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Document Title: Local Safety Standard for Invasive Procedures (LocSsip) for:		Version Number: 2.1	
<ul style="list-style-type: none"> • Surgical Site Marking • 5 Steps to Safer Surgery using the W.H.O. Theatre Time Out' Checklist 		Status: Ratified	
Scope: Multi-Disciplinary Teams that are involved in the patients' surgical episode prior to, and during the perioperative journey.		Classification: Organisational	
Author / Title: Sue Wroe Governance Project Lead NatSsips Quality & Governance		Responsibility: All Theatre Staff All Surgical and Anaesthetic clinicians Ward Staff involved in the transfer of surgical patients to theatres (Correct Site Marking) and Anaesthetic sign in.	
Replaces: Version 2, LocSsip for Surgical Site Marking, Corp/LocSsip/001		Head of Department: Michael Thompson, Theatre Manager Daniel Bakey, X Bay Theatre Matron	
Validated By: Surgery & Critical Care DGAG		Date: 30/08/2016	
Ratified By: Procedural Document and Information Leaflet Group Chair's Action		Date: 15/09/2016	
Review dates may alter if any significant changes are made		Review Date: 01/05/2019	
Which Principles of the NHS Constitution Apply? 1,2,3,4	Which Staff Pledges of the NHS Constitution Apply? 1,2,3		
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes			
Document for Public Display: No			
Reference Checked by:Joanne Shawcross..... Date:15/9/16.....			
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

Delivering patient care through logical, timed and co-ordinated safety standards provides a quality framework within the perioperative environment for patients undergoing surgical and anaesthetic procedures. The standards for teams to adopt are crucial in promoting patient safety and work towards eliminating the opportunity for a never event to occur.

Harm free compassionate care in the operating theatre is a fundamental element of the University Hospital Morecambe Bay (UHMB) operating theatres vision. All healthcare staff involved in clinical practice in a patients' theatre journey have a common goal which is to prevent harm and deliver safe patient care to the highest standards.

Surgery performed on the incorrect patient or incorrect anatomical site is rare; however, should it occur this can have a devastating outcome to both a patient and staff.

The 5 steps to patient safety and the use of the Theatre Checklist promotes, through a range of simple systematic steps at critical safety points in the patients perioperative journey, that care is consistent, and safe for all patients .

The standards within this this document are therefore designed to reduce errors, and through the use of the World Health Organisation (W.H.O.) Theatre Checklist ensure the following:

- Effective team communication,
- Standards for verification of the correct patient,
- Verification of the correct operation is consented for,
- Correct site surgery.

The Time Out Checklist will not work in isolation, it must be must be underpinned by standards and training, it requires full engagement from all disciplines in the theatre Multi-Disciplinary Team (MDT).

Audit, Benchmarking, feedback and an open learning culture are crucial elements to successful and effective theatre teams. Theatres at UHMB through undertaking qualitative and quantative audits will provide a mechanism to measure, benchmark and learn and improve from.

Surgical Site marking is mandatory for all procedures where it is possible to do so. Correct Site Surgery Safety Standards in this document include the following:

- With whom
- How to mark
- Who marks
- Where to draw the mark
- The time and place

The 5 Steps to Patient Safety include:

1. List Safety Briefing (formerly known as Team Pre brief) - To discuss both the anticipated plans for the surgical list and any anticipated safety concerns including any alternative plan/s should the unexpected occur.

Sign In

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The checking and verification of the correct patient and site if applicable for the planned procedure prior to the induction of anaesthesia

Time Out

- Team Safety checks and confirmation of patient, procedure consent and side. This must be undertaken by all the team prior to an incision.

Sign Out

- Mandatory Counts, confirmation of procedure, labelling of specimen and other safety checks performed by the team before any member leaves the theatre and the patient is reversed from anaesthesia

Team Debrief

- A time for discussion & reflection for the team to suggest and consider improvements and changes in practice by the theatre team. A mechanism to escalate learning to improve information to the wider team.

