

**The Health Act 2006
Code of Practice for the Prevention and
Control of Healthcare Associated Infections
Overarching Management Framework and
Board Assurance**

1.	Introduction <p>This paper describes the management infrastructures that have been established across the Trust to manage the risk of Health Care Acquired Infection (HCAI) in terms of the expectation set out in the Code of Practice for the Prevention and Control of Healthcare Associated Infection (2006)</p> <p>It identifies the mechanisms through which the Trust Board is provided with the necessary assurance that as far as is practicable patients, staff and other persons using or visiting Trust services are protected against the risk of acquiring HCAI.</p> <p>A statement outlining the Boards collective responsibility for minimising the risk of infection is set out in section 3 of the paper and has been approved by the Board at its meeting on 8th March 2007.</p>
2.	Background <p>In October 2006 the Department of Health published the Code of Practice for the Prevention and Control of Healthcare Associated Infections. This Code of Practice forms one part of the Health Act 2006. The purpose of the Code of Practice is to help NHS bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment, where the risk of HCAI is kept as low as possible. Failure to observe the Code of Practice may either result in an Improvement Notice being issued to the NHS body by the Health Care Commission or being reported for significant failings and placed on “special measures”. NHS bodies must also comply with all relevant legislation such as the Health and Safety at Work Act 1974 and Control of Substances Hazards to Health Regulations.</p> <p>The Code of Practice is presented under three headings which form the basic Code</p> <p>1) Management, Organisation and the Environment</p>

	<p>2) Clinical Care Protocols</p> <p>3) Health Care Workers</p> <p>Each of the provisions of the basic Code of Practice applies to an Acute Trust. For each section of the basic Code of Practice there is an associated annex. Each annex identifies supporting guidance and other publications which are intended to inform policy developments. An NHS body must, in complying with a provision of the basic Code of Practice, take the content of each annex into account so far as it is relevant to that provision, including the content of guidance and other publications referred to in any relevant citations. Given the size of the Code of Practice a full copy has not been reproduced with this paper but is available on request.</p>
3.	<p>Requirements Placed on the Board</p> <p>The Code of Practice requires the Board to have in place an agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks. The following statement has been agreed by the Board in relation to its collective responsibility.</p> <p style="padding-left: 40px;">The Board of West Hertfordshire Hospitals NHS Trust fully acknowledges its collective responsibilities in respect of minimising the risk of infection to all patients staff and others using its sites or services. It has reviewed the current assurance processes and is confident that the appropriate mechanisms are in place to mitigate risk as far as possible. The Board will review on a regular basis through the Assurance Committee all necessary systems and processes and report any failures in the systems and processes to the Audit Committee. Through its annual report the Audit Committee will provide the Trust Board with the necessary overarching assurance that the necessary assurance mechanisms are in place and adequate.</p> <p>The above statement will be reviewed annually by the Board after receipt of the Audit Committee annual report and statement of assurance provided by that committee.</p>
4.	<p>Current Systems and Processes</p> <p>The Trust has a number of systems and processes in place to ensure that the risks of HCAI are properly identified, assessed and as far as practicable mitigated. The systems and processes are overseen by the allocation of responsibility to individually named staff within the Trust who have specific responsibilities for reporting through both executive groups and the Trust Assurance Committee.</p>

	<p>In relation to individual posts and personnel the Trust has the following:</p> <ul style="list-style-type: none"> • A Director of Infection Prevent and Control (DIPC) accountable to the Board – Dr Robin Wiggins • A lead nurse for Infection Control accountable to the Chief Nurse – Jiovanna Foley • A designated manager for cleaning and decontamination of equipment used for treatment accountable to the Chief Executive – Simon Colbert • A designated lead manager for Estates and Facilities directly accountable to the Chief Executive – Simon Colbert • A designated lead for Risk Management and Assurance directly accountable to the Chief Nurse – Nicola Moore <p>Through the above named individuals and the infrastructure which supports them (see below) the Board is able to receive at regular intervals the necessary reports to provide them with assurance in relation to risk mitigation for HCAI. Attached at appendix A is the organisational structure which identifies the appropriate sub committee and executive groups through which the Board receives the necessary assurances that the risk of HCAI is being managed effectively. The Chief Nurse is currently compiling a summary of the specific duties contained within the Code of Practice and details of the evidence and assurance required against each of the duties.</p> <p>The principal Committee through which the Board receives its assurance in respect of adequacy of arrangements for the prevention and control of HCAI is the Assurance Committee. In turn this Committee receives reports from the Executive Groups covering Risk, Health and Safety, Clinical Governance and Workforce & OD. Reports are presented to the Committee on an exception basis against current action plans or work programmes that have been agreed by the Committee. The Assurance Committee in turn provides the appropriate reports to the Board on those areas in which the level of compliance falls below accepted standards and for which there does not appear to be a management resolution. The Board will either provide direction on resolution of any items referred to it or seek further advice before taking action where this is necessary.</p>
5.	<p>Recommendations to the Board</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the statement in section 3 as required by the Code of Practice • Note the systems and processes in place for ensuring that the appropriate assurances can be given to the Board on the management of the risks of Health Care Acquired Infection