NatSSIPs implementation survey: full results

September 2018
We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.
Contents

Survey response ............................................................................................................2
Written LocSSIPs ........................................................................................................2
Area implementation ..................................................................................................3
Organisation wide implementation of NatSSIPs/LocSSIPs ......................................4
Plans to implement NatSSIPs/LocSSIPs ..................................................................5
Barriers to implementation of NatSSIPs/LocSSIPs ..................................................5
Translation of the strategic visions of NatSSIPs/LocSSIPs .......................................6
Never Events after implementation of NatSSIPs/LocSSIPs ......................................7
Standardisation between LocSSIPs in different clinical areas ..................................8
Leadership role for NatSSIPs/LocSSIPs implementation and performance ...........8
Specific resources for NatSSIPs/LocSSIPs implementation and maintenance ..........9
NatSSIPs/LocSSIPs implementation and performance as a board agenda item ..........9
Formal reports received by the board regarding NatSSIPs .....................................9
Qualitative audit of NatSSIPs/LocSSIPs ..................................................................10
Learning from the audit process (or other means) ..................................................10
Examples of feedback to teams, clinical leads or trust boards that have resulted in change to LocSSIPs or a measurable improvement in outcomes for patients.11
Patient and carer involvement in the development of LocSSIPs .............................13
Training for multiprofessional teams .....................................................................13
Formalised training and education for individual competencies related to
NatSSIPs/LocSSIPs .................................................................................................14
Non-technical skills training .....................................................................................16
Supervision of trainees/learners .............................................................................16
Staffing levels ..........................................................................................................16
Briefings and debriefings .........................................................................................18
Support from national organisations .....................................................................20
Appendix: NatSSIPs survey ......................................................................................22
This report summarises the feedback, after data cleansing and validation, to our national safety standards for invasive procedures (NatSSIPs) implementation survey in February to March 2018, without drawing conclusions or making any judgements.

This survey (see Appendix) forms one part of a retrospective evaluation of NatSSIPs implementation since their publication in 2015.

Survey response

- 154 individual organisations responded to the survey.
- Most (73.4%) were NHS acute providers (Table 1). All but about 40 acute providers responded.

Table 1: Survey response by organisation type

<table>
<thead>
<tr>
<th>Organisation type</th>
<th>Number of responses</th>
<th>Percentage of total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS acute provider</td>
<td>113</td>
<td>73.4%</td>
</tr>
<tr>
<td>NHS community provider</td>
<td>11</td>
<td>7.1%</td>
</tr>
<tr>
<td>NHS mental health provider</td>
<td>11</td>
<td>7.1%</td>
</tr>
<tr>
<td>Integrated trust (acute and community)</td>
<td>6</td>
<td>3.9%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>5</td>
<td>3.2%</td>
</tr>
<tr>
<td>Integrated trust (mental health and community)</td>
<td>4</td>
<td>2.6%</td>
</tr>
<tr>
<td>Community dental practice</td>
<td>2</td>
<td>1.3%</td>
</tr>
<tr>
<td>Acute, community, mental health and ambulance</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Tertiary cancer centre</td>
<td>1</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

Written LocSSIPs

Of the organisations responding to the survey 84.4% (130) reported that they have written local safety standards for invasive procedures (LocSSIPs) and 24 (15.6%)
that they do not; a list of which trusts do and do not have LocSSIPs in place is available.

Area implementation

LocSSIPs have been most commonly implemented in theatres (80%), radiology (73.1%) and endoscopy (67.7%) (Figure 1).

Figure 1: Area of implementation of LocSSIPs

Figure 2: Area of implementation of LocSSIPs under ‘other’ category
**Staff group awareness**

The staff groups with the highest rates of awareness of NatSSIPs/LocSSIPs are senior medical staff – consultants (86.2%), directors (83.1%) and senior nursing staff (82.3%). No organisation reported that non-clinical support staff had been explicitly made aware of NatSSIPs/LocSSIPs.

