

Organisational Standards

The Organisational Standards have been strengthened to support teams and patients and to indicate the foundation required for effective delivery of safe care in invasive areas. There is less focus on Local Standard (LocSSIPs) generation and more on the quality improvement and implementation strategy required to deliver and sustain the standards in a meaningful way.

The Organisational Standards now consist of three broad sections of **People, Processes** and **Performance**. Their interplay with the NHS Patient Safety Strategy⁹ categories of insight, involvement and improvement can be viewed in Organisational Implementation Portal.

People

Patients

In summary: Patients should be involved in the safety pathway. Full information should be provided, and safety processes explained. Patients should understand the value of the checks and be encouraged to speak up/check if they have concerns. Patients having an invasive procedure may feel anxious, overwhelmed or not understand medical terms.

The NHS Patient Safety Strategy includes a framework⁹ for involving patients in patient safety. With reference to NatSSIPs 2:

- Patients should have sufficient, balanced information to support their decision-making about invasive care. Information should be written and communicated in plain language, without jargon, in line with Sequential Standard/Step 1 which includes consent and GMC consent [standards](#).³⁸ Patients should understand the information provided, have time to make an informed decision, and feel safe in communicating their needs and concerns.
- [Staff education](#) must include patient communication and listening skills. There are numerous examples where unsafe care could have been avoided had staff listened to their patients.
- Data related to staff safety training and associated safety benefits must be available to inform patients' decision making and choice.
- Questions asked of patients should be open and neutral whenever possible. Safe invasive procedures rely on partnership between patients and healthcare professionals. However, the nature of the clinical situation means that patients may not feel they are equal partners. From necessity, patients need to trust clinicians. While clinicians' confidence and professionalism are reassuring to patients, it is crucial to remain aware that they may also inhibit patients from raising concerns. In the operating theatre / procedural area the number of people present can be overwhelming. Patients can be vulnerable to suggestion, especially when anxious, distressed or in pain.
- Healthcare staff must encourage patients to ask questions by enquiring whether they have any concerns in a manner that conveys a sincere desire to hear from them. Patients are uniquely qualified to identify issues with their care because they are present and involved throughout the whole care pathway. Handovers are particularly important.
- Patients should be made aware that they also have an important and active role to play in safe practice and, where possible, be prepared/helped/trained to participate in checks and communication in the sequential pathway. Sequential Standards such as Consent and Procedural verification (includes site marking) and [Sign In](#) should involve the patient. These checks should reassure patients.
- Patients should be informed that serious focus is necessary during checks (equivalent to a legal proceeding or airport procedures). More relaxed conversation between the clinical team and patient can resume once checks are complete.
- Patients should not be relied upon to give detailed information to the clinical team. The British Association of Dermatology³⁹ has warned that risks of wrong site procedures may increase with patient specific factors such as impaired eyesight, hearing, understanding or lack of insight.

Box 1: Patient involvement during the Pathway Checks.

1. Be part of the conversation and shared decision making
2. Ask questions if something is not clear
3. Speak up if you have concerns
4. The checks are there to protect you and you can be part of them
5. During checks be serious and avoid jokes
6. Behave with respect and kindness towards healthcare professionals

