

Birmingham Women's



NHS Foundation Trust

PUBLIC SESSION

MEETING OF THE BOARD OF DIRECTORS
to be held in the Seminar Room, Birmingham Women's Hospital
on Thursday 18 December 2008 at 11.00am

PLEASE NOTE THE LATER START TIME FOR THE MEETING

AGENDA

Enc

- 1 **Welcome and apologies**
Apologies should be sent to Jackie Howell at
jackie.howell@bwhct.nhs.uk, tel 0121 627 2601
- 2 **Questions from the public on matters relating to
the agenda**
- 3 **Declarations of interest**
Directors are asked to declare any interests relating to
any of the items on the agenda
- 4 **Minutes of the meeting held on 28 November 2008**
To APPROVE the minutes of the meeting held on 28
November 2008
- 5 **Matters arising from the minutes of the meeting
held on 28 November 2008 (where not covered by
agenda items)**
- 6 **Trust Chair's report**
 - a. Timing of public session of the Board
- 7 **Meeting of Board in private session**
To NOTE that representatives of the press and other
members of the public were excluded from an earlier
session of the meeting having regard to the
confidential nature of the business which was
transacted, publicity on which would be prejudicial to
the public interest.
- 8 **Report by the Chief Executive**

1
Ref
12/08/public/A4/v1

JB

Oral

**PATIENT EXPERIENCE AND IMPROVING
CLINICAL PERFORMANCE**

9	Red Risk Register and Assurance Framework To CONSIDER the Red Risk Register and Assurance Framework	JO	2 Ref 12/08/public/A9/v1
10	Amber Risk Register To CONSIDER the Amber Risk Register	JO	3 Ref 12/08/public/A10/v1
11	Academic Health Science Centre To CONSIDER the participation of the Trust in developing a centre	JB	Oral
ASSURANCE			
11	Registration with Quality Care Commission To RECEIVE a report on the process of registration	JO/ SIP	4 Ref 12/08/public/A11/v1
ORGANISATIONAL PERFORMANCE			
12	Integrated Performance Report (including Finance Report) To NOTE the Integrated Performance Report	JO TW NS	5 Ref 12/08/public/A12/v1
13	International Financial Reporting Standards (IFRS) adoption- Balance Sheet at 1st April 2008 To APPROVE for submission to Monitor, the Trust's Balance Sheet under IFRS conventions at 1 st April 2008	TW	Tabled Ref 12/08/public/A13/v1
MEMBERS' COUNCIL MATTERS			
14	Report from Members' Council Chair <ul style="list-style-type: none"> • Feedback from Member's Council meeting held on 15 December 2008 	JM	Oral
TRUST POLICIES FOR APPROVAL			
15	Infection Policies: <ol style="list-style-type: none"> a. Policy for the control of PVL-Associated Staphylococcus aureus (PVL-SA) infections b. Policy for the control of extended-spectrum β-Lactamase-Producing Gram-Negative Bacteria c. Introduction to Infection Control and Arrangements for Reporting of Infections d. Policy for the use of Gloves in the Clinical Area e. Policy for the Management of Risks Associated with Needlestick Injuries and Mucous Membrane Exposures to Blood and Body Fluids (Inoculation Injuries) 	JO	6 Ref 12/08/A15a/v1 7 Ref 12/08/A15b/v1 8 Ref 12/08/A15c/v1 9 Ref 12/08/A15d/v1 10 Ref 12/08/A15e/v1

Dates of next meetings

Thursday 30 January 2009

Thursday 26 February 2009

Thursday 26 March 2009

Thursday 23 April 2009

Please note that this meeting will conclude promptly at 12.30pm to allow members to attend the retirement celebration for Mr. Gee, former Medical Director.

Birmingham Women's



NHS Foundation Trust

**Unconfirmed Minutes of the
MEETING OF THE FOUNDATION TRUST BOARD
HELD IN PUBLIC
in the Seminar Room, Birmingham Women's Hospital,
on Thursday 27 October 2008**

PRESENT:	Judith Mackay (in the Chair)	Trust Chairman
	Julie Burgess	Chief Executive
	Jason Burn	Acting Commercial Director
	Prof Ian Booth	Non-Executive Director
	David Draycott	Non-Executive Director
	Nigel Gardner	Non-Executive Director
	Jane Owen	Director of Nursing & Midwifery
	Robin Rison	Non-Executive Director
	Neil Savage	Director of Workforce & Organisational Development
	Tim Woods	Director of Finance
IN ATTENDANCE:	Steve Parsons	Head of Corporate Affairs

ACTION

FTP/1108/1	WELCOME AND APOLOGIES
FTP/1108/1.1	The Chairman welcomed those present to the meeting, noting that, as previously agreed by the Board, this meeting's agenda had exception reporting and urgent items only. This was to accommodate the scheduled Board Seminar on Forward Strategic Planning that was held earlier in the day Apologies for absence were received from Peter Thompson, Medical Director.
FTP/1108/2	QUESTIONS FROM THE PUBLIC ON MATTERS RELATING TO THE AGENDA
FTP/1108/2.1	No questions relating to the business of the meeting were asked by the members of the public attending.
FTP/1108/3	DECLARATIONS OF INTEREST
FTP/1108/3.1	No interests were declared in any item on the agenda for the meeting.
FTP/1108/4	MINUTES OF MEETING HELD ON 30 OCTOBER 2008
FTP/1008/4.1	The minutes of the meeting held on 30 October 2008 were APPROVED and signed as a correct record subject to the following amendments:

- FTP/1108/4.2 Minute FTP/1008/10.1, line 10, amend to read 'as the Board had considered and agreed the policy statement on infection management and control.'
- FTP/1108/4.3 Minute FTP/1008/10.3, fourth bullet, amend to read:
- '**CONFIRMED** that they approved and agreed the statement as set out in the covering paper, outlining collective responsibility for minimising risk and how they will be controlled.'
- FTP/1108/4.4 Minute FTP/1008/12.1, Jane Owen rather than Peter Thompson would be taking forward the report.
- FTP/1108/4.5 Minute FTP/1008/12.3, line 4, amend to read '...considered an influencing factor, but not a cause.'
- FTP/1108/5** **MATTERS ARISING FROM THE MINUTES OF THE MEETING HELD ON 30 OCTOBER 2008**
- Buckingham Palace event (Minute FTP/1008/8.7)*
- FTP/1108/5.1 Julie Burgess reported that the two members of staff had attended the NHS60 celebrations at Buckingham Palace.
- FTP/1108/6** **MEETING OF THE BOARD IN PRIVATE SESSION**
- FTP/1108/6.1 The Chairman reported that the Board had held a short private session as much of the morning had been spent on a Board Strategic planning seminar. The private session agenda therefore had consisted solely of exception reporting and urgent matters. The meeting had reviewed a Root Cause Analysis, and considered a business growth opportunity and as well as the draft business plans for 3 of the clinical directorates
- FTP/1108/7** **ORAL REPORT BY THE CHIEF EXECUTIVE**
- FTP/1108/7.1 The Chief Executive drew attention to the following main issues:
- FTP/1108/7.2 *HCC appeal:* The appeal against the award of 'Good' by the Healthcare Commission had now been submitted, and was under consideration.
- FTP/1108/7.3 *Decontamination Project:* The Trust had now migrated from the previous provider to BBraun under the Pan-Birmingham Decontamination Project. Some small problems had arisen, but had now been addressed. The risk register would now need to be reviewed and the risk rescored accordingly.
- FTP/1108/7.4 *Public Sector Pay:* Neil Savage confirmed that the Trust had been notified of industrial action by the UNITE

union, consisting of a 'work to rule' on the 3rd December. There were approximately 76 members of staff, mostly in Estates, Facilities and Labs who were affected. This was not expected to provide a significant issue, but the Board should be aware of the possibility of more severe action in the New Year.

- | | | |
|---------------|--|-----------------------------------|
| FTP/1108/7.5 | <i>Medical Engagement Scale:</i> An exercise on this area had begun, and selected consultants, management and Board members should have received related questionnaires. Neil Savage would provide feedback which was expected to be in the New Year; it was noted that this work was being centrally funded by the NHS Institute. | Directors

NS |
| FTP/1108/7.6 | <i>Birmingham Children's Hospital:</i> The Chief Executive referred to the recent intervention by the Healthcare Commission at the Children's Hospital, and confirmed that the Management Board would be holding a full discussion to ensure that any potential issues or concerns that this Trust had with its relationship with BCH were identified to the Management Board and consequently were dealt with appropriately and professionally. No significant issues had been identified to date in the relationship between this Trust and the Children's Hospital. | Man. Board |
| FTP/1108/7.7 | <i>Clinical Visits:</i> Owing to other pressures, no clinical visits had been possible in the last month, but a number had been arranged for the following month. | |
| FTP/1108/7.8 | <i>Emergency Planning:</i> The Chief Executive reported that she had participated in 'Operation Green Capella', a multi-agency emergency planning exercise. This had been an extremely useful event, which would feed back into the Trust's emergency planning work and annual report to the Board. | JB |
| FTP/1108/7.9 | <i>Conjoined Twins:</i> The Chief Executive referred to the recent press reports on this matter, and confirmed that the mother had been transferred to a London hospital on clinical advice prior to the birth. The Trust remained in contact with the parents. | |
| FTP/1108/7.10 | The Chief Executive's report was NOTED with thanks. | |

ASSURANCE

- | | |
|-------------------|--|
| FTP/1108/8 | Annual Report on the Protection of Children |
| FTP/1108/8.1 | Jane Owen presented paper 11/08/public/A8/v1, and confirmed that the Annual Report had previously been discussed by the Clinical Governance Committee. The Report highlighted the Trust's achievements in this field, and responded to expected inclusions in the next |

Operating Framework document from the Department of Health.

FTP/1108/8.2 Professor Booth asked if CRB checks were in place for all staff, Neil Savage confirmed that all new staff are checked; programmes were being implemented to ensure existing staff were regularly checked, which was a problem across the NHS. The Board was assured that the position had improved and was continuing to be addressed; Julie Burgess commented that she was pleased with progress over the last year, which had progressed in a cohesive way. **NS**

FTP/1108/8.3 The Board:

- **APPROVED** the Annual Report on the Protection of Children;
- **COMMENDED** the relevant staff for their work;
- **NOTED** that a system for ensuring CRB checks were carried out for both existing and new staff would be implemented, whilst recognising the associated cost pressures

NS

FTP/1108/9 Annual Report on the Protection of Vulnerable Adults

FTP/1108/9.1 Jane Owen presented paper 11/08/public/A9/v1, which had been fully reviewed by the Clinical Governance Committee. She noted that the comments relating to lack of resource, caused by protection of children work being the priority, had now been addressed, but a significant amount of work remained.

FTP/1108/9.2 The Board:

- Was **ASSURED** that progress had been made and **APPROVED** the Annual Report on the Protection of Vulnerable Adults;
- **COMMENDED** the work and progress achieved, and looked forward to the next stage;
- **AGREED** the need for an Action Plan and requested an update in the next Annual Report; and
- **NOTED** the position regarding evidence of CRB checks

JO

ORGANISATIONAL PERFORMANCE

FTP/1108/10 Clinical Genetics- Target Referral to Treatment time

FTP/1108/10.1 Jane Owen reported that a letter of clarification had been circulated from the Department of Health to the NHS, confirming that all Clinical Genetics treatments should be conforming to both an 18-week and 13-week Referral to Treatment maximum wait. It was not currently clear when this was effective, but it was possible this would be

retroactive to 1st April 2008.

FTP/1108/10.2 She confirmed that the Trust was still on target, although it would be challenging, to achieve 18-week compliance by the end of December 2008, but the Trust would not be able to reach the 13-week target for clinical genetics, with 51 breaches at present and considerably more if the standard was effective from 1st April 2008. A meeting was being held today with the SHA and the Specialist Commissioners to review the way forward on this matter; the necessary solutions might lead to centralised rather than patient-focussed outcomes, but may be necessary to meet the target requirements. **JO**

FTP/1108/10.3 Julie Burgess commented that the SHA were supportive of the Trust on this issue for negotiation with the Healthcare Commission to seek mitigating circumstances over the breaches and therefore no penalising of the trust in the annual health check results for 2008/09. There is an audit trail that demonstrates that the Trust has been actively pursuing clarification from the Department of Health for the last 18 months and clarity had only been obtained 14 November 2008. The key item was to seek to quickly resolve the issue **JB/ JO**

FTP/1108/10.4 The Board **NOTED** the updated guidance from the Department of Health and recognised that further discussion would be taking place to address the impact on the Trust.

FTP/1108/11 Business Development Opportunity

FTP/1108/11.4 Jason Burn reported that, as discussed in the private session of the Board, the Trust was considering a business opportunity that would be undertaken with NHS partners. This report was made in the public session in a spirit of transparency, but commercial issues meant that it was not possible to give full details at this stage during a public session.

(Robin Rison left the meeting.)

FTP/1108/12 Integrated Performance Report

Finance

FTP/1108/12.1 Tim Woods reported that there were no items to bring to the Board's attention on an exceptions basis, and that the key issues remained as in the previous month.

Workforce

FTP/1108/12.2 Neil Savage reported that the Trust now employed 1,304.8 WTE staff, a headcount of over 1,500. The figures for sickness absence were still increasing, but

the latest West Midlands statistics showed the Trust as below average on this measure. A review of the recording of KSF figures, with a view to a move to a rolling 12-month statistics, was underway.

Complaints

- FTP/1108/12.3 Jane Owen reported that 11 complaints had been received in the last month, all of which had been dealt with within varying timescales as part of the national complaints early adopter programme.
- FTP/1108/12.4 Julie Burgess noted that the Management Board had reviewed all of the Performance Reports in detail at their meeting the previous day. These reports would be presented to the December meeting of the Board.
- FTP/1108/13 Infection Prevention and Control Training Policy**
- FTP/1108/13.1 Jane Owen presented paper 11/08/public/A13/v1, which had been considered and approved by the Infection Control Committee and the Management Board.
- FTP/1108/13.2 The Board **APPROVED** the Infection Prevention and Control Policy, with a review date of October 2011.

Dates of next meetings

Thursday 18 December 2008
Thursday 30 January 2009
Thursday 26 February 2009
Thursday 26 March 2009
Thursday 23 April 2009

Birmingham Women's

NHS Foundation Trust



SUBJECT :	Corporate Amber Risk Register and Assurance Framework
REPORT BY :	Jane Owen – Director of Nursing & Midwifery
AUTHOR :	Catherine Roper Risk Manager

CONTEXT AND BACKGROUND FOR REPORT

Amber Risks are reported to the Board of Directors on a 2 monthly basis in order to provide assurance to the Board that risk is being managed effectively within the Trust.

KEY ISSUES FOR THE BOARD OF DIRECTORS' CONSIDERATION AND DECISION

The Board are asked to consider the revised Amber Risk Register and Assurance Framework.

The Board's attention is drawn to updates in the register highlighted in red.

RECOMMENDATIONS

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Combined Corporate Amber Risk Register and Assurance Framework

17/09/08

Incident Months September/October

CONTENTS

Description	Page
Introduction	1
Corporate Amber Risk Register <ul style="list-style-type: none">• Assurance Framework purpose• Risk Register profiles• Corporate Objective Mapping• Healthcare Commission Standards Mapping• Timeline• Corporate amber risk profile• Assurance	4 5 6 7 8 9-11 11
Structured assurance model	12

Description and definitions:

The Purpose of NHS Assurance Frameworks

The purpose of a NHS Assurance Framework should be to provide Boards with a single, focused, **iterative** process that generates a unified evidence base showing progress towards achieving its organisational aim (i.e. a Patient Led NHS). It incorporates the following elements:

- What the organisation aims to deliver (**corporate objectives**)
- The factors which could prevent these objectives being achieved (**principal risks**)
- The significance of the principal risks (**impact**)
- The processes in place to manage those principal risks (**controls**)
- The extent to which the controls will reduce the likelihood of a risk occurring (**likelihood**)
- The evidence that appropriate controls are in place and operating effectively (**assurance**)
- The gaps in control and assurance (**action**)
- The level of challenge from Board members to satisfy themselves that risks are being reasonably managed to meet objectives (**challenge and disclosure**)

'The Standards for Better Health: Improving Board Assurance'. Healthcare Standards Unit, April 2006

Distribution of Corporate Risks.

Almost Certain 5		3	5		
Likely 4				3	
Possible 3			8	7	1
Unlikely 2					
Rare 1					
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

1 Amber risk was added to the register in October.

Amber Risks Mapped to Corporate Objectives

No amber risks have been mapped to the current Corporate Objectives.

Amber Risks Mapped To Healthcare Commission Standards

No amber risks have been mapped to the Standards.

Healthcare Commission Standards (Standards for Better Health)

- **First Domain - Safety**
Patient safety is enhanced by the use of health care processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.
- **Second Domain – Clinical and Cost Effectiveness**
Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes
- **Third Domain – Governance**
Managerial and clinical leadership and accountability, as well as the organisation’s culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation.
- **Fourth Domain - Patient Focus**
Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.
- **Fifth Domain - Accessible and Responsive Care**
Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.
- **Sixth Domain - Care Environment and Amenities**
Care is provided in environments that promote patient and staff well-being and respect for patients’ needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.
- **Seventh Domain - Public Health**
Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

**Timeline for variation in Corporate Amber Risk scores
In the last 12 month period (August 2007 – July 2008)**

Risk Ref/ Date 1 st appeared on amber register	Target Reduction Date	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sept-08
TRUS 0296 07.06.05		9											
TRUS 0309 14..02.06		12											
TRUS 0355 01.03.07		9											
TRUS 0356 01.03.07		12											
TRUS 0358 01.03.07		12											
TRUS 0361 01.03.07		9											
TRUS 0364 01.03.07		12											
TRUS 0371 01.03.07		10											
TRUS 0378 31.05.08											8		
TRUS 0383 01.09.08													9
TRUS 0384 01.09.08													12
TRUS 0385 01.09.08													12
TRUS 0386 01.09.08													9
TRUS 0387 01.09.08													9
TRUS 0388 01.09.08													10
TRUS 0389 01.09.08													10
TRUS 0390 01.09.08													10
TRUS 0391 01.10.08													9

