providers a reasonable and achievable goal, utilising local improvement knowledge combined with intelligence from the NHS Safety Thermometer funnel plots. Understanding 'best in class' pressure ulcer prevalence and results by peer/setting will support appropriate aim setting. Organisations have previously shown that 50% is a realistic goal and most organisations will be pushing themselves to achieve this. (See Step 4 pages 17-19 and page 36)
- 2.4. The document says a target of 40%-50% pressure ulcer reduction is reasonable, based on trusts that have achieved it previously. Trusts who have already gone some way to achieving this are unlikely to achieve 40%-50%.** We do not yet understand the clinically irreducible limit of pressure ulcers. We would recommend a 50% improvement goal unless an organisation gets zero more than 25% of the time, in which case we have suggested they move to a 'time between' measure, suitable for rare event data. Organisations not displaying these characteristics in their data should continue aim setting based on Step 4 of the guidance. (See page 17-19, 36 and 39)
- 2.5. How will we be able to improve pressure ulcer prevalence for community nursing services? Will it not be difficult to see change due to patients with healed pressure ulcers being discharged?** Firstly, not all of those surveyed in the community are on a caseload because of a pressure ulcer alone, many patients without pressure ulcers would continue to be seen and therefore you could see an improvement in the prevalence measure for community settings. In order to see improvements in pressure ulcer prevalence in ALL

settings you will need to focus on: preventing the development of new pressure ulcers, healing old pressure ulcers and working with other local providers to prevent pressure ulcers from developing. You may also want to ensure that pressure ulcers are prevented from occurring wherever the patient is, including those who are out of the healthcare system, through raising public awareness.

- 2.6. We're not happy with the definition of old and new pressure ulcers and would like this reviewed.** We recognise that operational definitions with the NHS Safety Thermometer have generated discussion and debate, and conversations with content experts and users continue. Since pressure ulcer prevalence (that is all pressure ulcers) is the measure of the NHS Safety Thermometer CQUIN 2014/15, the definition of 'old' and 'new' pressure ulcers will not impact on results and we would recommend organisations use the prevalence measure as a basis for their improvement goal.
- 2.7. There is no mention in the CQUIN document of allowing for unavoidable harm.** Avoidability of harm is not recorded in the NHS Safety Thermometer. Currently we have no evidence to suggest the harms recorded in the NHS Safety Thermometer are anywhere near a clinically irreducible minimum and as such we are not planning on making any adjustment or change with regard to avoidable or unavoidable harm at this stage. (See page 6)
- 2.8. Why does the document seem to focus on grade 2 pressure ulcers?** Pressure ulcers are by far the most prevalent patient safety issue measured by the NHS Safety Thermometer. Using the pareto chart analysis (see page 37) we can stack up harm prevalence by indicator to identify the most frequent problems. Clearly, in this example, the expected prevalence of each of the harms is not equal and pressure ulcers are disproportionately weighted in the pareto. However this is a tool for data display that can be used locally to understand, for example, the priority of category of pressure ulceration. The national data highlights that category 2 is a priority, which is why this is a focus – in order to achieve the greatest impact on clinical outcomes we would expect to focus on areas of high volume. It therefore makes sense to focus in improvement in pressure ulcers. The strength of the NHS Safety Thermometer is that data on category 3/4 PUs, falls, CA-UTIs and VTE is still collected allowing organisations to ensure there are no concurrent deterioration in harm from other sources as pressure ulcers prevalence is reduced – i.e. the unintended consequences are monitored and commissioners can see if other issues are being ignored and take action.
- 2.9. Does the Safety Thermometer measure incidence?** Although we have recommended a focus on pressure ulcer prevalence, there is a measure of incidence in the Safety Thermometer: the proportion of patients with a new pressure ulcer (developed after 72 hours of admission to the care setting). Although data are only collected on one day, we have worked with globally leading statisticians and measurement experts to ensure that the sample collected on one day is large enough to be representative of the burden of harm and data can be viewed over time to give a median incidence or to measure improvement. The Safety Thermometer does not give an incidence rate of pressure ulcers (as the focus is on *people* with pressure ulcers), and it does not count incidents (every reported pressure ulcer).

