

Safety Standards for Implant Verification in Theatre

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

This guideline is for use by the following staff groups:

All theatre staff, surgeons, procurement/ stores teams and any staff involved in the care of patients undergoing invasive procedures.

Lead Clinician(s)

James Hutchinson

Consultant Anaesthetist

Approved by the Theatres, Anaesthetics, Critical Care and Sterile Services Governance Meeting on:

18th February 2026

Review Date

18th February 2029

This is the most current document and should be used until a revised version is in place.

Key amendments to this guideline

Date	Amendment	Approved by:
17 th Jan 24	Document approved.	TACCSS
February 2026	Document reviewed.	Theatres, Anaesthetics, Critical Care & Sterile Services Governance Group.

Introduction

An implant is an item intended to remain in the patient's body long term. The term Prosthesis implies a replacement part. It includes stents, pacemakers and mesh.

Any item which is intended to be removed (e.g. a wire to hold a fracture which will be removed in a few weeks) is not described as an implant.

Implant verification in theatre is a critical safety step, as outlined in NatSSIPs2, to ensure the correct implant is used for the correct patient and procedure.

This is achieved through mandatory safety checks performed before, during, and after surgery.

Pre-operative Considerations

- When the patient is scheduled for surgery, information should be included on the operating list regarding whether an implant(s) is required.
- Ideally, implants should be stored near to the procedure area. And staff must ensure that excessive numbers of implants are not present in the procedural area.
- Theatre personnel must check the availability, sterility/expiry date of implants prior to commencement of the operating list.

Team Brief

- The operator should confirm whether an implant is required, its type if known, if it will be decided during the procedure, and discuss any other implants that may be needed.

Time Out

- Once the required implant is identified, its type and size should be documented on the procedural area whiteboard at the time of request and confirmed before implantation, closing the gap between request and use.

Implant Use

- Only a named, regular member of staff (e.g. the circulator/Theatre Support Worker) should receive, obtain, and hand over implants.

Company representatives must not perform this task.

- The circulator obtains the implant and shows it to the surgeon, who reads aloud the following details:
 - Type
 - Laterality (if applicable)
 - Size
 - Expiry date
 - Sterility
- The runner opens the implant, and the operator or scrub practitioner receives it. All packaging is retained.
- Labels are placed in the theatre record and patient notes, or their electronic equivalent.
- For any subsequent implants, repeat the same process. Additionally, the operator should confirm compatibility with any previously implanted device.
- **Custom Implants:** All custom implant proposals must be shared with the Directorate Management Team and the Operating Surgeon, who will ensure that the appropriate governance processes are adhered to. Clinical sign off will take place at the Revision MDT. A purchase order (PO) cannot be raised until clinical sign off is confirmed at Clinical Director or either Budget Holder, or Divisional Management Team level (as applicable).

Sign Out

- At the WHO Sign Out the operator confirms the exact procedure and the use of implant.

Implant Management

- Appropriate details regarding the implant that was used, should be shared with the patient after the procedure.
- The Instrument Co-ordinator, in conjunction with Procurement at each theatre site is responsible for overseeing the management of surgical implants. This includes monitoring stock levels, ordering supplies, ensuring appropriate storage, and regularly checking expiry dates. They are also accountable for implant tracking and coordinating transportation between sites.

- Additionally, the Instrument Co-ordinator manages all loan requests for surgical implants, ensuring they are ordered and returned in a timely manner. Stock levels are agreed in collaboration with the relevant theatre Team Leaders and maintained accordingly. For custom/high cost implants, especially for orthopaedic surgery, the T&O directorate will have oversight and final sign off before order is placed by the instrument coordinator.
- There is a process in place for recording which implants are used for which patients, this is a national requirement.
- Any errors or near misses with regards to implants should be reported on DATIX and discussed at the WHO Team Debrief.

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Compliance with key consent and site marking standards	Regular reporting via Theatre dashboard	At TACCSS governance meetings	Theatre staff	Governance lead Band 7 and Band 8 Theatre staff	6 times per year

References

Centre for Perioperative Care (CPOC) (2023) *National Safety Standards for Invasive Procedures (NatSSIPs) 2: Implant Verification*. [pdf] Available at:
https://cpoc.org.uk/sites/cpoc/files/documents/2022-12/CPOC_NatSSIPs2_Implant_2023.pdf
[Accessed 2 Oct. 2025].

Supporting Document 1 - Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form

Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council	
Worcestershire Health and Care NHS Trust	✓	Wye Valley NHS Trust	
Other (please state)			

Name of Lead for Activity	Rebecca Price, Countywide Theatres Quality & Governance Team Leader.
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Rebecca Price	Countywide Theatres Quality & Governance Team Leader.	rebecca.price9@nhs.net
Date assessment completed	01/05/2026		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Safety Standards for Implant Verification in Theatre v3		
What is the aim, purpose and/or intended outcomes of this Activity?	To outline the expected standards for the verification of all implants within the operating theatres countywide.		
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?		
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	This Local Safety Standard document is written in line with the National Safety Standards for Invasive Procedures.		
Summary of engagement or consultation undertaken (e.g. who	This document has been reviewed by all Countywide Theatre Matrons, Theatre Managers, and the Clinical Director for Theatres & Anaesthetics.		

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page

and how have you engaged with, or why do you believe this is not required)	The document was also reviewed by and approved at the Theatres, Anaesthetics and Sterile Services Directorate Governance meeting.
Summary of relevant findings	Nothing to note – As mentioned above, this document is written in line with the National Safety Standards for Invasive Procedures.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		See section 2 under “summary of relevant findings”.
Disability		✓		See section 2 under “summary of relevant findings”.
Gender Reassignment		✓		See section 2 under “summary of relevant findings”.
Marriage & Civil Partnerships		✓		See section 2 under “summary of relevant findings”.
Pregnancy & Maternity		✓		See section 2 under “summary of relevant findings”.
Race including Traveling Communities		✓		See section 2 under “summary of relevant findings”.
Religion & Belief		✓		See section 2 under “summary of relevant findings”.
Sex		✓		See section 2 under “summary of relevant findings”.
Sexual Orientation		✓		See section 2 under “summary of relevant findings”.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		See section 2 under “summary of relevant findings”.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		See section 2 under “summary of relevant findings”.

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Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A	N/A	N/A	N/A
How will you monitor these actions?	N/A			
When will you review this HEIA? (e.g in a service redesign, this HEIA should be revisited regularly throughout the design & implementation)	In line with policy review.			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer’s etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing HEIA	R.Price
Date signed	1 st May 2026.
Comments:	
Signature of person the Leader Person for this activity	R.Price
Date signed	1 st May 2026.
Comments:	



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Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources.	No
2.	Does the implementation of this document require additional revenue.	No
3.	Does the implementation of this document require additional manpower.	No
4.	Does the implementation of this document release any manpower costs through a change in practice.	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval