

**Implementation of the Local Safety Standards
for Invasive Procedures (LocSSIP)
on the Neonatal Unit at SaTH**

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		the patient's clothing or bedding. LocSSIPs should cover all potentially retainable items used in procedures, as well as these used as part of anaesthesia and sedation, e.g. throat packs placed by the anaesthetist during oral or nasal surgery.		
12	Sign out	All patients undergoing invasive procedures under general, regional or local anaesthesia, or under sedation, must undergo safety checks at the end of the procedure but before the handover to the post-procedure care team: the sign out. Along with the sign in and time out, this is based on the checks in the WHO Surgical Safety Checklist and forms part of the Five Steps to Safer Surgery. Noise and interruptions should be minimised during the signout.	Not applicable	-
13	Debriefing	Procedural team debriefing is a key element of practice in the delivery of safe patient care during invasive procedures, and forms part of both the WHO Surgical Safety Checklist and the Five Steps to Safer Surgery. The debriefing should be seen as being as important a part of the safe performance of an invasive procedure as any of the other steps outlined in this document. Organisations should ensure that the job plans and working patterns of those involved in invasive procedures should allow and oblige them to attend debriefings in all but exceptional circumstances. Noise and interruptions should be minimised during the debriefing.	Compliant	Procedure Form

Actions undertaken to achieve compliance

1. A neonatal **Procedure Form** was designed and implemented for neonatal procedures such as central line insertion (umbilical catheters, long line insertions) and chest drain insertions. This was based on the insertion checklist mentioned in the Framework for Practice for Insertion of Central Venous Catheters by BAPM (December 2015) and includes a checklist which implements the principles of Matching Michigan.
2. **Checklist for Laser Treatment of Retinopathy of Prematurity** for babies undergoing this treatment on the neonatal unit at SaTH.
3. To ensure parents given 'Bliss Family Handbook Information and support for families of premature and sick babies' at the time of baby's admission to the unit. This helps to ensure that parents are provided about information about the procedures their babies may undergo during their stay on the unit. This was monitored by modifying the Nursing Admission Sheet to include a checkbox for giving the parents the 'BLISS Family Handbook' along with the local unit Welcome Booklet for Parents.

		develop for handovers. Not all items in the comprehensive bulleted lists given below will be necessary for all handovers but are included for completeness and to allow organisations to devise locally relevant handover documentation.		
6	Procedural verification and site marking	Organisations must develop and implement LocSSIPs that ensure that patients undergo the correct procedures on the correct sites and sides.	Compliant	Procedure Form
7	Safety briefing	Procedural team briefing is a key element of practice in the delivery of safe patient care during invasive procedures, and forms part of both the WHO Surgical Safety Checklist and the Five Steps to Safer Surgery. Noise and interruptions should be minimised during the safety briefing.	Compliant	-
8	Sign in	All patients undergoing invasive procedures under general, regional or local anaesthesia, or under sedation, must undergo safety checks on arrival at the procedure area: the sign in. Along with the time out and sign out, this is based on the checks in the WHO Surgical Safety Checklist and forms part of the Five Steps to Safer Surgery. Noise and interruptions should be minimised during the sign in.	Not applicable	-
9	Time out	All patients undergoing invasive procedures under general, regional or local anaesthesia, or under sedation, must undergo safety checks immediately before the start of the procedure: the time out. Along with the sign in and sign out, this is based on the checks in the WHO Surgical Safety Checklist and forms part of the Five Steps to Safer Surgery. Noise and interruptions should be minimised during the time out.	Not applicable	-
10	Prosthesis verification	A prosthesis is defined as an internal or external medical device for artificial replacement of an absent or impaired structure. Verification is essential for correct surgical placement of the appropriate prosthesis. Deleterious effects arising from incorrect prosthesis selection may include patient factors, e.g. mortality, morbidity and further procedures, surgical factors, e.g. substandard clinical outcome, and financial costs, e.g. discarded prostheses, medicolegal repercussions, cancelled cases due to lack of prosthesis availability. The terms prosthesis and implant are synonymous in these standards.	Not applicable	-
11	Prevention of retained foreign objects	This standard supports safe and consistent practice in accounting for all items used during invasive procedures and in minimising the risk of them being retained unintentionally. The processes outlined in locssips should ensure that all items are accounted for and that no item is unintentionally retained at the surgical site, in a body cavity, on the surface of the body, or in	Compliant	ROP checklist Ensuring BLISS booklets are given to parents (nursing admission sheet to reflect this)

The summary of the SaTH template items is detailed below.

