	<b>NHS GREATER GLASGOW &amp; CLYDE BOARD</b> <b>CONTROL OF INFECTION COMMITTEE</b>	Page	1 of 9
		Effective from	Nov 2019
	<b>Audit Schedule and Process</b> <b>Infection Prevention and Control Audit Tool (IPCAT)</b> <b>Strategy</b>	Review date	Nov 2021
		Version	3
The most up-to-date version of this document can be viewed at the following website: <a href="http://www.nhsggc.org.uk/infectionpreventionandcontrol">www.nhsggc.org.uk/infectionpreventionandcontrol</a>			

This strategy applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts.


### KEY CHANGES FROM THE PREVIOUS VERSION OF THIS POLICY

- **Update to SCN/Departmental Manager requirement when completing IPCAT action plan**
- **Addition of action required by IPCT/SCN/Departmental Manager to monitor for sustained improvement following IPCAT**

### Document Control Summary


Approved by and date	Board Infection Control Committee 25 <sup>th</sup> November 2019
Date of Publication	15 <sup>th</sup> January 2020
Developed by	Associate Nurse Director Infection Prevention and Control
Related Documents	National Infection Prevention & Control Manual:- <ul style="list-style-type: none"> <li>• Chapter 1 - Standard Infection Control Precautions (SICPs)</li> <li>• Chapter 2 – Transmission Based Precautions (TBPs)</li> </ul> National Monitoring Framework to Support Safe and Clean Care Audit Programme (HPS Resource)
Distribution/ Availability	NHSGGC Infection Prevention and Control homepage <a href="http://www.nhsggc.org.uk/infectionpreventionandcontrol">www.nhsggc.org.uk/infectionpreventionandcontrol</a>
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

The most up-to-date version of this policy can be viewed at the following website:  
[www.nhsggc.org.uk/infectionpreventionandcontrol](http://www.nhsggc.org.uk/infectionpreventionandcontrol)

	<b>NHS GREATER GLASGOW &amp; CLYDE BOARD</b> <b>CONTROL OF INFECTION COMMITTEE</b>	Page	2 of 9
		Effective from	Nov 2019
	<b>Audit Schedule and Process</b> <b>Infection Prevention and Control Audit Tool (IPCAT)</b> <b>Strategy</b>	Review date	Nov 2021
		Version	3
The most up-to-date version of this document can be viewed at the following website: <a href="http://www.nhsggc.org.uk/infectionpreventionandcontrol">www.nhsggc.org.uk/infectionpreventionandcontrol</a>			

## Contents

1. Safe and Clean Care Audit .....	3
2. Safe and Clean Care Audits by Clinical Team .....	4
3. Safe and Clean Care Audit by IPCT .....	4
4. IPCAT process .....	5
5. Action Plan Following IPCAT.....	7
6. Monitoring for Sustained Improvement Following IPCAT .....	8
Appendix 1 .....	9

	NHS GREATER GLASGOW & CLYDE BOARD CONTROL OF INFECTION COMMITTEE	Page	3 of 9
		Effective from	Nov 2019
	<b>Audit Schedule and Process</b> <b>Infection Prevention and Control Audit Tool (IPCAT)</b> <b>Strategy</b>	Review date	Nov 2021
		Version	3
The most up-to-date version of this document can be viewed at the following website: <a href="http://www.nhsggc.org.uk/infectionpreventionandcontrol">www.nhsggc.org.uk/infectionpreventionandcontrol</a>			


## 1. Safe and Clean Care Audit

The introduction of external infection and prevention and control (IPC) scrutiny by Health Improvement Scotland (HIS) in 2009 resulted in increased auditing of IPC practice within healthcare. Not all IPC audit is completed by the Infection Prevention and Control Team (IPCT) and currently within NHSGGC audit is undertaken by personnel including Senior Charge Nurses (SCN), Facilities teams and peers.

During 2018 Health Protection Scotland developed a **National Monitoring Framework** to Support Safe and Clean Care Audit Programmes with 'Safe and Clean Care Audit' being the term used to encompass audits including:-

- Infection Prevention & Control Audit (IPCAT)
- Standard Infection Control Precautions Audit (SICPs)
- Invasive device audit (PVC/CVC/UUC)
- Facilities Monitoring Tool

The framework is 'an agreed recommended minimum approach to auditing for all NHS boards' with the purpose of the framework being to provide a set of principles for Safe and Clean Care auditing and to support a quality improvement approach.

