



Document Type: Procedure	Unique Identifier: SURG/LOCSSIP/006
Document Title: Local Safety Standard for Invasive Procedures (LocSSIP) for: TRUS Biopsy of Prostate	Version Number: 1 Status: Ratified
Scope: Multi-Disciplinary Teams that are involved in the patients' surgical episode	Classification: Departmental
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Replaces:	Head of Department: Annwen Sisson, Ward Manager Day Surgery Unit
Validated By: Surgery & Critical Procedural Documents Group	Date: 03/11/2021
Ratified By: Surgery & CC Governance & Assurance Group	Date: 09/11/2021
Review dates may alter if any significant changes are made	Review Date: 01/09/2024
<ul style="list-style-type: none"> Does this document meet the requirements under the Equality Act 2010 in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation? Yes Does this document meet our additional commitment as a Trust to extend our public sector duty to carers, veterans, people from a low socioeconomic background, and people with diverse gender identities? Yes 	
Document for Public Display: No	
Reference Check Completed by Kerry Booth Date: 24.09.21 (2021-2022/407)	
To be completed by Library and Knowledge Services Staff	

CONTENTS

BEHAVIOURAL STANDARDS FRAMEWORK.....	3
1. SUMMARY	4
2. PURPOSE.....	4
3. SCOPE.....	5
4. PROCEDURE	6
4.1 Preparation of room.....	6
4.2 Patient Care	6
4.3 Procedure.....	6
4.4 Post-Procedure	7
4.5 Histology Samples.....	7
4.6 Preparation for next patient	7
5. ATTACHMENTS	8
6. OTHER RELEVANT / ASSOCIATED DOCUMENTS.....	8
7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	8
8. DEFINITIONS / GLOSSARY OF TERMS	8
9. CONSULTATION WITH STAFF AND PATIENTS.....	8
10. DISTRIBUTION PLAN	8
11. TRAINING.....	9
12. AMENDMENT HISTORY	9
Appendix 1: NatSsip referenced	10
Appendix 2: TRUS Biopsy check sheet	11
Appendix 3: Equality & Diversity Impact Assessment Tool	12

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
Do you have the up to date version? See the Trust Procedural Document Library (TPDL) for the latest version		

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

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
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1. SUMMARY

A key initiative by NHS Improvement in 2015 was The National Safety Standards for Invasive Procedures (NatSSIPs) bringing together national and local learning from the analysis of Never Events, Serious Incidents and near misses through a set of recommendations that will help provide safer care for patients undergoing invasive procedures. The principle behind the NatSSIPs is that organisations will review their current local processes for invasive procedures and ensure that they are compliant with the new national standards. This will be done by organisations working in collaboration with staff to develop their own set of 'Local Safety Standards for Invasive Procedures' (LocSSIPs)

UHMB is committed to the NHS England Directive of introducing NatSsips (National Safety Standards for invasive procedures) 2015¹. The Trust has identified invasive procedures across the organisation that are performed outside the main surgical theatres that are potentially at risk of an adverse event.

It is well evidenced that invasive procedures, whereby clinical teams follow safety standards through the use of prompts on checklists, can prevent an adverse or never event occurring.

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

Minor invasive procedures, such as TRUS Biopsy, performed on the incorrect patient, or in the incorrect manner, are fortunately rare; however, should this happen, it can have a devastating outcome to both a patient and staff.

How to prepare the room, care for and ensure procedural patient safety during the invasive procedure is outlined in this document. The 'TRUS BIOPSY' checklists for the lists are in paper format (a copy is attached to this document).

It is through teams adopting and using the safety prompts from the checklists that safe behaviours will become embedded into the team, and the likelihood of mistakes will diminish.

2. PURPOSE

Benefits of the NatSsips framework¹ through use of the patient safety checklists of the 4 Steps to Safe Patient Procedural Safety supports the following :

- Effective team communication and team harmony.
- A systematic process for verification of the correct patient.
- An assurance that the correct procedure is consented for.
- An assurance that the correct site verification of the planned procedure occurs at the correct time.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
Do you have the up to date version? See the Trust Procedural Document Library (TPDL) for the latest version		

3. SCOPE

The LocSSIP should be followed for every TRUS biopsy procedure.