Corporate Amber Risk Profile

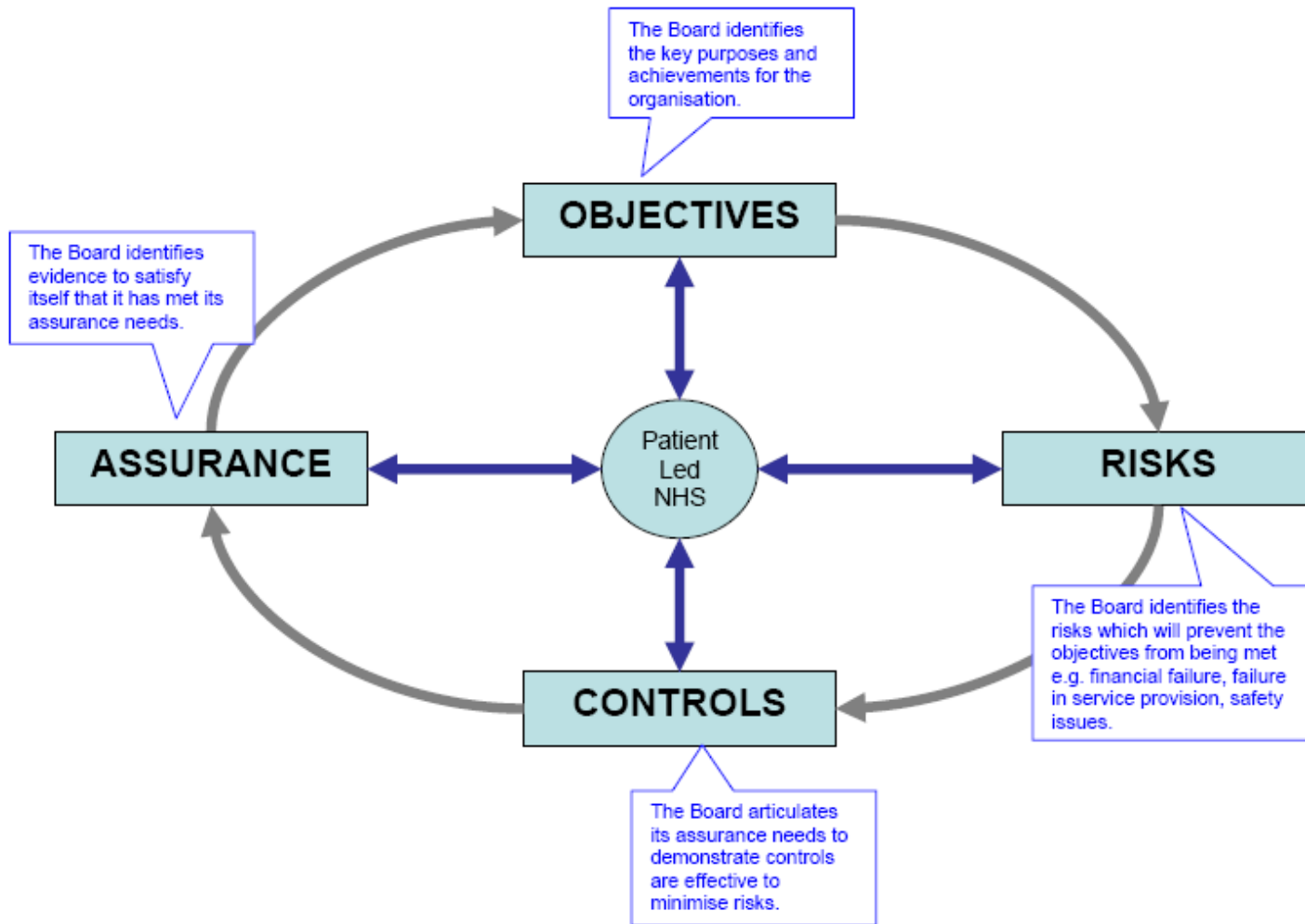
ID	Risk Description and update	No. of reported incidents in July/August	Risk Owner
TRUS 0296	Staff not attending mandatory training.	0	Director of Workforce & Facilities
TRUS 0309	Patient safety could be compromised due to non compliance of sterile services contract standards.	0	Associate Director for Clinical Support
TRUS 0355	National planning assumptions around inflation uplifts, tariff (HRG 4), pay, allocations, MPET etc, prove inaccurate. Unknown impact on Trust income and expenditure.	0	Chief Executive
TRUS 0356	Regional reconfiguration of services Instability within maternity services across the West Midlands could lead to sudden changes in services that would leave unmet demand. Potential impact of Lord Carter of Coles (2006) report on pathology services	0	Chief Executive
TRUS 0358	Failure or delay in achieving annual savings requirements - LTFM demonstrates need for efficiencies in addition to standard annual CRES. Limits scope for investment in further service development. Trust will breach in terms of authorisation as an FT.	0	Director of Finance & Information
TRUS 0361	Ad hoc changes in expenditure in year due to a change in situation. Imbalance between income and expenditure profiles	0	Director of Finance & Information
TRUS 0364	Failure to deliver improvements and efficiencies required to meet 18 week target waiting times within budget. Trust would receive significant financial penalty Failure would adversely impact on Trust reputation. Trust may breach terms of authorisation as an FT	0	Director of Nursing and Midwifery

TRUS 0371	PAS critical failure or major system outage. Sudden service failure could result in Trust failing to maintain clinical service delivery, with possible adverse impact on patient care and Trust reputation	0	Director of Finance & Information
TRUS 0378	Failure to comply with requirement to monitor Junior Doctor's working hours. Failure could result in and impact upon patient care and to the Trust being required to increase intensity payments to the Junior Doctors	0	Associate Director of HR
TRUS 0383	Responsiveness of facilities/estates depts to infection control issues. <ul style="list-style-type: none"> Ensure better links between stakeholders; ward & department managers must take responsibility for monitoring their areas & be aware of how to escalate unresolved issues 	0	Director of infection Control & Prevention, Professional Heads of Nursing/Midwifery, Head of Facilities
TRUS 0384	The Consultant Microbiologist cover with BCH may be affected following the departure from post by one of the consultants in October <ul style="list-style-type: none"> Advertisement placed for Locum; approval sought from BCH for appointment of replacement - to be considered 15 Sep 08 	0	Director of Infection Prevention & Control
TRUS 0385	Failure to introduce MRSA screening for all elective maternity cases by March 2009 <ul style="list-style-type: none"> Staff training day-to-day monitoring by Infection Control Team compliance audits planned and underway.	0	Clinical Director Maternity
TRUS 0386	Level 3 Neonatal Intensive Care Unit for the Southern West Midlands Newborn Network comprising Hereford, Worcester, Heart of England NHS Foundation Trust, Good Hope and Solihull Hospitals, City and Sandwell receiving ex- utero transfers from the Network, Birmingham Children's Foundation Trust & occasionally from outside the Network area. Risk of healthcare associated infections from these outside areas	0	Clinical Director - Neonatal

	<ul style="list-style-type: none"> Isolation measures (standard for isolation within NNU & Trust IC policy) Microbiology screening Communication to parents & all healthcare professionals & allied services <p>Implemented.</p>		
TRUS 0387	<p>Sick newborn babies, both term and preterm, receiving intensive and high dependency care receiving invasive procedures & the use of indwelling devices at risk of acquiring infection.</p> <ul style="list-style-type: none"> Policies in place for the insertion, care & documentation of indwelling devices. Audits of the same. Audits planned inline with DH/ICNA Hand Hygiene audits planned 	0	Clinical Director - Neonatal
TRUS 0388	<p>Fabric of the delivery suite environment is in poor repair and therefore difficult to clean.</p> <p>List of problems requested by estates department and supplied by manager</p>	0	J. Henry
TRUS 0389	<p>Bathrooms on delivery suite in poor repair.</p> <p>Ongoing refurbishment programme in place</p>	0	J. Henry
TRUS 0390	<p>Open top inappropriate storage of equipment in delivery rooms.</p> <p>Storage currently has open topped buckets. New storage to be purchased to cover all stocks.</p>	0	J. Henry
TRUS 0391	<p>Risk of blood spillage onto carpeted floor in neonatal outpatient clinic whilst taking blood samples from babies.</p> <p>Controlled by:-</p> <ol style="list-style-type: none"> Infection control training/Awareness of hazards of blood spillage. Use protective covering Replace carpet with vinyl flooring –currently awaiting work by contractor. 	0	Director of Infection Prevention and Control

- Assurance Levels** Remain unchanged from previous quarter, adequate assurances not shown due to current register format.

Model for Structured Assurance



from 'The Standards for Better Health: Improving Board Assurance'. Healthcare Standards Unit, April 2006

SUBJECT:	Registration with the Care Quality Commission
REPORT BY:	Steve Parsons, Head of Corporate Affairs Jane Owen, Director of Nursing and Midwifery
AUTHOR:	Steve Parsons, Head of Corporate Affairs

CONTEXT AND BACKGROUND FOR REPORT

Under the Health and Social Care Act 2008, a new regime for the regulation of care providers- health, social care and mental health care- is being implemented from April 2009. This will, for the first time, extend to providers of care under the National Health Service.

The Care Quality Commission (CQC) will succeed, on 1st April 2009, to the regulatory functions of the Healthcare Commission, the Mental Health Act Commission, and the Commission for Social Care Inspection. It will be a requirement for the Trust to be registered at this date; providing care without being registered will be a criminal offence. The registration at April 2009 will largely replace the current work of the Healthcare Commission on healthcare associated infection (see the *Code of Practice for the prevention and control of healthcare associated infections*.)

This paper sets out the key changes that the Board will need to be aware of for registration in 2009, and which will be presented for decision at the January 2009 Board meeting. The Board should note that a further extension of the registration system is expected to be effective in April 2010, which will bring all care providers under a single registration regime.

CQC has been given a range of enforcement powers:

- Warning Notice
- Imposition, variation or removal of conditions on registration
- Penalty Notice (in lieu of prosecution)
- Suspension or cancellation of registration
- Prosecution of offences

The Board should also note that the required Statutory Instruments to bring the regime into effect are not expected to be laid before Parliament until January 2009. Therefore, all of the items in this paper are subject to change or delay.

KEY ISSUES FOR THE BOARD OF DIRECTOR'S CONSIDERATION AND DECISION:

Parliament has determined (s20, Health and Social Care Act 2008) that a care provider can only be registered if it can make the following statement:

"A service provider in respect of carrying on a regulated activity must, so far as practicable, ensure that patients, healthcare workers and others who may be at risk of acquiring a healthcare associated infection, are protected against identifiable risks of acquiring such an infection by the means specified in [Regulations]."

The Trust will then be asked to state how far it meets the Code of Practice in relation to a number of areas:

1. Effective management systems for the control of healthcare acquired infection (HAI)
2. Clean and appropriate environment to facilitate prevention and control of HAI
3. Suitable and sufficient information on HAI provided to patients, the public and other healthcare providers
4. Prompt identification of those with infection, and appropriate care to reduce risk of transmission
5. Co-operation of staff, contractors and others in preventing and controlling infection
6. Adequate isolation facilities provided or accessible
7. Adequate access to laboratory support
8. Appropriate policies and protocols in place and adhered to
9. So far as reasonably practicable, healthcare workers are free of and protected from exposure to communicable infections at work, and all staff are suitably educated in HAI prevention and control

These statements are required to be signed off by the Chief Executive, and must have been agreed to by the Board of the care provider.

Timetable

For care providers required to register from 1st April 2009, the CQC has given a window to apply of 12th January to 6th February only. It will therefore be necessary for the Board to approve the application to register at the meeting on 29th January 2009, and a full paper to support a decision will be presented to the Board at that meeting.

The CQC will assess and cross-check applications for registration during February and March 2009, if necessary contacting the Trust to clarify any items and discuss any concerns. It is expected that proposed registration classifications (including any conditions or expectations for improvement) will be notified in the second half of March 2009.

The CQC will formally approve registrations, and publish the Register, on 1st April 2009. The appeal process to the First Tier Tribunal will also become effective on 1st April 2009.

RECOMMENDATIONS:

The Board is **INVITED** to:

- a. **NOTE** the new registration system that will be effective from the 1st April 2009;
- b. **NOTE** the requirement to approve an application for registration by the 6th February 2009; and
- c. **IDENTIFY** supporting information required to provide the Board with assurance to make the statement required under s20.

Birmingham Women's NHS Foundation Trust

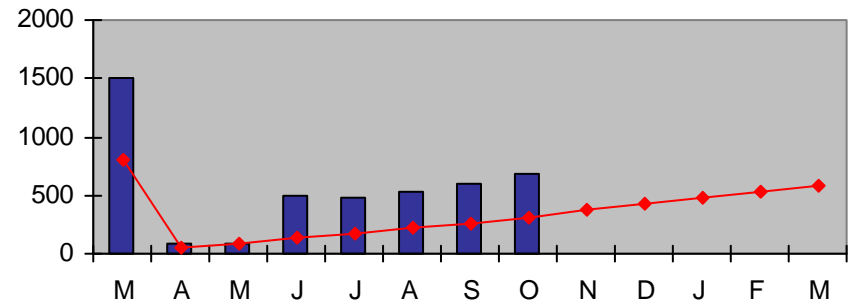
Finance Report for the Period April to
October 2008

Summary Financial Position

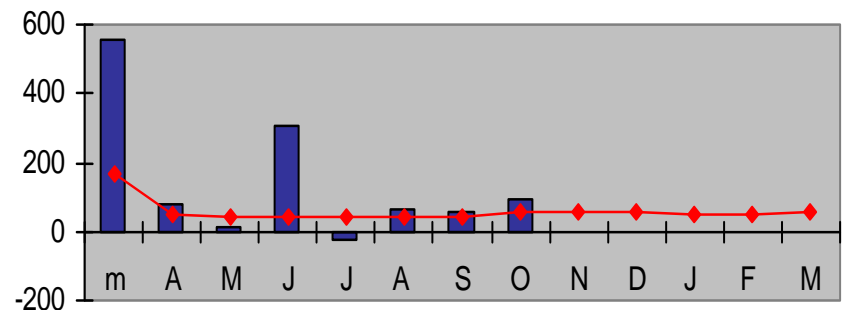
Key Points

- This is the financial report from April to October. The results report a net £692k surplus, which is £376k above plan and continues to indicate a Monitor risk rating 4.
- The summary £337k variance comprises the following:-
 - A favourable £753k income variance;
 - An adverse £753k expenditure variance;
 - An on plan Ebitda position;
 - A favourable £264k variance for depreciation;
 - A favourable £112k interest variance.
- In month, the net surplus was £94k but at the EBITDA level there are a small £11k adverse due to the high level non-pay spend within October. (see non-pay report)
- The planned end of year position is a surplus of £0.6m. The forecast based on the overall position is above this in a range of £1,000k to £1,500k. As noted in the previous month's report, this range has reduced having undertaken a fuller review of forecast spending plans to the end of the financial year.

Cumulative plan, results & forecast



Monthly by month plan, results & forecast



Actual — Original Plan

Income

Key Points

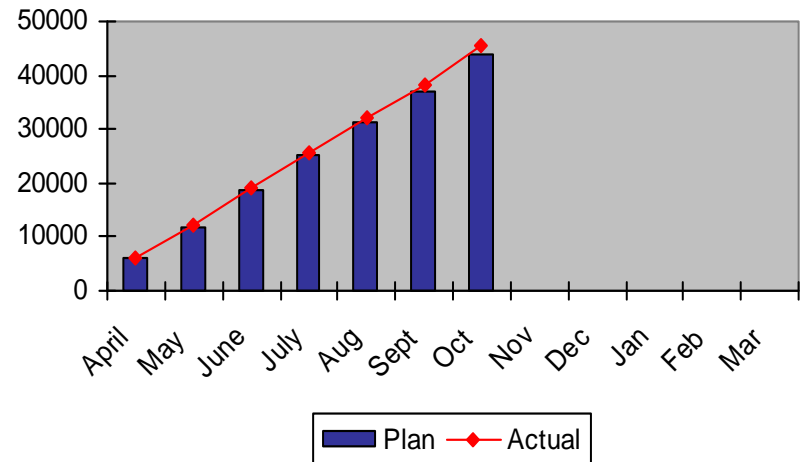
- The income received to date is £38.4m and this is £753k ahead of plan. There are no material changes from the trends reported in previous months. Nevertheless, within this total and despite early concerns about the level of private patient income, this is now performing within the PP cap of 2.2%

Healthcare Income

- This is £554k above plan and comprises a £244k over performance from the main PCT contracts and 321k for specialised services.

Performance with Commissioners

- Over-performances remain with South Birmingham -£35k, Heart of Birmingham- £144K, and Birmingham North & East- £46k and Sandwell - £54k. The negative variance with Worcester of £(92)k is forecast to continue to the end of the year. There remain no material indications that this is due to changes in referral patterns.
- For Other PCTs there is a combined over performance £67 k for other PCTs resulting from a £134k improvement during October.



Performance by Specialty

- Gynaecology – an adverse variance of £231k; underperformed by 208 spells. The improvement noted last month albeit small in terms of the cumulative under performance has continued.
- Maternity- favourable £483k and 495spells. Within this position is a negative position with respect to triage. If this trend continue the forward plan to for 2009/10 will be amended.
- Neonatology -£152k favourable variance, inclusive of £150k in respect of Gloucester twins.
- Clinical Genetics- £32k positive variance and Laboratory Genetics -£108k positive variance.

Spending Trends within Directorates

Key Points

- The tables opposite show the combined positions of pay, non-pay and directorate income variances. Healthcare income is not shown here but is included in the service line reports.
- At month 7, there was an in month adverse movement of £253k. Of this £233k was in respect of non-pay spending. Although this adverse movement was more than offset by the income and financing from depreciation and interest receivable, this is looked at in further detail.
- Of the year to date 792k non-pay variance, £308k is in respect of Genetics which is offset by additional contract income. Further, £141k refers to the variance within Facilities mainly from increased energy prices.
- Of the £343k remainder, this is spread across the Directorates and is due to two main issues; spending to meet the additional activity but also the adverse position within Gynaecology who have been placed under special measures due to their adverse financial position and in fact their position improved from month 6 to month 7.
- This adverse position is covered within the overall financial position of the Trust, however, tighter control of non-pay is needed where this is not linked activity and/or to spending this year in order to reduce pressure in 2009/10.
- The more detailed figures behind the tables are shown on appendices f3, f4 and f5.

Directorate Pay and non-pay variances from budget									
Year to date		Month 5				Month 6			
£ 000s	Pay	Non-Pay	Dir'ate Income	Total	Pay	Non-Pay	Dir'ate Income	Total	
Obstetric and Fetal	-10	-11	6	-15	-22	-13	-12	-47	
Gynaecology	11	-73	-11	-73	-1	-117	-21	-139	
Genetics	44	-158	235	122	63	-282	279	59	
Neonatal	16	-58	17	-25	30	-59	15	-14	
Clinical Support	-125	31	-6	-100	-123	6	3	-114	
Facilities	-36	-123	-34	-193	-33	-113	-23	-169	
Corporate Services	63	-67	3	-1	144	19	-34	130	
	-36	-459	210	-285	59	-559	208	-292	

Year to date		Month 6				Forecast			
£ 000s	Pay	Non-Pay	Dir'ate Income	Total	Pay	Non-Pay	Dir'ate Income	Total	
Obstetric and Fetal	-32	-15	-19	-66	-157	-31	-47	-235	
Gynaecology	-39	-117	43	-113	-26	-169	76	-120	
Genetics	83	-308	310	85	109	-487	393	15	
Neonatal	38	-73	60	25	-22	-123	5	-141	
Clinical Support	-93	-88	17	-164	-63	-60	15	-107	
Facilities	-42	-141	-33	-216	-90	-123	-71	-285	
Corporate Services	124	-50	-77	-3	193	3	-188	8	
	39	-792	301	-452	-57	-991	183	-865	

Cost and Efficiency Improvements

Update on performance

Overall Summary

- To the end of October, savings of £1,478k have been identified and verified as saved. This remains slightly above the target of £1,048k and directorate forecasts are in line with an end of year target of £2.6m which is above plan.

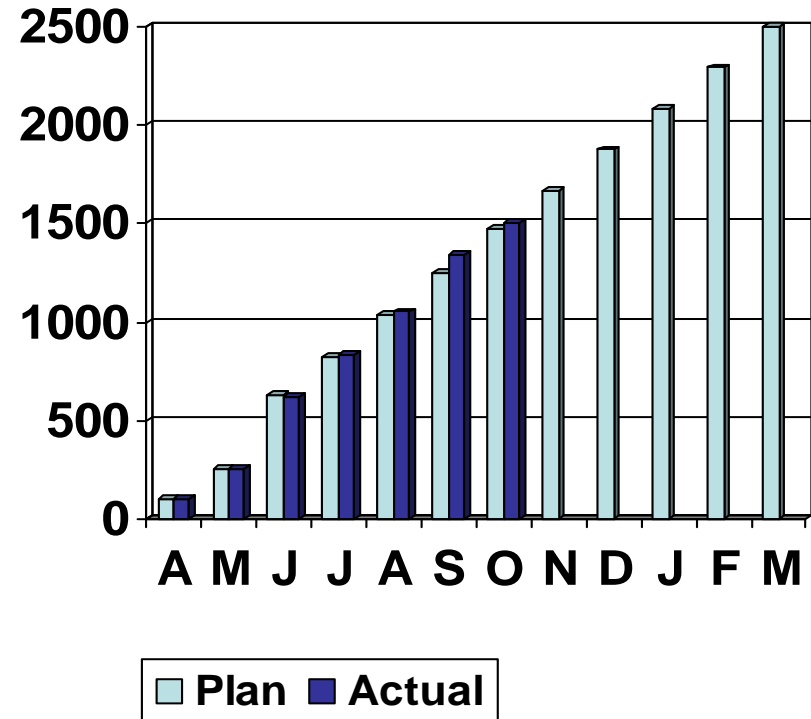
Traffic light summary

- The CIP annual targets have been updated from the meeting held in November. There are now no red schemes which is good news. The traffic light results are (split by the 2.5m plan):-
 - Red £ 0K
 - Amber £ 317K
 - Green £2,183K
 - Total £2,500k

There are still a number of schemes which are yet to start and these are graded amber. However, if there is any movement from the planned profile, they will become red.