**Figure 3: Staff group awareness of LocSSIPs**

![Bar chart showing staff group awareness of LocSSIPs](image)

**Organisation-wide implementation of NatSSIPs/LocSSIPs**

Three organisations that have written LocSSIPs have delivered or are currently delivering an organisation-wide implementation plan for NatSSIPs/LocSSIPs. Five organisations that reported they have written not LocSSIPs do have a plan to implement NatSSIPs/LocSSIPs but have yet to execute it. Fifteen organisations have no written LocSSIPs and no plan for organisation-wide implementation of NatSSIPs/LocSSIPs.
Plans to implement NatSSIPs/LocSSIPs

Seven trusts gave details of their plans to implement NatSSIPs/LocSSIPs.

- Trust A’s plan includes details on key activity, timescales, responsibilities, progress, completion dates and RAG ratings.
- Trust B’s plan includes details on communication, clinical ownership, creation of an invasive procedure library, identification of LocSSIP champions, training and audit plans.
- Trust C plans to implement LocSSIPs in dental and podiatry services.
- Trust D’s plan includes implementation and timescales. It is at an early engagement stage and currently has broad-brush areas for implementation, such as ‘theatres’.
- Trust E’s plan includes a risk assessment, prioritising areas in pre-hospital care, LocSSIP development and a training plan.
- Trust F’s plan includes information on target groups, named leads and feedback with regard to the survey itself and the questions it posed.
- Trust G plans to deliver LocSSIPs for priority areas (theatres, cath lab, radiology, maternity services and outpatients). It plans to have these in place within six months.

Barriers to implementation of NatSSIPs/LocSSIPs

The biggest reported barrier to implementing NatSSIPs/LocSSIPs is lack of time, cited as having a reasonable or significant impact by 69.6% of the 125 organisations that responded to this question (see Table 2).

No organisation flagged no or limited support from national bodies as a barrier; however this was mentioned a couple of times under ‘other’, particularly the lack of a national template.

A common barrier to implementation of NatSSIPs/LocSSIPs reported under ‘other’ is staff culture, including staff not seeing them as a priority or applying to the work they do, or being comfortable with what they currently do and so not wanting to make changes.

Seeing NatSSIPs/LocSSIPs as bureaucratic and time-consuming is a barrier for some trusts. They already have a lot of policies in place and NatSSIPs/LocSSIPs
are just seen as ‘another thing to do’, or they have many clinical areas to implement NatSSIPs/LocSSIPs in and this is taking some time to do.

Another issue for trusts is understanding NatSSIPs/LocSSIPs and where to implement them. There have been issues getting agreement within trusts (and across trust sites) on which areas need them and which procedures qualify for them.

**Table 2: Key barriers to LocSSIP implementation**

<table>
<thead>
<tr>
<th></th>
<th>Not a barrier</th>
<th>Limited or little impact</th>
<th>Reasonable impact</th>
<th>Significant impact</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td>8.8%</td>
<td>21.6%</td>
<td>38.4%</td>
<td>31.2%</td>
<td>125</td>
</tr>
<tr>
<td>Pressure on financial resources</td>
<td>38.9%</td>
<td>37.3%</td>
<td>18.3%</td>
<td>5.6%</td>
<td>126</td>
</tr>
<tr>
<td>No or limited internal expertise available</td>
<td>36.8%</td>
<td>32.8%</td>
<td>20.8%</td>
<td>9.6%</td>
<td>125</td>
</tr>
<tr>
<td>Lack of clinical engagement</td>
<td>21.6%</td>
<td>40%</td>
<td>28%</td>
<td>10.4%</td>
<td>125</td>
</tr>
</tbody>
</table>

**Translation of the strategic visions of NatSSIPs/ LocSSIPs**

We asked how the strategic vision of NatSSIPs/LocSSIPs has been practically translated for different levels of organisations. At a directorate level 44.3% fully understand the strategic vision, at team level 31.7% and at an individual level 13.9%.

A few trusts noted their reasons for not clicking ‘fully’ for all or some of the areas, including:

- there is no audit evidence of full understanding
- the NatSSIPs/LocSSIPs only apply to a very small group in the trust
- communication at every level of the trust is a challenge
• the understanding varies by speciality
• the trust has large numbers of staff/multiple sites.

