

**RISK MANAGEMENT STEERING GROUP
NHSL STRATEGIC RISK REGISTER
4th SEPTEMBER 2008**

Background

Healthcare Associated Infection (HAI) is an essential core component of practice within the NHS and is an area which rightly deems significant focus from Scottish Government in relation to the production of national guidance and directives, from the public concerned about their care and treatment and from all levels of the NHS, ensuring best practice is implemented.

In support of this Health Protection Scotland identified the need to include Clostridium difficile Associated Disease on NHS Boards Risk Register within their current draft Clostridium difficile checklist. However recent guidance from the Scottish Government arising from the Independent Review of Clostridium difficile Associated Disease at the Vale of Leven Hospital has taken this further with the subsequent action plan highlighting the requirement for:

- Healthcare Associated Infection risks to be detailed on NHS Boards Risk Register by September 2008
- All Healthcare Associated Infection incidents and issues to be recorded on NHS Boards Risk Register reporting system and reported 2 monthly to the NHS Board by January 2009.

This report outlines the key areas of risk to the organisation, controls and critical actions being taken to minimise risk to patients, staff and the organisation.

Key Changes

In taking this forward one area of risk already on the Risk Register was reviewed. In addition four other key areas of risk were identified as part of the ongoing Healthcare Associated Infection review process currently underway within the organisation. Thereafter the NHS Lanarkshire Risk Assessment process was utilised and the draft risk assessments circulated for comment to key stakeholders including members of the Healthcare Associated Infection Executive Action Group and Lanarkshire Infection Control Committee. These are outlined in the following section and appendices.

| Risk Title | Status | Risk | Adequacy of Controls | Appendix |
|---|---------------|-------------|-----------------------------|-----------------|
| Ability to prevent incidence of Clostridium difficile | New | High | Adequate | 1 |
| Minimising the potential for Hospital Outbreaks of Infection, and ensuring effective rapid management on identification of an outbreak. | New | High | Adequate | 2 |
| Minimising the potential for non delivery of the national healthcare associated infection control agenda and local infection control and prevention requirements. | New | Very High | Adequate | 3 |
| Ability to fully achieve HAI Heat Targets and Corporate Objectives. | New | Very High | Inadequate | 4 |
| Ability to fully maintain public confidence | On Register | High | Adequate | 5 |

The above risks have been assessed as high or very high and with the exception of the “ability to fully achieve Healthcare Associated HEAT targets and corporate objectives” all controls have been assessed as adequate. However the workload associated with this agenda has significantly expanded over the last few years and continues to grow with new national guidance and directives being produced frequently. This with the potential for Healthcare Associated Infection outbreaks indicates that the controls are adequate in the short term. To this effect critical actions have been identified for each area of risk. It is essential that these actions are fully implemented including additional investment to be identified on completion of the internal review of the Healthcare Associated Service by 30th September 2008.

Performance monitoring against the critical actions will be undertaken by the newly reformed Lanarkshire Infection Control Committee on a 2 monthly basis and will be a standing agenda item for the Committee. In addition regular updates will be provided to the Risk Management Steering Group and 2 monthly to the NHS Lanarkshire Board via the Medical Directors report which will also include healthcare associated infection incidents and issues.

The Risk Management Steering Group members are asked to note for assurance:

- The report
- Acknowledge and support the risks identified, current control, and critical actions being undertaken and further investment required.
- Receive further update reports on progress against the critical actions underpinning the risk assessment, healthcare associated infection incidents and issues.

Appendix 1: Draft Risk Assessment

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| Risk Title: | Ability to prevent incidence of Clostridium difficile |
| Description: | Ability to fully prevent patients having Clostridium difficile with the potential to escalate to outbreak causing harm to both patients and staff. |
| Controls In Place: | <ul style="list-style-type: none"> • Dedicated Infection Control Nurses on Acute Hospital sites • Local Laboratory surveillance system • Weekly and monthly monitoring and reporting of Clostridium difficile to front line clinicians and senior managers and implementation of appropriate management plans. • Management of outbreak policy • Development of a census NHS Lanarkshire Antibiotic Policy commenced on 4th August 2008 • Clostridium difficile care plan / care bundles based on patient need. • Implementation of the national hand hygiene campaign • Provision of wash facilities in all clinical areas • Hand Hygiene training for front line clinicians • Compliance with national cleaning standards • Appropriate deep cleaning of areas post outbreak • Weekly monitoring of the Clostridium difficile action plan |
| Adequacy Of Controls: | <ul style="list-style-type: none"> • Adequate |
| Actions: | <ul style="list-style-type: none"> • Pilot enhanced Clostridium difficile surveillance tool in all Wards at Hairmyres Hospital, Nurse Consultant Healthcare Associated Infection, November 2008 • Recruit 1wte Surveillance Nurse to support the pilot and roll out of the enhanced Clostridium difficile surveillance tool, Lead Nurse Infection Control, October 2008 • Complete workforce plan to maintain existing Infection Control Activity and enhanced organism surveillance including Clostridium difficile • Implement enhanced Clostridium difficile surveillance tool in all areas, Nurse Consultant Healthcare Associated Infection, March 2009 • Implement the Scottish Management of |