- The recurrent/non recurrent split is 55/45% against the plan of a 70/30%. Principal reason behind this is that income generation schemes are regarded as non-recurrent until confirmed in an SLA and the CNST rebate which is confirmed on annual basis.

Savings delivery - cumulative

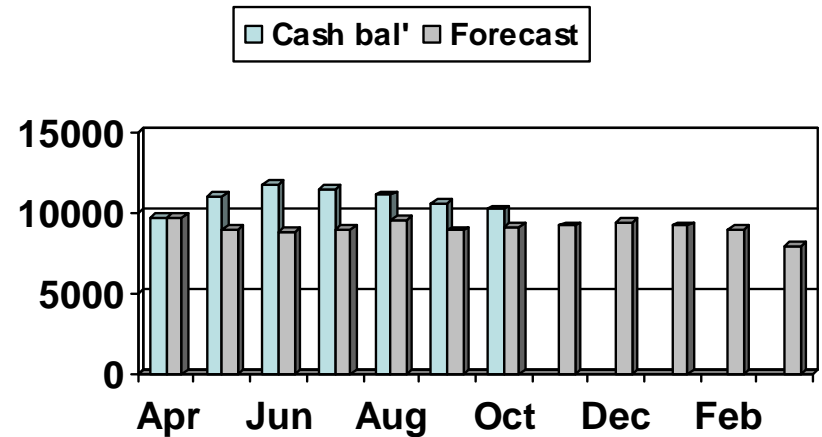


NB savings include additional income with respect to the some directorates

Cash Flow 1

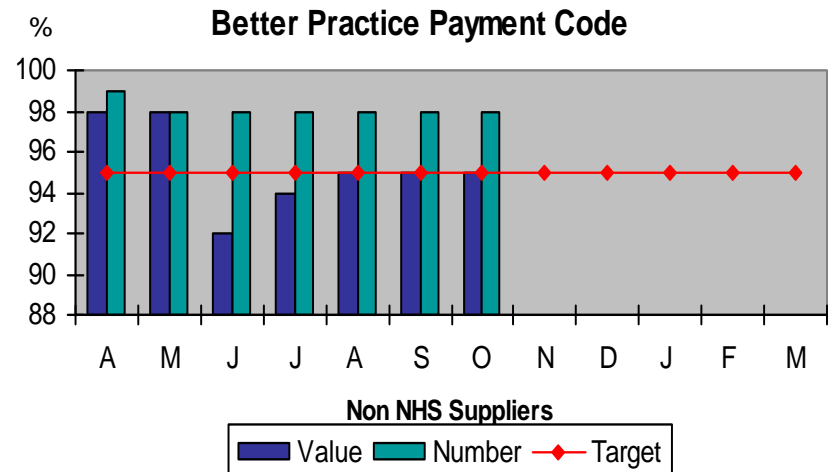
Cash Balances

- The cash position remains strong with the balance at the end of October totalling £10.2m. (£10.6m in September) of which £5.2m is in respect of deferred income and accruals.
- Interest earned on this totals £332k and along with lower depreciation, both of these items are offsetting the above plan position of pay and non-pay spending.
- As at 30th October all non-operational cash was held in the Pay master General's Office account (PGO)
- As noted previously, the lower depreciation is a direct benefit of achieving FT status and as a result of undertaking a mid-term revaluation of the Estate, as reported in the annual accounts.



Creditors (money owed by the Trust)

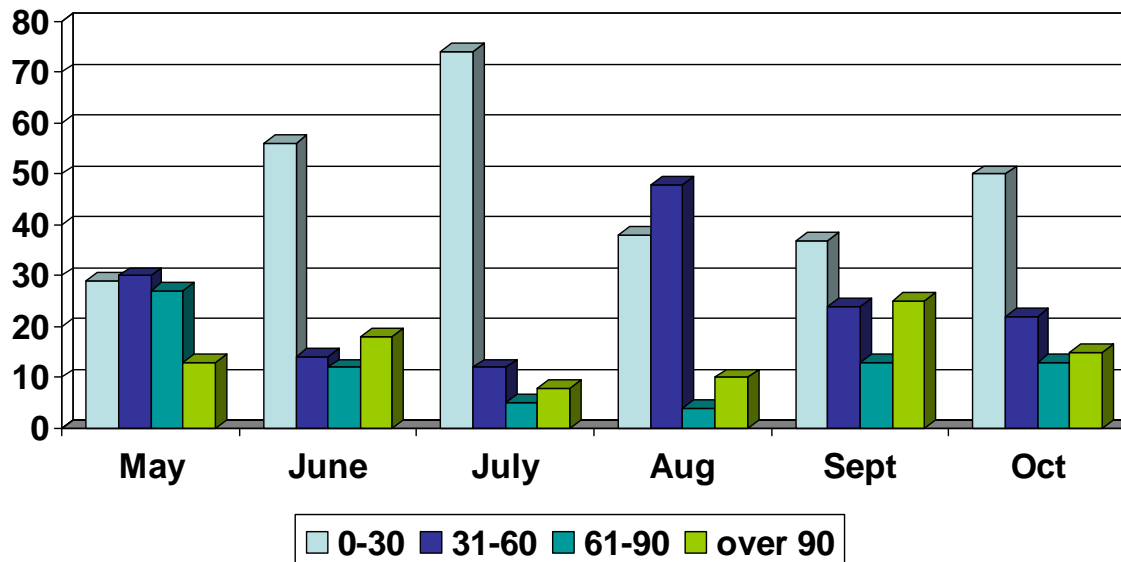
- The Better Practice Payment Code (formerly PSPP) targets NHS organisation to pay 95% of all supplier invoices within a period of not more than 30 days. Within this, the payment for local trade suppliers has been adjusted to payment within 10 days; this is in line with the Prime Minister's request to all public bodies.
- The cumulative performance by number is 98% and by value has continued to improve to 95% since the dip in June.



Cash Flow 2

Debtors (amounts owing to the Trust)

- Total Debtors totalled £5.4m at the end of October which represents a slight rise from the previous report. Of the 5.4m, £2.1m refers to trade debtors and £3.3 to accrued income.
- In terms of aged debt information, the number over 90 days has fallen to 15%.
- There are no material long standing debts to be concerned about at this point. Nevertheless, the credit section will continue to ensue that all debts are effectively followed up.

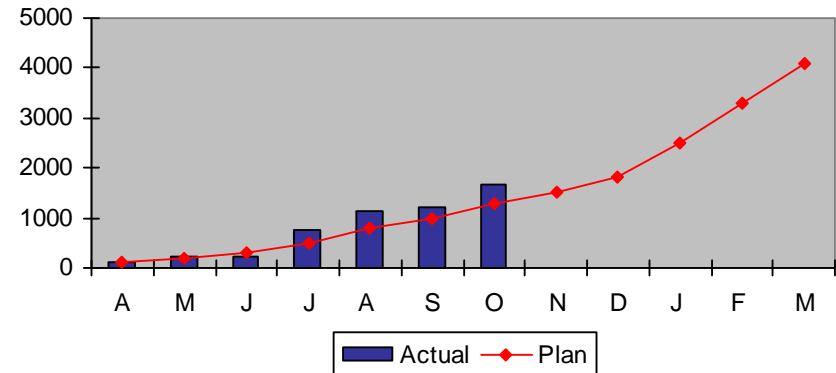


Cash Flow 3 - Capital Spending

Key Points

- The total planned spend for the year is £4.1m as recommended within the 2008/9 annual plan. The planned programme is shown in the next column and the delivery of this is being managed through the Capital Development Group.
- The Group has allocated funding to the highest priorities and will continue to focus on performance managing all the agreed schemes. Approval will be reviewed if orders are not placed by the end of September.
- Year to date spend is £1.7m. The biggest elements within the programme are the CHP installation and the Neonatal Decant, both of which will be completed in the final quarter. Hence, the increasing profile shown opposite.
- The emergency in respect of electrical switching totalling £100k has been agreed. This will replace switches which are approximately 40 years old and ensure that the electrical infrastructure is fully compatible with the CHP scheme.

Monthly build up of the programme



2008/9 Capital Plan

Capex program	Plan	Actual
Capital Equipment Replacement	500	401
Modular Theatres	-	(20)
Neonatal Unit Upgrade / Decant	700	104
Genetics IT	-	0
Genetics White Paper	-	(3)
PACS	-	186
Pan Birmingham Decontamination	-	102
CHP Installation	1,300	469
Community Midwifery IT	-	0
Replacement PCs	200	305
Baby Security System	-	0
Backlog Maintenance	500	108
Other	900	23
TOTAL CAPITAL PROGRAMME	4,100	1,675

Risks

Risk	Maximum	Likelihood	Included in forecast
Challenge to income by PCTs	Circa 1% £0.6m	Low	Yes
Failure to deliver HCAI targets	Not assessed	Low	No
Failure to deliver 18 weeks	Maximum 5% penalty - £496.8k	Low but keep under review with respect to the position in Genetics	No
Elective Activity underperformance	£500k	Likely	£383k
Failure to deliver CIP plans fully	Red schemes & 50% amber not delivered - £150k	Low but keep under close scrutiny	Yes £150k
Expenditure creep Unplanned & unavoidable non-pay expenses	£1,200k	High	£991k
HRG 4 - revised list of HRGs and tariffs	Currently being assessed	Definite	2009/10 impact –

Conclusions and Recommendations

CONCLUSIONS

1. The Trust is reporting a surplus of £693K. This equates to a good Monitor risk rating of 4.
2. Within the overall position there is a positive income variance but a negative one with respect to non-pay. As noted in this and previous reports, this is in response to three main issues; the costs of meeting additional activity, inflationary pressures for utility charges and agreed spending above plan to invest in hospital equipment and the patient environment.
3. Whilst the higher levels of expenditure are explainable and the overall financial position is positive, there is little financial headroom at the operational level as shown by the EBITDA performance.
4. The financial forecast for the year has been updated and currently this shows and of year surplus in the range of £1.0m to £1.5m. The forecast will continued to be updated and reassessed.

RECOMMENDATIONS

- The Board is asked to consider the financial position of the Trust at the end of October 2008. The trends identified at the half year stage have continued.
 - These show that the Trust is continuing to forecast that it will meet its financial plan as submitted with the prospect of exceeding this, subject to the risks identified in the report, the continued delivery of the savings programme and the tighter control of non-pay spending.
-

BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST

INCOME & EXPENDITURE

REPORTING PERIOD : - October 08 (Period 7)

Form F1	This Month			Year To Date			Full Year Forecast		
	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's
<u>Income (+)</u>									
Healthcare Income	4,977	5,140	163	34,757	35,301	544	59,698	60,549	851
Private Patient Income	100	84	(16)	701	589	(111)	1,201	1,017	(184)
Other Income	1,780	1,877	96	9,241	9,562	320	15,708	15,918	210
Total Income	6,858	7,101	243	44,699	45,452	753	76,607	77,484	877
<u>Operating Costs (-)</u>									
Pay Costs	(4,210)	(4,230)	(20)	(29,610)	(29,571)	39	(51,564)	(51,621)	(57)
Non Pay Costs	(2,172)	(2,405)	(233)	(11,842)	(12,634)	(792)	(19,448)	(20,439)	(991)
Total Operating Costs	(6,383)	(6,636)	(253)	(41,452)	(42,205)	(753)	(71,012)	(72,060)	(1,048)
EBITDA	475	466	(10)	3,247	3,247	0	5,595	5,425	(170)
EBITDA % Margin	6.9%	6.6%	-0.4%	7.3%	7.1%	-0.1%	7.3%	7.0%	-0.3%
Depreciation (-)	(303)	(267)	37	(2,124)	(1,860)	264	(3,641)	(3,189)	452
Interest (+/-)	31	43	11	220	332	112	377	570	193
Surplus / Deficit before dividend	203	242	38	1,343	1,719	376	2,331	2,805	474
Dividend (-)	(147)	(146)	1	(1,026)	(1,026)	(0)	(1,759)	(1,759)	(0)
Surplus / (Deficit) cfd	57	96	39	317	693	376	572	1,046	474

BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST
HEALTHCARE & PRIVATE PATIENT INCOME PERFORMANCE
REPORTING PERIOD : - October 08 (Period 7)

Form F2a	This Month			Year To Date			Full Year Forecast		
	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's
INCOME (+)									
<u>PCT Income</u>									
South Birmingham	1,647	1,630	(16)	11,527	11,562	35	19,760	19,820	60
Heart Of Birmingham	628	660	32	4,396	4,541	144	7,537	7,784	247
Worcestershire	109	94	(15)	762	670	(92)	1,306	1,148	(158)
Sandwell	166	168	3	1,159	1,203	45	1,986	2,063	77
Birmingham East & North	139	121	(17)	970	1,016	46	1,663	1,742	79
Other PCTS	570	705	134	3,992	4,058	67	6,843	6,925	83
Total PCT Income	3,258	3,378	120	22,806	23,050	244	39,096	39,482	387
<u>Specialised Services Income</u>									
West Midlands SSA	1,655	1,675	20	11,576	11,597	20	19,863	19,898	35
Other SSAs	36	67	31	249	550	301	426	764	338
Total SSA Income	1,690	1,742	52	11,825	12,147	321	20,289	20,662	373
<u>Other Income</u>									
ACU Cost Per Case Income	29	20	(9)	126	104	(21)	313	404	92
Non Contract Income	0	0	0	0	0	0	0	0	0
Total Healthcare Income	4,977	5,140	163	34,757	35,301	544	59,698	60,549	851
Private Patient Income	100	84	(16)	701	589	(111)	1,201	1,017	(184)
Total Healthcare & Private Patient Income	5,077	5,224	147	35,458	35,890	433	60,899	61,566	667

Year To Date	
Plan £ 000's	Actual £ 000's
9,880	9,932
3,768	3,881
653	576
993	1,035
832	895
3,421	3,354
19,548	19,672
9,921	9,921
213	483
10,135	10,404
97	85
0	0
29,779	30,161
601	505
30,380	30,666

BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST									
NON HEALTHCARE INCOME									
REPORTING PERIOD : - October 08 (Period 7)									
Form F3	This Month			Year To Date			Full Year Forecast		
	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's
Training & Education & Research									
MADEL	183	183	0	1,023	1,023	0	1,754	1,754	0
SIFT	136	136	0	951	951	0	1,631	1,631	0
R&D	18	18	0	128	128	0	220	220	0
WDC	0	0	0	0	0	0	0	0	0
Trading Income									
Car Parking	5	6	1	35	40	4	61	66	5
Catering	17	21	4	121	136	15	207	238	31
Accommodation	24	22	(1)	167	165	(2)	286	275	(11)
Directorate Income									
Obstetrics & Fetal Medicine	31	24	(7)	233	213	(19)	390	343	(47)
Gynaecology & ACU	23	86	63	159	202	43	296	372	76
Clinical & Laboratory Genetics	303	334	32	1,799	2,109	310	3,638	4,031	393
Neonatal	(112)	(67)	46	166	226	60	267	272	5
Clinical Support	137	150	13	957	974	17	1,640	1,655	15
Facilities	36	26	(10)	268	235	(33)	447	376	(71)
Corporate Services	82	38	(43)	567	490	(77)	971	783	(188)
Other									
Clinical Excellence Awards	42	42	0	292	292	0	500	500	0
Other Income	0	0	0	0	2	2	0	2	2
Ringfenced Areas Income - CIU	231	231	0	1,241	1,241	0	2,196	2,196	0
Ringfenced Areas Income - PHO	625	625	0	1,134	1,134	0	1,203	1,203	0
Total Non Health Care Income	1,780	1,877	96	9,241	9,562	320	15,708	15,918	210

Year To Date
Plan
£ 000's

Actual
£ 000's

840	840
815	815
110	110
0	0
30	34
103	114
143	142
201	189
136	116
1,496	1,775
278	293
820	824
232	210
486	452
250	250
0	2
1,010	1,010
509	509
7,461	7,685

BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST

PAY EXPENDITURE BY DIRECTORATE

REPORTING PERIOD : - October 08 (Period 7)

Form F4	This Month			Year To Date			Full Year Forecast		
	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's
Trust Directorates									
Obstetrics & Fetal Medicine	(1,125)	(1,135)	(11)	(7,793)	(7,825)	(32)	(13,542)	(13,699)	(157)
Gynaecology & ACU	(612)	(650)	(38)	(4,246)	(4,285)	(39)	(7,262)	(7,288)	(26)
Clinical & Laboratory Genetics	(823)	(803)	20	(5,546)	(5,463)	83	(10,153)	(10,044)	109
Neonatal	(392)	(384)	8	(3,614)	(3,576)	38	(6,197)	(6,219)	(22)
Clinical Support	(581)	(551)	30	(3,775)	(3,868)	(93)	(6,466)	(6,529)	(63)
Facilities	(231)	(240)	(10)	(1,429)	(1,472)	(42)	(2,400)	(2,490)	(90)
Corporate Services	(270)	(289)	(20)	(1,892)	(1,768)	124	(3,244)	(3,051)	193
CIU	(148)	(148)	(0)	(964)	(964)	0	(1,734)	(1,734)	0
PHO	(49)	(49)	(0)	(324)	(324)	0	(502)	(502)	0
Trust Reserves	20	20	0	(27)	(27)	0	(65)	(65)	0
Savings not devolved	0	0	0	0	0	0	0	0	0
Total Pay Expenditure	(4,210)	(4,230)	(20)	(29,610)	(29,571)	39	(51,564)	(51,621)	(57)

Year To Date

Plan £ 000's	Actual £ 000's
(6,668)	(6,690)
(3,634)	(3,635)
(4,723)	(4,660)
(3,222)	(3,192)
(3,194)	(3,317)
(1,199)	(1,232)
(1,622)	(1,478)
(816)	(816)
(276)	(276)
(46)	(46)
0	0
(25,400)	(25,341)

BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST

NON PAY EXPENDITURE BY DIRECTORATE

REPORTING PERIOD : - October 08 (Period 7)

Form F5	This Month			Year To Date			Full Year Forecast		
	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's	Plan £ 000's	Actual £ 000's	Fav/(Adv) £ 000's
Directorates									
Obstetrics & Fetal Medicine	(127)	(129)	(2)	(826)	(841)	(15)	(1,400)	(1,431)	(31)
Gynaecology & ACU	(95)	(95)	(0)	(590)	(707)	(117)	(1,002)	(1,171)	(169)
Clinical & Laboratory Genetics	(93)	(119)	(25)	(882)	(1,190)	(308)	(1,516)	(2,003)	(487)
Neonatal	(37)	(52)	(15)	(312)	(385)	(73)	(528)	(651)	(123)
Clinical Support	(415)	(510)	(95)	(2,906)	(2,995)	(89)	(4,983)	(5,042)	(60)
Facilities	(374)	(402)	(28)	(1,764)	(1,905)	(141)	(2,921)	(3,045)	(123)
Corporate Services	(446)	(516)	(70)	(3,054)	(3,105)	(50)	(5,233)	(5,230)	3
CIU	(83)	(83)	0	(277)	(277)	0	(462)	(462)	0
PHO	(577)	(577)	0	(809)	(809)	0	(702)	(702)	0
Trust Reserves	75	76	1	(421)	(420)	1	(701)	(701)	0
Savings not devolved	0	0	0		0	0		0	0
Total Non Pay Expenditure	(2,172)	(2,405)	(233)	(11,842)	(12,634)	(792)	(19,448)	(20,439)	(991)

