







Trust Board Report

Meeting Date:	26 March 2012
Title:	This paper details the implementation of Safety Thermometer at RWHT
Executive Summary:	The NHS Safety Thermometer calculates the percentage of harm free care. NHS Midlands and East have set a target to achieve 95% harm free care. The CQUIN incentivises the data collection to inform the percentage of harm free care.
Action Requested:	The Trust Board to note the report.
Report of:	Chief Nursing Officer
Author: Contact Details:	Charlotte Hall, Deputy Chief Nursing Officer – Quality & Safety Tel: ext 5960 Email: charlotte.hall6@nhs.net
Resource Implications:	None
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	Quality & Safety Committee Trust Board
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the committee should have regard to the core principles contained in the constitution of: <ul style="list-style-type: none">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences  Cross community working  Best Value  Accountability through local influence and scrutiny

Background Details

The NHS Safety Thermometer

Introduction

The NHS Safety Thermometer is a tool for measuring patient safety developed by the NHS Information Centre. It enables the calculation of the proportion of patients who received harm free care. This is calculated by dividing the number of patients receiving harm free care (*the numerator*) by the total number of patients surveyed (*the denominator*).

The numerator is defined by counting the number of patients in whom all of the following harms are absent:

1. A pressure ulcer of any category 2,3 or 4 acquired anywhere
2. A fall resulting in any degree of harm within the previous 72 hours in a care setting
3. A new VTE of any type acquired within our care
4. Treatment for a urinary tract infection with patients with an indwelling urinary catheter

Thus patients who have any or all of the above 'harms' will not be classified as harm free and cannot be counted within the numerator. Patients recorded as having multiple 'harms' are removed from the numerator in the same way as those with only one harm.

The tool calculates the % of harm free care for each ward or department and overall for the Trust. The aim to achieve as high a % of harm free care as possible with the SHA Cluster setting the target for 95% harm free care as aspirant.

The four harms collected through Safety Thermometer have been shown to be the most prevalent and it is anticipated that this list will be added to in the future.

The tool is used monthly on a set date as directed by the SHA Cluster and will be reported to the NHS Information Centre. Each organisation will have an overall 'harm free care' percentage recorded. Individual Trusts can go into each ward using the tool and compare indicators across the cluster.

Safety Thermometer at RWHT

It has been mandated through the NHS Operating Framework 2012/13 that the Safety Thermometer will be one of the main tools for measuring harm. The point prevalence study will take place across the country on the same day using the same tool every month. The data must be submitted to the centre within 7 days. Data will ideally be collected by nurses at the point of care using computers on wheels (cows) to input data directly into the tool however this needs to be developed over time so in the interim staff will input data into paper based spread sheets which will be inputted electronically. Where wards have 'cows', electronic data input will be used ie EAU.

So far the Safety Thermometer has been introduced to the organisation through discussion with heads of nursing and at ward manager's meetings. Training has

been led by the nurse education team. The merging of all data will take place within the chief nurse's office and with support from governance.

Currently we are unsure how much time this will take centrally however there are issues with data input, clarity of how specific harms are measured and collection of data. The Trust has asked the local cluster for support to employ a part time support post to help collect data and train all staff in the use of the Safety Thermometer however until this is authorised the responsibility will lie within the chief nurse's office.

Exclusions to using the Safety Thermometer

A number of exclusions to using the Safety Thermometer have been agreed (Feb 26 2012) and for RWHT this includes:

Patients receiving long term dialysis, day cases, outpatient attendances, well babies (health visiting/school nursing), A& E and walk in centre attendees, podiatry, continence clinics, tissue viability/leg ulcer clinics run by community nurses.

This leaves the Trust with approximately 34 areas to survey monthly including community nursing, CICT and the virtual wards.

Financial gain in using Safety Thermometer

The CQUIN requires monthly surveying of all appropriate patients to collect data on the four outcomes defined as 'harms'. It incentivises the collection of data and must represent around a fifth of the overall value of the CQUIN schemes (0.5% of actual outturn value). It does NOT currently incentivise an increase in percentage of harm free care. However the Board will be provided with an overall percentage of harm free care delivered by RWHT on a monthly basis from May 2012 as part of the overall quality and safety assessment of outcomes similar to HSMR and mortality indicators.

Commencing the Safety Thermometer

The Trust is participating in a pilot on 14 March 2012 with submission of data on 21 March. This data will be the organisation's base line for improvement (of data collection). The subsequent date for the study is 18 April. The Board will receive information following the pilot and reporting of the Trust's percentage of 'harm free care' will commence formally in May 2012.