### Table 3: Translation of the strategic vision of NatSSIPs/LocSSIPs to different staff levels

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Limited</th>
<th>Partially</th>
<th>Fully</th>
<th>Not applicable</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate level</td>
<td>1.6%</td>
<td>14.8%</td>
<td>37.7%</td>
<td>44.3%</td>
<td>1.6%</td>
<td>122</td>
</tr>
<tr>
<td>Team level</td>
<td>1.6%</td>
<td>10.6%</td>
<td>56.1%</td>
<td>31.7%</td>
<td>0.0%</td>
<td>123</td>
</tr>
<tr>
<td>Individual level</td>
<td>2.5%</td>
<td>23.8%</td>
<td>59.0%</td>
<td>13.9%</td>
<td>0.8%</td>
<td>122</td>
</tr>
</tbody>
</table>

### Never Events after implementation of NatSSIPs/LocSSIPs

Since implementing NatSSIPs, 87 (66.9%) of the 130 organisations with written NatSSIPs/LocSSIPs have had a Never Event, 36 have not (27.7 %) and the remaining 77 (5.4%) did not respond to this question. Of those organisations reporting a Never Event, 76 (87.4%) have reviewed or modified their LocSSIPs. The remaining nine have made no changes to their LocSSIPs.

Of the organisations that provided further details, nine were still in the process of reviewing the Never Event to see if adaptations or modifications are needed.

Nine (different) organisations have changed the equipment they use (eg only using swabs with tails in maternity wards) or looked at how they account for this equipment.

More generally, 23 organisations have updated, amended or implemented their NatSSIPs/LocSSIPs. A further eight have updated or amended their WHO checklist.
Standardisation between LocSSIPs in different clinical areas

Eighty-four organisations have a mechanism, where appropriate, to confirm a degree of standardisation between LocSSIPs in different clinical areas. This represents 66.7% of the 126 responses to this question. The most common mechanism is a working group or committee, used in 37 organisations (Figure 4).

Figure 4: Top four mechanisms used to confirm standardisation between LocSSIPs in different clinical areas

Leadership role for NatSSIPs/LocSSIPs implementation and performance

Of the 126 organisations that responded to the question about who takes the leadership role for NatSSIPs/LocSSIPs implementation and performance, 82 (65.1%) have a medical director fulfilling this position. These include deputy, associate, corporate and executive medical directors.

Of the 126 responses to the question about the level of the role that takes charge of NatSSIPs/LocSSIPs, 78 (61.9%) responded that it is a board-level role and the remaining 48 (38.1%) that it is not.
Specific resources for NatSSIP/LocSSIP implementation and maintenance

No specific resource for NatSSIP/LocSSIP implementation and maintenance is provided by 77 boards (62.1% of the 124 organisations that responded to this question). A general delivery resource is provided by 38 boards (30.6%). Resources for specific one-off tasks were provided by nine boards (7.3%).

NatSSIPs/LocSSIPs implementation and performance as a board agenda item

Only seven organisations have NatSSIPs/LocSSIPs implementation and performance as a standing order on their board agenda (Figure 5). This represents 5.9% of the 119 organisations that responded. It most commonly appears on an ad-hoc basis (52.1%). Of the 37 organisations that replied ‘other’, 23 (62.6%) discuss the NatSSIPs/LocSSIPs implementation and performance at non-board meetings.

Figure 5: Frequency of NatSSIPs/LocSSIPs being a board agenda item

Formal reports received by the board regarding NatSSIPs

Most commonly boards receive reports about NatSSIPs as part of the quality and safety report (Figure 6). This is done in 60 organisations, representing 37.3% of the 161 responses (multiple selections were permitted). The boards for 27 organisations (16.8%) receive no formal report.
Under the ‘other’ category for reports received by the board, 16 organisations responded that they use other committees to report to the board regarding NatSSIPs. A further 15 cover NatSSIPs in other reports such as audit reports, risk reports and performance reports. Three organisations only report to the board if there has been an incident.

**Figure 6: Method used to report about NatSSIPs to trust boards**

![Figure 6: Method used to report about NatSSIPs to trust boards]

**Qualitative audit of NatSSIPs/LocSSIPs**

A formal qualitative audit of NatSSIPs/LocSSIPs is carried out in 66 organisations (54.1% of the 122 organisations that responded to this question). No formal qualitative audit is carried out in the remaining 56 (45.9%) of organisations that responded to this question.