Teams must recognise that LocSsips are not just a protocol or a policy. LocSsips provide a summary of safe standards, behaviours and checklists. All staff members must ensure that each patient who undergoes an invasive procedure has had their procedural episode of care to the safety standards of the LocSsip.

The success, efficiency and effectiveness of LocSsips are dependent on the team participating in the 4 Steps to Safe Invasive Procedures, never just regarding any of the checklists as just a TICK list but having a comprehensive understanding of the requirements for identification and promotion of an environment that is conducive to learning to improve.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
<i>Do you have the up to date version? See the Trust Procedural Document Library (TPDL) for the latest version</i>		

4. PROCEDURE

TRUS BIOPSY GUIDELINES (Transurectal Ultrasound Scanner)

4.1 Preparation of room

Clean down ultrasound probe with solo wipe (from flex to tip of probe) and then use 2 squirts of Tristel duo ULT on a soft duo wipe to decontaminate **probe before start of list and in between patients**. Tracer book must be maintained.

Fit needle guide with lubricant and replace probe in holder.

Clean down clinical trolley, place white roll on top of trolley with:

- 7 inch spinal needle attached to 10 mls xylocaine 1 % with adrenaline in **luer lock** syringe (**keep vial for clinician to check and sign**)
- biopsy gun
- pot of sterile water
- 5 histology sample pots.
- Blue towel from needle guide is very useful to place under sample pot to view biopsies taken.

Ensure IV gentamicin, ciprofloxacin and jug of water with glasses available.

4.2 Patient Care

Patient brings urine sample for testing with a dipstick.

Patient is seen by consultant prior to procedure, where consent is taken.

After entering clinical room, check patient identity, consent and allergies and check sheet initiated.

4.3 Procedure

The clinician gives IV gentamicin 160 mg, then the nurse gives the first ciprofloxacin 500mg as prescribed. (this is a 3 day TTO box which you take one tablet from).

The patient is asked to lie on the left lateral; position for the test, ensure dignity maintained by placing white roll over patient.

Ultrasound is inserted into the rectum, then local anaesthetic injected (10 mls xylocaine) While waiting for that to take effect, gland measurements will be taken and recorded. 12 biopsies (variable) are then taken:

Write on 5 patient labels details as below with date taken: **(It is ok to prewrite these labels, but please DO NOT stick labels to pots until ID is checked on patient entry to clinic room).**

Clinician also to check and sign check sheet to confirm correct ID.

Left lateral x3

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
Do you have the up to date version? See the Trust Procedural Document Library (TPDL) for the latest version		

Right lateral x3
Left medial sagittal x2
Right medial sagittal x2
Middle x2

The patient is then sat up slowly, and allowed time to recover in the room. Offer pad and when ready can get dressed.

4.4 Post-Procedure

Patient discharge information leaflet is given and discussed. The antibiotics are then dispensed, and a drink and biscuit offered. The patient is to return to the day room, for a minimum of half an hour. They must be able to pass urine prior to discharge. Ideally patient should be driven home, if driving self, a longer period of recovery will be required and it should be discouraged.

There must be a TTO created and signed by the clinician and nurse. One copy must be sent to pharmacy to replace ciprofloxacin.

Both clinician and nurse to sign TRUS biopsy check sheet.

4.5 Histology Samples

Clinician completes histology form and samples must be double bagged and checked by a second nurse to ensure:

- correct ID
- samples present
- details on histology form match details on histology pots

Both nurses must sign sample book before sending to the pathology lab.