Year To Date

Plan £ 000's	Actual £ 000's
(699)	(712)
(494)	(612)
(788)	(1,071)
(275)	(334)
(2,491)	(2,485)
(1,391)	(1,504)
(2,608)	(2,589)
(194)	(194)
(233)	(233)
(496)	(496)
	0
(9,669)	(10,228)

Balance sheet**FIXED ASSETS**

Tangible + Intangible Assets	44,942	45,139
Total Fixed Assets	44,942	45,139

CURRENT ASSETS

Stocks & Work in Progress	385	385
NHS Debtors	1,035	1,596
Non NHS Trade Debtors	604	520
Other Debtors	-	-
Accrued Income & Prepayments	3,228	3,299
Prepayments	-	-
Cash at bank and in hand	10,631	10,240
Total Current Assets	15,882	16,040

CURRENT LIABILITIES (amounts due in less than one year)

Trade Creditors	1,357	2,028
Other Creditors	1,649	1,523
PDC dividend creditor	-	147
Capital Creditors	446	730
Interest payable creditor	-	-
NHS Creditors	3,383	2,927
Accruals	-	-
Accruals & deferred income	5,515	5,258
Total Current Liabilities	12,350	12,614

NET CURRENT ASSETS (LIABILITIES)

Long term Debtors	3,533	3,426
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TOTAL ASSETS LESS CURRENT LIABILITIES

	48,474	48,565
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Creditors: Amounts falling due after more than one year
Provisions for liabilities and charges

	58	58
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TOTAL ASSETS EMPLOYED

	48,416	48,507
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LOANS

Total Loans	-	-
TOTAL LOANS	-	-

TAXPAYERS' EQUITY

Public dividend capital	40,159	40,159
Income and expenditure reserve	4,151	4,247
Revaluation reserve	3,190	3,190
Donated asset reserve	916	912
Other Reserves (Government grant reserve etc)	-	-
TOTAL TAXPAYERS EQUITY	48,416	48,507

TOTAL FUNDS EMPLOYED

	48,416	48,507
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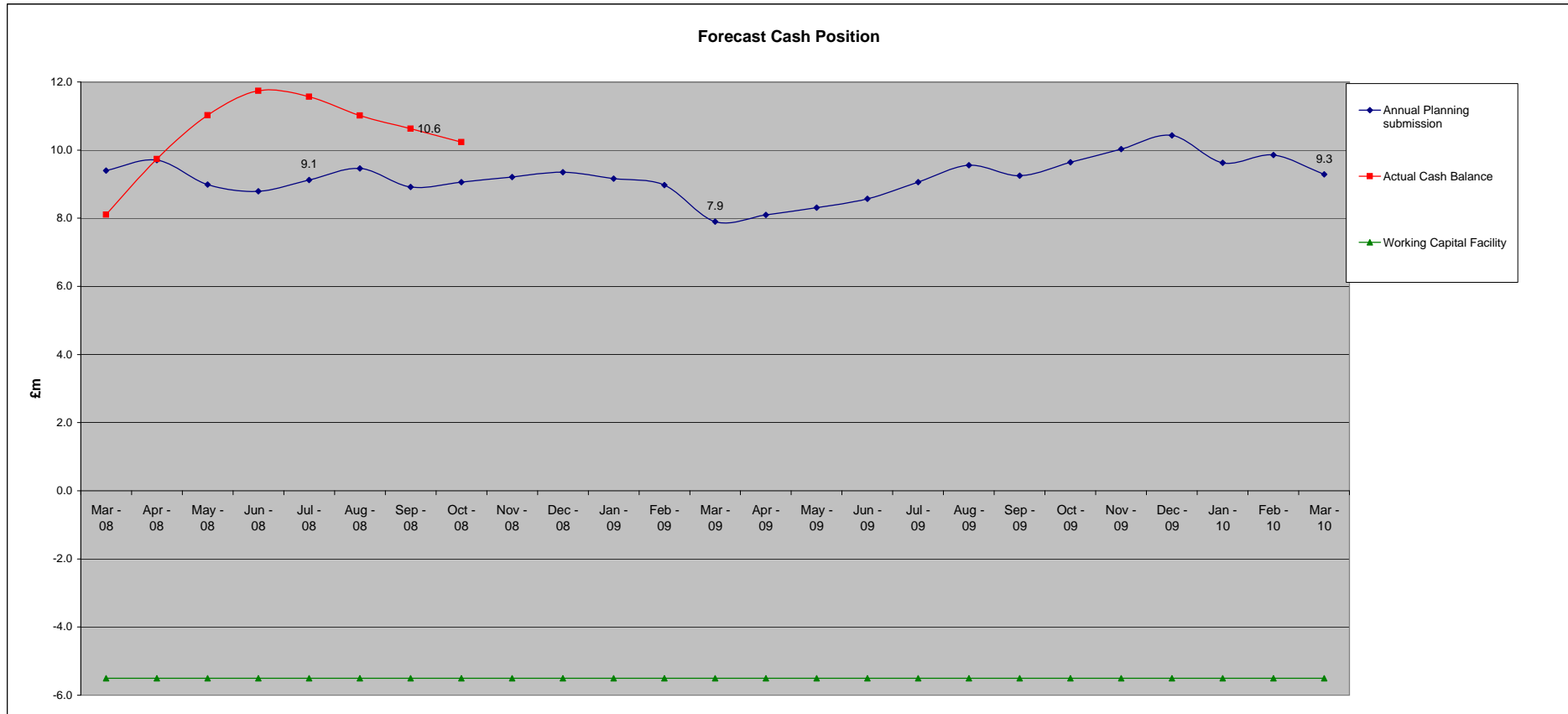
Capex program**Plan Actual**

Capital Equipment Replacement	500	401
Modular Theatres	-	(20)
Neonatal Unit Upgrade / Decant	700	104
Genetics IT	-	0
Genetics White Paper	-	(3)
PACS	-	186
Pan Birmingham Decontamination	-	102
CHP Installation	1,300	469
Community Midwifery IT	-	0
Replacement PCs	200	305
Baby Security System	-	0
Backlog Maintenance	500	108
Other	900	23
TOTAL CAPITAL PROGRAMME	4,100	1,675

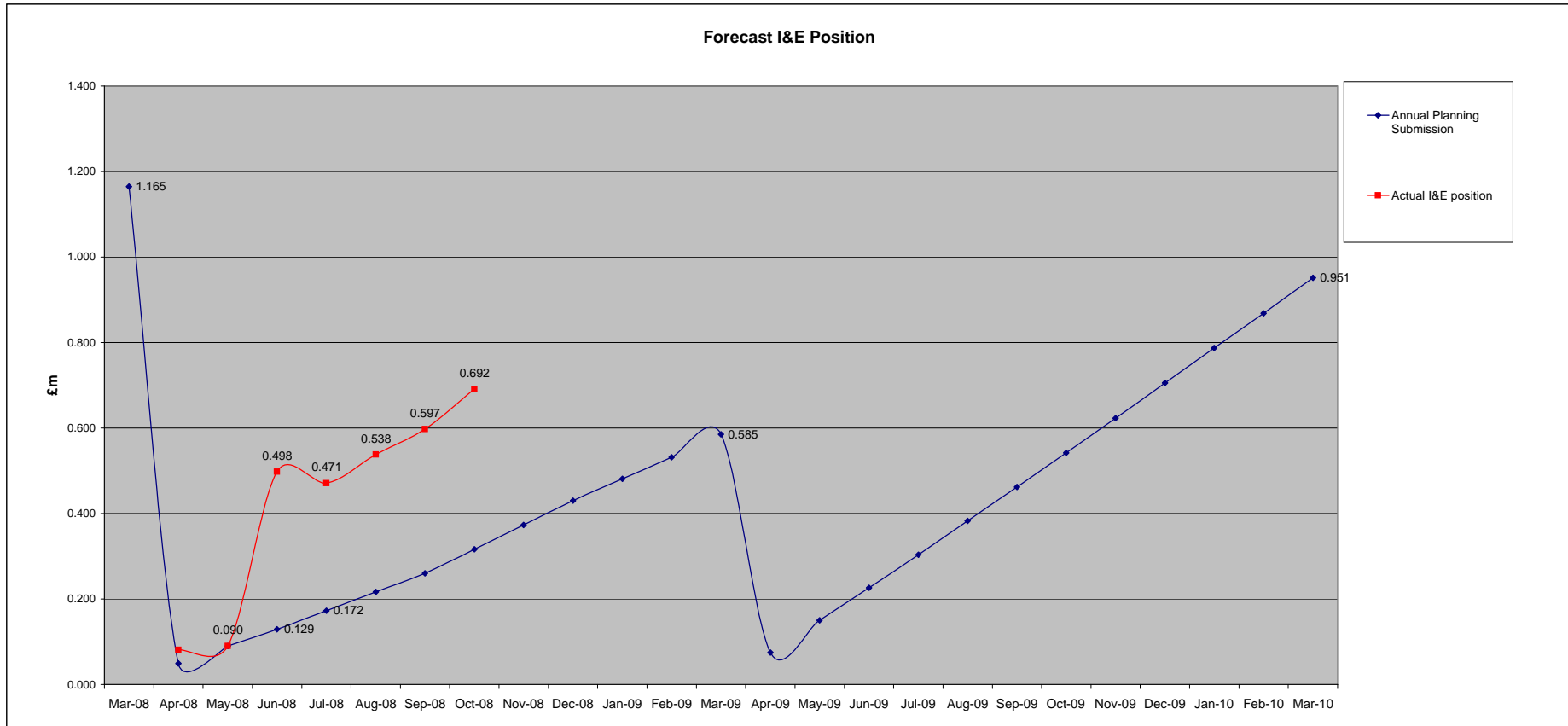
BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST													
CASHFLOW STATEMENT													
REPORTING PERIOD : - October 08 (Period 7)													
Form F7	Year To Date												
	APR ACT £000's	MAY ACT £000's	JUN ACT £000's	JUL ACT £000's	AUG ACT £000's	SEP ACT £000's	OCT ACT £000's	NOV ACT £000's	DEC ACT £000's	JAN ACT £000's	FEB ACT £000's	MAR ACT £000's	TOTAL ACT £000's
INFLOWS													
PCT/SHA	4,301	5,597	4,613	4,815	5,042	5,139	5,718						35,225
VAT	25	50	50	48	15	47	42						277
OTHER	2,384	1,903	2,174	1,665	1,075	1,449	634						11,284
INT RECEIVABLE	46	38	47	50	52	39	62						334
NEW PDC	0	0	0	0	0	0	0						0
Trust Inflows	6,756	7,588	6,884	6,578	6,184	6,674	6,456	0	0	0	0	0	47,120
HA AGENCY													
TOTAL INFLOWS	6,756	7,588	6,884	6,578	6,184	6,674	6,456	0	0	0	0	0	47,120
OUTFLOWS													
PAYROLL	2,350	2,358	2,363	2,465	2,530	2,506	2,518						17,090
PURCHASES/NON-PAY	2,294	2,226	2,051	2,355	2,265	2,596	2,243						16,030
TAX/NI/SUPERANN	27	1,647	1,653	1,628	1,708	1,764	1,619						10,046
OTHER													0
CAPITAL	433	83	100	297	221	210	467						1,811
INTEREST PAYABLE													0
PDC REPAYABLE													0
DIVIDENDS													0
Trust Outflows	5,104	6,314	6,167	6,745	6,724	7,076	6,847	0	0	0	0	0	44,977
AGENCY													
	5,104	6,314	6,167	6,745	6,724	7,076	6,847	0	0	0	0	0	44,977
BALANCE B/FWD	8,092	9,744	11,018	11,735	11,568	11,028	10,626	10,235	10,235	10,235	10,235	10,235	10,235
Cash in Hand													
CASHFLOW +/-	1,652	1,274	717	(167)	(540)	(402)	(391)	0	0	0	0	0	0
BALANCE C/FWD	9,744	11,018	11,735	11,568	11,028	10,626	10,235	10,235	10,235	10,235	10,235	10,235	10,235
Actual Balances													
PGO A/C	9,744	10,883	11,732	11,503	4,785	4,029	9,348						
Main A/C		138		65	228	599	889						
Investment Account					6,000	6,000	0						
Cash in Hand													
Report	9,744	11,021	11,732	11,568	11,013	10,628	10,237	0	0	0	0	0	0
Cash in Transit	0	3	(3)	0	(15)	2	2	(10,235)	(10,235)	(10,235)	(10,235)	(10,235)	

Item No.	Description	Unit	Quantity	Rate	Amount
Particulars					
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	Mar - 08	Apr - 08	May - 08	Jun - 08	Jul - 08	Aug - 08	Sep - 08	Oct - 08	Nov - 08	Dec - 08	Jan - 09	Feb - 09	Mar - 09	Apr - 09	May - 09	Jun - 09	Jul - 09	Aug - 09	Sep - 09	Oct - 09	Nov - 09	Dec - 09	Jan - 10	Feb - 10	Mar - 10
Annual Planning submission	9.4	9.7	9.0	8.8	9.1	9.5	8.9	9.1	9.2	9.4	9.2	9.0	7.9	8.1	8.3	8.6	9.1	9.6	9.2	9.6	10.0	10.4	9.6	9.9	9.3
Actual Cash Balance	8.1	9.7	11.0	11.7	11.6	11.0	10.6	10.2																	
Working Capital Facility	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5	-5.5



	Mar - 08	Apr - 08	May - 08	Jun - 08	Jul - 08	Aug - 08	Sep - 08	Oct - 08	Nov - 08	Dec - 08	Jan - 09	Feb - 09	Mar - 09	Apr - 09	May - 09	Jun - 09	Jul - 09	Aug - 09	Sep - 09	Oct - 09	Nov - 09	Dec - 09	Jan - 10	Feb - 10	Mar - 10	
Annual Planning Submission	1.165	0.049	0.090	0.129	0.172	0.216	0.260	0.316	0.373	0.430	0.481	0.532	0.585	0.075	0.150	0.226	0.304	0.383	0.462	0.542	0.623	0.706	0.787	0.868	0.951	
Actual I&E position		0.081	0.090	0.498	0.471	0.538	0.597	0.692																		



Maternity Services I&E Statement for the Period Ended 31 October 2008

	31 October 2008				Forecast At 31 March 2009		
	Plan £000	Actual £000	Variance £000	M7 Var £000	Plan £000	Actual £000	Variance £000
<i>Income</i>							
Maternity Contract Income	11,152	11,635	483	35	18,906	19,729	823
Community Midwifery	1,316	1,316	0	0	2,256	2,256	0
Fetal Medicine WMSSA	922	922	0	0	1,576	1,576	0
Fetal Medicine Outside Region	94	92	(1)	4	160	158	(2)
Ward Attenders	20	20	0	0	35	35	0
MFV and Transitional Relief	1,404	1,447	43	43	2,406	2,450	43
Private Patient/Overseas Patients/Amenity Beds Income	7	10	3	3	12	12	(0)
Training, Education, Research & CEAs (From DOH)	742	743	1	(0)	1,272	1,272	1
Other Income	233	213	(19)	(7)	390	343	(47)
Sub Total Income	15,889	16,398	509	78	27,013	27,830	817
<i>Direct/Indirect Costs</i>							
Pay	(7,793)	(7,825)	(32)	(11)	(13,542)	(13,699)	(157)
Non Pay	(826)	(841)	(15)	(2)	(1,400)	(1,431)	(31)
CNST Contribution	(1,439)	(1,439)	0	0	(2,467)	(2,467)	0
Sub Total Expenditure	(10,058)	(10,105)	(47)	(12)	(17,409)	(17,597)	(188)
Surplus/(Deficit) Before Apportioned Costs	5,831	6,293	463	67	9,604	10,233	629
<i>Apportioned/Support Costs</i>							
Clinical Support	(1,938)	(1,998)	(60)	(23)	(3,325)	(3,354)	(29)
Non Clinical Support	(2,715)	(2,859)	(143)	(96)	(4,133)	(4,351)	(218)
Earnings Before Interest, Tax, Depreciation and Amortisation	1,177	1,436	259	(53)	2,147	2,528	382
Depreciation	(786)	(688)	98	14	(1,347)	(1,180)	167
Interest Received	95	143	48	5	162	245	83
Surplus/(Deficit) Before Dividend	486	891	405	(35)	962	1,593	632
Dividend	(441)	(441)	(0)	0	(756)	(756)	(0)
Surplus/(Deficit)	45	450	405	(34)	205	837	632

Gynaecology & ACU I&E Statement for the Period Ended 31 October 2008

	31 October 2008				Forecast At 31 March 2009		
	Plan £000	Actual £000	Variance £000	M7 Var £000	Plan £000	Actual £000	Variance £000
<i>Income</i>							
Gynaecology Contract Income	6,593	6,362	(231)	(5)	10,992	10,609	(383)
EPAU	53	53	0	0	90	90	0
IVF	492	492	0	0	843	843	0
MFF and Transitional Relief	816	841	25	25	1,399	1,424	25
Private Patient/Overseas Patients/Amenity Beds Income	587	511	(76)	(10)	1,006	910	(96)
Training, Education, Research & CEAs (From DOH)	873	874	1	(0)	1,497	1,498	1
Other Income	159	202	43	63	296	372	76
Sub Total Income	9,573	9,335	(238)	74	16,124	15,747	(377)
<i>Direct/Indirect Costs</i>							
Pay	(4,246)	(4,285)	(39)	(38)	(7,262)	(7,288)	(26)
Non Pay	(590)	(707)	(117)	(0)	(1,002)	(1,171)	(169)
CNST Contribution	(65)	(65)	0	0	(112)	(112)	0
Sub Total Expenditure	(4,901)	(5,057)	(156)	(38)	(8,376)	(8,572)	(196)
Surplus/(Deficit) Before Apportioned Costs	4,672	4,278	(394)	36	7,748	7,176	(573)
<i>Apportioned/Support Costs</i>							
Clinical Support	(2,344)	(2,417)	(73)	(28)	(4,020)	(4,056)	(36)
Non Clinical Support	(1,736)	(1,828)	(92)	(62)	(2,642)	(2,782)	(140)
Earnings Before Interest, Tax, Depreciation and Amortisation	592	34	(558)	(54)	1,086	338	(748)
Depreciation	(425)	(372)	53	7	(728)	(638)	90
Interest Received	48	73	25	2	83	125	42
Surplus/(Deficit) Before Dividend	216	(265)	(481)	(44)	440	(175)	(615)
Dividend	(205)	(205)	(0)	0	(352)	(352)	(0)
Surplus/(Deficit)	10	(471)	(481)	(44)	89	(526)	(615)