**Learning from the audit process (or other means)**

Individual teams are most likely to learn about the audit (or other means) of their NatSSIPs/LocSSIPs via verbal updates. Formal reports/position papers are the favoured method for communicating results to clinical leads and trust boards. Other methods used include newsletters, emails from the medical director and organisation-wide events (see Table 4).

Eleven organisations reported being in the process of implementing their audit and feedback process.
Table 4: Learning from LocSSIPs audit

<table>
<thead>
<tr>
<th></th>
<th>E-mail/ intranet briefing</th>
<th>In-person verbal updates</th>
<th>Formal report/ position paper</th>
<th>Regular training cycle</th>
<th>Org-wide events</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual teams</td>
<td>25.8%</td>
<td>30.9%</td>
<td>25.8%</td>
<td>10.3%</td>
<td>7.2%</td>
<td>97</td>
</tr>
<tr>
<td>Clinical leads</td>
<td>24.2%</td>
<td>23.2%</td>
<td>44.2%</td>
<td>2.1%</td>
<td>6.3%</td>
<td>95</td>
</tr>
<tr>
<td>Trust board</td>
<td>3.5%</td>
<td>12.8%</td>
<td>81.4%</td>
<td>0%</td>
<td>2.3%</td>
<td>86</td>
</tr>
</tbody>
</table>

Feedback resulting in change to LocSSIPs or improvement in patient outcomes

Below are examples given of how feedback to teams, clinical leads or trust boards has resulted in change to LocSSIPs or a measurable improvement in outcomes for patients.

“Following a Never Event where miscommunication led to the retention of one of two swabs, a pilot of the use of a fluorescent wristband took place to make identification and number of swabs easier. The success of this was shared across the trust and then introduced for all surgical areas.” (acute hospital NHS trust)

“Retained foreign body ‘Never Event’. This was a case where at the end of a tonsillectomy a swab was inadvertently left in situ. Immediately post op an X-ray was done confirming the presence of the swab, the swab was removed requiring a further GA. This event was multifactorial and was fully investigated. All clinical teams and departments utilising theatre were informed with confirmation of the sequence of events that led to that incident. Human factors were significant as well as ignorance of a specific policy. This required the organisation to reinforce the NATSSIPs processes and ensure all areas were aware of these. Clinical engagement was consequently high and has remained so.” (acute hospital NHS trust)
“We had an incident in radiology with a wrong side injection for chronic pain. We discovered that there had been incomplete implementation of LocSSIPs in this satellite area. Process changes were implemented rapidly and learning was shared throughout the trust – audit presentation, email to all clinicians, assurances to Q&S committee (sub-board level).” (specialist acute hospital NHS trust)

“Review of compliance with cardiac checklist demonstrated that for pacemaker procedures there was poor compliance and quality audits demonstrated that the checklist used in the cath lab was not appropriate for pacemaker insertion and other important checks were required. This has led to development of a specific checklist for pacemaker insertion which is currently being tested. Our quality audits in theatres also identified as a theme that not everyone stopped and listened all the time, so we amended the process so that one of the unscrubbed members of staff (not anaesthetist) read out the checklist and encouraged a ‘silent cockpit’ and question and response process, encouraging the HCAs to read it out. This encourages involvement and ownership by everyone in the team and now it is common for the HCA to read out the checks. We have not had a Never Event in our theatres for nearly six years.” (acute hospital NHS trust)

“We modify the in-theatre checks based on feedback. We found the theatre sign out was sometimes missed, so developed an electronic barrier to advancing to the next patient. This rapidly improved compliance, I suspect by embedding the practice more than the actual barrier per se.” (acute hospital NHS trust)

“In ophthalmology, where a Never Event occurred prior to implementation of LocSSIPs/NatSSIPs (they were still being developed), the LocSSIPs/NatSSIPs have been developed and implemented to ensure surgical site marking occurs in the anaesthetic room prior to theatre. The standardisation of site markings has been implemented so they are always visible and cannot be obscured by caps, hair or clothing. Speculums and eye drops are now part of the ‘stop before you block’ process. This has resulted in improved patient safety and no further Never Events.” (acute hospital NHS trust)
Patient and carer involvement in the development of LocSSIPs

No patients or carers were involved in the development of LocSSIPs at 101 trusts (87.8% of the 115 that responded to the question). Patients and carers did advise on specific areas of LocSSIPs in six trusts (5.2%). They gave strategic advice in five trusts (4.3%) and on training and testing in three trusts (2.6%).

