Richmond House
79 Whitehall
London
SW1A 2NS

To:
NHS chief executives
NHS Medical Directors
NHS Nursing Directors

Gateway reference number: 18127

13 September 2012

ROCR reference: ROCR/OR/2133/001VOLU

NHS Safety Thermometer

Dear Colleague,

You may be aware there has been some recent media interest in the NHS Safety Thermometer, both at national and local level. NHS organisations who have been collecting data using the NHS Safety Thermometer have been seeking guidance on how to explain the NHS Safety Thermometer in general and their own data in particular. The purpose of this letter is therefore to provide an overview of the collection and advise the NHS how they can help to provide an accurate interpretation of their data for interested parties.

The national view
The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a snapshot of harm once a month from pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE. The Department of Health are incentivising the collection of data on all patients once a month. The tool is called the NHS Safety Thermometer because it takes only minimum set of data that helps to signal where individuals, teams and organisations might need to focus more detailed measurement, training and improvement.

Extreme caution should be taken when interpreting initial data points (i.e. at the beginning of data collection) because organisations are still setting up systems and training staff on the operational definitions. Once 6-8 months worth of data points have been collected, these can be used to establish a baseline within an organisation and set local improvement goals if appropriate. The first year of this scheme is therefore about setting up data collection systems, training staff in collecting the data and establishing a baseline.

The tool was designed to measure local improvement over time and should not be used to compare organisations. There are differences in data collection methods and patient mix, which can invalidate comparison across organisations. For example, trusts that have a high percentage of older patients or specialist services are likely to present with more harms on this measure.

Our support
Over the last week, the national NHS Safety Thermometer leadership team have been working with organisations who have received queries about their data to allow them to further understand it and provide accurate information to others. These organisations are all determined to further learn about and improve their data.

What have we learned?

- **Each organisation needs to understand the demographics and case mix of the patients surveyed** – we have learned that organisations need to be clear about the patients they are submitting, for example, if they start collecting data initially on elderly care wards they can expect that their overall harm rates will be high because these patients are biologically susceptible to the harms.
- **Not all harm is avoidable** – we have no way of knowing how much of the harm detected by the NHS Safety Thermometer is avoidable. It is not appropriate to interpret the data in the NHS Safety thermometer as avoidable harm, some of it will be but some of it won't be.
- **Users need to be trained and understand the operational definitions**. Whilst the NHS ST is intuitive, staff that are using it need to be trained in its use. This is particularly critical for some of the operational definitions where the classifications are complex (some are proxy's for the actual outcome) and require an understanding of the disease, the rationale for the operational definition and local documentation systems. For example, mistakes have been made where users have documented falls risk assessment instead of a fall and documented 70% of patients as having fallen.
- **The NHS Safety Thermometer should not be used for attribution of causation**. For some of the measures organisations are keen to look at the where the harm happened and clarify their role in its aetiology. The NHS Safety Thermometer is about measuring ***patients*** and their harm burden ***NOT organisations*** and their harm burden. This is difficult and a step change in our measurement. We strongly recommend a system-wide discussion about the sources of harm so all organisations can work together for the benefit of patients.
- **Further guidance is required on data collection methods, data analysis and interpretation**. Our plan is to publish further CQUIN guidance in October 2012, which will provide further information on standardisation of data collection and interpretation.

For further information: Visit the following websites:

- Department of Health guidance http://tinyurl.com/cgkqjuu,
- 'harm free' care http://tinyurl.com/bpzcxh6,
- Health and Social Care Information Centre http://tinyurl.com/79zr7r5 and
- SEC Quality Observatory http://tinyurl.com/c5dy8ku .
- Or for your regional contacts email Nicola.fellows@nhs.net

Yours faithfully

Professor Sir Bruce Keogh	Jane Cummings
NHS Medical Director	Chief Nursing Officer, NHS Commissioning Board