2. PURPOSE

The purpose of the UHMB Safe Surgery Policy is to foster a Safety Culture by ensuring patient safety through universal best practice, being consistent in safe standards of surgical marking and ensuring that patients' care in the operating theatres is delivered in harmony to National Patient Safety Standards through the use of the W.H.O patient safety checklists by all our staff in the theatre MDT.

3. SCOPE

The safety standards in this document are crucial standards to be applied consistently for all patients who attend the operating theatres across all the Trusts hospital sites. UHMB requires that all staff who are involved in the perioperative surgical pathway attend:-

- Team Safety List Pre and De Briefs,
- All Staff must actively participate in the W.H.O checklist and ensure each patient undergoing an invasive procedure in the operating theatre has been subject to the standards of the checklist.

The theatre team leader for the list should ensure a hard paper copy of the checklist is completed and retained in the patient notes as a mandatory standard of record keeping ensuring it is available for audit.

4. PROCEDURE

4.1 The Correct Surgical Site Marking Process

4.1.1 With Whom

- The process of marking the operation site must be done prior to and as near to possible of when a patient will attend theatre.
- The marking of the site must be through verification with the patient, the family or

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carers along with the patient notes, consent, imagery, specific site related tests and investigations where applicable.

- Verification should wherever possible always occur prior to any premedication/sedation being administered.

4.1.2 Who Marks

- Wherever possible the marking should be undertaken by the operating surgeon, a deputy can be nominated, (see next sentence below).
- The person who has verified the site and marked it on the patient prior to theatre **must** be present in the theatre at 'time out' when the site is verified.

4.1.3 How to Mark

- An **indelible** marker pen **must** always be used, the ink of which is not easily removed by alcoholic solutions
- An arrow is drawn to identify the operation site. It must be an arrow that extends to the incision site and remains visible after the skin preparation and application of theatre drapes.
- For procedures where the patients position may be changed during surgery, the patient must be marked in a manner in which the mark will be visible at all times.
- If the patients position is changed during the procedure the surgical site should be verified by the team through the surgical mark checks being undertaken and confirmed again.

4.1.4 Where to Mark

The non-operative side must never be marked in any circumstances.

- Surgical operations which involve a side (Laterality) must be marked at, or very close to where the incision will be.
- Arrows used to mark a digit/s on a hand or foot must extend to the base of the correct specific digit.
- Ganglions, nodes lumps and bumps, should be palpated prior to theatre transfer and marked with an **intermittent circle** identifying the lump as well as the arrow to denote the side.
- If the marking of a lump or ganglion has been undertaken by the surgeon's nominated deputy on the ward, then further palpation must be undertaken by the operating surgeon prior to administration of anaesthetic. This is to confirm the lumps location, the lump or bump must then be additionally marked for whereabouts.
- Marking of a stoma site should only be marked by the professional experienced in siting stomas; an indication of the planned stoma site must be maintained throughout the procedure.

4.1.5 Time and Place

- Procedural sites must be marked shortly before the procedure; therefore marking a

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surgical site on the admission/ inpatient ward as close as possible and prior to the patient being transferred to theatre is the most appropriate time and place.

4.1.6 Tooth Notation

- As teeth are unable to be marked, tooth identification is standardised and only the Palmer notation can be used by operating clinicians' at UHMB.
- This must be clearly documented on the consent form, checklist and written at time out on the theatre whiteboard for verification by the team.
- To minimise the risk of a surgical site error, the correct procedure must be verified by full review to ensure consistency of the clinical record, diagnosis, treatment plan, investigation results, written consent, intraoral surgical site check and confirmation by the patient.

4.1.7 Exemptions to Surgical Site Marking

- In a life threatening situation, a patient's surgery should not be delayed due to lack of preoperative marking, i.e. only in an extreme rare situation if there was the threat to life or limb can a mark not be drawn.
- In this instance the team must perform a verbal safety check with the operating surgeon and cross reference to consent and notes before proceeding.