Six trusts received feedback on the LocSSIPs process from patients and carers; this is being looked at to assess what elements require changing.

There are patient or carer representatives on committees or steering groups at five trusts. This enables them to be regularly involved in the process. Four trusts involve patients by using the checklists they have in place: they get patients to confirm some details and explain to them why they are involved in the safety checklist process. In two trusts patients and carers have been involved in investigations that have affected LocSSIPs.

Training for multiprofessional teams

Sixty-nine organisations (56.6% of the 122 organisations that responded to this question) have always regularly trained all members of a multiprofessional team (all staff involved in delivery of procedures); 18 (14.8%) provide training as a direct result of NatSSIPs/LocSSIPs and 35 (28.7%) organisations do not provide it.

Training provisions for multiprofessional teams have changed in 37 organisations as a direct result of implementing NatSSIPs/LocSSIPs. This represents 30.6% of the 121 organisations that responded to this question. Training provisions for multiprofessional teams have not changed in 84 (69.4%) organisations as a result of implementing NatSSIPs/LocSSIPs.

Simulation is the most common method of delivering NatSSIP/LocSSIP training. It is used in 62 trusts, which represents 30.7% of the 202 responses received (more than one option could be selected) (Figure 7). The next most used method is instruction/lecture (60 organisations; 29.7%). Online modules are the least used method (19 organisations; 9.4%). Other training methods include videos, team-based activities/workshops and hands-on/in-theatre coaching.
Figure 7: Training methods used for multiprofessional teams

Twenty-five trusts commit to one to four hours of multiprofessional training, which is half the 50 trusts that responded to this question.

Figure 8: Number of hours committed to multiprofessional team training

Formalised training and education for individual competencies related to NatSSIPs/LocSSIPs

Formalised training and education for competencies related to NatSSIPs/LocSSIPs (eg handovers or swab counting) is delivered in 85 trusts (69.1% of the 123 trusts that responded), while 38 (30.9%) deliver no such education and training.

Instruction/lecture is the most commonly used method to deliver training on individual competencies related to NatSSIPs/LocSSIPs (Figure 9). It is used in 67
trusts (37.9% of the 177 responses; more than one option could be selected). Online modules are the least used method; by only 14 trusts (7.9%). Other training methods include videos, hands-on training and during inductions.

Figure 9: Training methods used for formalised training and education for individual competencies related to NatSSIPs/LocSSIPs

Twenty-eight trusts commit to one to four hours of competencies training; this represents 60.9% of the 46 trusts that responded to this question (Figure 10).

Figure 10: Number of hours committed to training and education for individual competencies related to NatSSIPs/LocSSIPs
Non-technical skills training

Organisations provide a range of training in non-technical skills around LocSSIPs (Table 5).

**Table 5: Provision of non-technical skills training**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human factors awareness</td>
<td>89.3%</td>
<td>10.7%</td>
<td>121</td>
</tr>
<tr>
<td>Communication</td>
<td>91.5%</td>
<td>8.5%</td>
<td>117</td>
</tr>
<tr>
<td>Team building</td>
<td>83.9%</td>
<td>16.1%</td>
<td>112</td>
</tr>
<tr>
<td>Culture assessment</td>
<td>67.6%</td>
<td>32.4%</td>
<td>108</td>
</tr>
</tbody>
</table>

Supervision of trainees/learners

LocSSIPs in 74 trusts consider the supervision of trainees/learners; this is 61.7% of the 120 trusts that responded to this question. The remaining 46 trusts (38.3%) do not.

Staffing levels

LocSSIPs are more commonly **not** used to define staffing levels: 75 trusts (63.6% of the 118 responses to this question). Where they are, this is most common in theatres only, with 18 (15.3% trusts) using them in this situation. LocSSIPs have been used in conjunction with other policies to help define staffing levels in six trusts.
Figure 11: Use of LocSSIPs to define staffing levels

Desired registered staff ratios have been achieved in theatres in 31 trusts in relation to NatSSIPs/LocSSIPs. This represents 81.6% of the 38 responses received for this area. Emergency departments have the lowest percentage of achieved desired ratios in relation to NatSSIPs/LocSSIPs (only 42.9%; 12 of the 28 trusts that responded to this question). Five trusts responded that staffing ratios were irrelevant to them with regards to NatSSIPs/LocSSIPs or because of NatSSIPs/LocSSIPs. Two trusts have achieved desired staffing ratios in dental surgery.

