Local Safety Standards for Invasive Procedures (LocSSIPs)

Aim
- Reduce patient safety incidents.
- Improve delivery of safe care during invasive procedures.
- Improve education and training.

Outcomes
- Safe, standardised and supportive
- Agree local standards
- Adapt current safer surgery policies to include all invasive procedures
- Develop generic checklists building on the WHO surgical safety checklist
- Create a new working culture throughout the organisation

Twitter
#SayNOtoNeverEvents

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Safety should always be at the forefront of the care we deliver and that is why one of our key priorities for the Trust in 2016/2017 is to pursue quality improvements to assure safe, reliable and compassionate care to:
- save lives
- reduce harm
- improve patient experience
- meet Care Quality Commission requirements.

One of the ways in which we can strive to achieve all four of these is through local implementation of the National Safety Standards for Invasive Procedures (NatSSIPs).

What are the NatSSIPs?
NatSSIPs have been created to bring together national and local learning from the analysis of never events, serious incidents and near misses in a set of recommendations that will help NHS organisations provide safer care to patients.

In September 2015 NHS England published a set of National Safety Standards for Invasive Procedures (NatSSIPs) to be modified for local use to produce Local Safety Standards for Invasive Procedures (LocSSIPs). A multidisciplinary team of clinicians have formed a Task and Finish group to progress the creation and implementation of LocSSIPs, building on the WHO Surgical Safety Checklist.

PAHT has a responsibility for ensuring that LocSSIPs are created for all invasive procedures carried out within the hospital, clinics and community settings. A master list of all invasive procedures across all four divisions can be found on the NatSSIPs intranet page - http://nww.pat.nhs.uk/services-departments/national-safety-standards-for-invasive-procedures-natssips.htm
Who are they relevant to?
Anyone involved in invasive procedures including those responsible for recruiting, managing, training, developing and supporting staff that undertake invasive procedures.
For this purpose the term ‘invasive procedure’ includes:
- All surgical and interventional procedures performed in operating theatres, outpatient treatment areas, labour ward delivery rooms, and other procedural areas within an organisation.
- Surgical repair of episiotomy or genital tract trauma associated with vaginal delivery.
- Invasive cardiological procedures such as cardiac catheterisation, angioplasty and stent insertion.
- Endoscopic procedures such as gastroscopy and colonoscopy.
- Interventional radiological procedures.
- Thoracic interventions such as bronchoscopy and the insertion of chest drains.
- Biopsies and other invasive tissue sampling.

Work done to date
The Task and Finish group have:
- Conducted a scoping exercise to find out what invasive procedures we do and what standards and checklists we already have in place.
- Reviewed the following trust policies to create a new LocSSIPs overarching policy (Safety Standards for Invasive Procedures) which is harmonised with national standards:
  - Correct patient, procedure and site surgery (NCSU018)
  - Checking of swabs, sharps and instruments (NPD1004)
- Created a generic safety checklist for invasive procedures

What do we need to do next
- All divisions and directorates that carry out invasive procedures will be required to review what we have in place to ensure that they meet the minimum requirements and are appropriate to the procedures in question and if not revise them accordingly.
- Ensure that all relevant staff are aware of our standards and checklists and are using them in practice.
Individual Patient Pathway

1. Sign In
2. Time Out
3. Pretreatment verification
4. Prevention of retained foreign objects
5. Sign Out
6. Handover to post-procedure team
7. Handover from procedure area

List Pathway (example with 4 patients)

1. Briefing
2. Perform a checklist briefing whenever the patients, order of procedures change
3. Perform a handover whenever the team changes
4. Debriefing

Every red box is an area of particular vulnerability – the team must follow LocSSIPs to ensure patient safety.
Every red box should be documented, LocSSIPs compliance must be audited.