

# MIAA 2024/25 Checklist Series – Local Safety Standards for Invasive Procedures (LocSSIPs)

January 2025

## What is a LocSSIP and how was it developed?

A key initiative published by NHS Improvement (now NHS England) in 2015 was The National Safety Standards for Invasive Procedures (NatSSIPs). This brought together national and local learning from the analysis of Never Events, Serious Incidents and near misses setting out a set of recommendations that would help provide safer care for patients undergoing invasive procedures. This did not in any way replace the WHO Surgical Checklist, but rather enhanced it by looking at additional factors such as the need for education and training.

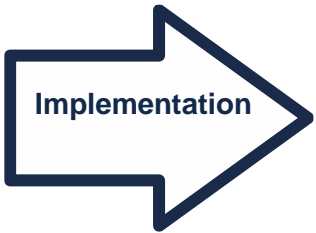
In January 2023, the Centre for Perioperative Care published revised National Safety Standards for Invasive Procedures (NatSSIPs 2), designed to reduce misunderstandings or errors and to improve team cohesion. In the original NatSSIPs, organisations were required to write Local Safety Standards for Invasive Procedures (LocSSIPs) for each procedure. However, there was a risk of over-complicating checklists and introducing bureaucracy. NatSSIPs now recommends that Standard Operating Procedures or LocSSIPs may be developed, based on NatSSIPs 2. The NatSSIPs are meant to be modified for local use, i.e. used as the basis to produce LocSSIPs. The local standards for a major surgical procedure performed under general anaesthesia in an operating theatre cannot and should not be identical to those supporting the safe insertion of a chest drain under local anaesthesia in a ward.

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


The NatSSIPs do not include every step that will need to be included in LocSSIPs, as they are meant to inform and harmonise the production and review of local standards, not to replace them or add to them.




## LocSSIP Implementation Checklist


	Areas to consider	Organisation's Response
 Implementation		
	Do you have a working group who oversees the development and monitoring of the LocSSIPs programme of work with an agreed Terms of Reference in place?	
	Do you have a Trust Lead who reports on the development and monitoring of the LocSSIPs programme of work?	
	Have you developed an overarching definitive list of ALL invasive procedures that require a LocSSIP?	
	Is there a central database of LocSSIPs and are they accessible to staff?	
	Do you have a Trust Policy in place that provides guidance and templates for the development of LocSSIPs?  Standardised documentation for invasive procedures performed in all areas within an organisation must ensure the recording of essential information throughout the patient pathway, to include pre-	


Areas to consider		Organisation's Response
	procedural assessment and planning, the conduct of anaesthesia or sedation, the invasive procedure itself and post-procedural care.	
	Do multidisciplinary procedural teams, e.g. operating theatre teams, to include medically qualified, registered and non-registered practitioners, develop, implement and continuously appraise the safety and efficacy of LocSSIPs, working with patient groups where appropriate?	

Areas to consider		Organisation's Response
		
	Are there clear roles and responsibilities assigned from Ward to Board for the LocSSIPs work programme?	
	Is there an agreed governance structure in place where LocSSIPs will be reported to for approval and final sign off?	
	Have all LocSSIPs being reviewed against the NatSSIPs 2 guidance?	

Areas to consider		Organisation's Response
	Are LocSSIPs factored into the Clinical Audit Programme for the year within each Division?	
	Does the governance structure for LocSSIPs include Executive oversight of implementation progress and escalation of key risks?	
	Have you ensured that LocSSIPs are part of a cycle of continuous quality improvement?	

Areas to consider		Organisation's Response
		
	<p>Is there an agreed process in place for staff to receive training on LocSSIPs and how is this monitored?</p> <p>Team members participating in any stage of any of the LocSSIPs must receive appropriate training to allow them to be able to fulfil their roles safely, effectively and consistently.</p>	
	How are LocSSIPs communicated to staff?	

	Areas to consider	Organisation's Response
 <p><b>Workforce planning</b></p>		
	<p>Has the relevant skill mix of staffing been considered as part of LocSSIP development?</p> <p>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</p>	
	<p>Has the accurate scheduling of procedures and the management of procedure lists been considered as part of LocSSIP development?</p> <p>Patient safety during the performance of invasive procedures is dependent upon adequate preparation. Procedure teams should ensure that lists accurately reflect the plans for patients and the procedures they are scheduled to undergo.</p>	

	Areas to consider	Organisation's Response
 <b>Lessons Learnt</b>		
	<p>Do you schedule regular Safety Meetings for multidisciplinary procedural teams of adequate length and frequency to allow training, analysis of adverse incidents and near misses, review of audits of compliance with LocSSIPs, and teamwork development and practice?</p> <p>It is important that team members are given regular opportunities to suggest improvements in LocSSIPs and patient care.</p>	

## Cross-Check of LocSSIPs to the NatSSIP2 Guidance's requirements

The following checklist can be used to evaluate the content of your LocSSIPs to ensure compliance with the requirements of the NatSSIP2 guidance.

Title of LocSSIP:	
Essential Basic checks - for All Procedures as per NatSSIPs 2	Yes / No
Patient states name and date of birth	
Medical record number check against list, notes and consent	
Consent form checked for procedure, which is confirmed with patient	
Site marking, if applicable, to be cross checked with the patient, consent form and procedure list	
Allergy status	
Advanced / Additional checks as per NatSSIPs 2	
Departments should add standard checks relevant to the risk within that specialty	
'The NatSSIPs Eight' requirements as per NatSSIPs2	
Site marking required where relevant	
Team Brief appropriate to context	
Sign In and Time Out can be combined	
Implant checks should be performed where relevant	
Count can be proportionate if site accessed via a needle or surface incision If guidewires are used, they should be counted for reconciliation of items	
Sign Out may be concise	
Debrief if required	
As part of Time out the following are basic checks for EVERY invasive procedure	
Confirmation that team members know each other names - This should occur for the first patient on the list and reviewed if the team changes	
Confirmation of concordance with patient identity, verbal or written consent, relevant imaging and test, sites(s)	
Confirmation of any allergies indicated and red wrist band present	
Confirmation that the whole team is aware of any key / critical events	



Confirmation that all equipment is present and sterile	
Further checks should be undertaken which are applicable to the procedure being undertaken - local adaptations	
<b>As part of Sign out the following are basic checks for EVERY invasive procedure</b>	
All team members should be present	
Confirmation of the exact name of the procedure, site & side	
Key plans for recovery	
Other elements as per the procedure being undertaken	