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| | <p>Antibimicrobial Resistance Action Plan (ScotMARAP), Chair of Lanarkshire Antimicrobial Implementation Group, over a 3 year period ending September 2011</p> <ul style="list-style-type: none"> Recruit 2wte Antimicrobial Pharmacists to monitor compliance against NHS Lanarkshire Antibiotic Policy and ScotMARAP guidance, Head of Pharmacy, Infection Control Manager, November 2008 Establish reflective learning processes in conjunction with Clostridium difficile enhanced surveillance in partnership with front line clinicians and operational Managers. |
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| | <u>Initial</u> | <u>Current</u> | <u>Target</u> |
|------------------------|--|--|---|
| Consequence: | Extreme | Extreme | Major |
| Likelihood: | Likely | Likely | Possible |
| Rating: | | | |
| Level: | High | High | Medium |
| Investment: | 1wte Infection Control Manager 1wte Nurse Consultant Healthcare Associated Infection 0.4wte Infection Control Doctor 1wte Hand Hygiene Co-ordinator Infection Control Nurses | 1wte Infection Control Manager 1wte Nurse Consultant Healthcare Associated Infection 0.4wte Infection Control Doctor 1wte Hand Hygiene Co-ordinator Infection Control Nurses | Additional Investment Of: 2wte Antimicrobial Pharmacists 1wte Surveillance Nurse 2wte – Fixed Term 1 year 2wte Hand Hygiene Co-ordinators – Fixed Term 1 year |
| Cost / Benefit: | | | To be identified as part of the workforce planning process currently underway by 30 th September 2008. |

Appendix 2: Draft Risk Assessment

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| Risk Title: | Minimising the potential for Hospital Outbreaks of Infection, and ensuring effective rapid management on identification of an outbreak. |
| Description: | There is a risk that the higher the incidence of Staphylococcus aureus bacteraemias and Noro Virus in NHSL the higher the probability that outbreaks will occur which will require rapid identification and response to reduce the potential for harm to patients, staff and the public |
| Controls In Place: | <ul style="list-style-type: none"> • Dedicated Infection Control Nurses on Acute Hospital sites • Dedicated Infection Control Nurses attached to Community Health Partnership based Hospitals • Local Laboratory surveillance system • Infection Control Referral Form • Management of outbreak policy • Implementation of NHS Lanarkshire Antibiotic Policy • Implementation of the national hand hygiene campaign • Provision of wash and gel facilities in all clinical areas • Hand Hygiene training for front line clinicians • Compliance with national cleaning standards • Appropriate deep cleaning of areas post outbreak |
| Adequacy Of Controls: | <ul style="list-style-type: none"> • Adequate |
| Actions: | <ul style="list-style-type: none"> • Weekly and monthly monitoring and reporting of Staphylococcus aureus bacteraemias to front line clinicians and senior managers and implementation of appropriate management plans, Infection Control Manager, November 2008. • Complete workforce plan to maintain existing Infection Control Activity and enhanced organism surveillance, Divisional Nurse Director – Community & Primary Care, 30th September 2008 • Implement the Scottish Management of Antimicrobial Resistance Action Plan (ScotMARAP), Chair of Lanarkshire Antimicrobial Implementation Group, over a 3 year period ending September 2011 • Recruit 2wte Antimicrobial Pharmacists to monitor compliance against NHS Lanarkshire Antibiotic |

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| | <p>Policy and ScotMARAP guidance, Head of Pharmacy, Infection Control Manager, November 2008</p> <ul style="list-style-type: none"> Establish reflective learning processes in partnership with front line clinicians and operational Managers, Nurse Consultant, Healthcare Associated Infection, October 2008. |
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| | <u>Initial</u> | <u>Current</u> | <u>Target</u> |
|------------------------|---|---|--|
| Consequence: | Extreme | Extreme | Major |
| Likelihood: | Likely | Likely | Possible |
| Rating: | | | |
| Level: | High | High | Medium |
| Investment: | 1wte Infection Control Manager 1wte Nurse Consultant Healthcare Associated Infection 0.4wte Infection Control Doctor 1wte Hand Hygiene Co-ordinator Infection Control Nurses | 1wte Infection Control Manager 1wte Nurse Consultant Healthcare Associated Infection 0.4wte Infection Control Doctor 1wte Hand Hygiene Co-ordinator Infection Control Nurses | Additional Investment Of: 2wte Antimicrobial Pharmacists 1wte Surveillance Nurse 2wte – Fixed Term 1 year 2wte Hand Hygiene Co-ordinators – Fixed Term 1 year Outcome of workforce planning process will be included 30 th September 2008. |
| Cost / Benefit: | | | To be identified as part of the workforce planning process currently underway, 30 th September 2008 |

