

**CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST  
ADDENBROOKE'S HOSPITAL**

**BOARD OF GOVERNORS – 1 JULY 2010**

**PATIENT SAFETY UPDATE**

**Report of: Dr Jag Ahluwalia, Medical Director, Director for Infection Prevention & Control  
Mrs Angela Thompson, Deputy Chief Nurse**

**Introduction**

This report provides an update to the Board of Governors on key patient safety issues:

1. Infection Control
2. Venous Thromboembolism (VTE) Risk Assessment
3. Patient Falls
4. Baby Friendly Initiative (The Rosie)

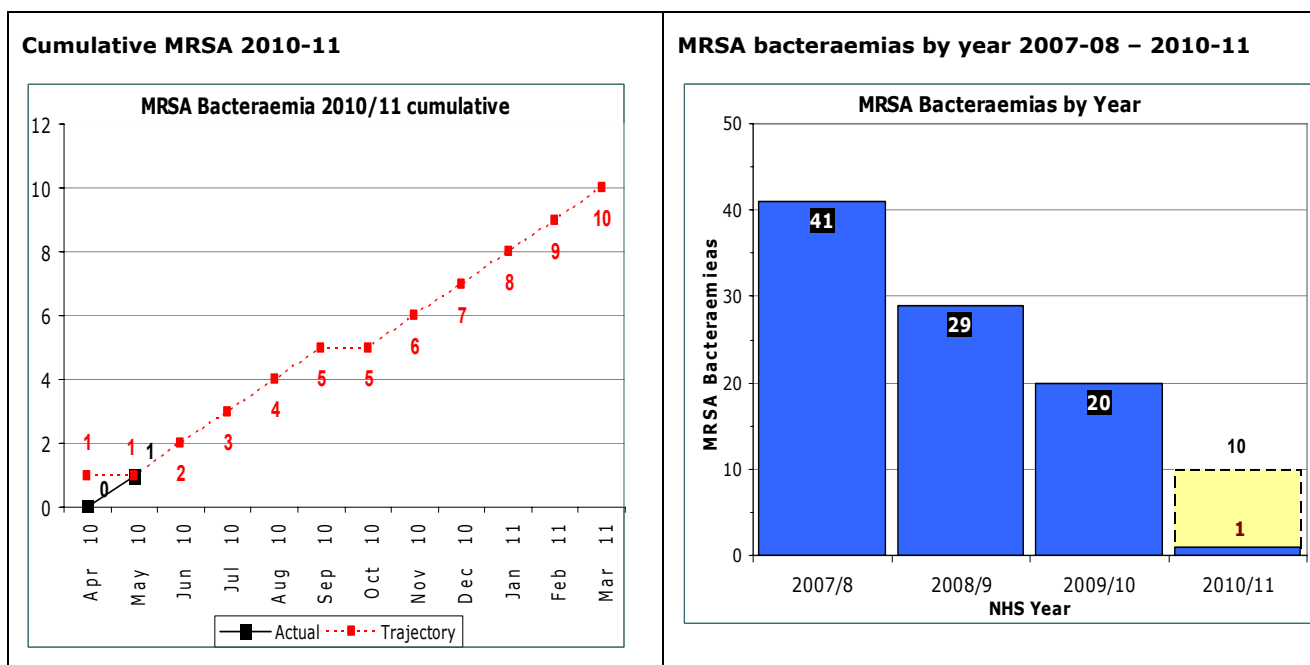
**1. Infection Control**

**1.1 Target 2010-11**

To further reduce our healthcare associated infection rates to:

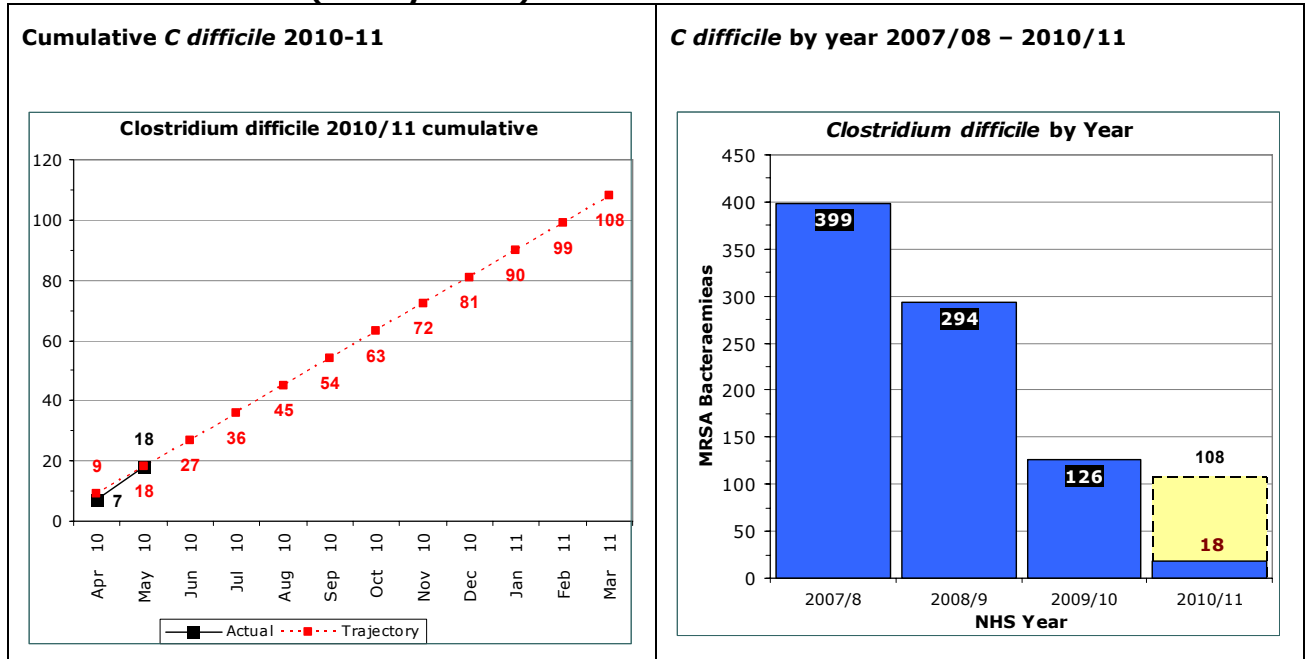
- MRSA - 10 (post-48 hours)
- Clostridium difficile* - 108

