

National Safety Standards for Invasive Procedures (NatSSIPs) - Frequently Asked Questions

Is the creation of Local Safety Standards for Invasive Procedures (LocSSIPs) based on the NatSSIPs mandatory?

The Patient Safety Alert published in September 2015 supports the introduction of the NatSSIPs, which represent current best practice and were created by a number of key organisations with expertise and experience in delivering patient care and setting safety standards. Supported by bodies such as NHS Improvement, Health Education England, the CQC, GMC and NMC, we are helping providers to build these safety standards into their working practice by creating LocSSIPs based on them. Although the Patient Safety Alert in itself cannot mandate the introduction of these standards, the widespread professional and regulatory support for them, and the likelihood that the CQC will assess providers' compliance with them in the future, means that all organisations providing NHS-funded care in England should introduce LocSSIPs in line with the Patient Safety Alert.

What does the September 2016 deadline that is referred to in the Patient Safety Alert 'Supporting the introduction of the National Safety Standards for Invasive Procedures' actually mean?

The fourth action of the Patient Safety Alert asks organisations to 'Commence implementation of procedures and practice compliant with LocSSIPs within cycles of continuous improvement including consideration of teamwork and training, human factors and cultural aspects of compliance'. This does not mean that organisations are expected to have all their identified LocSSIPs developed and in place by September but must be able to demonstrate progress that they have made with implementation.

We do a lot of minor outpatient procedures but we are not sure whether they count as 'invasive' procedures. What should we do about this?

The definition of an 'invasive procedure' is given on page 14 of the main NatSSIPs document. If it is still not clear whether one of the procedures you perform comes under the NatSSIPs, you should ask yourself whether the procedure has the potential to lead to a Never Event if it is not handled well – if the answer is "yes", this would bring it into the remit of the NatSSIPs. Even if it is not an 'invasive procedure' as we have defined it, we hope that the NatSSIPs will still be useful to you when developing your standard operating procedures for these outpatient procedures – there are many important principles in the NatSSIPs that can be applied to most invasive and noninvasive procedures and can help minimise accidental harm to patients.

We have implemented our LocSSIPs but have had a Never Event in spite of the standards being followed. What should we do?

First of all please ensure that this is reported and investigated in accordance with the Revised Never Events Policy and Framework 2015 (ref). As part of the investigation, please check carefully that your LocSSIPs are fully compliant with the relevant NatSSIPs, and whether the LocSSIPs were properly followed for the patient who suffered the Never

Event. We would appreciate it if you would share an anonymised summary of the investigation report with us, highlighting key learning and actions points, so that we can share the learning from it and if appropriate, develop the NatSSIPs further to make sure that this does not happen to another patient. Please email us on patientsafety.enquiries@nhs.net.

The standards say that we MUST do something but this is not relevant to the procedures for which we are developing the LocSSIPs. What should we do?

The healthcare professionals, human factors experts and lay representatives who developed the NatSSIPs were really careful only to use the word “must” when they thought that the action described needed to be taken for all invasive procedures. If you feel unable to take the action that the NatSSIPs require you to, this should be discussed with your local governance or safety lead and, if appropriate, your commissioner. If it is agreed that the action is inappropriate, then this should be documented. Please also let us know through patientsafety.enquiries@nhs.net to inform future revisions to the NatSSIPs.

I work in a private hospital. Can I use the NatSSIPs to create local standards?

The NatSSIPs must be used to create LocSSIPs in all organisations that provide NHS-funded care in England. If your private hospital does not provide NHS-funded care, you can still create LocSSIPs that are compliant with the NatSSIPs, and we hope that you will review your standard operating procedures to see if they are compliant. We think that the NatSSIPs will help improve the safety of patient care wherever patients are treated.

Why are these standards not more detailed when it comes to specific workforce requirements?