Table 5: Desired ratio of registered staff by area in relation to NatSSIPs/LocSSIPs

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theatres</td>
<td>81.6%</td>
<td>18.4%</td>
<td>38</td>
</tr>
<tr>
<td>Emergency department</td>
<td>42.9%</td>
<td>57.1%</td>
<td>28</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>76.7%</td>
<td>23.3%</td>
<td>30</td>
</tr>
<tr>
<td>Cardiac cath lab</td>
<td>70.4%</td>
<td>29.6%</td>
<td>27</td>
</tr>
<tr>
<td>Radiology</td>
<td>54.8%</td>
<td>45.2%</td>
<td>31</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>67.9%</td>
<td>32.1%</td>
<td>28</td>
</tr>
<tr>
<td>Critical care</td>
<td>73.3%</td>
<td>26.7%</td>
<td>30</td>
</tr>
<tr>
<td>Outpatients</td>
<td>51.9%</td>
<td>48.1%</td>
<td>27</td>
</tr>
</tbody>
</table>
Staffing in 21 organisations reflects the anticipated workload in all areas; this is 51.2% of the 41 organisations that responded (Figure 12). Staffing does not reflect the anticipated workload in six (14.6%) organisations.

Staff sickness, staff vacancies and the need to use temporary staff are highlighted as some of the issues trusts have with staffing.

**Figure 12: Staff levels reflecting the anticipated workload in a trust**

Briefings and debriefings

In 18 trusts scheduling incorporates protected time for briefings and debriefings in all areas, which is 40.9% of the 44 responses to this question (Figure 13). Some trusts achieve this by building it into the theatre schedule or making the first ‘patient’ a team briefing.

In 59 trusts job plans and rotas incorporate protected time for briefing and debriefing in some areas, which is 50.4% of the 117 trusts that responded to this question (Figure 14). Some trusts highlighted that time is only protected in theatres or that it is implicit in the job plans as protected time is part of procedure and policy.
In 60 trusts a nominated member from some teams is responsible for co-ordinating actions from briefings and debriefings, which is 50.4% of the 119 responses to this question (Figure 15). A few trusts stated this is the responsibility of the team leader, while others give the responsibility to the most appropriate person at the time of the brief or debrief.

Figure 15: Teams with a nominated team member responsible for co-ordinating actions from briefings and debriefings
Support from national organisations

Provision of training materials is the most requested source of support for implementation or spread of NatSSIPs/LocSSIPs. Of the 154 organisations that completed the survey, 95 would find their provision useful (Figure 16). This represents 61.7% of the 154 organisations that responded.

Five of the trusts asked for more clarification on NatSSIPs/LocSSIPs.

Two trusts responded that they are not sure how NatSSIPs/LocSSIPs are relevant to them. Two other trusts would like to know ‘what good looks like’ or that the NatSSIPs/LocSSIPs in their organisations are of a good standard. One would like more clarity over conflicting practice and guidance, particularly community and hospital dentistry.

Extra help with finance was mentioned by four trusts.

Eight trusts asked for more guidance on other areas: for example, how NatSSIPs/LocSSIPs are relevant to mental health or community trusts; extra guidance on specific areas such as dentistry or endoscopy; some guidance on best practice outside the operating theatre and patient engagement.

Five trusts consider extra help with staff engagement would be useful, including help with getting boards involved, possibly through mandated time for implementation and team training.

Other areas highlighted as being useful include more practical examples, more templates or tools, network groups or peer support, and a central library for easy access to resources.
Figure 16: Support trusts would like from national bodies

% organisations that would like to receive support in the implementation or spread of NatSSIPs/LocSSIPs

- Provision of training materials
- Support with cultural awareness
- Further guidance on developing LocSSIPs
- Support with patient and carer engagement and involvement
- Access to specialist external support
- Other (please specify)
Appendix: NatSSIPs survey
Thank you for participating in this survey. Your feedback is critical to understanding the challenges in implementing NatSSIPs and what we can do to help you do this in your area.