LocSSip No.	TITLE	DEFINITIONS	COMPONENTS (SPECIFIC COMPLIANCE)	SPECIFIC ACTIONS REQUIRED FOR FULL COMPLIANCE
1	Governance and audit	This will ensure that all Local Safety Standards for Invasive Procedures (LocSSIPs) become part of a cycle of continuous quality improvement. It details the minimum expectations of local governance in terms of audit, local reporting and learning, and contribution to national surveillance and quality improvement.	Compliant	-
2	Documentation of Invasive Procedures	Organisations must create standardised documentation for patients undergoing invasive procedures that promotes the sharing of patient information between individuals and teams at points of handover, and forms a record for future reference. This standard outlines the minimum expectations for this documentation. It recognises that the structure of the documentation can in itself contribute to safe working practices. Both electronic and paper documentation must be designed in such a way that key safety checks in the patient pathway are performed in sequence and are documented.	Compliant	Procedure Form
3	Work force	This standard supports the principle that the safe care of patients undergoing invasive procedures depends upon having the correct numbers of appropriately trained, skilled and experienced staff members who work together effectively in a team.	Compliant	-
4	Scheduling and List management	Patient safety during the performance of invasive procedures is dependent upon adequate preparation, the accurate scheduling of procedures and the management of procedure lists. This standard supports procedure teams in ensuring that lists accurately reflect the plans for patients and the procedures they are scheduled to undergo.	Compliant	-
5	Handover and information transfer	There are formal handover points in the patient pathway at which professional responsibility and accountability is transferred between individuals or teams. There will also be planned or unplanned changes in the members of a procedural team that occur during procedures or lists of procedures. This standard sets out the basis of the LocSSIPs that organisations should	Compliant	Procedure Form ROP checklist

Background

In September 2015, NHS England published the National Safety Standards for Invasive procedures (NatSSiPs) with an implementation date of September 2016.

The Trust LocSSiPs at SaTH have been developed and each department benchmarked themselves using a template. A small working group for the neonatal unit at SaTH was developed with one representative feeding back regularly to the Trust group.

It was noted that not all items within the template were applicable within the neonatal setting.

As the standards were benchmarked, required actions needed were identified and implemented. The benchmarking document was completed by October 2016 and the neonatal unit was compliant by February 2017.

What is an invasive procedure for NatSSiPs?

In using a different term - "invasive procedure" – NatSSiPs proposes to address those procedures that have the potential to be associated with a Never Event if safety standards are not set and followed, to include:

- 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.

It is not intended that LocSSiPs address procedures that involve the simple penetration of the skin or entry of a body cavity, such as the insertion of an intravenous line or a urinary catheter, or the use of ionising radiation, such as the taking of a plain X-ray. Neither is it intended that every detail of the NatSSiPs be transposed into LocSSiPs for single-operator, ward-based procedures such as bone marrow aspiration, pleural biopsy and tapping of ascites. However, it is recommended that providers of NHS-funded care, when creating policies for the safe performance of all procedures that come under NICE's definition of "interventional procedure", which is *"...is one that involves making a cut through the skin, using instruments to enter the body (e.g. endoscopes) or equipment which uses energy sources (e.g. ultrasound or electromagnetic radiation) to diagnose or treat patients but are not included in our definition of "invasive procedure", take NatSSiPs guidance into consideration when developing local policies for safe patient care. This may be of particular importance to procedures such as the insertion of vascular lines, e.g. central venous catheters, as there have been Never Events relating to the accidental retention of guide wires.*

The LocSSiPs template used by individual Trusts may differ.