Cases of bilateral simultaneous surgery, i.e. tonsillectomy, are not required to be marked.

4.2 The 5 Steps To Patient Safety (also known as The W.H.O. Theatre Checklist)

4.2.1 STEP 1 List Safety Briefing

- Prior to commencement of any elective, non-scheduled or emergency operating list a List Safety Briefing discussion which involves key members of the team as a minimum (ideally all the team) must take place.
- The purpose of the discussion is to discuss the surgical procedures planned on the operating schedule, along with any anticipated milestones or challenges relating to the patients on the list. All staff members of all theatres procedural team are named and listed on the departmental work board.
- At each theatre's individual Safety Briefing it is the names and roles being undertaken on the scheduled session that need communicating.
- Procedures involving prosthetic implants must be discussed and the team must be familiar with and use the standards of LocSsips (Local Safety Standards for Invasive Procedures) Prosthesis Verification.
- The operating surgeon must confirm that he is happy with the prosthesis present for all the patients at the Pre List Safety Briefing.
- The operating surgeon, anaesthetist and scrub practitioner should also at this time be identified for each case listed.
- If it is necessary to change the list order, this must be undertaken on the (Operating Room Management Information System) (O.R.M.I.S.) and a new list printed and distributed to all relevant areas and staff. All staff must be familiar with the List Change LocSsip and follow the safety steps outlined in the standards for changing list orders.

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4.2.2 STEP 2 Anaesthetic Sign In Prior to anaesthesia

N.B. the handover from ward to theatres is a safety process that must occur on arrival and is not part of the 5 steps to Safe Surgery.

- The Sign in must be performed by two team members, If there is to be general or regional anaesthesia then it should be the anaesthetist and anaesthetic practitioner.
- The questions will be undertaken verbally in a clear, precise and audible tone, and the process must have both the anaesthetist and anaesthetic practitioners' full attention and not be conducted whilst undertaking any other task.
- If a regional block is to be used site verification checks must also occur and the **'Stop before you Block'** section completed on the checklist.
- The patient, family or carers must participate in this checking and confirmation process.

4.2.3 STEP 3 Time Out Prior to the skin incision

STEP 3 Time Is the point of no return to ensure 'Safer Surgery' as it occurs prior to incision; it is the last critical time to ensure site and correct patient for a scheduled procedure. The World Health Organisation considers once the incision has been made, if incorrect this is a never event (wrong site surgery).

Time out must be undertaken with all the team present and everyone must engage and give their full attention. Staff are expected not enter or leave the theatre during this time. This step must always conducted in a clear, precise auditable manner

- Time Out must occur prior to the the skin incision (or equivalent) for the surgical procedure being made.
- It must be led by a trained Healthcare professional in a clear and audible manner.
- All Team members must 'stop and pause' whilst the safety briefing questions are asked and responded to. , Hence this part of the safety process is known as 'time out'.
- Interruptions should not occur, if there is an interruption the 'time out' should be suspended and recommenced.
- Every team member is valuable and should feel comfortable and at ease to raise any questions or concerns they have relating to the case at this time.

4.2.4 STEP 4 Sign Out After the final swab count and instrument count

All patients undergoing invasive procedures under general, regional, or local anaesthesia, or under sedation, must undergo safety checks at the end of the procedure before they are reversed from anaesthesia or leave the operating room for transfer to theatre recovery as defined on the time out form.

- All the final theatre checks for mandatory swab and instrument counts will have been complete. No personnel should leave theatre until this step is completed and verified as correct.
- The nominated Healthcare professional leading time out will request that all the team is present and ask the team to 'stop and pause'.
- The set questions on the designated section of the W.H.O. Checklist are then

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directed to the appropriate team member/s, who will verbally respond to the questions being asked.

- Finally prior to transfer to recovery the team will review any key plans or concerns for the recovery handover.
- **A member of the surgical team** must participate in the patient handover alongside the anaesthetist to the recovery room.
- The 'Time Out' sheet is then signed by a registered healthcare professional and retained in the patient's notes as evidence.

