The Updated STANDARD INFECTION CONTROL PRECAUTIONS AUDIT (SICPs) CAIR DASHBOARD 'Go live Date' is 1st November 2022

The changes to the SICPs audit programme reflects a change in responsibility from Infection Prevention & Control Teams (IPCT) to local clinical management teams and the IPCT will be doing awareness raising visits during the first month of implementation and there is an expectation that all clinical areas complete the new SICPs audit as a baseline.

MAIN CHANGES

- 30 questions in audit tool
- IPCT will provide support for improvement if score is AMBER (if requested) or RED
- There is no GOLD result
- Change from Critical Non Compliance (CNC) to Short, Medium and Long Term Actions

SCORING & RE-AUDIT SCHEDULE

Wards / Depts will undertake an audit within the CAIR dashboard every 6 months and results will determine the re-audit schedule.

GREEN: ≥ 90% - Complete improvement action plan within timescale. Check for consistent failures and consider project to improve using PDSA. **Re-audit in 6 months by SCN Department Manager.**

AMBER: 67-89% - Complete improvement action plan within timescale. Check for consistent failures and consider project to improve using PDSA. Consider support from IPCT. **Re-audit in 3 months by SCN/departmental manager**

RED: <66% - Complete improvement action plan within timescale. Identify SICPs that require supportive improvement and discuss with QI and IPC teams. **Re-audit in 1 month by SCN/Departmental Manager and IPCT.**

Results should be shared with relevant Senior Management Teams (SMT) depending on result.

ACTIONS INCLUDING CRITICAL NON-COMPLIANCES (CNC)
These are now named **short term actions, medium term actions and long term actions.** These will be highlighted on the action plan and will require actioned within a specific time period.

6 Short Term Actions will require immediate attention or action within 24 hours.

23 Medium Term Actions must be completed within one month.

1 Long Term Action e.g. installation of a fully compliant clinical wash hand will require to be placed on the risk register for the individual service until the action is complete.

ROLE OF INFECTION PREVENTION & CONTROL TEAMS (IPCT)
In a 12 month period IPCT will undertake a quality assurance audit of 20% of all wards and in addition will audit all high risk areas (ICUs, NICUs, PICU and BMT) and where wards where a SICPs audit has been requested as part of actions agreed at an Incident Management Team (IMT) or where support from SCN / Department Manager has been requested.