	NHS GREATER GLASGOW & CLYDE BOARD CONTROL OF INFECTION COMMITTEE	Page	4 of 9
		Effective from	Nov 2019
	<b>Audit Schedule and Process</b> <b>Infection Prevention and Control Audit Tool (IPCAT)</b> <b>Strategy</b>	Review date	Nov 2021
		Version	3
The most up-to-date version of this document can be viewed at the following website: <a href="http://www.nhsggc.org.uk/infectionpreventionandcontrol">www.nhsggc.org.uk/infectionpreventionandcontrol</a>			

## 2. Safe and Clean Care Audits by Clinical Team

Safe and Clean Care Audits undertaken by the clinical team include:-


- [Biannual Standard Infection Control Precautions Audit](#) CNO letter (2012) 1
- Monthly hand hygiene audit CEL 5 (2009)
- [Weekly cleaning assurance checklists](#)
- Combined Care Assurance Audit Tool (CCAT)

Local frameworks for Safe and Clean Care Audits undertaken by the clinical team should take account of the principles set out in the National framework and data gathered should be managed by the clinical team. Prior to IPCAT and during an outbreak or incident the IPCT will review SICPs and hand hygiene data via the CAIR dashboard.

## 3. Safe and Clean Care Audit by IPCT

IPCT involvement in Safe and Clean Care Audit is via IPCAT which comprises a suite of audit tools including:-

- Safe Infection Prevention & Control Practice in Acute Care
- Safe Infection Prevention & Control Practice in Theatre Care
- Safe Infection Prevention & Control Practice in Mental Health Care (HSCP)
- Safe Infection Prevention & Control Practice in OPD
- Safe Infection Prevention & Control Practice in Dental
- Safe Infection Prevention & Control Practice in Decontamination

	NHS GREATER GLASGOW & CLYDE BOARD CONTROL OF INFECTION COMMITTEE	Page	5 of 9
		Effective from	Nov 2019
	<b>Audit Schedule and Process</b> <b>Infection Prevention and Control Audit Tool (IPCAT)</b> <b>Strategy</b>	Review date	Nov 2021
		Version	3
The most up-to-date version of this document can be viewed at the following website: <a href="http://www.nhsggc.org.uk/infectionpreventionandcontrol">www.nhsggc.org.uk/infectionpreventionandcontrol</a>			

IPCAT is a combined tool used by the IPCT to measure staff knowledge and practice in relation to SICPs, transmission based precautions, safe patient environment (SPE) and quality assurance. The SPE element of IPCAT includes environmental criteria which are not captured by the Facilities Monitoring Tool. Quality assurance measures clinical risk assessment compliance for MRSA and CPE as well as compliance with care bundles aimed at reducing the risk from invasive devices such as peripheral venous catheter (PVC), urethral urinary catheter (UUC).

#### 4. IPCAT process


IPCAT criteria are measured through question, observation and checks by auditor. To reduce variation and subjectivity IPCAT tools have been designed to provide the auditor with audit criteria and the expectancy in terms of outcomes.

**Scoring:** Each section of the audit is scored individually and scores are presented on a dashboard with re-audit by IPCT timeframes based on the combined score.