Genetics I&E Statement for the Period Ended 31 October 2008

	31 October 2008				Forecast At 31 March 2009		
	Plan £000	Actual £000	Variance £000	M7 Var £000	Plan £000	Actual £000	Variance £000
<i>Income</i>							
Clinical Genetics WMSSA	1,986	1,986	0	0	3,296	3,296	0
Clinical Genetics Outside Region	54	86	32	5	90	143	53
Cytogenetics WMSSA	3,714	3,714	0	0	6,165	6,165	0
Cytogenetics Outside Region	162	270	108	24	269	449	179
Private Patient/Overseas Patients/Amenity Beds Income	72	33	(39)	(8)	124	35	(89)
Training, Education, Research & CEAs (From DOH)	355	356	0	(0)	609	610	0
Other Income	1,799	2,109	310	32	3,638	4,031	393
Sub Total Income	8,142	8,553	411	52	14,191	14,728	537
<i>Direct/Indirect Costs</i>							
Pay	(5,546)	(5,463)	83	20	(10,153)	(10,044)	109
Non Pay	(882)	(1,190)	(308)	(25)	(1,516)	(2,003)	(487)
CNST Contribution	(11)	(11)	0	0	(19)	(19)	0
Sub Total Expenditure	(6,438)	(6,663)	(225)	(5)	(11,688)	(12,066)	(378)
Surplus/(Deficit) Before Apportioned Costs	1,704	1,890	187	47	2,503	2,662	159
<i>Apportioned/Support Costs</i>							
Clinical Support	(20)	(21)	(1)	(0)	(34)	(35)	(0)
Non Clinical Support	(690)	(726)	(36)	(24)	(1,049)	(1,105)	(55)
Earnings Before Interest, Tax, Depreciation and Amortisation	994	1,143	149	22	1,419	1,522	104
Depreciation	(552)	(484)	69	10	(947)	(829)	118
Interest Received	40	60	20	2	68	103	35
Surplus/(Deficit) Before Dividend	481	720	238	34	540	796	256
Dividend	(205)	(205)	(0)	0	(352)	(352)	(0)
Surplus/(Deficit)	276	514	238	34	188	444	256

Neonatal I&E Statement for the Period Ended 31 October 2008

	31 October 2008				Forecast At 31 March 2009		
	Plan £000	Actual £000	Variance £000	M7 Var £000	Plan £000	Actual £000	Variance £000
<i>Income</i>							
Baby Clinic	142	160	18	5	236	266	30
Neonatal WMSSA	4,687	4,708	20	20	8,016	8,051	35
Neonatal Outside Region	99	252	152	45	170	431	261
Training, Education, Research & CEAs (From DOH)	392	392	0	(0)	671	672	0
Other Income	166	226	60	46	267	272	5
Sub Total Income	5,486	5,738	252	116	9,360	9,691	331
<i>Direct/Indirect Costs</i>							
Pay	(3,614)	(3,576)	38	8	(6,197)	(6,219)	(22)
Non Pay	(312)	(385)	(73)	(15)	(528)	(651)	(123)
CNST Contribution	(45)	(45)	0	0	(78)	(78)	0
Sub Total Expenditure	(3,972)	(4,007)	(35)	(7)	(6,802)	(6,948)	(146)
Surplus/(Deficit) Before Apportioned Costs	1,514	1,731	217	109	2,558	2,743	186
<i>Apportioned/Support Costs</i>							
Clinical Support	(344)	(354)	(11)	(4)	(590)	(595)	(5)
Non Clinical Support	(796)	(838)	(42)	(28)	(1,212)	(1,276)	(64)
Earnings Before Interest, Tax, Depreciation and Amortisation	374	538	164	77	756	873	116
Depreciation	(276)	(242)	34	5	(473)	(415)	59
Interest Received	31	47	16	2	53	80	27
Surplus/(Deficit) Before Dividend	129	343	214	83	336	538	202
Dividend	(144)	(144)	(0)	0	(246)	(246)	(0)
Surplus/(Deficit)	(14)	199	214	83	90	292	202

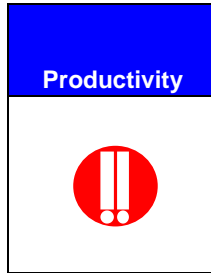
Clinical Support I&E Statement for the Period Ended 31 October 2008

	31 October 2008				Forecast At 31 March 2009		
	Plan £000	Actual £000	Variance £000	M7 Var £000	Plan £000	Actual £000	Variance £000
<i>Income</i>							
AFP	202	207	5	(2)	335	344	9
Cytology	413	413	0	0	707	707	0
Direct Access	124	126	3	(0)	205	210	5
Physiotherapy	82	82	0	0	140	140	0
Post Mortems WMSSA	475	475	0	0	789	789	0
Post Mortems Outside Region	4	13	8	4	7	21	14
Thalassaemia Screening	10	10	0	0	18	18	0
Private Patient/Overseas Patients/Amenity Beds Income	35	35	0	(1)	59	60	1
Training, Education, Research & CEAs (From DOH)	33	33	0	0	56	56	0
Other Income	957	974	17	13	1,640	1,655	15
Sub Total Income	2,334	2,368	34	14	3,957	4,001	44
<i>Direct/Indirect Costs</i>							
Pay	(3,775)	(3,868)	(93)	30	(6,466)	(6,529)	(63)
Non Pay	(2,906)	(2,995)	(89)	(95)	(4,983)	(5,042)	(60)
CNST Contribution	(3)	(3)	0	0	(5)	(5)	0
Sub Total Expenditure	(6,684)	(6,866)	(182)	(65)	(11,454)	(11,577)	(123)
Surplus/(Deficit) Before Apportioned Costs	(4,350)	(4,498)	(148)	(51)	(7,497)	(7,577)	(79)
<i>Apportioned/Support Costs</i>							
Clinical Support	4,646	4,790	144	56	7,969	8,039	70
Non Clinical Support	(187)	(197)	(10)	(7)	(284)	(299)	(15)
Earnings Before Interest, Tax, Depreciation and Amortisation	109	95	(14)	(2)	187	163	(24)
Depreciation	(85)	(74)	11	1	(146)	(128)	18
Interest Received	7	10	3	0	11	17	6
Surplus/(Deficit) Before Dividend	31	31	0	(0)	53	53	0
Dividend	(31)	(31)	(0)	0	(53)	(53)	(0)
Surplus/(Deficit)	(0)	0	0	0	0	0	(0)

Corporate & Facilities I&E Statement for the Period Ended 31 October 2008

	31 October 2008				Forecast At 31 March 2009		
	Plan £000	Actual £000	Variance £000	M7 Var £000	Plan £000	Actual £000	Variance £000
<i>Income</i>							
Other (Balancing Figure)	(339)	(381)	(41)	(29)	452	349	(102)
Emergency Threshold	81	0	(81)	(12)	138	0	(138)
Other Income	3,534	3,441	(93)	(50)	5,371	5,138	(234)
Sub Total Income	3,275	3,060	(215)	(91)	5,962	5,487	(475)
<i>Direct/Indirect Costs</i>							
Pay	(4,637)	(4,555)	82	(29)	(7,944)	(7,841)	103
Non Pay	(6,327)	(6,517)	(190)	(97)	(10,019)	(10,140)	(121)
CNST Contribution	1,564	1,564	(0)	(0)	2,681	2,681	(0)
Sub Total Expenditure	(9,399)	(9,508)	(108)	(126)	(15,282)	(15,300)	(18)
Surplus/(Deficit) Before Apportioned Costs	(6,124)	(6,448)	(324)	(217)	(9,320)	(9,813)	(493)
<i>Apportioned/Support Costs</i>							
Clinical Support	0	0	0	0	0	0	0
Non Clinical Support	6,124	6,448	324	217	9,320	9,813	493
Earnings Before Interest, Tax, Depreciation and Amortisation	0	0	(0)	(0)	0	0	(0)
Depreciation	0	0	0	0	0	0	0
Interest Received	0	0	0	0	0	0	0
Surplus/(Deficit) Before Dividend	0	0	(0)	(0)	0	0	(0)
Dividend	0	0	0	0	0	0	0
Surplus/(Deficit)	0	0	(0)	(0)	0	0	(0)

1) Performance Dashboard October 2008



Key:

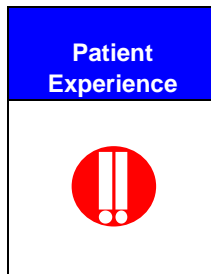
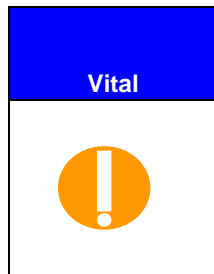
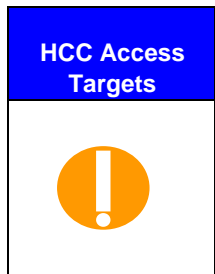
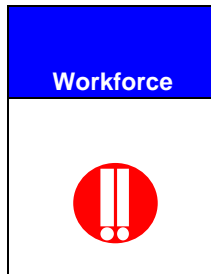
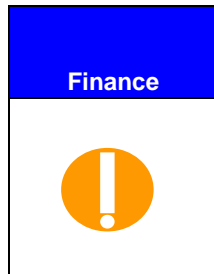
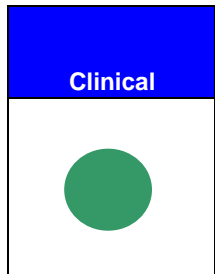
No Alerts



Alert on 2 indicators or less



Alerts on more than 2 indicators



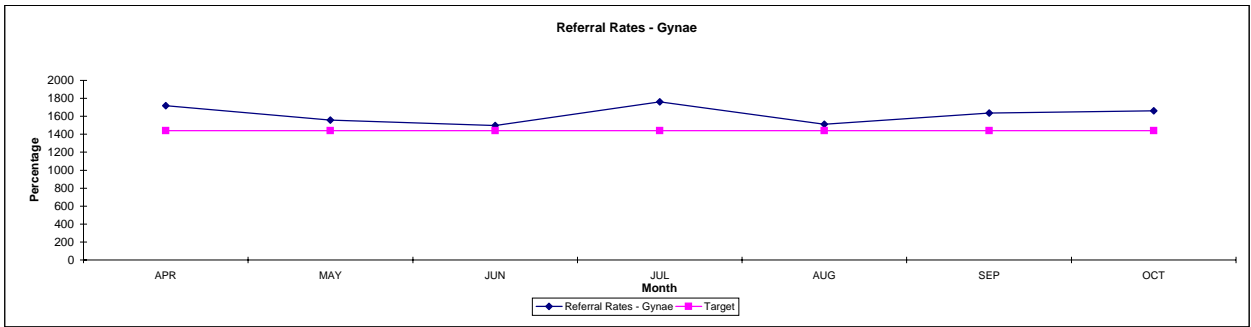
2) Key Performance Indicators - October 2008

Dataset	Indicator	Bench mark	Trigger	Target	Monthly Actual	Position against target (colour). Trend from previous month text.	Detailed report	Forecast Year End Position
		National Benchmark						
Market Trend Awareness/ Strategy	Total inpatient and daycase waiting list size		>500	500	394	Adverse change		394
	Total Gynae outpatient waiting list size		>1500	1500	1191	Adverse change	Performance	1191
	Referral Rates - Gynae	1440	<1368 and >1512	1461	1661	Adverse change	Performance	1440
	Referral Rates - Maternity	1883	<1789 and >1977	1519	1941	Favourable change	Performance	1884
	Referral Rates - Genetics	587	<568 and >616	577	748	Adverse change	Performance	587
Core Standards	Safety	compliance	Breach	No lapses	no lapses		Clinical Governance	
	Clinical & cost effectiveness	compliance	Breach	No lapses	no lapses	no change	Clinical Governance	
	Governance	compliance	Breach	No lapses	no lapses	no change	Clinical Governance	
	Patient focus	compliance	Breach	No lapses	no lapses	no change	Clinical Governance	
	Accessible & responsive care	compliance	Breach	No lapses	no lapses	no change	Clinical Governance	
	Care environment & amenities	compliance	Breach	No lapses	no lapses	no change	Clinical Governance	
	Public health	compliance	Breach	No lapses	no lapses	no change	Clinical Governance	
Productivity & Efficiency	Maternity LOS postnatal	1.93		1.93	2.08	Adverse change	Performance	2.08
	Gynae Length of Stay (exc daycases and emergencies)	3.1		2.90	2.35	Adverse change	Performance	2.26
	Daycase rate 1 - as % of all elective admissions	50%		>50%	48%	Adverse change	Performance	51%
	Gynaecology Daycase Over Stay Rate	13.86%	>10%	5%	8.02%	Favourable change	Performance	8.00%
	Gynae Pte operative Avg Los	0.15		0	0.11	Adverse change	Performance	0.14
	Elective Admitted patients surgery within 2 days - no of breaches	0	>0	0	0		Performance	
	Theatre utilisation	80%	<75	80%	88.0%	favourable change	Performance	
	Gynae New to FU ratio	1.40		<1.50	1.47	Adverse change	Performance	1.50
	Occupancy Rate - Neonatal ITU	80%	<76%	105%	105%	Adverse change	Performance	88%
	Genetics DNA Rate	11.00%	>11%	<11%	12.00%	No Change		
Clinical Quality (Quarterly)	Stillbirth rate per 1000 live births	5.4	>7.4	<7.4	4.7	favourable change		7.2
	Serious Untoward Incidents		>2		£0	Favourable change		
	Litigation - New	2	>5		3	No Change		
	Litigation - Ongoing 06/07	77			66	Adverse Change		
Finance	Year to date I&E position	plan or >	off plan	£317k	£692k	favourable change	Finance	£1.3m
	Year to date I&E normalised	plan or >	off plan	£(395)k	£2k	favourable change	Finance	
	In month run rate	plan or >	off plan	£57k	£94k	favourable change	Finance	NA
	In month run rate normalised	plan or >	off plan	£(45)k	£(5)k	favourable change	Finance	NA
	Year to date Ebitda	plan or >	off plan	£3,247	£3,247	Adverse change	Finance	6
	Year to date Ebitda margin	plan or >	off plan	7.3%	7.1%	Adverse change	Finance	7.2%
	Year to date CIP performance	plan or >	off plan	£963k	£963k	No Change	Finance	£2.5m
	CIP recurrent/non-recurrent delivery	plan or >	off plan	70/30	54/46	No Change	Finance	60/40
Workforce	Contracted WTE	1258	>1258	<1258	1304.80	Adverse Change	Head Count: 1502	
	Agency/Bank spend as a % of directorate payroll	2.85	>2.85%	<2.85%	5.36%	Adverse Change		3.00%
	Sickness Absence Rate %	4%	>4%	<4%	4.41%	Adverse Change		4.20%
	Staff Turnover Rate %	14%	>14.10%	<14.10%	13.71%	Positive Change	Leavers:16	14.10%
	Employee Investigations	4weeks	>4 weeks	<4 weeks	2	No Change		0
	KSF - Staff groups with Job Outlines %	85%	<85%	>85%	65.80%	Adverse Change	887/1348	85%
	KSF - Staff who have received PDR %	50%	<50%	>50%	28%	Positive Change	376/1359	80%
	Pay as a % of Trust Income	66.80%	>66.80%	<66.80%	60.27%	Positive Change		
	Consultant appraisal undertaken in previous 12 months %	100%	<100%	>100%	100%	No Change		100.00%
	Consultants with revised job plan	80%	<80%	>80%	85%	No Change		100%
HCC Access Targets	Cancer 2 week wait	No lapses	Breach	No lapses	no lapses	no change	Performance	
	Cancer 1 month diagnosis to treatment	No lapses	Breach	No lapses	no lapses	no change	Performance	
	Cancer 2 month GP urgent referral to treatment	No lapses	Breach	No lapses	no lapses	no change	Performance	
	Cancelled Operations on day of surgery	1	>1	<3	1	favourable change	Performance	18
	Cancelled Operations not admitted within 28 days	No lapses	Breach	No lapses	no lapses	no change	Performance	
	Choice information in place	implemented	Lapse	Implemented	implemented	no change	Performance	
	Inpatient & outpatient booking	100%	Breach	100%	100%	no change	Performance	
	Inpatients waiting >26 weeks	0>standard	Breach	No lapses	no lapses	no change	Performance	
	Outpatients waiting >13 weeks	0>standard	Breach	No lapses	51	favourable change	Performance	
	Admitted patients seen within 18 weeks			>90% by Dec 08	95.5%	Adverse Change	Performance	
Vital Signs	Non-admitted patients seen within 18 weeks			>95% by Dec 08	87.8%	favourable change	Performance	
	Data quality on ethnic group	100%	<95%	100%	95.0%	favourable change	Performance	95.0%
	Smoke free NHS	Implemented	Lapse	Implemented	implemented		Performance	
	PALS cases	20 cases	>25 cases	20cases	20 cases	no change	Quarterly Report to CGC	
	MRSA Bacteraemia	<6 cases	>0	0	0	no change	Medical Director	
	CDIFF	0	>0	0	0	no change		
	Waiting times for MRI & CT	0	Breach	No lapses	no lapses	no change	Performance	
	BreastFeeding initiated	67%	>60%	67%	66.00%	favourable change		
	Smoking during pregnancy	11%	>13%	11%	18%	no change		
	% of Women seen by 12 weeks	80%	<78%	80%	87%	no change		
Patient Experience	Patient Written Complaints	<5	6	<5	11	Adverse Change	Patient Experience	
	Complaint Written Response within 25 day deadline	95%	95%	95%	25%	Adverse Change	Patient Experience	
	Compliment of service letters received By CEO				2	No Change	Patient Experience	
	PEAT annual inspection results			maintain excellent	inspection 06.02.09			
	Essence Of Care Indicators	Review standards annually	not achieved	Audit standards			Quarterly Quality Indicators Report	
	1 communication		not achieved	Neonates	Audited	Audited	Clinical Support	Genetics
	2 continence		not achieved	Maternity	Audited	Audited	Audited	audited
	3 hygiene		not achieved	Not relevant	Audited	Audited	not relevant	not relevant
	4 nutrition		not achieved	On going	Audited	Audited	not audited	not relevant
	5 pressure ulcers		not achieved	Audited	Audited	Audited	not relevant	not relevant
6 privacy and dignity		not achieved	On going	Audited	Audited	on going	audited	
7 recordkeeping		not achieved	Audited	Ongoing	Audited	audited	audited	
8 safety		not achieved	On going	Audited	Audited	on going	not audited	
9 self care		not achieved	Not relevant	Audited	Audited	not relevant	not relevant	
10 promoting health		not achieved	On going	Not audited	Audited	not audited	audited	
11 care environment		not achieved	Audited	Ongoing	Audited	on going	audited	
Foundation Status	Number of Members	5000 by end of year	<120	150 increase per month				5000

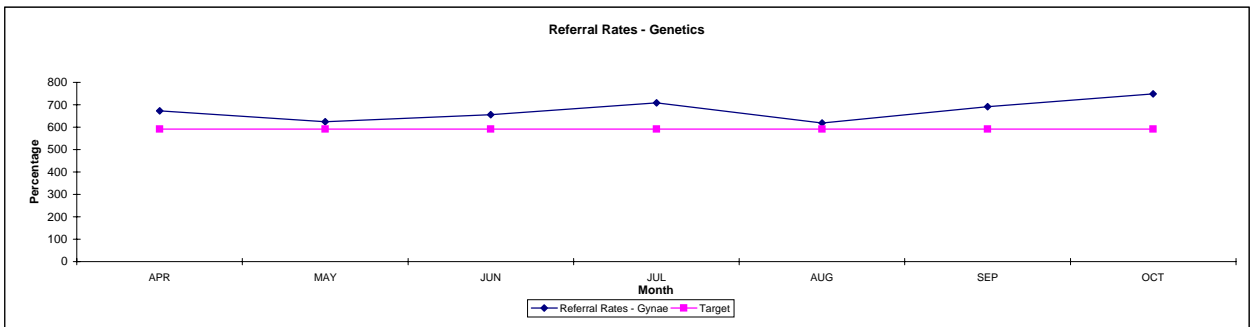
assessed on an individual basis

Market Trend Awareness

Indicator	Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact
Referral Rates - Gynae	1461	1661	referrals above target this month	continue to monitor	on going	S.Kaur	Unable to meet waiting time targets	Financial and reputation