The standards demand that LocSSIPs are developed that detail the number and skill-mix of staff needed to provide safe care to patients undergoing invasive procedures. The range of invasive procedures performed across the NHS is so large that it would have been impossible to define exact workforce provisions for each procedure. Further, local circumstances differ, and the LocSSIPs must be based on local experience as well as the NatSSIPs. The multidisciplinary team performing the procedures should work with managers and patients to agree the number and skill-mix of the staff, and this should be written into the LocSSIP, along with the actions that will need to be taken if the workforce does not match these standards. Examples of workforce standards are amongst the guidance referenced in Appendix A of the NatSSIPs document.

Some procedures performed in the Emergency Department are so urgent that there is no time to perform steps like the Briefing and the Time Out. What should we do?

The patient’s safety must always come first, and there will occasionally be patients that need immediate, life-saving procedures performed. However, these are rare, and even if the procedure is urgent, there is often time to perform a brief version of a Time Out that makes sure that the correct procedure is being performed on the correct patient, and that everyone involved knows what the clinical plan is. If stages of the LocSSIPs are omitted because of the urgency of the procedure, we hope that this will be noted in the patient records and reviewed afterwards to see if local standards can be modified to include as many safety checks as possible before very urgent procedures.

What if I do procedures in a Primary Care setting...?

The definition of an 'invasive procedure' is given on page 14 of the main NatSSIPs document. We hope that the NatSSIPs will be useful to you when developing your standard operating procedures for relevant procedures that are undertaken in a primary care setting. As we learn about the creation of LocSSIPs, and the implementation of new ways of working in response, we will consider any specific requirement for general practice and share examples of LocSSIPs as appropriate

Do these standards replace the WHO Surgical Safety Checklist and Five Steps to Safer Surgery?

No – the NatSSIPs are in large part based on the WHO checklist and the Five Steps, and we hope that the NatSSIPs will strengthen and enhance them in all hospitals. All of the five steps are included as standards within the NatSSIPs: Safety Briefing, Sign In, Time Out, Sign Out and Debriefing.

Is the expectation that we develop a LocSSIP for each NatSSIP that is relevant to our clinical practice?

We expect organisations to base their LocSSIPs on the structure of the NatSSIPs, but we understand that local circumstances will mean that some steps and standards are combined, and that there may not necessarily be a LocSSIP for each NatSSIP. The important thing is that all steps are considered when creating LocSSIPs.

Do we need to rewrite our current standard operating procedures (SOPs)?

You need to review your current to make sure that they are compliant with the NatSSIPs. It may well be that some SOPs will need very little modification to make them LocSSIPs that are compatible with the NatSSIPs. However, some SOPs will need more changes to make them fully compliant.

Should there be a LocSSIP for every procedure?

Action two of the Patient Safety Alert asks organisations to 'Identify all procedures undertaken across clinical settings in your organisation that the NatSSIPs are applicable to'. This does not mean that every procedure should have its own LocSSIP, as it may be appropriate for a LocSSIP to cover a number of procedures, e.g. speciality-specific minor procedure lists.

Do these standards include the insertion of nasogastric tubes?

No – the NatSSIPs do not cover the insertion of nasogastric tubes as present as this version has focused on invasive procedures with the potential to cause surgical never events, although future versions may cover these procedures. However, "Misplaced naso- or orogastric tube" is a Never Event, and organisations should take the content of the NatSSIPs into account when developing local standards for the safe management of nasogastric and orogastric tubes.

What sort of pen should be used for marking the site of an invasive procedure?

Although the NatSSIPs themselves do not include guidance on the device used to mark the skin before an invasive procedure, The NatSSIPs Group and NHS Improvement's Surgical Services Patient Safety Expert Group are agreed that it is best practice to use a skin marker specifically designed for this purpose.

If no skin incision is involved in the invasive procedure to be performed, e.g. endoscopy, when should the Time Out be performed?

The NatSSIPs are clear that a Time Out “must be conducted immediately before skin incision **or the start of the procedure**”.

Please contact us on patientsafety.enquiries@nhs.net if you have any comments, suggestions or further questions.