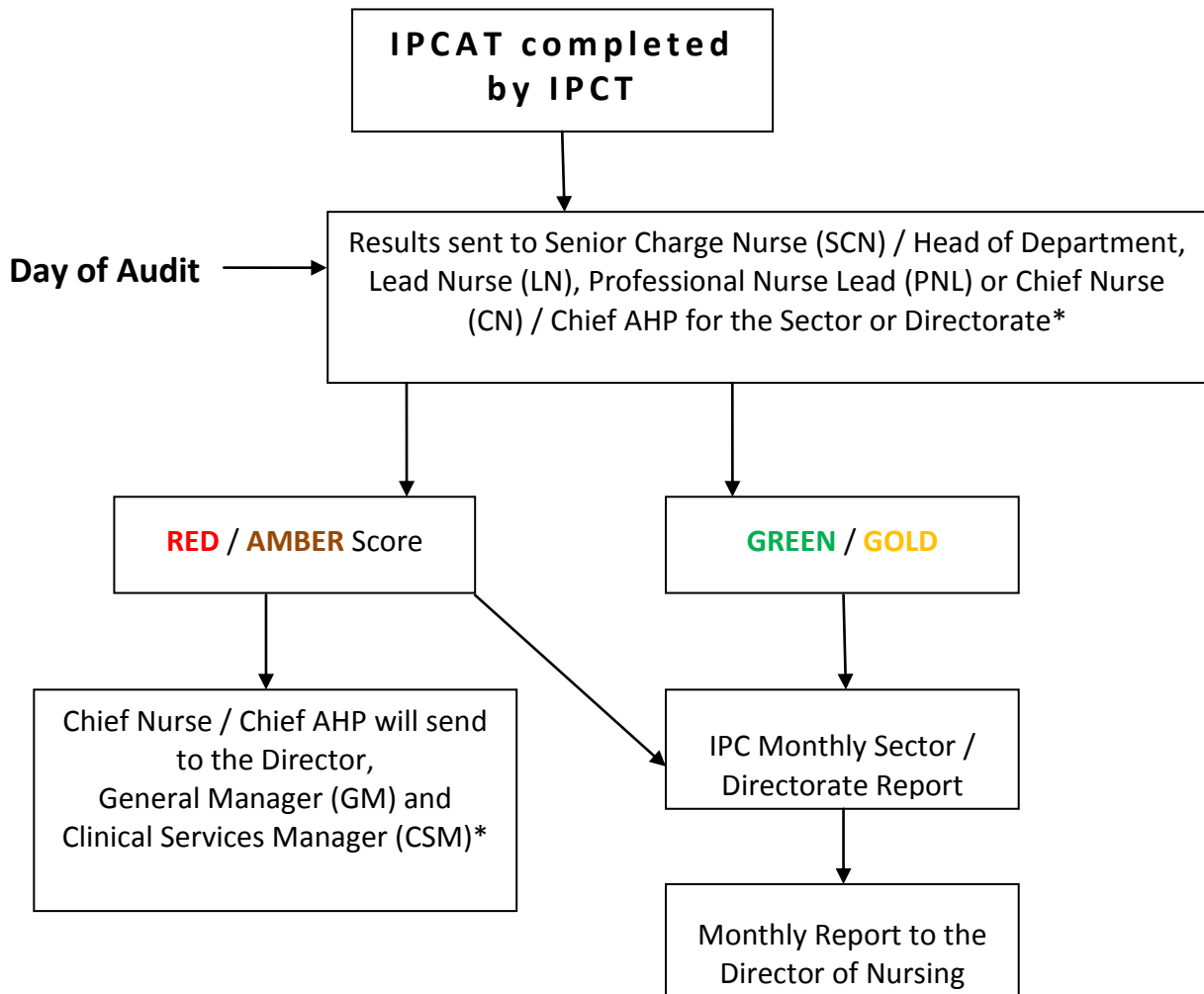
The scoring system and re-audit cycle is as follows:

	GOLD: 91% or above	Re-audit in one year*
	GREEN: 80-90%	Re-audit in one year*
	AMBER: 66-79%	Re-audit in 6 months
	RED: <66%	Re-audit in 3 months


\*OPD areas will have Safe Infection Prevention & Control Practice in OPD completed every 2 years as a minimum.

	NHS GREATER GLASGOW & CLYDE BOARD CONTROL OF INFECTION COMMITTEE	Page	6 of 9
		Effective from	Nov 2019
	<b>Audit Schedule and Process</b> <b>Infection Prevention and Control Audit Tool (IPCAT)</b> <b>Strategy</b>	Review date	Nov 2021
		Version	3
The most up-to-date version of this document can be viewed at the following website: <a href="http://www.nhsggc.org.uk/infectionpreventionandcontrol">www.nhsggc.org.uk/infectionpreventionandcontrol</a>			

IPCAT will be unannounced:



IPCAT results are included in the IPC Monthly Sector / Directorate Reports. Bimonthly reports containing IPCAT results are issued to the Board Infection Control Committee (BICC), the Acute Infection Control Committee (AICC) and Partnership Infection Control Support Group (PICSG).


	NHS GREATER GLASGOW & CLYDE BOARD CONTROL OF INFECTION COMMITTEE	Page	7 of 9
		Effective from	Nov 2019
	<b>Audit Schedule and Process</b> <b>Infection Prevention and Control Audit Tool (IPCAT)</b> <b>Strategy</b>	Review date	Nov 2021
		Version	3
The most up-to-date version of this document can be viewed at the following website: <a href="http://www.nhsggc.org.uk/infectionpreventionandcontrol">www.nhsggc.org.uk/infectionpreventionandcontrol</a>			

## 5. Action Plan Following IPCAT

Following IPCAT an action plan is automatically generated with a timeframe for completion. Critical non-compliances (CNC) or **short term actions** will require immediate attention or action within 24 hours. CNC are highlighted during any immediate post-audit feedback for ease of identification. **Medium term actions** must be completed within one month of IPCAT. **Long term actions**, for example, installation of a fully compliant clinical wash hand basin within a room used for isolation of a patient with a known/suspected alert organism, will require to be placed on the risk register for the individual Service until the action is complete. Action plans are available on the day of IPCAT completion.

