

National Safety Standards for Invasive Procedures (NatSSIPs) 2

The Sequential Standards or Steps are, as they suggest, performed in a sequence for every patient in their invasive procedure pathway. They form the basis of an 'enhanced local standard' WHO Checklist or specialty specific checklists in some settings.

Successful, sustained implementation of the Sequential Steps will only occur in the context of full engagement with Organisational Standards.

“Be great with The NatSSIPs Eight”

The Eight Steps provide safety checks to protect our patients and practice. The Five Steps to Safer Surgery were a great stride forward in invasive safety and are now seen as basic checks as we advance 'The NatSSIPs Eight' within NatSSIPs 2. In practice the vast majority of organisations undertake 'The NatSSIPs Eight' already – they are not new processes, rather clarification of expectation and bringing them all into one place. (**Harmonisation**).

Procedures that are performed in a dedicated area are suited to a specialty specific checklist which is proportionate to the risks and processes in that area. Based on the risk within that specialty (e.g. specialties which insert implants or prostheses, the type of anaesthesia: general vs regional vs local) and procedure (major vs minor procedure), particular checks may be more or less applicable.

Proportionate and professional application of the standards should fit the case based on the identified, known risks and previous incidents in that specialty or other related specialties performing procedures. Proportionality is key to engagement, organisational and team uptake.

Forcing teams to undertake checks that have no perceived relevance or safety benefit to their context is likely to be detrimental to patient safety overall. Carrying out full checks in an emergency such as Category 1 Caesarean section⁷⁵ or a trauma patient may be detrimental to the patient. Conversely, such emergencies are predictable, and are associated with increased risks, so organisations should design, and train for, processes that ensure appropriate checks can and do occur.

All staff should appreciate that although an individual item or process may not appear immediately relevant to them, or to that particular case, there may be wider reasons for including that check or step (**Education**).

The steps and associated checks work best in the presence of an engaged team who understand human factors and error and want to keep their patient safe.

The 'proportionate count' (Reconciliation Standard 6) is a change to the NatSSIPs which recognises that in some settings such as most minor procedures and interventional procedures a full count is not required since the procedure is performed via a needle and hole, rather than an incision.

[Patients](#) want to feel safe, can find the checks reassuring and should be involved with them.

The checks should form a team conversation and plan, which, where applicable, includes the patient. They should allow an opportunity for any member of the team or the patient to speak up. They should integrate and understand human factors, behaviour and safety knowledge.

Linking data based on the team performance in quality of checks (appropriate to the procedure) is a method for measurement of service quality and measure for improvement.

Each standard has suggested performance measures which are integrated into '[Performance Indicators NatSSIPs](#)'. These can be observed at performance reviews, safety visits and external body safety accreditation/evaluation. In specialties with caveats, the data collected can be adjusted to meet locally agreed standard. Linking organisational and sequential performance is important for sustained implementation.

'The NatSSIPs Eight' Sequential Step Standards

1	Consent, Procedural verification, and Site marking
2	Team Brief
3	Sign In
4	Time Out
5	Safe and efficient use of implants (where relevant)
6	Reconciliation of items in the prevention of retained foreign objects
7	Sign Out
8	Handover/Debrief

Major and Minor Procedures

These standards cover all invasive procedures and all settings, including hospital-based theatres, clinics, treatment centres and primary care, and invasive investigations in outpatient departments. Some areas do not currently have a culture of using a checklist or the Sequential Steps. NatSSIPs2 has developed the new concept of minor or major procedures and organisations should decide which type of checks are required in each area, based on the risks:

- Major procedures require more checks and generally a full count (except for interventional radiology areas).
- Minor procedures require fewer checks (Sign In and Time Out can be combined) and generally a proportionate count.