

NHS SAFETY THERMOMETER – IMPROVEMENT GOAL SPECIFICATION	
(NOT MANDATORY – ORGANISATIONS CAN SET AN ALTERNATIVE NHS SAFETY THERMOMETER IMPROVEMENT GOAL)	
Indicator number	2.1
Indicator name	NHS Safety Thermometer
Indicator weighting (% of CQUIN scheme available)	0.101%
Description of indicator	Reduction in the prevalence of pressure ulcers
Numerator	The number of patients recorded as having a category 2-4 pressure ulcer (old or new) as measured using the NHS Safety Thermometer on the day of each monthly survey
Denominator	Total number of patients surveyed on the day
Rationale for inclusion	National CQUIN scheme
Data source	Provider submission to the Information Centre which publishes the data at http://www.hscic.gov.uk/thermometer
Frequency of data collection	One day per month as per the 2014-15 NHS Safety thermometer timetable
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	Median of six consecutive monthly data points up to 31 March 2014
Baseline value	2.69%
Final indicator period/date (on which payment is based)	Median of five consecutive monthly data points up to 31 March 2015 to equate to 2.69%
Final indicator value (payment threshold)	2.69%
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Achievement of 95% or greater of the agreed improvement goal (shown through special cause ^{[1],[2]}) will trigger full payment of the CQUIN. Final payment is based on sample size remaining as per Q3 and 4 of 2013/14 (i.e. number of patients 108 – 115). Should sample size dip below this then both parties to revisit target.
Final indicator reporting date	NHS Safety Thermometer data for March 2015 will be available on 15 April 2015
Are there rules for any agreed in-year milestones that result in payment?	No

<p>Are there any rules for partial achievement of the indicator at the final indicator period/date?</p>	<p>Yes</p>
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Rules for partial achievement at final indicator period/date

<p>Final indicator value for the partial achievement threshold</p>	<p>% of CQUIN scheme available for meeting final indicator value</p>
<p>49.9% or less</p>	<p>No payment</p>
<p>50.0% to 69.9%</p>	<p>25 % payment</p>
<p>70.0% to 79.9%</p>	<p>50% payment</p>
<p>80.0% to 95.0%</p>	<p>75% payment</p>
<p>95.0% or above</p>	<p>100% payment</p>

**NHS SAFETY THERMOMETER –
IMPROVEMENT GOAL SPECIFICATION**

Indicator number	2.2
Indicator name	NHS Safety Thermometer
Indicator weighting (% of CQUIN scheme available)	0.05%
Description of indicator	Pressure ulcer prevention & management
Numerator	N / A
Denominator	N / A
Rationale for inclusion	National CQUIN scheme
Data source	Provider submission
Frequency of data collection	Bi-annually
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Bi-annually
Baseline period/date	N / A
Baseline value	N / A
Final indicator period/date (on which payment is based)	30th July 2014 & 30th April 2015
Final indicator value (payment threshold)	N / A
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Review of 2x quarterly submission to Commissioner and agreement of completion of all milestones
Final indicator reporting date	30th April 2015
Are there rules for any agreed in-year milestones that result in payment?	Yes see below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of
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			CQUIN scheme available)
End of Q1	<p>Quarterly report to demonstrate:</p> <p>(i) ongoing actions related to the prevention and management of pressure ulcers.</p> <p>(ii) Reporting on;</p> <p>a. Numbers of grade 2, 3 & 4 pressure ulcers, (identified via Eclipse & STEIS) including unit/ward and service area.</p> <p>b. Numbers of avoidable (as defined by developed protocol) grade 2, 3 & 4 pressure ulcers (identified via Eclipse & STEIS) including unit/ward and service area.</p> <p>c. Numbers of pressure ulcers that have deteriorated from Grade 2 to 3/4</p> <p>d. Recognition of the care requirements for the patient through the audit of implemented individualised care plans.</p> <p>e. Provider to identify numbers of acquired pressure ulcers received and sent to other organisations. Report to illustrate; Grade of pressure ulcer (received and sent), organisation patient was received from/sent.</p> <p>(iii). Plans to maintain and further improve on current prevalence levels and incidence of avoidable new pressure ulcers being acquired in BSMHFT care.</p>	30th July 2014	50%
End of Q4	<p>Year end update on points (i) to (iii) above & to include a review of actions to establish formalised links with provider organisations in the local health economy for sharing of best practice and cross-boundary support for improvements across the whole patient pathway in 2014-15</p>	30th April 2015	50%