The 'responsible person' should ensure completed actions (see Appendix 1) are recorded to provide a brief summary of rectifications/action taken. There should also be a process of investigatory management by the 'responsible person' to identify cause and support improvement; details of this should be included in the action plan. The findings of any investigatory management during action plan completion should highlight local changes/interventions required to achieve reliability. An example of this may be:-

- Monitoring Criteria - The appropriate bed space checklists and weekly assurance checklists are in place and up to date.
- IPCAT Finding – Auditor unable to locate evidence of weekly assurance checklists.
- Investigation – SCN who completes weekly assurance checklist has been on leave and this activity was not allocated to a nominated person.
- Action – Weekly assurance checklist completed and in future this activity will be allocated to a nominated person to complete in SCN absence.

	NHS GREATER GLASGOW & CLYDE BOARD CONTROL OF INFECTION COMMITTEE	Page	8 of 9
		Effective from	Nov 2019
	<b>Audit Schedule and Process</b> <b>Infection Prevention and Control Audit Tool (IPCAT)</b> <b>Strategy</b>	Review date	Nov 2021
		Version	3
The most up-to-date version of this document can be viewed at the following website: <a href="http://www.nhsggc.org.uk/infectionpreventionandcontrol">www.nhsggc.org.uk/infectionpreventionandcontrol</a>			

It is expected that the 'responsible person' will ensure the action plan is completed. The IPCT will issue the 'responsible person' with a total of three reminder emails sent at weekly intervals if actions are not completed within the defined timescale. Outstanding actions and details of reminder emails issued are reported in the monthly Sector/Directorate Report.

- Week 1 - 1<sup>st</sup> reminder issued to SCN/Departmental Manager
- Week 2 - 2<sup>nd</sup> reminder issued to SCN, Lead Nurse/Head of Department\*
- Week 3 - 3<sup>rd</sup> reminder issued to SCN, Lead Nurse, Chief Nurse/Chief AHP\*

\* or equivalent role


## 6. Monitoring for Sustained Improvement Following IPCAT

One month following completion of IPCAT the IPCN and SCN/Departmental Manager will re-audit together any red or amber sections of the audit. Audit results and an action plan will be available on the IPCAT dashboard immediately following any re-audit.

Following re-audit with IPCN, SCN/Departmental Manager must then discuss with their Lead Nurse/Head of Department and agree an ongoing programme of re-audit locally to monitor for sustained improvement. The frequency of monitoring as well as the outcome measure linked to improvement should be agreed between SCN/Departmental Manager and Lead Nurse/Head of Department.

SCN/Departmental Manager have access to a SICPs monitoring tool and can access a quality assurance monitoring tool via IPC homepage should this section of IPCAT score red or amber. Re-audit by SCN/Departmental Manager should follow the process of developing an action plan which should be approved by the Lead Nurse/Head of Department. Completed action plans generated as a result of re-audit should be retained for a period of one year.



	NHS GREATER GLASGOW & CLYDE BOARD CONTROL OF INFECTION COMMITTEE	Page	9 of 9
		Effective from	Nov 2019
	<b>Audit Schedule and Process</b> <b>Infection Prevention and Control Audit Tool (IPCAT)</b> <b>Strategy</b>	Review date	Nov 2021
		Version	3
The most up-to-date version of this document can be viewed at the following website: <a href="http://www.nhsggc.org.uk/infectionpreventionandcontrol">www.nhsggc.org.uk/infectionpreventionandcontrol</a>			

## Appendix 1

### Following completion of IPCAT:

1. You will receive an email from SIGMA/Synbiotix stating that your audit has been completed and is ready for review/action.
2. You will be asked to click on the link then enter your Username and Password.
3. Before accessing the system for the first time you will be supplied with a user name and password.
4. (if you are having problems with access please contact the IC data team via [ICDataTeam@ggc.scot.nhs.uk](mailto:ICDataTeam@ggc.scot.nhs.uk) ).
5. When you open your audit it will outline the percentage for each section and this is further broken down into scores for individual elements. An aggregated score is also shown for the full audit.

### Action plan completion:

6. At the end of each action there is an **ACTIVITY** link -click this and then the tab for **ADD NOTE**. This allows you to update an action.
7. When updating an action a brief summary of action taken/rectifications must be provided.
8. The completed action plan should provide details of any investigatory management to identify cause and promote improvement.
9. Once you have updated the **ADD NOTE** section, click save before clicking the **BACK** tab which will take you back to the dashboard.
10. Once returned to the dashboard, under the **ACTION** column click on the **EDIT** tab. This will take you to a screen with drop down box providing the options Not Started/In Progress/Complete— change the drop down status to **COMPLETE** and save.

All actions will turn green when completed and drop to the bottom of the action list. Overdue actions will be highlighted in red.