



## College of Operating Department Practitioners

### **Guidance on local implementation of the NHS England National Safety Standards for Invasive Procedures (NatSSIPs) - Workforce Issues**

#### **Background**

The College has been at the forefront in the development of the NatSSIPs, including our role as a member of the original Surgical Never Events Taskforce and the NatSSIPs Reference Group. The College fully endorses these Safety Standards and believes that if appropriately implemented the standards could make a significant contribution to further improving the safety and quality of perioperative care.

Although these standards have been published by NHS England as a Patient Safety Alert, the College holds the view that they are relevant to the provision of care during invasive procedures across the UK and, perhaps beyond.

#### **Safe staffing**

The NatSSIPs comprise thirteen sets of standards, five of which cover organisational contexts and the remaining eight follow the sequential pathways of care. This College Guidance specifically addresses the Workforce organisational standards.

#### ***Staffing numbers***

The Standards do not make specific recommendations about the number of staff that should be engaged in a particular activity, but do state that the Local Standards “must account for the full scope of local services, such as the needs of different clinical specialties and factors such as complexity, technology, elective and non-elective activity, and variability in demand and capacity”.

The Standards further consider the need to address activity that takes place outside of normal hours and the demands of teaching and supervision.

The College believes that this is the correct approach as we believe that it is impossible for any national standards to properly address the wide range of invasive procedures and the local context in which these are delivered. It is therefore more appropriate to require that this is formally addressed at local level and the level of detail is included in the Local Safety Standards that must be developed from the NatSSIPs.

#### ***Qualifications and skill mix***

The College believes that high quality care for patients subjected to an invasive procedure is dependent upon this care being delivered or appropriately delegated and supervised by practitioners that are qualified and competent to provide that care. In the context of perioperative care the NatSSIPs state that local standards must define an appropriate ratio of staff holding either a primary or post-graduate qualification in perioperative care.



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It is a requirement of the HCPC Standards of Conduct Performance and Ethics<sup>1</sup>, which all Operating Department Practitioners must adhere to, that you must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible and; you must not do anything, or allow someone else to do anything, which could put the health or safety of a service user, carer or colleague at unacceptable risk.

Relevant to this College Guidance, the HCPC Standards also state that you must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively and; you must continue to provide appropriate supervision and support to those you delegate work to.

To support ODPs in meeting their obligations under the HCPC Standards, the College provides the following specific guidance.

1. Supervision can only be provided by practitioners who are themselves competent to perform the tasks or roles being supervised.
2. The supervising practitioner must be available to provide the appropriate level of supervision at all times. Although the anaesthetic practitioner must always hold a qualification in perioperative practice, it is not appropriate for the anaesthetic practitioner to supervise a member of the surgical team. This is supported by the Guidance issued by the Association of Anaesthetists of Great Britain and Ireland – The Anaesthesia Team 2010. This requires that assistance for the anaesthetist is dedicated and that the assistant has no other duties that would detract from that role.
3. At least one member of the surgical support team must also hold a specific primary or postgraduate (or post-registration) qualification in perioperative care. One perioperative qualified practitioner would be the minimum required and it may well be necessary for more personnel so qualified to be present in the specific context of the service being provided.
4. The NatSSIPs recognise that in some departments the current workforce profiles may mean this standard cannot be met at this time. The College advises that there must be a local action plan to address such shortfalls at the earliest opportunity and that this may not be achievable via existing recruitment or staff development strategies. It is likely that for a local action plan to be successful it will be necessary to incorporate strategies for increasing the capacity on recognised educational programmes.

Further information about this guidance can be obtained by contacting the College at [codp@unison.co.uk](mailto:codp@unison.co.uk)

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<sup>1</sup> The Health and Care Professions Council Standards of Conduct Performance and Ethics January 2016