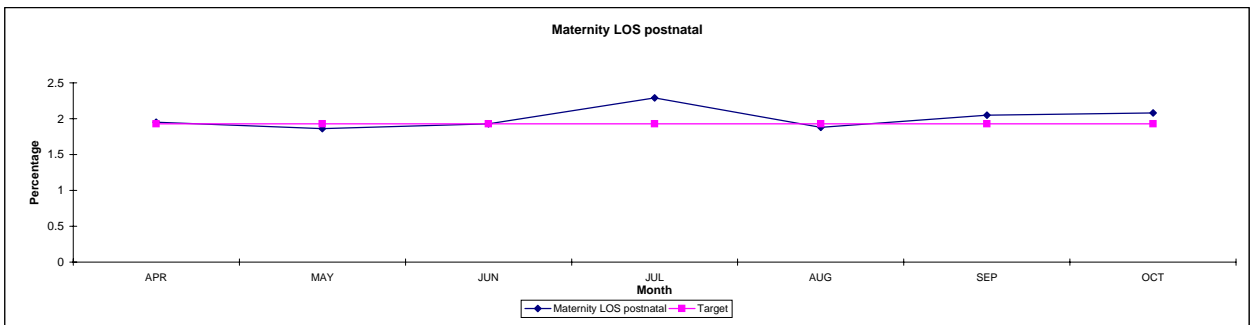
Indicator	Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact
Referral Rates - Genetics	577	748	This is the highest number of	The directorate are aware of and increase in workload and our bid to the commissioners for 08/09 includes posts to address these pressures.	on going	A. Daly	Unable to achieve waiting time targets	HCC results affected



Core Standards

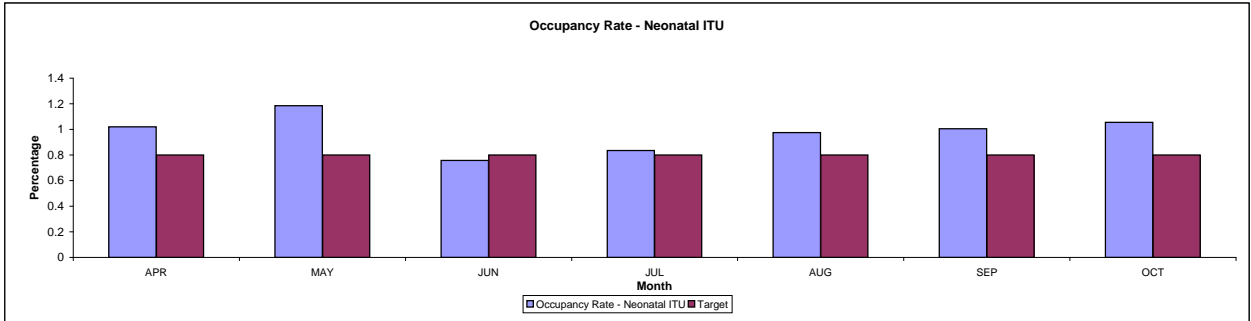
Productivity & Efficiency

Indicator	Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact
Maternity LOS postnatal	1.9	2.1	Slight increase in LOS this month		Continue to monitor	general manager	insufficient capacity	bed blockages



Indicator	Target	Trend/actual	Commentary	Completion date	Lead	Risk	Impact
Occupancy Rate - Neonatal ITU	80%	105%			continue to monitor	general manager	

Contual overperformance could lead to inability to accept ITU

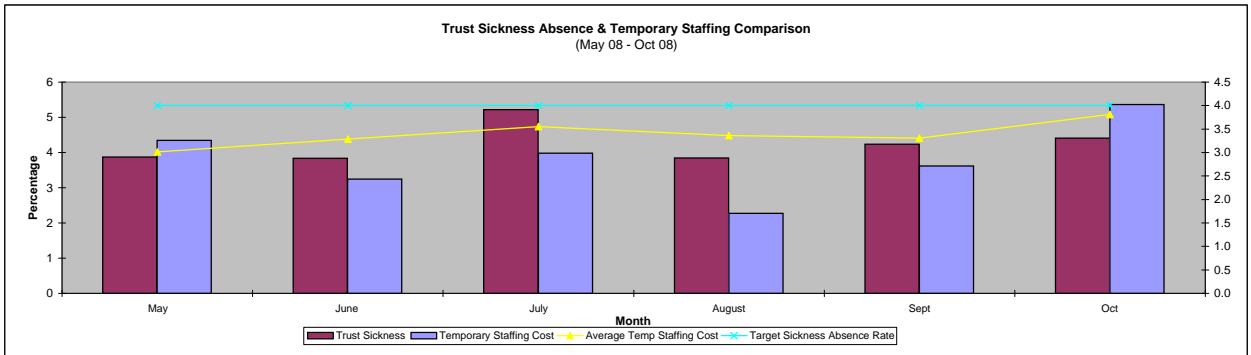


Clinical Quality

Finance

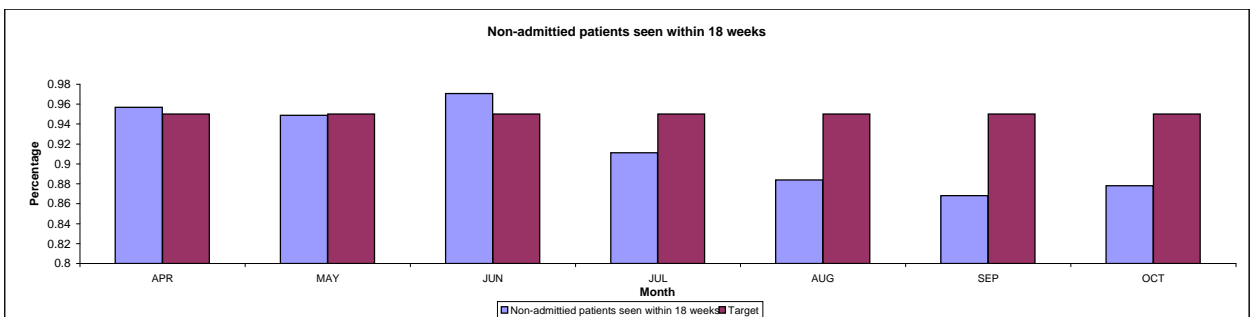
Workforce

Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact	Impact
4.0%	4.24%	The table highlights the trends in absence against the national average and also provided are the trends for temporary staffing levels in order to identify any correlation.	Detailed reports have been provided to each directorate regarding sickness hotspots in order for relevant management to take place.	Monthly	Associate Director for HR	Cost/Morale/ service Provision	Higher bank/ agency costs.	Financial and Activity



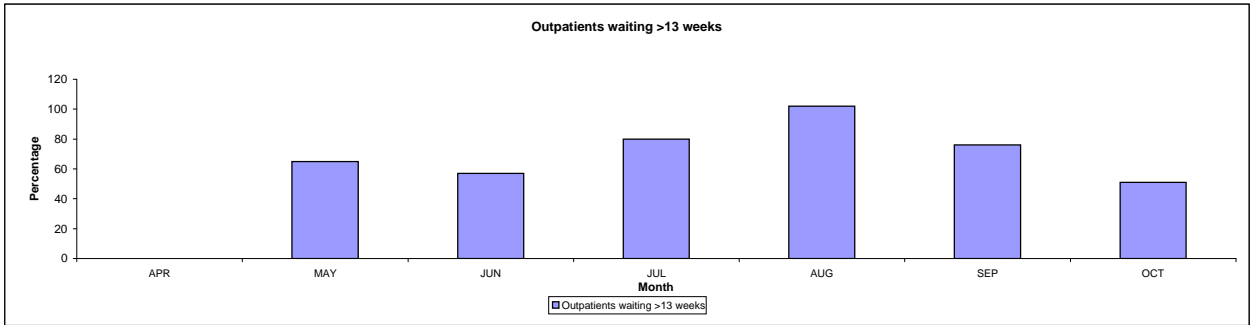
HCC Access Targets

Indicator	Target	Trend/actual	Commentary	Completion date	Lead	Risk	Impact
Non-admitted patients seen within 18 weeks	>95% by Dec 08	87.8%					



■ Non-admitted patients seen within 18 weeks ■ Target

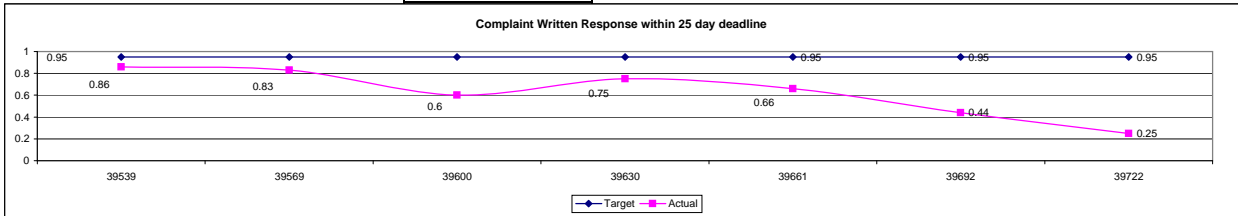
Indicator	Target	Trend/actual	Commentary	Completion date	Lead	Risk	Impact
Outpatients waiting >13 weeks	0	51	This is the picture within genetics. Confirmation has been received that 13weeks does apply			failure to reach targets	



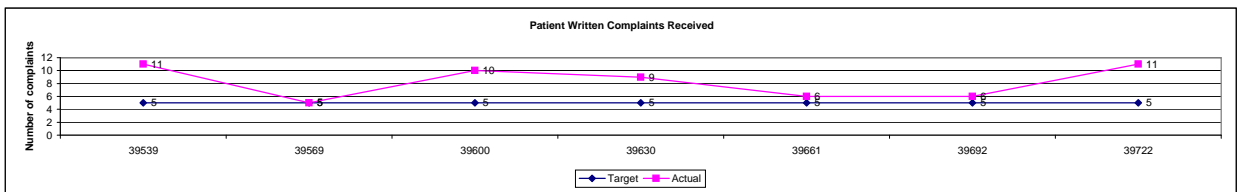
Vital Signs

Patient Experience

Indicator	Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact
Complaint response in 25 days	95.0%	25.00%	As part of the early adopter system, response times are now agreed with the complainant. This may be outside the 25 day deadline. In addition, many cases are complex and take longer to respond in full.	Continue to monitor performance and patient satisfaction	on going	J Owen		



Indicator	Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact
Complaints received	<5	11.00	A high number have been received this month	Continue to monitor and check for trends	on going	J Owen		



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Birmingham Women's



NHS Foundation Trust

SUBJECT :	Integrated Performance Report
REPORT BY :	Jane Owen/Tim Woods/Neil Savage
AUTHOR :	Jane Owen

CONTEXT AND BACKGROUND FOR REPORT

The Integrated Performance Report provides detailed information relating to the activity and performance of the organisation according to national and local standards.

KEY ISSUES FOR THE BOARD OF DIRECTORS' CONSIDERATION AND DECISION

The Board are asked to consider the enclosed Dashboard Report that highlights detailed activity and performance information set against national and locally agreed benchmarking information.

Where there is a variance within a particular item against the figures presented in the previous month, this will be highlighted in the text description as favourable or adverse. The colour indication refers to the position against the target and for red indicators. An exception report will be provided giving further details on this matter for variances which fall outside the definition of normal. The picture is completed by the end of year forecast position which indicates with the current actions where the position is expected to be as at the 31st March 2009.

RECOMMENDATIONS

The Board are asked to consider the performance information and to be assured that this has been managed appropriately by the Executive Management Team.

SUBJECT:	Infection Control Policies
REPORT BY:	
AUTHOR:	Jane Owen Director of Nursing, Midwifery & Operations/DIPC

CONTEXT AND BACKGROUND FOR REPORT

New and revised infection control policies.
All have been approved by Infection Control Committee and Clinical Governance Committee.

KEY ISSUES FOR THE BOARD OF DIRECTOR'S CONSIDERATION AND DECISION:New Infection Control Policies

- Policy for the control of PVL-Associated Staphylococcus aureus (PVL-SA) infections
- Policy for the control of extended-spectrum β -Lactamase-Producing Gram-Negative Bacteria.

Revised Infection Control Policies

- Introduction to Infection Control and Arrangements for Reporting of Infections
- Policy for the use of Gloves in the Clinical Area
- Policy for the Management of Risks Associated with Needlestick Injuries and Mucous Membrane Exposures to Blood and Body Fluids (Inoculation Injuries)

To note

Minor change to the Cleaning, Disinfection & Decontamination Policy (re decontamination of anaesthetic equipment). Available on the "U" drive.

RECOMMENDATIONS:

To approve the policies.

Birmingham Women's NHS Foundation Trust

**POLICY FOR THE CONTROL OF PVL-
ASSOCIATED *Staphylococcus aureus* (PVL-SA)
INFECTIONS**

Date of Policy: September 2008

Author: Jim Gray

Next Review Date: June 2011

ENCLOSURE 6
Ref 12/08/public/A15a/v1

Type:	Policy for the control of PVL-associated <i>Staphylococcus aureus</i> (PVL-SA) infections	Version:	1	Directorate:	N/A
		Ref:			

Aim:	To define the measures used to control ESBL-producing Gram-negative bacteria at BWHFt
Scope (who it applies to) :	This policy applies to <u>all</u> employees working in clinical areas or in the laboratories (especially the Microbiology Department).

Ratified by:	
Date:	
Final Approval by:	
Date:	
Approval Signatories	
Implementation Date:	

Review and consultation process (when review required & by whom):	
Responsibility for Implementation:	

Revisions:		
Date:	Author:	Description of Revision (Action by whom):

HISTORY

Review date:		Effective from:	
Effective to:			
Action Required by Trust/Dept			

Distribution methods:	Copy on Global U Drive Any printed copies may not necessarily contain latest updates and should be compared to the version on the U Drive.
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1. INTRODUCTION

Panton Valentine Leukocidin (PVL) is believed to be a virulence factor (or at least a marker of virulence) that is produced by some strains of *Staphylococcus aureus*. PVL-SA causing a new pattern of disease (especially skin and soft tissue infections (SSTI) and serious invasive infections such as necrotising pneumonia) have emerged in the UK and worldwide. To date most PVL-SA infections in the UK have been meticillin-susceptible. However, in the USA PVL-producing community-associated strains of MRSA (CA-MRSA) have emerged as a serious public health problem, and these strains are seen from time to time in the UK.

Control measures are required to prevent virulent PVL-SA becoming established in hospitals. In addition, specific precautions may be required for staff and/or patients who have been knowingly exposed to PVL-SA. The aim of this policy BWHFT.

2. PURPOSE

The purpose of this policy is to describe the measures used to control PVL-SA at BWHFT.

3. EPIDEMIOLOGY OF PVL-SA

Mode of transmission: direct or indirect person-to-person transmission.

Incubation period: variable, but prolonged asymptomatic colonisation preceding infection may occur.

Period of communicability: variable: often long-lasting and relapse may occur.

4. IDENTIFICATION OF PATIENTS INFECTED WITH PVL-SA

PVL-SA should be suspected in the following circumstances:

- ❑ Necrotising skin or soft tissue infection (SSTI)
- ❑ Recurrent furunculosis or abscesses
- ❑ Clustering of SSTI within a household or social group
- ❑ Invasive *S. aureus* infections in immunocompetent individuals, especially community-associated necrotising pneumonia
- ❑ Isolates of MRSA that are ciprofloxacin-susceptible

Isolates of *S. aureus* that fall into any of these categories will be referred by the Microbiology Department to the Staphylococcus Reference Laboratory at the HPA for toxin gene profiling.

5. MANAGEMENT OF CONTACTS OF A CASE OF PVL-SA INFECTION

5.1 Household contacts of a case of necrotising pneumonia with PVL-SA

All household contacts should be offered empiric decolonisation therapy

5.2 Household contacts of other types of infection with PVL-SA

Individuals with signs of active infection should be commenced empirically on topical &/or systemic antimicrobial therapy.

Individuals without active infection, but with a history of past infection should also be commenced empirically on topical decolonisation therapy.

Risk assessment should be undertaken to determine whether screening &/or decolonisation are appropriate for other close contacts. Considerations in undertaking that risk assessment will include:

- Likelihood of compliance with decolonisation treatment
- Presence of an infected lesion (e.g. chronic ulcer) that may impair the likelihood of successful screening
- Likelihood of re-colonisation from any source
- Feasibility and safety of administering decolonisation treatment to neonates
- Employment history of adults

5.3 Social (non-household) contacts of a case of infection with PVL-SA

Screening &/or treatment may be indicated in some high-risk situations, e.g. care homes, schools and nurseries. However, management decisions on these individuals should be made by the Health Protection Unit and not by the hospital.

5.4 Healthcare workers

HCWs in direct contact with respiratory secretions (especially during intubation or mouth-to-mouth resuscitation) from a patient with PVL-SA necrotising pneumonia, and who were not wearing appropriate PPE should be screened 3-7 days after the exposure, and advised to seek prompt medical attention if they develop symptoms of infection.

5.5 Screening samples

Nose swab (both nostrils sampled using the same swab) + areas of damaged skin + any other suspicious lesions. Other sites, e.g. perineum, axillae, may also be considered.

6. INFECTION CONTROL MANAGEMENT OF PATIENTS WITH PVL-SA

6.1 In-patients

- ❑ Patients must be isolated in a single room with the door closed.
- ❑ Meticulous hand hygiene and environmental cleaning
- ❑ Staff must wear appropriate PPE: gloves and aprons when entering the room; face and eye protection during intubation or respiratory care of patients with necrotising pneumonia).
- ❑ Lesions should be covered and personal hygiene emphasised.
- ❑ In the event that it is necessary to move the patient, this must be done in accordance with *Infection Control Guidance on the Admission, Movement Within the Hospital, Transfer Between Hospitals & Discharge of Patients*
- ❑ The patient (or, in the case of Neonates, their family) must be informed of the diagnosis, and its implications.
- ❑ The occurrence of two or more cases of colonisation or infection with PVL-SA that may be linked must be managed as an outbreak, in accordance with the *Policy for the Management of Outbreaks of Infection in the Hospital*.

6.2 Outpatients

Out-patient attendances generally present a low risk of transmission of PVL-SA, and specific control measures are not usually required.

6.3 Discontinuation of infection control measures

Infection control measures will usually be continued for the duration of the patient's hospital admission. However, after the patient has commenced antimicrobial therapy, and where there are competing demands for isolation facilities, the Infection Control Team may advise that it is appropriate for a patient to be taken out of isolation.

7. TREATMENT OF INFECTIONS WITH PVL-SA

7.1 SSTI

7.1.1 Mild to moderate infections with MSSA
Flucloxacillin or clindamycin

7.1.2 Mild to moderate infections with MRSA
Rifampicin + doxycycline or fusidic acid or trimethoprim or clindamycin

7.1.3 Severe infections
Linezolid + clindamycin + rifampicin
Early surgical review

7.2 Necrotising pneumonia

Linezolid + clindamycin + rifampicin
Once the patient has stabilised therapy can be rationalised to rifampicin + clindamycin or linezolid
Adjunctive therapy with intravenous immunoglobulin should be considered

8. DECOLONISATION THERAPY

5 day course of mupirocin nasal + chlorhexidine 4% bodywash ± chlorhexidine gargles

Swabs to determine clearance are not routinely necessary, but may be indicated for healthcare workers or for individuals with a history of recurrent infections with PVL-SA.

9. MONITORING OF COMPLIANCE WITH THIS POLICY

Day-to-day monitoring of compliance with this policy will be undertaken by the Infection Control Team, which notes laboratory reports of isolates of bacteria with unusual antibiotic resistance patterns, communicates these to clinical staff, and undertakes regular visits to clinical areas.

The Annual Infection Control Programme includes formal audits of compliance with Infection Control Policies. Inclusion of this policy in the Programme will be considered each year.

10. ASSOCIATED DOCUMENTS & REFERENCES

ENCLOSURE 6

Ref 12/08/public/A15a/v1

PVL Subgroup of the Steering Group on Healthcare Associated Infection. Guidance on the diagnosis and management of PVL-associated *Staphylococcus aureus* infections (PVL-SA) in England. Health Protection Agency, London, 2008.