4.2.5 **STEP 5** List De Briefing

National Safety Standards of compliance with debriefing state this can only occur after the last patient on the list has been transferred to the recovery room. There are also some mandatory requirements of who must be present at a debrief:

- The Operator, (this is the surgeon who has undertaken the surgical operations on the list).
- The Anaesthetist if involved on any part of the list must be present.
- The debrief may be led by any confident team member.
- All members of the theatre team should have noted any key points for consideration at the debrief that arose throughout the list; these should be presented for consideration at the Safety Debrief.

All members of the team attending debrief should be supported and feel comfortable enough to contribute to the debrief discussion and raise any concerns or questions. The list debrief must be conducted where patient confidentiality can be maintained. Any questions included in the debrief are professional and not personal and are to designed to facilitate reflection, share learning, and make improvements where appropriate.

The leader of the debrief should always ensure that what went well during the list is discussed at this feedback session.

Debrief templates are encouraged to be localised, however all debriefing templates must be approved in line with the Trust Governance Processes, for procedural documents.

Examples of questions for discussion and consideration should include:

- Communication – *any issues for improvements in and outside the theatre*
- Team Harmony – *for example was the best use of skills utilised*
- Planning - *were there any planning issues, i.e. list order, missing stock how can we improve?*
- Equipment failures *what were the issues? Has the problem been resolved? What action is required? will it impact on a forthcoming list? Who is taking responsibility to ensure actions and relevant communication are followed through? See section 4.2.6 of these standards.*
- The need to raise a C.I. R. – *is there one?*

Identification of training or development that could benefit the team.

The above list is not inclusive and wider learning and sharing may be an outcome from any theatre debrief.

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4.2.6 Non-routine issues with malfunctioning equipment

If medical equipment is thought to be the cause of an incident, it is important to follow these steps:



- Quarantine - The Medical Device and all associated equipment/consumables should be removed from service. The settings of the device should not be changed or adjusted.
- Record - One of the most important pieces of detail to include in the Trust incident report is the correct identification of the equipment through asset number, make, and model, type of equipment, site and location. Without this a technical investigation cannot commence.
- Evaluate - If a technical investigation or evaluation is required, then the originator or manager should request this through the Medical Engineering Department.

It is Trust policy that Medical Device Users should report incidents internally and any decision relating to reporting an incident to the MHRA will be approved by The Trust Medical Device Department with the Risk Office.

4.3 Governance and Audit

- At the end of each operating session the team leader must ensure all sections of the debrief sheet are completed and signed.
- Immediate actions for learning to improve should be recorded on the debrief sheet and shared with the team present.
- The debrief papers must then be transferred for the attention of departmental coordinator in each theatre suite.
- The Coordinator must scrutinise the debrief sheets the next working day, and immediate actions for departmental learning must be shared at the next departmental daily safety huddle.
- Lessons for learning to improve will also be recorded daily on the theatre Debrief Learning to Improve Board.
- It is at the discretion of the coordinator if the lessons stay for more than 24 hours on the departmental board.
- The debriefing sheets will be retained, as these will be randomly required for audit by the audit department.
- Longer term lessons will be escalated to the Governance Lead in conjunction with the Matron.
- The Governance Lead and Matron will ensure that a quarterly report of themes is produced and the learning outcomes are included in the Division of Surgery & Critical Care learning lessons bulletin and consideration given where appropriate for inclusion in the Corporate Learning to Improve Bulletin.
- Each year's forward Audit Plan must be agreed at the Surgery and Critical Care Divisional Governance and Assurance group and include audits that relate to Safer Surgery.
- Other/compliance or behavioural audits will be undertaken at the Matron's

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- discretion
- Trust Quality Assurance Accreditation Scheme will follow the Trust scheduled programme.