Appendix 3: Draft Risk Assessment

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| Risk Title: | Minimising the potential for non delivery of the national healthcare associated infection control agenda and local infection control and prevention requirements. |
| Description: | There is the risk that the current Infection Control Nursing Team WTE, skill mix and consequently, capacity, is insufficient in enabling NHSL to meet the growing demands of the national HAI agenda whilst balancing the local infection prevention and control requirements. This may result in non-delivery of some component parts of the HAI agenda, with potential to adversely impact on direct & indirect patient care and the reputation of NHSL in providing safe and effective services. |
| Controls In Place: | <ul style="list-style-type: none"> • Dedicated Infection Control Nurses on Acute Hospital sites • Dedicated Infection Control Nurses attached to Community Health Partnership based Hospitals • Dedicated Infection Control Senior Management Team including an Infection Control Doctor, Nurse Consultant Healthcare Associated Infection and Manager. • Infection Control Nursing workload review underway to ensure focus on key deliverables • Flexible allocation of workforce to meet areas of greatest need. • Personal Development Plans being agreed • Weekly departmental review meetings • Leadership and management of the Infection Control Nursing Team |
| Adequacy Of Controls: | <ul style="list-style-type: none"> • Adequate |
| Actions: | <ul style="list-style-type: none"> • Undertake workforce planning review process, 30th September 2008 • Undertake workload review of the Infection Control Nursing Team quarterly • Monitor progress towards full implementation of personal development plans across the Infection Control Team quarterly • Continue flexible allocation of the Healthcare Associated Infection workforce to meet increases in workload as they arise |

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| | <ul style="list-style-type: none"> • Scope out surge requirements and develop mechanism to address, October 2008 • Recruit to substantive Healthcare Associated Infection Managers position, November 2008 |
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| | <u>Initial</u> | <u>Current</u> | <u>Target</u> |
|------------------------|--|--|--|
| Consequence: | Extreme | Extreme | Major |
| Likelihood: | Likely | Likely | Unlikely |
| Rating: | | | |
| Level: | Very High | Very High | Medium |
| Investment: | 1wte Infection Control Manager 1wte Nurse Consultant Healthcare Associated Infection 0.4wte Infection Control Doctor 1wte Hand Hygiene Co-ordinator Infection Control Nurses | 1wte Infection Control Manager 1wte Nurse Consultant Healthcare Associated Infection 0.4wte Infection Control Doctor 1wte Hand Hygiene Co-ordinator Infection Control Nurses | Additional Investment Of: 1wte Surveillance Nurse 2wte Hand Hygiene Co-ordinators – Fixed Term 1 year Outcome of workforce planning process will be included 30 th September 2008. |
| Cost / Benefit: | | | To be identified as part of the workforce planning process currently underway, 30 th September 2008... |

Appendix 4: Draft Risk Assessment

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| Risk Title: | Ability to fully achieve HAI Heat Targets and Corporate Objectives |
| Description: | There is a risk that NHSL will be unable to fully meet all HAI related HEAT targets and Corporate Objectives, resulting from lost opportunity to consolidate the full Infection Control Team in terms of single system working, vacancy management and increasing demands, this has the potential to adversely impact on the quality of safe and effective delivery of care. |
| Controls In Place: | <ul style="list-style-type: none"> • HAI Executive Group to meet at two week intervals. • Revised Governance Structure and infrastructure. – September 2008 • Workforce Planning for Completion in September 08 • Review of Infection Control Nurse Workload – 30th September 2008. • Targeted approach outlined in an Action Plan with NHSL Hand Hygiene Co-coordinator to enable the Organisation to demonstrate best practice in Hand Hygiene in achieving at least 90% Hand Hygiene target. Linked to the Patient Safety Programme. • Recruitment of 2 WTE – 1 year Hand Hygiene Co-coordinator by October 08 • Recruitment of 2 WTE Anti-microbial Pharmacist's by November 08 • Launch of new NHSL Anti-microbial Prescribing Policy • Implementation of Scottish Patient Safety Care Bundles. |
| Adequacy Of Controls: | <ul style="list-style-type: none"> • Inadequate |
| Actions: | <ul style="list-style-type: none"> • Set out monitoring plan of endorsed and implemented Anti-microbial Policy – LAIG/Anti-microbial Pharmacist's – November 08 • Implement Care Bundles, Hand Hygiene, PVC, through the Scottish Patient Safety Programme. – Joan James and Diane Campbell. • Complete HAI Service Workforce Plan - Anne Armstrong – 30th September 2008 • Secure funds to underpin HAI Service Workforce Plan and Implement, November 08 • Implement new HAI Governance Structure and Sub |