If you have all the required information available to hand, this survey will take about 20 minutes to complete. We would like to encourage you to include as much detail as possible; this will allow us to get a much deeper understanding of how NatSSIPs is used and what we can do to improve its utilisation.

Please submit this survey on or before the 28th February 2018.

Thank you for all your support. If you have any technical issues with this survey or have any clarification questions, please e-mail psmu.improvement@nhs.net.

1. Please enter your organisation name

2. Please select your organisation type

3. Please enter an e-mail address to which any queries can be sent

4. Have LocSSIPs been written in your organisation?
   - [ ] Yes
   - [ ] No
5. Please select all areas where LocSSIPs have been or are currently being implemented:

- Theatres
- Emergency Department
- Endoscopy
- Cardiac Cath labs
- Other (please specify)

6. Please select all staff groups who, to your knowledge, have been made explicitly aware of NatSSIPs/LocSSIPs

- Directors
- Senior medical staff (Consultants)
- SAS grades
- Senior nursing staff
- Senior AHPs (inc. ODPs, physician associates etc.)
- Other (please specify)

7. Is there an organisation wide implementation plan for NatSSIPs/LocSSIPs?

- Yes- it has been delivered
- Yes- currently in delivery
- Yes- developed but not yet in delivery
- No

8. What does this plan cover (e.g. timescales, priority areas, target staff groups etc.)?
NatSSIPs implementation survey

9. What are, or have been, the barriers to implementation of NatSSIPs/LocSSIPs? Please rate each of the following as they apply in your context and let us know details of other barriers in the comments box if required.

<table>
<thead>
<tr>
<th></th>
<th>Not a barrier</th>
<th>Limited or little impact</th>
<th>Reasonable impact</th>
<th>Significant impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure on financial resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No or limited internal expertise available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of clinical engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other barriers (please specify)


10. In your opinion, how has the strategic vision of NatSSIPs/LocSSIPs been translated to the following levels of the organisation in a practical sense?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Limited</th>
<th>Partially</th>
<th>Fully</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please add any further detail you feel relevant:


11. Has a never event been reported in your organisation since the implementation of NatSSIPs/LocSSIPs?

☐ Yes
☐ No
12. Have your LocSSIPs been reviewed, adapted or modified as a result of this never event? Please provide further details if the answer is 'yes'.

○ Yes
○ No
○ Details:

NatSSIPs implementation survey

13. Does your organisation have a mechanism for confirming the degree of standardisation, where appropriate, between LocSSIPs in different clinical areas?

○ Yes
○ No

If yes, how is this mechanism assured?

NatSSIPs implementation survey

14. Who takes the leadership role for NatSSIPs/LocSSIPs implementation and performance?


15. Is this role at board level?

○ Yes
○ No

16. Does the board provide specific resources for NatSSIPs/LocSSIPs implementation and maintenance?

○ Yes- for specific one-off tasks only
○ Yes- for general delivery
○ No
17. How often is NatSSIPs/LocSSIPs implementation and performance on the board agenda?

- Standing item
- Every quarter
- Annual
- Ad-hoc
- Other (please specify)

18. What formal reports does the board receive with regard to NatSSIPs? Please select all that apply.

- Part of the quality & safety report
- Standalone written report
- Verbal update from lead
- None
- Other (please specify)

19. Does your organisation conduct a formal qualitative audit of NatSSIPs/LocSSIPs to assess quality of performance?

- Yes
- No

If yes, please provide details:

---

NatSSIPs implementation survey
20. How is learning from the audit process and/or other means made available to each of the following:

<table>
<thead>
<tr>
<th></th>
<th>E-mail/intranet briefing</th>
<th>In person verbal updates</th>
<th>Formal report/position paper</th>
<th>Regular training cycle</th>
<th>Organization wide events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual teams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical leads</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. Are you able to provide a brief example where feedback to teams, clinical leads or the trust board has resulted in a change to your LocSSIPs or a measureable improvement in outcomes for patients? Please describe here, or if preferred, e-mail a case study to the contact address at the end of the survey.