4.4 Exemptions/Extenuating circumstance in a life threatening situation to 5 steps to safer surgery

In isolated circumstances i.e. NCEPOD 1 emergency, it may not be possible to complete all sections of the W.H.O. Checklist at the appropriate time. The team leader should ensure that the correct patient for the correct procedure and mandatory preliminary counts undertaken as a minimum at procedure commencement.

The remaining checklist questions must be performed when it is safe to do so.

The team leader must ensure this is not a tick box exercise, but adheres to the standard for 'time out' whereby the team stops and pauses to perform the safety prompts occurs.

5 ATTACHMENTS	
Number	Title
1	NatSsips Table
2	List Safety Briefing and Debriefing
3	UHMB Safer Surgery W.H.O. Checklist
4	Site Theatre – Daily Safety Brief
5	Equality & Diversity Impact Assessment tool

6 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Surg/LocSsip/003	LocSsip for Counts of Swabs, Instruments and other retainable items (RI's) in UHMB Operating Theatres http://uhmb/cs/tpdl/Documents/SURG-LOCSSIP-003.docx
Corp/Proc/022	Reporting and Management of Incidents including Serious Incidents http://uhmb/cs/tpdl/Documents/CORP-PROC-022.docx
Corp/Pol/089	Medical Device Management Policy http://uhmb/cs/tpdl/Documents/CORP-POL-089.docx
Corp/Proc/057	Policy for Consent to Examination or Treatment http://uhmb/cs/tpdl/Documents/CORP-PROC-057.docx
Theat/SOP/001	Theatres - Standard Operating Procedures http://uhmb/cs/tpdl/Documents/THEAT-SOP-001.docx
Surg/LocSsip/002	LocSsip for Verification and Opening of Prosthetic Implants in the Operating Theatre http://uhmb/cs/tpdl/Documents/SURG-LOCSSIP-002.docx

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7 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	Mears, S. C. et al. (2009) Does the type of skin marker prevent marking erasure of surgical-site markings? <i>Eplasty</i> , Jan 2009, vol. 9, p. e36.
2	WHO Surgical Safety Checklist (Patient Safety Alert Update) (2009)
3	Policy On Correct Site Surgery (East Cheshire NHS Trust) (2014) Janette Sarker Head of Nursing Acute. Elaine Barnes Advanced Practitioner Pre-Operative Services
4	PSA/2005.06 Correct Site Surgery National Patient Safety Agency & Royal College of Surgeons Patient safety alert 06: Pre-operative marking recommendations
	NHS England (2015) National Safety Standards for Invasive Procedures (NatSSIPs)

8 DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
W.H.O	World Health Organisation
C.S.S.	Correct Site Surgery
C.I.R.	Clinical Incident Report
O.R.M.I.S.	Operating Room Management Information System
T.M.G.	Theatre Management Group
N.B.	Note Well
M.B.H.T.	Morecambe Bay Hospital Trust
NatSsips	National Standards of Safety for Invasive Procedures
LocSsips	Local Safety Standards for Invasive Procedures

9 CONSULTATION WITH STAFF AND PATIENTS	
Enter the names and job titles of staff and stakeholders that have contributed to the document	
Name	Job Title
Michael Thompson	X Bay Theatre Manager
Daniel Bakey	X Bay Theatre Matron
Sarah Cullen	Assistant Chief Nurse Surgery & Critical Care

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10 DISTRIBUTION PLAN	
Dissemination lead:	Surgery & Critical Care Governance Team Daniel Bakey Cross Bay Matron Theatres
Previous document already being used?	Yes previous version of this
If yes, in what format and where?	Trust Document Library
Proposed action to retrieve out-of-date copies of the document:	To be archived by Trust Policy Team
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the Divisional Monthly Newsletter Table at DGAG and TMG. W.H.O task and finish Group New documents uploaded to the Document Library