- Patients have an interest in staff education, wellbeing and morale. Patients should be given clear opportunity to acknowledge excellent care and to offer feedback. This should be available in a variety of forms and language formats.
- Patients should be given clear opportunity to report concerns, complaints and harm. All concerns must be responded to with honesty, both to help patients understand what happened and for learning to occur. This is a priority for patients.
- Patients and/or their families and carers affected by a patient safety incident should be cared for with compassion, their questions addressed, and their needs met. When a learning response occurs they should be involved if they are able and wish to. They may provide valuable, informed insight critical to preventing a repeat, to support education and the action plans. This is central to the Patient Safety Incident Reporting Framework.^{40 41}
- The post incident process should reflect the Restorative Just Culture maxim of 'Who is hurt? What do they need? Whose obligation is it to meet those needs?'⁴²
- The Duty of Candour^{43 44 45 46} process is mandatory for all incidents resulting in moderate or more severe harm. Organisations must have systems to uphold the Duty of Candour in a sensitive and effective way. Professionals also have an individual Duty of Candour: organisations should train, encourage, and support their staff to apologise compassionately.
- Information should be available on how to access wider support networks related to patients' conditions and, if raising concerns, local independent advocacy services.
- Ongoing patient feedback, related to poor experience or harm as well as excellent care, should be routinely available to patients and analysed by organisational boards with patient involvement.
- Patients, local patient groups and interested public all need opportunity to input and advocate for safe systems and feedback on standards, policies, and local procedure. Patients have a different perspective, seeing issues and offering solutions that clinical or management staff may not have found.
- Supporting patients to be involved in their own safety means actively involving patients, their carers, family members or other lay people, in partnership with staff, to influence and improve the delivery, governance and leadership of safety within organisations.⁴⁷
- Creation of formal Patient Safety Partner⁴⁸ (PSP) roles for patients, carers, family members or other lay people in partnership with staff, can influence and improve organisational safety.
- A version of the standards should be accessible and understandable for all patients, including for patients with challenges in understanding, e.g. English is not first language or people with physical or learning difficulties, or with access only to basic or no technology.
- Communication is central to any strategy. Information campaigns must be continuous and use a variety of formats including email, post, apps and videos.
- Patient perspective, focus and involvement is a priority and should be embedded in every standard and throughout the pathway, not considered as an 'add on'. The standards should be continually reviewed and adapted as technology and circumstances change and new information becomes available. Patients may need to be helped or trained to use technology if necessary or required.
- The key message is that invasive areas are an overwhelming environment for patients, where it can be difficult to speak up. The team should be aware and compassionate to the patient needs.

Roles For NatSSIPs Delivery, Implementation and Sustainment

In summary: Every Trust/Healthcare Board must have an adequately resourced leadership team to deliver the NatSSIPs.

- Trusts / Healthcare Boards^b should have a named Board-member^c with NatSSIPs within their portfolio.
- There should be a named, substantive senior clinician^d, **practising clinically within the invasive procedures domain**, who is responsible for strategic direction and oversight of the implementation, development and improvements related to NatSSIPs.
 - This individual should have sufficient, transparently allocated time within their job-plan for this role, commensurate with the size of the organisation
 - This individual should have sufficient, transparently allocated administrative support for the role, commensurate with the size of the organisation
 - This individual should have the ability, and authority, to be able to obtain strategic and operational support from across the organisation including, but not limited to: Information Technology (IT); education; quality improvement support; and procurement
- Each Trust should have a formally constituted multidisciplinary steering group (to include all relevant professions and sites), chaired by the NatSSIPs lead, with responsibility for:
 - Strategic oversight
 - Review of relevant data / intelligence/ insight
 - Provision of assurance to the Board
 - Providing updates as a standing agenda item to Governance and Quality Boards
 - Organisational sign-off of NatSSIPs-related policies and procedures
 - Reinforcing that NatSSIPs are more than 'checklists' and that they require a strategy for organisational as well as Sequential Standards improvement
 - Embedding systems and human factors knowledge and understanding⁴⁹
 - Ensuring alignment of NatSSIPs with Trust Safety Strategy and Quality Objectives
- Every relevant speciality group within a Trust should have a named senior clinician^e, again practising clinically within invasive procedures with responsibility for speciality level governance of NatSSIPs and with representation on the Trust NatSSIPs group.
- In large Trusts, each site should have a NatSSIPs lead with allocated time to support the trust-wide remit.
- MDT members in training should be a formal part of these groups.
- The Trust NatSSIPs lead(s) should provide assurance to the Site and the Board on all aspects of NatSSIPs.
 - This assurance should include at a minimum an annual, publicly available account of progress and measurable outcomes related to NatSSIPs
- Boards should aim to include NatSSIPs within the strategic remit of patient safety specialists
 - Trust Boards should consider how NatSSIPs related activities will integrate with other key patient safety specialist roles (e.g. for maternity)

^b For brevity within the document, Trust will be used as shorthand for the variety of names across the four nations.

Similarly, Board should be understood as the level of the organisation with statutory responsibility for the organisation.

^c There will be different structures. It is the concept of leadership and ownership at the top of the organisation that is key.

^d Clinician deliberately includes medical, nursing, midwifery, pharmacy and Allied Health Professionals.

^e This individual may well have other governance roles within the speciality. The intention is to be clear who is responsible for NatSSIPs, not to create more jobs.