



**N**ational **C**oncern for **H**ealthcare **I**nfections  
**R**aising Awareness ~ **S**upporting You  
Working for Patient Safety



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### **NCHI final submission to:**

### **Core HCAI related information for Patients: (Patients' 'Bill of Rights')**

The following principles reflect feedback from the Dept of Health's engagement with representatives from key individuals and patient & public stakeholder groups. There are however, some issues to be resolved before it can be finalized. As individuals Graham Tanner & Bev Hurst played a key role in developing the principles/information, and are hopeful that the Dept will have resolved these outstanding issues very soon.

These principles/information themes are intended to go forward for inclusion within the Department's communication 'toolbox' approach – designed to help form the content of a local information framework, which Trusts can use to:

- Ensure patients and the public have access to the HCAI-related information they require
- Increase public and patient confidence, that hospitals provide clean and safe care.

### **Key underlying principles are that:**

- Patients should always be informed that all NHS bodies have a general duty to protect patients, staff and others from HCAIs, as set out in the Code of Practice for the Prevention & Control of Healthcare Associated Infections (1<sup>st</sup> Oct 2006) to take effect as from 1<sup>st</sup> April 2007
- Patients should always be provided with full and sufficient information to facilitate informed choice as to their healthcare
- The care and safety of patients should never be compromised by poor practice
- Patients have a role and should feel empowered to challenge treatment issues with staff relating to poor practice, and have a right to have those challenge issues dealt with immediately

### **Core principles:**

- 1 To be provided, prior to admission, (when listed for an operation/procedure, or admitted for one via Accident and Emergency), with a clear statement of the NHS Trust's policy regarding admission, transfer and movement of patients between departments and the discharge of patients in their care.

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- 2 To be provided, prior to admission, with clear information on any measures which a patient might reasonably take before admission to assist in the prevention and control of healthcare associated infections.
- 3 To be treated in a clean and safe environment with minimal risk of exposure to healthcare associated infections.
- 4 To be provided with clear and precise information relating to potential risk of contracting a healthcare associated infection. This should include local 'signposting' to information sources, such that patients and the public can always access up to date local data.
- 5 To receive confirmation of the Trust's compliance, with the NHS "*Saving Lives*" programme, '*Certificate of Commitment*' to consistent and reliable healthcare and patient safety, by implementing best practice.
- 6 To be informed of potential risk factors (including 'side effects'), that relate to the medication/antibiotics prescribed during the stay in hospital and/or at the time of discharge.
- 7 That every patient is encouraged to raise with staff, hand-hygiene compliance. In particular, patients should regard it 'legitimate', to ask a clinician to wash their hands prior to treatment/contact.
- 8 Safety is a priority. In the highly unlikely event that a patient contracts an infection, they should be made aware of the NHS grievance procedure. Specifically Trusts should use Root Cause Analysis to ensure learning and prevent future infections.

Core Principles are acceptable subject to the inclusion of a core standard relating to Patients (and Staff) being treated with respect and dignity

Graham Tanner & Bev Hurst  
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Further DH Consultation & Revision  
**22<sup>nd</sup> February 2007**

Final Revision & Submission  
**26<sup>th</sup> February 2007**

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Graham Tanner ~ Chair

Bev Hurst ~ Secretary

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