**1.2 MRSA bacteraemia (to May 2010 )**



### 1.3 Clostridium difficile

#### Clostridium difficile (to May 2010 )



### 1.4 Hand Hygiene Compliance

#### Number of observations/compliance:

Period	No. of observations	Compliance %
January – March 2010	9,513	99%
April – May 2010 [two months]	6,614	99%

Between March and May 2010 the following wards/departments have reported less than 95% compliance:

Month	Ward/Dept	Main Specialty	Compliance %	Staff Challenged
March	Dialysis Unit	Dialysis	92%	4 x Nurses/HCA
	C8	Trauma & Orthopaedics	92%	1 AHP
April	D7	General Surgery	94%	3 x Nurses/HCA
May	D5	Hepatology/ Gen Medicine	93%	4 Nurses/HCA 2 Doctors
	Lewin	Rehab	93%	1 Nurse/HCA 1 Other
	MSEU	Medical Short Stay	94%	1 Nurse/HCA 2 AHPs

\*Others = healthcare workers, eg Porters/Ward Assistants.

It should be noted that staff assessed as non-compliant on one ward may be visiting from other wards/teams. All staff challenged during the hand hygiene audit are followed up in accordance with the performance management section of the Trust's [Hand Hygiene Policy](#).

## 2. Venous Thromboembolism (VTE)

There is a national drive to reduce the risk to patients from venous thromboembolism (VTE) associated with healthcare, thus improving patient safety.

VTE assessment and prophylaxis: as from 1 June 2010 it is a mandatory requirement to return data using the UNIFY reporting system to the Department of Health monthly on the number of adult inpatients who have had a VTE assessment completed. This is also a mandatory CQUIN worth approximately £1.2m to the Trust.

The CQUIN states that by March 2011 the Trust will:

- be undertaking assessments on at least 90% of eligible patients
- be undertaking a root cause analysis on all patients who develop a hospital associated VTE
- perform a point prevalence audit to assess compliance with prophylaxis in relation to the VTE assessment.

In order to ensure compliance with both the CQUIN and UNIFY reporting requirements, a new policy will implemented from 21 June 2010.

## 3. Patient Falls

Nurse sensitive outcome indicators for NHS provided care were introduced in April 2010. This will lead to changes in the criteria of falls reporting for the coming financial year. Previously we have excluded non-preventable falls: those with a direct physiological cause e.g. faint or seizure, however from April the following criteria will be used:

Exclusion to reporting – falls that result in no injury [separated in previous year but both reported]

- intentional falls [new category]
- falls in children with minor grazes [have been reported in previous year]
- falls in non-inpatient areas [these have not been reported in previous year]

All reportable falls incident data will be age adjusted as follows:-  
0-16yrs, 17-70yrs, 70-84yrs, over 85yrs.

### Falls incidents 2008/09 to 2009/10:

#### Preventable inpatient falls in inpatient areas

In 2008/09 there were 1518 preventable inpatient falls on ward areas compared to 1469 for the year 2009/10. This equates to a decrease in inpatient preventable falls on ward areas of 3.2% for the 2009/2010 financial year compared to 2008-2009.

#### Preventable inpatient falls on ward areas resulting in harm

In 2008/09 there were 407 preventable inpatient falls on ward areas that resulted in harm compared to 361 for the year 2009/10. This equates to a decrease in inpatient preventable falls on ward areas of 11.5% for the 2009/2010 financial year compared to 2008-2009.

#### Actions

- New falls risk assessment and care record is being rolled out across the Trust in June 2010.
- Patient information leaflet 'Preventing Falls in Hospital' is now available on Connect.
- Mandatory Falls Management and Prevention Competency assessment has been established for all nursing staff working with adult inpatients.
- The Falls Management Policy is currently being updated in view of recent changes in best practice and the introduction of the Nurse sensitive outcome indicators for NHS provided care.

#### **4. Baby Friendly Initiative**

Breastfeeding achieves the best possible long term health outcomes for both mother and baby and the DH recommendations state that pregnant women should be given information so that they can make an informed choice about feeding their baby. The DH expects that adopting the **Baby Friendly Initiative** (BFI) standards, is the minimum standard that all units should be working towards.

Staff at the Rosie have committed to the BFI and aim to make the unit breastfeeding friendly. Currently 83% of women delivering at The Rosie intend to breastfeed but this number drops considerably as women encounter difficulties and resort to either giving up or to mixed feeding. Becoming a Baby Friendly unit will help to maintain rates of breastfeeding and give women the skills and confidence to continue. The Trust aim to encourage women to make breastfeeding their first choice of infant feeding and from the 1 July 2010 will no longer provide infant formula milk in the unit (this does not apply to babies in NICU/SCBU or babies requiring 'extra' care). Women, who after a full discussion with their midwife, decide to formula feed will be asked to bring in their own supplies. An emergency supply will be available.