11 TRAINING		
Is training required to be given due to the introduction of this procedural document? No		
Action by	Action required	Implementation Date
Daniel Bakey Karnad Krishnaprasad	Team training including: 1. Effective use and awareness of the WHO safer surgery process adhering to standardised XBay checklist and process 2. How to complete objective audit of the WHO safer surgery process	1 & 2 Upon completion of the LiA project

12 AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
2		All	Harmonisation to NatSsips	01/05/2019
2.1	04/10/2017	Page 3	BSF page added	01/05/2019

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Appendix 1 – NatSsips Table

Description of NatSsip which are mandatory inclusion in this LocSsip.	By Whom/How	Where identified	Inclusion achieved
Tooth Notation	Operator Theatre team At Consent At Scheduling	4.1.3 Page 5	Yes
Stoma Sites	Experienced Operator in Stomas	4.1.3 Page 5	Yes
Changes of patient position during surgery.	All theatre team	4.1.3 Page 5	Yes
All the following harmonised: 5 Steps to Safer Surgery Pre List Safety Briefing Sign in Standards Time Out Sign Out De Briefing Safety Standards	All	4.2.1 to 4.2.5 Pages 6, 7, 8 & 9	Yes
Mal functioning equipment process for medical devices and MHRA (Device) reporting	All	4.2.6 Page 9	
Action Logs and dissemination of learning lessons	Team Leader Theatre Coordinator	Section 4.3 Page 10	

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Appendix 2 - List Safety Briefing and Debriefing

Patients Initial and RTX Number	Procedure	Checklist Items														Other Issues or comments	Safe to proceed ● DO NOT START Issues to be addressed. ● CAN START WITH CAUTION Aware of special circumstances & actions to mitigate ● CAN START - No issues	
		List Order	Expected procedure duration	Anaesthetic plan / equipment	Relevant comorbidities and allergies	Infection Prevention Risk	Septic Risk	Surgical plan / Equipment	Implants present and checked	Blood results	Plan for blood loss / G&S	Imaging required / Available	BMI > 30 / BMI monitoring	Skin integrity / Risk to Pressure areas	Pain op. / Pain / Bed Available			Burns / Scheme / Dementia Care

Introducing The Theatre Team		Team Brief	Debrief	Points raised during the list for discussions in safety debrief:
Lead Surgeon				
Surgical Assistant 1			*	
Surgical Assistant 2			*	
Lead Anaesthetist			*	
Anaesthetist 2			*	
Anaesthetic Practitioner			*	
Scrub Practitioner 1			*	
Scrub Practitioner 2			*	
Circulator 1			*	
Circulator 2			*	
Recovery Practitioner			*	
Student			*	
Student / Visitor				
Visitor				

Date: _____ Led and completed by: _____

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Appendix 3 – UHMB Safer Surgery W.H.O. Checklist

UHMB Safer Surgery W.H.O. Checklist (NatSsip Harmonisation Ref/SW/7/16) Sign in by Led by:
 Date: Theatre Number am / pm Time Out Led by:
 Surgeon: Anaesthetist: Sign out Led by:



