



College of Operating Department Practitioners

Guidance on local implementation of the National Safety Standards for Invasive Procedures (NatSSIPs)ⁱ

Workforce Issues (updated July 2018)

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.

These standards have been published as Patient Safety Alerts, in England (2015) and Wales (2016), 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



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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.

The College holds that the principle of staff being qualified in specialty (QIS) has been neglected in perioperative care, whereas the principle is well established in other critical care environments, such as intensive careⁱⁱ and neonatal care unitsⁱⁱⁱ. This must be addressed at a local level and also nationally.

Delegation and supervision

It is a requirement of the HCPC Standards of Conduct Performance and Ethics^{iv}, 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^v, which 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 always 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



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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.

Surgical First Assistance

The College endorses the position statement of the Perioperative Care Collaborative (PCC)^{vi}. Specifically

- The role of the SFA must be undertaken by someone who has successfully achieved a programme of study that has been benchmarked against nationally recognised competencies underpinning the knowledge and skills required for the role
- The role of the SFA must be included in the job description/specification of the individual undertaking the role

ODPs who have qualified with the BSc in Operating Department Practice since 2011 will have completed the necessary module as part of their primary qualification.

Further information about this guidance can be obtained by contacting the College at codp@unison.co.uk

ⁱ NHS Improvement (England) 2015 and Patient Safety Wales 2016 - National Safety Standard for Invasive Procedures (NatSSIPs)

ⁱⁱ Faculty of Intensive Care Medicine 2013 Core Standards for Intensive Care Units

ⁱⁱⁱ Department of Health 2009 Toolkit for High Quality Neonatal Units

^{iv} The Health and Care Professions Council Standards of Conduct Performance and Ethics January 2016

^v The Association of Anaesthetists of Great Britain and Ireland 2010 The Anaesthesia Team 3

^{vi} The Perioperative Care Collaborative 2018 Position Statement Surgical First Assistant