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| | <p>structure, Alison Graham and Anne. Armstrong September 08</p> <ul style="list-style-type: none"> • Recruit 2 WTE Hand Hygiene Co-coordinators – Joan James and Carrie McCulloch – October 2008 • Recruit 2 WTE Anti-microbial Pharmacist's and agree Joint Objectives. Christine Silman and Anne Armstrong - November 08 • Review Infection Control Nurse Workload – Mid September 08, June McAlpine and Jan Clarkson |
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| | <u>Initial</u> | <u>Current</u> | <u>Target</u> |
|------------------------|--|--|---|
| Consequence: | Extreme | Extreme | Minor |
| Likelihood: | Almost Certain | Almost Certain | Unlikely |
| Rating: | | | |
| Level: | Very High | Very High | Medium |
| Investment: | 1wte Infection Control Manager 1wte Nurse Consultant Healthcare Associated Infection 0.4wte Infection Control Doctor 1wte Hand Hygiene Co-ordinator Infection Control Nurses | 1wte Infection Control Manager 1wte Nurse Consultant Healthcare Associated Infection 0.4wte Infection Control Doctor 1wte Hand Hygiene Co-ordinator Infection Control Nurses | Additional Investment Of: 2wte Antimicrobial Pharmacists 1wte Surveillance Nurse 2wte – Fixed Term 1 year 2wte Hand Hygiene Co-ordinators – Fixed Term 1 year |
| Cost / Benefit: | | | To be identified as part of the workforce planning process currently underway by 30 th September 2008. |

Appendix 5: Draft Risk Assessment

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| Risk Title: | Ability to fully maintain public confidence |
| Description: | At any time, patients receiving healthcare in Hospital or community have the potential to be exposed to pathogens, which adversely affect the reputation of NHS Lanarkshire |
| Controls In Place: | <ul style="list-style-type: none"> • Control of Infection Manual • Healthcare Associated Infection structure and infrastructure • Surveillance programmes both local and national • Staff education programme • Patient information for patients and visitors • Observational audit of Personal Protective Clothing • Audit of practice and the environment • Compliance with the national cleaning standards reporting system • Implementation of the national hand hygiene campaign • Roll out of the healthcare associated care bundles within the Scottish Patient Safety Programme to include Clostridium difficile Associated Disease, VAP and CVC care bundles • Care plan for patients diagnosed with Clostridium difficile Associated Disease • Weekly monitoring and reporting of Clostridium difficile • |
| Adequacy Of Controls: | <ul style="list-style-type: none"> • Adequate |
| Actions: | <ul style="list-style-type: none"> • Implement communications strategy, Calvin Brown March 2009 • Review and implement improved healthcare associated infection signage, Ruth Thompson, March 2009 • Implement new hand sanitization system and signage, Carrie McCulloch, December 2008 • Continue to roll out the healthcare associated infection care bundles, Diane Campbell, Joan James, Alison Graham, Ongoing. |

| | <u>Initial</u> | <u>Current</u> | <u>Target</u> |
|------------------------|--|--|---|
| Consequence: | Moderate | Moderate | Moderate |
| Likelihood: | Likely | Likely | Unlikely |
| Rating: | | | |
| Level: | High | High | Medium |
| Investment: | 1wte Infection Control Manager 1wte Nurse Consultant Healthcare Associated Infection 0.4wte Infection Control Doctor 1wte Hand Hygiene Co-ordinator Infection Control Nurses | 1wte Infection Control Manager 1wte Nurse Consultant Healthcare Associated Infection 0.4wte Infection Control Doctor 1wte Hand Hygiene Co-ordinator Infection Control Nurses | Additional Investment Of: 2wte Antimicrobial Pharmacists 1wte Surveillance Nurse 2wte – Fixed Term 1 year 2wte Hand Hygiene Co-ordinators – Fixed Term 1 year |
| Cost / Benefit: | | | To be identified as part of the workforce planning process currently underway by 30 th September 2008. |