SIGN IN (Before induction of Anaesthesia)	TIME OUT (Pre-Incision)	OPERATIVE SIGN OUT (Upon conclusion)
<p>Verification Checks: must all be confirmed for accuracy and consistency of the following: Wrist Bracelet <input type="checkbox"/> Consent (includes site verification) <input type="checkbox"/> Operating list (includes site verification) <input type="checkbox"/></p> <p>Have all anaesthetic Safety checks taken place? Machine <input type="checkbox"/> Monitoring and <input type="checkbox"/> Available medications <input type="checkbox"/></p> <p>Is a difficult airway or aspiration risk anticipated? <input type="checkbox"/> No <input type="checkbox"/> Yes equipment/assistance is available</p> <p>Does the patient have any pins, plates or prosthesis in situ? <input type="checkbox"/> Yes..... <input type="checkbox"/> No</p> <p>Does the patient have any known allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes.....</p> <p>Is appropriate intravenous fluid replacement available prior to induction (including group & save / blood products)? <input type="checkbox"/> Yes <input type="checkbox"/> Not required</p> <p>Does the patient have any skin integrity issues? <input type="checkbox"/> No <input type="checkbox"/> Yes: State Risk Level: Low / Medium / High / Very High</p> <hr/> <p>Is a regional block required? No <input type="checkbox"/> Yes <input type="checkbox"/> If so: Has 'STOP BEFORE YOU BLOCK' taken place between the anaesthetist and anaesthetic practitioner? Anaesthetist <input type="checkbox"/> Anaesthetic Practitioner <input type="checkbox"/></p> <hr/> <p>Observations: HRBP/..... SaO2.....% Temp.....°C</p> <hr/> <p style="text-align: center;">Affix patient identifier label here</p>	<p>Have all team members been introduced? <input type="checkbox"/> Yes undertaken</p> <p>Verification Checks: must all be confirmed for accuracy and consistency of the following: Wrist Bracelet <input type="checkbox"/> Consent (includes site verification) <input type="checkbox"/> Operating list (includes site verification) <input type="checkbox"/></p> <p>Will the surgeon please confirm the planned procedure against the consent form?</p> <p>Any specific surgical or anaesthetic concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes.....</p> <p>ASA Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>Does the patient have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have antibiotics been given appropriately? <input type="checkbox"/> Yes <input type="checkbox"/> Not required</p> <p>Has VTE prophylaxis been commenced in line with the risk assessment? <input type="checkbox"/> TEDS <input type="checkbox"/> Flowtrons <input type="checkbox"/> Chemical <input type="checkbox"/> Not required</p> <p>Can the scrub practitioner confirm the equipment is present & correct and the sterility of the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is patient warming in place? <input type="checkbox"/> Yes <input type="checkbox"/> Not Required</p> <p>Is the patient a diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> Not Required If yes, control in place & what is the current BM?.....</p> <p>Have all pressure areas been protected? <input type="checkbox"/> Yes <input type="checkbox"/> Not Required</p> <p>Is essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> Not Required</p>	<p>Will the Surgeon please confirm the full procedure that has been performed including site and side? </p> <p>Are all specimens labelled including this patients name, site, side and have been checked by scrub practitioner and circulator? <input type="checkbox"/> Yes <input type="checkbox"/> No specimen</p> <p>Is the instrument, swabs and sharps count correct and acknowledged by the surgeon? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any specific requirements for post-operative care to be handed over? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are all IV lines patent and flushed if required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have there been any untoward incidents? <input type="checkbox"/> No <input type="checkbox"/> Yes; action taken e.g. CIR</p> <p>Are there any issues to be added for discussion at safety debrief (Inc equipment issues?) <input type="checkbox"/> Yes (Record on Team Brief / Debrief form) <input type="checkbox"/> No</p> <hr/> <p>Pressure area checks undertaken upon conclusion of surgery? <input type="checkbox"/> Yes and findings recorded for handover <input type="checkbox"/> No.....</p>

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Appendix 4

SITE Theatre: Daily Safety Brief

Coordinator:

Date:

Issue	Theatre 1	Theatre 2	Theatre 3	Theatre 4	Theatre 5	Theatre 6	Theatre 7	Recovery
Team Leader								
Delays								
Cancellations								
Equipment								
Staffing								
Safeguarding issues								
Specific patient concerns								
Overruns								
Lunch relief								
Patient Movement								
Debrief Actions Lessons to improve (Learn)								
AOB								

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Appendix 5: Equality & Diversity Impact Assessment Tool

Equality Impact Assessment Form

Department/Function	Surgical Interventions			
Lead Assessor	Sue Wroe			
What is being assessed?	Local Safety Standard for Invasive Procedures (LocSsip) for: <ul style="list-style-type: none"> • Surgical Site Marking • 5 Steps to Safer Surgery using the W.H.O. Theatre Time Out' Checklis 			
Date of assessment	15/09/2016			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
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Action Plan Summary

Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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