3. CQUIN PAYMENTS AND ACHIEVABILITY

3.1. What if we have already seen improvement?

The CQUIN has been designed to be challenging and ambitious to underline the importance that should be placed on patient safety. Where organisations have already demonstrated significant improvement during 2013/14, as some have, this should be taken into account when setting goals for 2014/15 to ensure that they are not required to maintain an unachievable improvement trajectory.

3.2. This CQUIN is unachievable. Unachievable CQUIN targets do real harm to safety – provider investment in new kit or training or specialist support is only possible with hope of achievement.

The methodology used in the 2014/15 CQUIN has been carefully considered for achievability following review of the 2013/14 CQUIN. The NHS Safety Thermometer CQUIN 2014/15 provides an opportunity for significant improvement in pressure ulcer prevalence and challenging aims are expected as part of the collective aim to achieve healthcare outcomes that are world class. The responses to questions 1.2 and 2.1 provide some clarity on how providers can approach the CQUIN and we would expect aim setting to be undertaken with local commissioners utilising the resources outlined in the guidance.

4. BASELINES

4.1. Won't seasonal variability impact on an organisations' ability to realise their CQUIN goal as improvements could still fail to be rewarded, and organisations with little improvement may be rewarded if they pick the peak winter period as their baseline.

The required baseline is 6 months long which ensures that the peak winter period will never be used in isolation as a baseline period. If an improvement over a Q3/Q4-based baseline period is seen in Q1/Q2 (i.e. 'summer' is better than 'winter') but is then not sustained in the following winter, then that invalidates the improvement. The improvement must be sustained.

4.2. Why not copy the approach used with C diff and MRSA, which have always been measured as a twelve-month rolling average to avoid the possible influence of seasonal factors? Using a 12 month rolling average would obscure any improvement made over the course of the year, and would fail to evidence sustained change, unless measured over multiple years. We are looking to achieve ambitious and, crucially, rapid change.

5. OTHER

5.1. What happened to the 95 % Harm Free Care trajectory? We are naturally keen to see all organisations meet the 95% harm free care ambition and exceed it. The focus on pressure ulcers, as the most prevalent harm in the NHS is a major step in realising this ambition.

5.2. Can we have an initial improvement trajectory and then change it midyear once it's been met? This would need to be agreed locally with commissioners in line with local understanding of what would constitute realistic improvement goals.

- 5.3. The NHS Safety Thermometer counts pressure ulcers until the day they fully heal (assuming patients remain on nursing caseloads) but does not count falls occurring outside of the last 72 hours; does this not distort clinical priorities?** Pressure ulcers are measured in terms of both 'old' (noted within 72 hours of admission) and 'new' (noted 72 hours or more after admission). Harm from falls in care is the equivalent of the 'new' pressure ulcer measure. There is no equivalent 'old' harm from falls in care partly because 'historic' or 'old' harm from falls in care is not immediately apparent from rapid review of case notes (i.e. the NHS Safety Thermometer design principles) and harm from falls prior to admission will be dominated by harm suffered outside of care, so much less relevant to the patient safety agenda.
- 5.4. Are NHS England going to be involved in any of the negotiations about setting the CQUIN?** The CQUIN is intended to be agreed and delivered locally, there are no plans for mandatory goals being set by the NHS England.
- 5.5. How will improvement trajectories be agreed across CCGs? Some organisations have multiple CCGs they contract with and this could result in a variation of improvement trajectories from each CCGs.** This is already common for many organisations with multiple commissioners. It is up to local commissioners to decide how to manage these multiple contracts, perhaps using a 'lead commissioner' approach to agreement for single providers.
- 5.6. What is the best way for providers to collect data to ensure a robust baseline and reflect the truest position within the organisation?** The best way to collect the NHS Safety Thermometer data is to collect it at the point of care through patient examination, conversation with the patient and patient notes. This not only ensures that you are not reliant on harm recorded in notes (which may be underreported) but can also enable immediate improvement action being taken based on patient feedback. (See pages 30-31)

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