4.6 Preparation for next patient

Trolley bed, clinic trolley and ultrasound all then cleaned (including tracer details for ultrasound) before commencing preparation for the next patient.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
Do you have the up to date version? See the Trust Procedural Document Library (TPDL) for the latest version		

5. ATTACHMENTS	
Number	Title
1	TRUS Biopsy check sheet
2	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
The latest version of the documents listed below can all be found via the Trust Procedural Document Library intranet homepage.	
Unique Identifier	Title and web links from the document library

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	NICE (2019) 'Prostate cancer: diagnosis and management,' [Online] Available from: https://www.nice.org.uk/guidance/ng131 (accessed 24.09.21)
2	NHS England (2015) 'National Safety Standards for Invasive Procedures (NatSSIPs),' [Online] Available from: https://www.england.nhs.uk/wp-content/uploads/2015/09/natssips-safety-standards.pdf (accessed 24.09.21)
Bibliography	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
TRUS	Transurethral Ultrasound Scanner
IV	Intravenous
ID	Identity

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	Date Consulted
Debbie Collins	Aspirant Matron WGH	21/05/2021
Annwen Sisson	Ward Manager Day Surgery Unit	24/05/2021
Muhammed Naseem	Consultant & Clinical Lead for Urology	28/07/2021
Rajesh Ranjan	LAS CT1 Urology	04/08/2021
Richard Turner	Urology ANP	October 2021

10. DISTRIBUTION PLAN	
Dissemination lead:	Ward Manager of Unit – Annwen Sisson
Previous document already being used?	No
If yes, in what format and where?	Not applicable
Proposed action to retrieve out-of-date copies of the document:	Not applicable
To be disseminated to:	

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
Do you have the up to date version? See the Trust Procedural Document Library (TPDL) for the latest version		

Document Library	
Proposed actions to communicate the document contents to staff:	Discussed at Team Meeting on Day Surgery Unit. Added to Teams file on intranet that all staff have access to. Include in the UHMB Friday Corporate Communications Roundup or Weekly News. New documents uploaded to the Document Library.

11. TRAINING

Is training required to be given due to the introduction of this procedural document? Yes

Action by	Action required	Implementation Date
Annwen Sisson	Discussion at Unit Meeting	12/08/2021
Annwen Sisson	Competence for new starters	

12. AMENDMENT HISTORY

Version No.	Date of Issue	Section/Page Changed	Description of Change	Review Date

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
Do you have the up to date version? See the Trust Procedural Document Library (TPDL) for the latest version		

Appendix 1: NatSsip referenced

Description of NatSsip which are mandatory inclusion in this LocSsip.	By Whom/How	Where identified	Inclusion Achieved
4.5 Handovers and information transfer	All clinicians, registered practitioners and support workers	Page 7	Yes

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
Do you have the up to date version? See the Trust Procedural Document Library (TPDL) for the latest version		

Appendix 2: TRUS Biopsy check sheet

Printable version: [TRUS Biopsy check sheet](#)

Date:

Patient Label:

Urinalysis Ticket:

TRUS Biopsy Checklist:

	NURSE SIGNATURE	CLINICIAN SIGNATURE
PATIENT IDENTITY & CONSENT CONFIRMED		
ALLERGY STATUS CHECKED		
IV GENTAMICIN CHECKED AND GIVEN		
XYLOCAINE 1% WITH ADRENALINE VIAL CHECKED		
ID AND BIOPSY POT LABELS CHECKED		

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
Do you have the up to date version? See the Trust Procedural Document Library (TPDL) for the latest version		

Appendix 3: Equality & Diversity Impact Assessment Tool



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Equality Impact Assessment Form

Department/Function	Surgery & Critical Care	
Lead Assessor	Debbie Collins	
What is being assessed?	Local Safety Standard for Invasive Procedures (LocSsip) for: TRUS Biopsy of Prostate	
Date of assessment	1.9.2021	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Network for Inclusive Healthcare?	YES / NO
	Staff Side Colleague?	YES / NO
	Service Users?	YES / NO
	Staff Inclusion Network(s)?	YES / NO
	Personal Fair Diverse Champions?	YES / NO
	Other (including external organisations):	

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 / 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. carers, veterans, people from a low socioeconomic background,	Neutral	

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
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people with diverse gender identities, human rights)		
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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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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.
➤ 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.

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.

University Hospitals of Morecambe Bay NHS Foundation Trust		ID No. Surg/LocSsip/006
Version No: 1	Next Review Date: 01/09/2024	Title: LocSsip for TRUS Biopsy of Prostate
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