NatSSIPs implementation survey

22. Have patients and carers been involved in the development of LocSSIPs? Please select all that apply.

- [ ] Yes- at strategic level
- [ ] Yes- advising on specific areas of LocSSIPs
- [ ] Yes- advising on training and testing
- [ ] No
- [ ] If patients have been involved in the development of LocSSIPs in another way please provide details:

NatSSIPs implementation survey
23. Is your organisation providing regular training together for multiprofessional teams (i.e. all staff involved in delivery of procedures)?
   - Yes - as we always have
   - Yes - as a direct result of NatSSIPs/LocSSIPs
   - No

24. Has your training provision for multiprofessional teams changed as a direct result of implementing NatSSIPs/LocSSIPs?
   - Yes
   - No

NatSSIPs implementation survey

25. What format does this training take? (select all that apply)
   - Simulation
   - Instruction/lecture
   - Online modules
   - Literature
   - Other (please specify)

26. How many hours per month are committed to this? (please state to the nearest hour)

NatSSIPs implementation survey

27. Does your organisation offer formalised training and education for individual competencies related to NatSSIPs / LocSSIPs, for example handovers or swab counting?
   - Yes
   - No

NatSSIPs implementation survey
28. What format does this training take? (select all that apply)

☐ Simulation
☐ Instruction/lecture
☐ Online modules
☐ Literature
☐ Other (please specify)

29. How many hours per month are committed to this training? (please state to the nearest hour)

NatSSIPs implementation survey

30. Does your organisation include any of the following non-technical skills training provision?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human factors awareness</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Communication</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Team building</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Culture assessment</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Additional non-technical training elements offered you feel are relevant:

NatSSIPs implementation survey

31. Does your organisation’s LocSSIPs take into account supervision of trainees/learners?

☐ Yes
☐ No
32. Does your organisations use NatSSIPs/LocSSIPs to define staffing levels?

- Yes - in all areas
- Yes - in some areas (please state where not in the box below)
- Yes - only in theatres
- No

Please state areas where LocSSIPs are not used to define staffing models:

33. Has your organisation established a desired ratio of registered staff that are specifically qualified in the specialty for each of the following areas, in relation to NatSSIPs/LocSSIPs implementation?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theatres</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Department</td>
<td></td>
<td></td>
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<tr>
<td>Endoscopy</td>
<td></td>
<td></td>
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<tr>
<td>Cardiac Cath lab</td>
<td></td>
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<tr>
<td>Radiology</td>
<td></td>
<td></td>
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<tr>
<td>Obstetrics</td>
<td></td>
<td></td>
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<tr>
<td>Critical Care</td>
<td></td>
<td></td>
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<tr>
<td>Outpatients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other areas where ratio has been defined (please specify)

34. Does staffing in your organisation reflect anticipated workload at all times?

- Yes - in all areas
- Yes - in some areas
- No

Please add any comments you feel are relevant
35. Does scheduling incorporate protected time for briefing and debriefing?
   - Yes - in all areas
   - Yes - in some areas
   - No

   Please add any comments you feel are relevant:

36. Do job plans and rotas incorporate protected time for briefing and debriefing?
   - Yes - in all areas
   - Yes - in some areas
   - No

   Please add any comments you feel are relevant:

37. Do teams have nominated members responsible for co-ordinating actions from briefings and debriefings?
   - Yes - all teams
   - Yes - some teams
   - Yes - theatre teams only
   - No

   Please add any comments you feel are relevant:
38. What support would you like to receive from national organisations to support your organisation in implementation or spread of NatSSIPs/LocSSIPs? Please select all that apply and add additional requirements in the text box if needed.

- [ ] Further guidance on developing LocSSIPs
- [ ] Provision of training materials
- [ ] Support with cultural awareness
- [ ] Access to specialist external support
- [ ] Support with patient and carer engagement and involvement
- [ ] Other (please specify)
38. What support would you like to receive from national organisations to support your organisation in implementation or spread of NatSSIPs/LocSSIPs? Please select all that apply and add additional requirements in the text box if needed.

- [ ] Further guidance on developing LocSSIPs
- [ ] Provision of training materials
- [ ] Support with cultural awareness
- [ ] Access to specialist external support
- [ ] Support with patient and carer engagement and involvement
- [ ] Other (please specify)
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