Various other Infection Control Policies may be applicable to the implementation of this policy, including:

- ❑ Infection Control Guidance on the Admission, Movement Within the Hospital, Transfer Between Hospitals & Discharge of Patients
- ❑ Isolation Policy
- ❑ Policy for Effective & Appropriate Hand Hygiene
- ❑ Policy for the Management of Outbreaks of Infection in the Hospital.

Birmingham Women's NHS Foundation Trust

**POLICY FOR THE CONTROL OF
EXTENDED-SPECTRUM β -LACTAMASE-
PRODUCING GRAM-NEGATIVE BACTERIA**

Date of Policy: September 2008

Author: Jim Gray

Next Review Date: June 2011

ENCLOSURE 7
Ref 12/08/public/A15b/v1

Type:	Policy for the Control of Extended-spectrum β -lactamase-producing Gram-negative Bacteria	Version:	1	Directorate:	N/A
		Ref:			

Aim:	To define the measures used to control ESBL-producing Gram-negative bacteria at BWNFt
Scope (who it applies to) :	This policy applies to <u>all</u> employees working in clinical areas or in the laboratories (especially the Microbiology Department).

Ratified by:	
Date:	
Final Approval by:	
Date:	
Approval Signatories	
Implementation Date:	

Review and consultation process (when review required & by whom):	
Responsibility for Implementation:	

Revisions:		
Date:	Author:	Description of Revision (Action by whom):

HISTORY

Review date:		Effective from:	
Effective to:			
Action Required by Trust/Dept			

Distribution methods:	Copy on Global U Drive Any printed copies may not necessarily contain latest updates and should be compared to the version on the U Drive.
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1. INTRODUCTION

Extended-spectrum beta-lactamases (ESBLs) are an increasingly important cause of antibiotic resistance in Gram-negative bacteria throughout the world. ESBLs destroy, and therefore confer resistance to, penicillins and cephalosporins. Moreover, the genes that encode ESBL production are frequently associated with other antibiotic resistance genes, meaning that ESBL-producing bacteria are also frequently resistant to other classes of antibiotic, including the aminoglycosides (e.g. gentamicin) and fluoroquinolones (e.g. ciprofloxacin). Therapeutic options for infections with these bacteria are therefore very limited. Not only are infections difficult and expensive to treat, they impact on length of hospital stay, and may also be a threat to life. Not only are ESBL-producing bacteria a recognised cause of infections acquired in hospital, but the prevalence of these bacteria in the community is increasing.

Successful control of ESBL-producing bacteria in hospitals where these bacteria are not endemic is focused on the management of colonised or infected patients. In addition, any in-patient newly found to harbour ESBL-producing bacteria will be assessed to determine whether the bacterium could have been acquired in hospital or not. Where the possibility of hospital acquisition cannot be excluded, systematic screening of patients and/or staff may be required.

2. PURPOSE

The purpose of this policy is to describe the measures used to control ESBL-producing Gram-negative bacteria at BWNFt.

3. EPIDEMIOLOGY OF ESBL-PRODUCING GRAM-NEGATIVE BACTERIA

Mode of transmission: direct or indirect person-to-person transmission.

Incubation period: variable, but can be prolonged.

Period of communicability: variable: often long-lasting and relapse may occur.

4. GENERAL MEASURES TO PREVENT & CONTROL ESBL-PRODUCING GRAM-NEGATIVE BACTERIA

As well as specific measures to identify and manage patients with ESBL-producing Gram-negative bacteria (see Section 6), general good infection prevention and control practices play an important role in reducing the risk of emergence and transmission of

these bacteria. These measures may need to be reinforced or enhanced in the event of an outbreak of infection with ESBL-producing bacteria. Such measures include:

- ❑ Good hand hygiene (see also *Policy for Effective & Appropriate Hand Hygiene*).
- ❑ High standards of environmental cleanliness (see also *Cleaning, Disinfection & Decontamination Policy*).
- ❑ Appropriate antibiotic prescribing, supported by an antibiotic policy, education of prescribers, and regular audit of antibiotic use.

5. IDENTIFICATION OF PATIENTS WITH ESBL-PRODUCING GRAM-NEGATIVE BACTERIA

At present routine screening of patients for the presence of ESBL-producing bacteria is not undertaken. The Microbiology laboratory has a Standard Operating procedure that defines when and how routinely-isolated Gram-negative bacteria should be tested for ESBL production.

The case notes of patients found to be colonised or infected with MRSA must be identified by an 'Alert' sticker (see *Policy for marking the covers of case notes of patients who represent an infective hazard*).

6. INFECTION CONTROL MANAGEMENT OF PATIENTS WITH ESBL-PRODUCING GRAM-NEGATIVE BACTERIA

6.1 Inpatients

Isolation is the cornerstone to the infection control management of patients who are currently, or who have recently (within the preceding 6 months, or during the current pregnancy in the case of pregnant women) been, colonised or infected with ESBL-producing bacteria. The requirement for isolation of patients with a history of earlier carriage of ESBL-producing bacteria, or who are at increased risk of having such a bacterium is planned on the basis of risk. Criteria for isolating patients who have, or who are at risk of having, ESBL-producing Gram-negative bacteria are defined in Figure 6.1.

Further control measures:

- ❑ Hands must be decontaminated after contact with the patient or her environment.
- ❑ The patient's antibiotic therapy must be reviewed, with the aim of a) eliminating the selective pressure caused by agents to which the ESBL-producing Gram-negative bacteria are resistant, and b) ensuring that infection with ESBL-producing Gram-negative bacteria is effectively treated.

- ❑ The need for enhanced environmental cleaning should be considered on a case by case basis.
- ❑ In the event that it is necessary to move the patient, this must be done in accordance with *Infection Control Guidance on the Admission, Movement Within the Hospital, Transfer Between Hospitals & Discharge of Patients*
- ❑ The patient (or, in the case of Neonates, their family) must be informed of the diagnosis, and its implications.
- ❑ The occurrence of two or more cases of colonisation or infection with ESBL-producing bacteria that may be linked must be managed as an outbreak, in accordance with the *Policy for the Management of Outbreaks of Infection in the Hospital*.

Figure 6.1: Risk-based approach to the infection control management of patients with current, or risk factors for, colonisation with ESBL-producing Gram-negative bacteria

<i>Patients at high risk of having &/or transmitting ESBL-producing Gram-negative bacteria, and who MUST therefore be admitted to a side room with standard isolation precautions</i>
<ul style="list-style-type: none"> ❑ Patients known to currently be infected or colonised with ESBL-producing Gram-negative bacteria. ❑ Patients who have been infected or colonised with ESBL-producing Gram-negative bacteria. ❑ at some time in the preceding six months (or during the current pregnancy in the case of pregnant women). ❑ Patients who were last documented to be infected or colonised with ESBL-producing Gram-negative bacteria more than 6 months ago and have diarrhoea and/or are prescribed systemic antibiotic treatment (other than single-dose peri-operative prophylaxis) ❑ Patients admitted from a hospital ward or unit where there is a known or likely high prevalence of ESBL-producing Gram-negative bacteria.
<i>Patients who DO NOT require isolation, about whom the Infection Control Team must be informed</i>
<ul style="list-style-type: none"> ❑ Patients who were last documented to be infected or colonised with ESBL-producing Gram-negative bacteria more than 6 months ago and who DO NOT have diarrhoea and/or are NOT BEING prescribed systemic antibiotic treatment. ❑ Patients who are healthcare workers in an environment where ESBL-producing bacteria are prevalent.

6.2 Outpatients

Out-patient attendances that do not involve invasive procedures generally present a low risk of transmission of ESBL-producing Gram-negative bacteria, and specific control measures are not usually required. In cases where there may be a greater risk of transmission (e.g. where an invasive procedure is undertaken as an out-patient; if the patient has a significant wound infection; or if the patient is incontinent of faeces) the Infection Control Team must be informed, so that appropriate control measures can be planned.

7. DISCONTINUATION OF INFECTION CONTROL MEASURES

Because excretion of ESBL-producing bacteria is often prolonged, and there is no recognised eradication therapy, isolation and other infection control measures must always be continued for the duration of the patient's admission. Future in-patient and out-patient hospital attendances should be managed as described in Sections 5.1 and 5.2.

8. MOVEMENT, DISCHARGE, OR TRANSFER TO ANOTHER HEALTHCARE INSTITUTION, OF PATIENTS

This should be undertaken in accordance with the Infection Control policy, *Infection Control Guidance on the Admission, Movement Within the Hospital, Transfer Between Hospitals & Discharge Of Patients*.

9. MONITORING OF COMPLIANCE WITH THIS POLICY

Day-to-day monitoring of compliance with this policy will be undertaken by the Infection Control Team, which notes laboratory reports of isolates of bacteria with unusual antibiotic resistance patterns, communicates these to clinical staff, and undertakes regular visits to clinical areas.

The Annual Infection Control Programme includes formal audits of compliance with Infection Control Policies. Inclusion of this policy in the Programme will be considered each year.

10. ASSOCIATED DOCUMENTS & REFERENCES

Health Protection Agency. Investigations into multi-drug resistant ESBL-producing *Escherichia coli* strains causing infections in England. September 2005.

http://www.hpa.org.uk/static/publications/2005/esbl_report_05/default.htm

Various other Infection Control Policies may be applicable to the implementation of this policy, including:

- Cleaning, Disinfection & Decontamination Policy
- Infection Control Guidance on the Admission, Movement Within the Hospital, Transfer Between Hospitals & Discharge of Patients
- Isolation Policy
- Policy for Effective & Appropriate Hand Hygiene

ENCLOSURE 7

Ref 12/08/public/A15b/v1

- Policy for marking the covers of case notes of patients who represent an infective hazard
- Policy for the Management of Outbreaks of Infection in the Hospital.

Birmingham Women's NHS Foundation Trust

**INTRODUCTION TO INFECTION CONTROL
AND ARRANGEMENTS FOR REPORTING OF
INFECTIONS**

Date of Policy: September 2008

Author: Jim Gray

Next Review Date: June 2011

ENCLOSURE 8
Ref 12/08/public/A15c/v1

Type:	Introduction to Infection Control and Arrangements for Reporting of Infections	Version:	6	Directorate:	N/A
		Ref:			

Aim:	To provide contact details for persons or organisations with responsibility for infection prevention and control, and to list those infections that should be notified within &/or outside the Trust.
Scope (who it applies to):	This policy applies to <u>all</u> employees irrespective of grade, level, location or staff group.

Ratified by:	
Date:	
Final Approval by:	
Date:	
Approval Signatories	
Implementation Date:	

Review and consultation process (when review required & by whom):	
Responsibility for Implementation:	

Revisions:		
Date:	Author:	Description of Revision (Action by whom):
December 1996	Jim Gray	Original policy
December 1999	Jim Gray	Minor update
September 2002	Jim Gray	Minor update
January 2005	Jim Gray	Minor update
October 2006	Jim Gray	Policy shortened with some information transferred to new document <i>Managerial arrangements for infection control</i>
September 2008	Jim Gray	Minor update

HISTORY

Review date:		Effective from:	
Effective to:			
Action Required by Trust/Dept			

ENCLOSURE 8

Ref 12/08/public/A15c/v1

Distribution methods:	Copy on Global U Drive Any printed copies may not necessarily contain latest updates and should be compared to the version on the U Drive.
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4. OTHER USEFUL CONTACTS

4.1 Departments of Microbiology

4.1.1 Birmingham Women's Hospital

General enquiries Ext 2725

4.1.2 Birmingham Children's Hospital

General enquiries 0121 333 9810

Virology 0121 333 9806

4.2 Occupational Health

Occupational Health & Safety Department

Selly Oak Hospital

Raddlebarn Road

BIRMINGHAM

B29 6JD

Tel 0121 627 1627 Ext 51435

Mrs L Waterhouse, Occupational Health Nurse Ext 4447

4.3 Notification of Notifiable Infectious Diseases & Food Poisoning

4.3.1 Birmingham City Council

Environmental Services Department (Infection Control Section)

21/22 Calthorpe Road

Edgbaston

BIRMINGHAM

B15 1RP

Tel 0121 303 9908/9909

Fax 0121 303 9962

4.3.2 Birmingham Chest Clinic

151 Great Charles Street

BIRMINGHAM

B3 3XH

Tel 0121 424 1935

4.3.3 Birmingham & Solihull Health Protection Unit

Bartholomew House

142 Hagley Road

BIRMINGHAM

B19 9PA

Tel 0121 224 4670

Fax 0121 224 4663

4.4 Department of Communicable & Tropical Diseases

Birmingham Heartlands Hospital
 45 Bordseley Green East
 BIRMINGHAM
 B9 5ST

Tel 0121 424 2000

5. ALERT CONDITIONS & ALERT ORGANISMS

These are communicable diseases or microorganisms that may give rise to hospital outbreaks. The ICT must be informed of patients suspected or proven to have any of these conditions. Alert Conditions and Organisms are listed in Figures 5.1 & 5.2.

Figure 5.1: List of Alert Conditions

Alert Conditions commonly acquired in the UK	Uncommon Alert Conditions that are unlikely to have been acquired in the UK
Chickenpox or shingles	Anthrax
Dysentery	Cholera
Food poisoning	Diphtheria
HIV disease	Leprosy
Infective diarrhoea	Paratyphoid fever
Legionellosis	Plague
Measles	Poliomyelitis
Meningococcal disease	Rabies
Meningitis	Relapsing fever
Mumps	Smallpox
Ophthalmia neonatorum	Typhoid fever
Other childhood exanthema	Typhus
Rubella	Viral Haemorrhagic fever
Severe soft tissue infections	Yellow fever
Scabies	
Scarlet fever	
Viral hepatitis	
Tuberculosis	
Whooping cough	

Figure 5.2: List of Alert Organisms

Any microorganism causing an alert condition <i>plus</i> the following:
<i>Specific bacteria</i>
<ul style="list-style-type: none"> <input type="checkbox"/> <i>Acinetobacter</i> spp <input type="checkbox"/> ‘Atypical’ mycobacteria (in Units managing immunocompromised patients, or where nosocomial transmission is suspected) <input type="checkbox"/> <i>Burkholderi cepacia</i> <input type="checkbox"/> <i>Clostridium difficile</i> (Toxigenic strains) <input type="checkbox"/> <i>Nocardia</i> spp (where nosocomial transmission is suspected) <input type="checkbox"/> <i>Streptococcus pyogenes</i> <input type="checkbox"/> Verotoxin producing strains of <i>Escherichia coli</i> (e.g. <i>E coli</i> O157)
<i>Antibiotic-resistant bacteria</i>
<ul style="list-style-type: none"> <input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> <input type="checkbox"/> Gentamicin-resistant <i>Staphylococcus aureus</i> <input type="checkbox"/> Penicillin-resistant <i>Streptococcus pneumoniae</i> <input type="checkbox"/> β-lactamase producing enterococci <input type="checkbox"/> Vancomycin-resistant enterocci <input type="checkbox"/> Gentamicin- or quinolone-resistant Gram-negative bacilli. <input type="checkbox"/> Any other bacterium with multiple or unusual antibiotic resistance.
<i>Viruses</i>
<ul style="list-style-type: none"> <input type="checkbox"/> Enteric viruses, e.g. adenovirus, rotavirus <input type="checkbox"/> Cytomegalovirus (Obstetric & Neonatal Units) <input type="checkbox"/> Enteroviruses (Obstetric & Neonatal Units) <input type="checkbox"/> Herpes simplex virus (Neonatal Unit) <input type="checkbox"/> Human parvovirus B19 <input type="checkbox"/> Respiratory viruses, e.g. RSV, influenza, etc.
<i>Fungi</i>
<ul style="list-style-type: none"> <input type="checkbox"/> <i>Aspergillus</i> spp (where nosocomial transmission is suspected)
<i>Any other microorganism isolated at an unusually high frequency</i>

6. NOTIFIABLE INFECTIOUS DISEASES

Certain infectious diseases are statutorily notifiable under various Public Health Acts. In addition, medical practitioners are asked to notify cases of certain other infectious diseases which, although not statutorily notifiable, are of public health importance. In some cases the initial notification should be by telephone. Whether telephoned or not, all cases of notifiable infections must be notified in writing by the doctor responsible for the case as soon as possible. Notification Forms are available in the Department of Microbiology. Completed forms should be sent by first class mail as follows:

- *For measles, mumps and rubella or any infectious disease that is notified by telephone to the CCDC:* send completed form to the patient's local Health Protection Unit (HPU). For the majority of our patients that is the Birmingham & Solihull HPU. For patients residing outside Birmingham and Solihull, addresses of other HPUs can be found from the Health Protection Agency (HPA) website (www.hpa.org.uk), or the Microbiology Department can advise.
- *For all other notifiable infectious diseases:* send form to the Birmingham City Council Environmental Services Department.
- *Notifications of tuberculosis for Birmingham residents only:* may also be sent to Birmingham Chest Clinic.

Note: Cases of anthrax, hepatitis B or tuberculosis that are occupationally acquired must also be notified to the HSE on forms available from the Chief Executive's Office.

Figures 6.1 and 6.2 relate to medical practitioners' responsibilities regarding notification of infectious diseases. Figure 6.3 lists those infectious diseases that are also notified by the Microbiology Department. Please note that notification by the Microbiology Department **does not** replace the requirement of clinicians to notify.

Figure 6.1: Statutorily Notifiable Infectious Diseases in England & Wales**Public Health (Control of Disease) Act 1984 sects 10 & 11**

Cholera	Plague
Food poisoning	Relapsing fever
Typhus	Smallpox

Public Health (Infectious Diseases) Regulation 1988

Acute encephalitis	Ophthalmia neonatorum
Acute poliomyelitis	Paratyphoid fever
Anthrax	Rabies
Diphtheria	Rubella
Dysentery (amoebic & bacillary)	Scarlet fever
Leprosy	Tetanus
Leptospirosis	Tuberculosis
Malaria	Typhoid fever
Measles	Viral haemorrhagic fever
Meningitis	Viral hepatitis
Meningococcal septicaemia	Whooping cough
Mumps	Yellow fever

Duty to notify

The person responsible for notifying is any registered medical practitioner who becomes aware or suspects that a patient whom he is attending is suffering from a notifiable disease or food poisoning. The only defence against prosecution for not doing so is if it is believed that some other registered medical practitioner has already made the required notification.

ENCLOSURE 8

Ref 12/08/public/A15c/v1

Figure 6.2: Notification of Infectious Diseases for Residents of Birmingham

These guidelines relate to suspected and confirmed cases. Note that some of the infections listed below are not statutorily notifiable, but do often require public health input.

During working hours

Telephone HPU as soon as possible for:

Typhoid Fever	Paratyphoid Fever	<i>E. coli</i> O157
Meningococcal infection	All meningitis	Hib infection
Acute hepatitis B	Legionnaires disease	Diphtheria

Also, less commonly:

Acute poliomyelitis	Anthrax	Botulism
Psittacosis	Cholera	Leprosy
Leptospirosis	Plague	Rabies
Relapsing Fever	Tetanus	Typhus
Viral Haemorrhagic Fever	Yellow Fever	

Send notification form for:

Campylobacteriosis	Shigellosis	Salmonellosis
Other food poisoning	Amoebic Dysentery	Malaria
Mumps	Rubella	Measles
Tuberculosis	Ophthalmia neonatorum	Whooping Cough
Viral hepatitis (other than hepatitis B)		

Out of hours and at weekends

Contact the on-call Public Health Physician (via Heartlands Hospital switchboard 0121 424 2000) as soon as possible for the following infections:

Typhoid fever	Paratyphoid fever	Hib infection
Meningococcal infection	Toxin-producing diphtheria	

ENCLOSURE 8

Ref 12/08/public/A15c/v1

Figure 6.3: Infections to be Notified to the HPU by the Microbiology Department

As a back-up to the clinician-held responsibility to notify infectious diseases, the Microbiology Department also reports the following infectious diseases to the appropriate local HPU.

