

Sequential Step Standards - Overarching Standards

- Patients should be involved in the checking process whenever possible and appropriate.
- All staff should engage with the Sequential Steps in a professional manner.
- Behaviour should be respectful, honest and civil.³³
- Staff should never undermine the checking processes with phrases such as 'just some paperwork'.
- Failure to attend / engage with any or all the relevant Sequential Steps at individual or team level should be addressed constructively but should be viewed as a risk and a performance concern.
- The checks should be performed using a paper, poster, electronic or laminated checklist around and by the side of the patient. They should never be filled out retrospectively, by memory or across distance/behind equipment of a procedural room.
- Specialty specific checklists should follow a format, simple language, and structure consistent with other checklists within the organisation.
- Specialty specific checklists should be formally agreed, and risk assessed for use in specific, usually localised, settings.
- Training should be provided for teams using specialty-specific checklists and generic checklists.
- Checklist adaptations should be integrated with local risk assessment and management processes.⁷⁹
- Checklists should be used as tools to assist colleagues in establishing a shared mental model of the hazards associated with procedures they are to undertake and to encourage colleagues to engage the team and establish teamwork/metacognition.^{80 81}
- Each of the relevant Sequential Steps should be conducted and completed in an environment that is free from distractions, including music, interruptions, phone/device use, or non-essential or other conversation.
- Other important clinical activities – such as application of monitoring, scrubbing, positioning – should be done before or after the Sequential Steps, not during, in order to allow full attention to be given.
- Any team member is empowered to challenge others to respect the expected silent focus.
- Every team member should be encouraged to ask questions, seek clarification or raise concerns about any aspect of patient care or the planned procedure.
- Teamwork behaviours, with an understanding of human fallibility and using checklists and standards to enable safe care should be understood by all teams.
- The minor and major procedures split recognises that some invasive procedures may require less detailed checks that are proportionate to the processes involved.
- Emergency situations e.g. Category 1 Caesarean section⁷⁵ or trauma may require adapted 'Priority' checks.
- Teams should ensure that external and internal factors that affect performance and communication in invasive areas are recognised, addressed and mitigated. These include noise levels⁸² (music, laminar flow systems), protective clothing (gowns, masks, hoods) and fatigue.⁸³

Checklists and Standards support Effective Team Behaviours