Important (usually severe) infections of public health significance to be reported by telephone

Diphtheria
Acute bacterial meningitis
Meningococcal septicaemia
Legionella pneumophila
Paratyphoid fever
Typhoid fever

Rabies
Relapsing fever

Less common infections to be reported immediately by telephone

Chlamydia psittaci
Leptospirosis
Lyme disease

Common infections to be reported the same day by Cosurv, telephone or fax

Campylobacter
Shigellosis
Viral hepatitis
Salmonellosis
Tuberculosis
Influenza

Common childhood infections to be reported routinely

Mumps
Rubella
Measles
Pertussis
Chickenpox
Parvovirus B19

Less common infections to be reported the same day by Cosurv, telephone or fax

Cryptosporidiosis
E. coli O157
Yersiniosis
Vibrio parahaemolyticus
Small round structured viruses
Giardiasis
Rotavirus
Clostridium perfringens
Listeriosis
Coxiella burnetii
Malaria

Very rare infections to be reported immediately by telephone

Viral haemorrhagic fevers
Leprosy
Yellow fever
Anthrax
Cholera
Typhus
Plague
Acute poliomyelitis

7. MONITORING OF COMPLIANCE WITH THIS POLICY

Day-to-day monitoring of compliance with this policy will be undertaken by the Infection Control Team, which notes laboratory reports of isolates of bacteria with unusual antibiotic resistance patterns, communicates these to clinical staff, and undertakes regular visits to clinical areas.

The Annual Infection Control Programme includes formal audits of compliance with Infection Control Policies. Inclusion of this policy in the Programme will be considered each year.

8. ASSOCIATED DOCUMENTS & REFERENCES

- Contact details for all English Health Protection Units are available on the Health Protection Agency website: www.hpa.org.uk

Birmingham Women's NHS Foundation Trust

**POLICY FOR THE USE OF GLOVES IN THE
CLINICAL AREA**

Date of Policy: October 2008
Author: Julie Suviste
Next Review Date: July 2011

ENCLOSURE 9
Ref 12/08/public/A15d/V1

Type:	Policy for the Use of Gloves in the Clinical Area	Version:	4	Directorate:	N/A
		Ref:			

Aim:	To describe the types of disposable gloves available within the Trust, and when they should be used.
Scope (who it applies to) :	This policy applies to <u>all</u> employees irrespective of grade, level, location or staff group.

Ratified by:	
Date:	
Final Approval by:	
Date:	
Approval Signatories	
Implementation Date:	

Review and consultation process (when review required & by whom):	
Responsibility for Implementation:	

Revisions:		
Date:	Author:	Description of Revision (Action by whom):
November 2002	Pauline Hobbs	Original version
December 2004	Pauline Hobbs	Changed supplier of gloves
December 2005	Pauline Hobbs	Changed supplier of gloves
October 2008	Julie Suviste	Minor changes only

HISTORY

Review date:		Effective from:	
Effective to:			
Action Required by Trust/Dept			

Distribution methods:	Copy on Global U Drive Any printed copies may not necessarily contain latest updates and should be compared to the version on the U Drive.
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1. INTRODUCTION

Employers have a responsibility under the Health & Safety at Work Act (1974), the Personal Protective Equipment Regulations 1992 (& amendments), and Control of Substances Hazardous to Health Regulation (COSHH) (1999), to provide employees with personal protective equipment appropriate to their work environment. There are three key considerations in the use of gloves in the clinical area. These are that:

- ❑ Gloves are worn when indicated,
- ❑ The correct type of glove is used to provide appropriate protection of the wearer and patient, and
- ❑ Exposure of staff and patients to natural rubber latex (NRL) is minimised.

For decades NRL has been the preferred material for manufacture of gloves used in the clinical setting, especially for contact with blood or body fluids. NRL gloves provide an effective protective barrier in that they are resistant to splitting, can reseal when punctured, and have low leakage rates. They are also comfortable to wear and do not greatly impair dexterity. However, over the past few years there has been a large increase in reports of allergy to NRL in healthcare workers and patients. At the same time, considerable progress has been made in developing NRL-free gloves with improved performance. The Trust is committed to ceasing use of NRL gloves as and when suitable alternatives become available. As a result, the only NRL gloves currently available in the Trust are sterile surgical gloves for use in the Operating Theatres.

2. PURPOSE

The purpose of this policy is to describe the types of disposable gloves available within the Trust, and when they should be used.

3. KEY POINTS RELATING TO THE USE OF GLOVES

Individuals can become sensitised to many of the components used in the manufacture of all types of gloves, including accelerators, activators, blockers, antioxidants, preservatives, odourants, colourants, and stabilisers. Exposure to any of these can lead to sensitisation. To minimise the risk of allergies and other complications:

- ❑ Gloves should only be worn where necessary.
- ❑ Hands should be washed thoroughly after gloves have been removed. Note that use of alcohol-based hand rub is not a suitable substitute for handwashing in this situation.

- ❑ Sterile gloves are much more expensive, and should only be used for aseptic clinical procedures.
- ❑ Individuals who are sensitised to a particular type of glove should be provided with an appropriate alternative.

4. TYPES OF GLOVE

Four types of glove are routinely available for use within the Trust:

- ❑ **Polythene gloves** are thin and have heat-sealed seams which predispose them to splitting. They are usually also ill-fitting. They are not suitable for clinical or laboratory use but may be appropriate in certain other settings, e.g. handling food.
- ❑ **Vinyl gloves** have a lower tensile strength than NRL and therefore break down in use more frequently. They also have greater permeability to bloodborne viruses, with leakage rates of up to 63%, making them unsuitable for handling blood and bloodstained body fluids. However, these gloves are inexpensive and may be appropriate for use in situations that do not stress the glove and where there is a low biohazard risk, e.g. routine cleaning; brief non-invasive clinical contact.
- ❑ **Nitrile gloves** are the preferred glove for most clinical and laboratory use other than as surgical gloves. They also provide effective protection when handling some chemicals, e.g. glutaraldehyde. However they contain some of the other chemical components of latex gloves, and allergic reactions to nitrile have been reported.
- ❑ **Combination latex gloves with hydrogel lining** are powderless gloves manufactured from NRL bonded to a thin inner lining of hydrogel polymer. They provide the physical characteristics of a latex glove with the added benefit of an inner lining making the gloves easier to don. However, they are unsuitable for wearers who are sensitive to NRL and should not be used if an NRL-free environment is necessary.

In addition, other types of glove may occasionally be used, e.g. where latex-free gloves are required in operating theatres. Further advice on the use of these gloves can be obtained from the Infection Control Team.

- ❑ **Tactylon (multipolymer synthetic styrene-ethylene-butadiene-styrene):** These gloves provide similar elasticity and strength to latex gloves, and contain no NRL proteins, accelerators or processing chemicals that are known allergens. However, they will rapidly break down when in contact with non-solidified methacrylates i.e. bone cement.
- ❑ **Neoprene (polychloroprene):** Gloves manufactured from polychloroprene provide similar strength to latex gloves, and offer effective protection against viral penetration

and resist permeability from chemicals, e.g. glutaraldehyde. They are suitable for individuals sensitised to NRL proteins.

5. MONITORING OF COMPLIANCE WITH THIS POLICY

The Annual Infection Control Programme includes formal audits of compliance with Infection Control Policies. Inclusion of this policy in the Programme will be considered each year.

6. ASSOCIATED DOCUMENTS & REFERENCES

Various other Infection Control Policies may be applicable to the implementation of this policy, including:

- ❑ Policy for the Management of Risks Associated with Needlestick Injuries and Mucous Membrane Exposures to Blood & Body Fluids (Inoculation Injuries)
- ❑ Isolation Policy
- ❑ Policy for Effective & Appropriate Hand Hygiene

Birmingham Women's NHS Foundation Trust

**POLICY FOR THE MANAGEMENT OF RISKS
ASSOCIATED WITH NEEDLESTICK
INJURIES AND MUCOUS MEMBRANE
EXPOSURES TO BLOOD & BODY FLUIDS
(INOCULATION INJURIES)**

Date of Policy: October 2008

Author: Jim Gray

Next Review Date: July 2011

ENCLOSURE 10
Ref 12/08/public/A15e/v1

Type:	Policy for the Management of Risks Associated with Needlestick Injuries and Mucous Membrane Exposures to Blood and Body Fluids (Inoculation Injuries)	Version:	2	Directorate:	N/A
		Ref:			

Aim:	To describe the application of Standard Precautions and other measures to minimise the risk of inoculation injuries
Scope (who it applies to) :	This policy applies to <u>all</u> employees irrespective of grade, level, location or staff group.

Ratified by:	
Date:	
Final Approval by:	
Date:	
Approval Signatories	
Implementation Date:	

Review and consultation process (when review required & by whom):	
Responsibility for Implementation:	

Revisions:		
Date:	Author:	Description of Revision (Action by whom):
October 2006	Jim Gray	Original version: superseded previous policies: Universal Precautions; Policy for handling, disposal & training in the use of sharps
October 2008	Jim Gray	Minor revisions

HISTORY

Review date:		Effective from:	
Effective to:			
Action Required by Trust/Dept			

ENCLOSURE 10
Ref 12/08/public/A15e/v1

Distribution methods:	Copy on Global U Drive Any printed copies may not necessarily contain latest updates and should be compared to the version on the U Drive.
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1. INTRODUCTION

In England it is estimated that at least 400,000 people are infected with the blood borne viruses hepatitis B, hepatitis C or HIV. There is a risk that patients with these and other infectious conditions may transmit their infections to healthcare workers through percutaneous or mucous membrane exposure to blood and body fluids (inoculation injuries). All staff using any form of sharps, or undertaking any other procedure that presents a risk of percutaneous or mucous membrane exposure to blood or other body fluids, have a responsibility to maintain their own safety and also that of other staff who may be exposed by ensuring they carry out safe practice at all times. The risk of inoculation injuries can be markedly reduced by adherence to rules: all staff must be aware of and adhere to the rules described in this policy.

It is also important that when inoculation injuries do occur they are managed promptly and effectively. The management of such injuries is covered in a separate policy (Policy for the management of needlestick injuries and mucous membrane exposures to blood & body fluids (inoculation injuries)).

2. PURPOSE

The purpose of this policy is to describe the application of Standard Precautions and other measures to minimise the risk of inoculation injuries.

3. STANDARD INFECTION CONTROL PRECAUTIONS

A large proportion of individuals infected with blood borne viruses will be unaware of their diagnosis, whilst a small number of individuals may choose not to disclose their infectious status. Attempting to predict whether an individual might be infected on the basis of risk factors is unreliable. Standard Infection Control Precautions are preventative measures that should be observed for **all patients**, recognising that anyone may be infected with a blood borne virus. Note that whilst Standard Infection Control Precautions are intended to protect Health Care Workers treating patients who unexpectedly have a blood borne virus infection, additional precautions may be required during contact with patients who are either known or suspected to have these infections.

4. PRECAUTIONS TO REDUCE THE RISKS ASSOCIATED WITH INOCULATION INJURIES

4.1 Measures to prevent sharps injuries

Sharps are defined as any sharp item that is, or has the potential to become, contaminated by blood or other body fluids. These include needles, scalpel blades, stylets, glassware, disposable razors, etc. Syringes used for collection of blood or administration of drugs should also be disposed of as sharps. The risk of sharps injuries can be markedly reduced by adherence to the following rules:

- ❑ Sharps should be handled with extreme care at all times.
- ❑ Non-reusable sharps must be disposed of as soon as possible after use into an approved sharps container (see Section 4.3).
- ❑ Where possible, the sharps container should be immediately at hand, and sharps discarded directly into it. Where a sharps container is not immediately available, sharps should be placed on a disposable tray, and carefully transferred to a sharps container as soon as possible.
- ❑ Reusable sharps must be transported for disinfection or sterilisation in a manner that will prevent injury to persons handling the items.
- ❑ Where possible, used needles should not be disconnected from syringes. Where removal of the needle is unavoidable (e.g. prior to administration of intravenous drugs into a cannula, or to prevent haemolysis of blood samples), the syringe must be held with the needle pointing away from the handler.
- ❑ Needles must **never** be resheathed, unless an approved resheathing device is used.
- ❑ Needles must **never** be broken off from the hub, nor inserted into the barrel of the syringe.
- ❑ Syringes must **never** be sent to the laboratories with the needle attached.
- ❑ All staff must receive appropriate training in the handling, use and disposal of sharps (see Section 5).

4.2 Other measures to reduce the risk of inoculation injuries

- ❑ The Policy for Effective & Appropriate Hand Hygiene must be followed.
- ❑ Wounds & lesions on exposed areas of the skin must be covered with waterproof dressings.
- ❑ Appropriate personal protective equipment (gloves, masks, eye or face shields, aprons) must be worn where there is a risk of contact with blood or other body fluids (see Table 4.1).
- ❑ Good standards of environmental cleanliness must be maintained.

Table 4.1: Task categorisation & appropriate personal protective equipment according to risk of exposure to blood & other body fluids

Category	Examples	Protective Measures
Contact of Health Care Worker with blood or other body fluids probable; potential for uncontrolled bleeding or spattering	Major surgical procedures; childbirth	Full range of protective clothing to be worn (gloves, masks, protective eyewear, water-repellent gowns)
Contact of Health Care Worker with blood or other body fluids probable, but spattering unlikely	Intra-arterial punctures. Insertion/removal of intravenous/intra-arterial lines	Disposable gloves to be worn. Masks/ protective eyewear to be available
Low probability of personal contact with blood or other body fluids	Administration of intramuscular, intra-dermal or subcutaneous injections	Disposable gloves to be available

4.3 Sharps containers

Ward / Departmental Managers must ensure that staff assembling and using sharps containers do so in a safe manner and have received appropriate training. Any individual staff member has a responsibility to ensure safe practice when assembling or using sharps containers and must be aware that sharps containers used in their department

Sharps containers must:

- ❑ Be of an approved type (complying with BS 7320, 1990 and UN 3291).
- ❑ Be assembled correctly.
- ❑ Be labelled with the name of the individual assembling the container, the date of assembly, and the Ward or Department.
- ❑ Be situated in a safe place, out of reach of small children.
- ❑ **Never** be filled more than 2/3 full (indicated on the side of the container).
- ❑ Be disposed of weekly, whether full or not.
- ❑ Be kept closed when not in use.
- ❑ Be properly sealed by the closure device before removal from the clinical area.

5. TRAINING & INFORMATION TO REDUCE THE RISKS ASSOCIATED WITH INOCULATION INJURIES

All staff whose work exposes them to a risk of inoculation injuries must receive training at induction on the safe handling, use and disposal of sharps, and on what to do in the event of an inoculation injury.

All staff must have access to Infection Control Policies related to the prevention and management of inoculation injuries.

All staff assembling sharps boxes must be appropriately trained or supervised.

Initiatives to promote reduction of the risks associated with inoculation injuries must be visible to all relevant staff.

It is the responsibility of Ward and Department managers to provide any specialist training covering particular risks to staff in their areas.

6. ROLES & RESPONSIBILITIES

6.1 Responsibilities of all staff

- ❑ To employ good basic hygiene practices with regular hand washing.
- ❑ To cover wounds or skin lesions with waterproof dressings.
- ❑ To report all inoculation injuries and incidents where non-compliance with policies & procedures placed individuals at risk of an inoculation injury.
- ❑ To undertake procedures where there is a risk of contact with blood or other body fluids without supervision only when they have received appropriate training.
- ❑ To wear appropriate personal protective equipment (gloves, masks, eye or face shields, aprons) where there is a risk of contact with blood or other body fluids (see below).
- ❑ To ensure that personal protective equipment designated for reuse is kept clean and free from contamination from blood and other body fluids.
- ❑ To handle sharps carefully.
- ❑ To clean up spillages of blood and other body fluids promptly.
- ❑ To ensure that contaminated waste (including sharps) is disposed of safely, including ensuring safe practice when assembling or using sharps containers and complying with the rules on the use of sharps containers.
- ❑ To ensure that specimens sent to the laboratories are properly packaged, and labelled as *Biohazard* where appropriate (see Policy relating to the collection, handling & transport of specimens).

6.2 Responsibilities of Ward & Department managers

- ❑ To ensure that sharps bins are available, appropriately situated, and disposed on safely.
- ❑ To ensure that staff assembling and using sharps containers do so in a safe manner and have received appropriate training
- ❑ To ensure that sufficient personal protective equipment of the approved type is available at all times.
- ❑ To undertake risk assessments and produce action plans where there is concern that current practice places staff at avoidable risk of inoculation injuries.
- ❑ To ensure that an Incident Report Form is completed for all inoculation injuries and incidents where non-compliance with policies & procedures placed individuals at risk of an inoculation injury.
- ❑ To work with the Risk Management Department and the Infection Control Team to address areas of concern relating to the prevention and management of inoculation injuries in their area.

6.3 Responsibilities of the Occupational Health Department

- ❑ To ensure that prevention and management of inoculation injuries is included in induction programmes for all staff.
- ❑ To assist in the provision of update education and information for existing staff on the prevention and management of inoculation injuries through awareness campaigns (at least one Trust-wide campaign per year) and display of posters.
- ❑ To be involved in the immediate management of inoculation injuries during working hours.
- ❑ To provide support for all staff who sustain inoculation injuries.

6.4 Responsibilities of the Infection Control Team

- ❑ To assist in the provision of update education and information for existing staff on the prevention and management of inoculation injuries through training sessions, awareness campaigns (at least one Trust-wide campaign per year) and display of posters.
- ❑ To advise the Trust on the procurement of sharps containers of the approved type.

- ❑ To produce policies relating to the prevention and management of inoculation injuries.
- ❑ To work with Ward & Department Managers and the Risk Management Department to address areas of concern relating to the prevention and management of inoculation injuries.

6.5 Responsibilities of the Risk Management Department

- ❑ To collate and analyse incident reports of inoculation injuries, or of circumstances where non-compliance with policies & procedures placed individuals at risk of an inoculation injury.
- ❑ To work with Ward & Department Managers and the Infection Control Team to address areas of concern relating to the prevention and management of inoculation injuries.
- ❑ To assist in the preparation of reports of any incidents relating to inoculation injuries occurring throughout the Trust for presentation to relevant Committees.

7. MONITORING OF COMPLIANCE WITH THIS POLICY

Details of any incidents relating to inoculation injuries must be examined and remedial action taken to prevent recurrence. Each incident will be discussed with relevant staff to identify:

- ❑ The cause of the incident.
- ❑ Any further action needed at local departmental level &/or throughout the Trust.
- ❑ Whether changes are required to this policy

A report of the pattern of, and trends in, inoculation injuries will be included in the Annual Report of the Director of Infection Prevention & Control.

The Annual Infection Control Programme includes formal audits of compliance with Infection Control Policies. Inclusion of this policy in the Programme will be considered each year.

8. ASSOCIATED DOCUMENTS & REFERENCES

Department of Health. AIDS/HIV infected health care workers : Guidance on the management of infected health care workers and patient notification. London, 2002.

Various other Infection Control Policies may be applicable to the implementation of this policy, including:

- ❑ Policy for the Management of Needlestick Injuries and Mucous Membrane Exposures to Blood & Body Fluids (Inoculation Injuries)
- ❑ Procedures for the Collection, Handling & Transport of Specimens
- ❑ Policy for the Use of Latex and Non-Latex Gloves in the Clinical Area
- ❑ Policy Document Relating to General Good Practice for the Prevention of Transmission of Blood-borne Viruses
- ❑ Policy for Effective & Appropriate Hand Hygiene
- ❑ Policy for the Use of Latex and Non-Latex Gloves in the Clinical Area.